

Cover Sheet

Trust Board Meeting in Public: Wednesday 14 May 2025

TB2025.41

Title:	Medical Consultant Pay Progression Policy
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Status:	For Decision
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History:	Trust Management Executive 31 October 2024 (TME2024.439)
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Board Lead:	Chief People Officer Chief Medical Officer
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Author:	Adam Kirton, Assistant Director of Workforce – Pay, Policy and Reward
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Confidential:	No
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Key Purpose:	Policy
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Executive Summary

1. The 2024 amendments to the [Terms and Conditions – Consultants \(England\) 2003](#) introduced provisions to move to a new pay structure, supported by a new pay progression system.
2. With effect from 01 April 2025, where a consultant is due to progress to the next pay threshold confirmation will be required that the consultant has met a number of criteria (outlined below) before progression is granted in the payroll system.
3. It is anticipated that most consultants will achieve pay progression at the appropriate time. There is no intention to prevent or delay consultants, who are achieving the expected standards, from moving through the pay scale. A consultant will not be penalised if the criteria have not been met for reasons beyond their control.
4. To be eligible to progress to the next pay threshold (with the exception of progression from pay point 2a to pay point 2b) the consultant must have:
 - a. made every reasonable effort to meet the time and service commitments in the Job Plan;
 - b. participated satisfactorily in the appraisal process;
 - c. participated satisfactorily in reviewing the Job Plan and setting personal objectives;
 - d. met the work related personal objectives in the Job Plan (or the appraisal), or where this is not achieved for reasons beyond the consultant's control, made every reasonable effort to do so;
 - e. worked towards any changes agreed in the last Job Plan review as being necessary to support achievement of the employing organisation's objectives;
 - f. met the extra programmed activities and spare professional capacity requirements in accordance with [Schedule 6 of the Terms and Conditions – Consultants \(England\) 2003](#);
 - g. an up to date Private Practice Declaration in place to demonstrate they have met the standards of conduct governing the relationship between private practice and NHS commitments;
 - h. engaged and participated with core skills learning or where this is not achieved for reasons beyond their control, made every reasonable effort to do so;
 - i. no disciplinary sanctions active on their record;
 - j. no formal capability processes ongoing.

5. A pay progression review meeting will be arranged with the consultant by their clinical manager. Six weeks' notice of the meeting will be given and the meeting should take place up to six months, but no later than three months, prior to the consultant's next threshold date.
6. The outcome of the pay review meeting will be documented and should be signed by the clinical manager and consultant.
7. Following updated guidance issued in partnership between NHS Employers and the British Medical Association (BMA) it was agreed that the Chief Medical Officer will not need to approve pay progression where the clinical manager has agreed that the criteria have been met.
8. Where one or more of the pay progression criteria have not been achieved, this will be escalated to the Chief Medical Officer who has the discretion to decide, if appropriate evidence is provided to justify such a decision based on the consultant's individual circumstances, that the consultant should nonetheless be regarded as having met the criteria.
9. Where the Chief Medical Officer upholds the decision that the consultant has not met the pay progression criteria, the consultant has the right of appeal against this decision and a mediation and appeals process is set out in the policy.

Recommendations

10. The Trust Board is asked to approve the Medical Consultant Pay Progression Policy.

Medical Consultant Pay Progression Policy

1. Purpose

- 1.1. The 2024 amendments to the [Terms and Conditions – Consultants \(England\) 2003](#) introduced provisions to move to a new pay structure, supported by a new pay progression system.
- 1.2. This paper summarises those changes and introduces a new Medical Consultant Pay Progression Policy to implement these contractual changes.
- 1.3. The [Developing and Managing Policies and Procedural Documents Policy](#) (paragraph 74.4) identifies “*If any **new or revised policy** could **represent a significant, substantive change affecting arrangements for the appointment, retention, removal or remuneration of staff**, then approval of the new or revised policy is reserved to the Board.*”.

2. Background

- 2.1. With effect from 01 April 2025, where a consultant is due to progress to the next pay point, and this results in an increase in salary (also known as a pay threshold), confirmation will be required that the consultant has met the requisite criteria before progression is granted in the payroll system. The one exception to this will be that no pay progression review meeting will be required for progression from pay point 2a to pay point 2b.
- 2.2. It will be the norm for consultants to achieve pay progression and the intention is not to prevent consultants who are achieving the expected standards from moving through the pay scale.
- 2.3. A consultant will not be penalised if the criteria have not been met for reasons beyond their control. Consultants and clinical managers are expected to identify problems affecting the likelihood of meeting the pay progression criteria as they emerge, rather than wait until the pay progression meeting.
- 2.4. Pay progression can only be deferred where the consultant has not met the pay progression criteria and in these circumstances the consultant will have the right to appeal against this decision. Where pay progression is deferred, this will be for one year.

3. Pay Progression Criteria

- 3.1. To be eligible to progress to the next pay threshold (with the exception of progression from pay point 2a to pay point 2b) the consultant must have:

- 3.1.1. made every reasonable effort to meet the time and service commitments in the Job Plan;
 - 3.1.2. participated satisfactorily in the appraisal process (i.e. the appraisal has been completed for the current year and signed off by all parties or a letter has been issued by the Responsible Officer certifying that the missed appraisal is justified or excusable), in accordance with the Medical Revalidation and Appraisal Policy;
 - 3.1.3. participated satisfactorily in reviewing the Job Plan and setting personal objectives (including any service and quality improvements, or teaching and training that may have been agreed as personal objectives), in accordance with the Job Planning Policy;
 - 3.1.4. met the work related personal objectives in the Job Plan (or the appraisal where personal objectives are agreed as part of the appraisal process as opposed to the job planning process), or where this is not achieved for reasons beyond the consultant's control, made every reasonable effort to do so;
 - 3.1.5. worked towards any changes agreed in the last Job Plan review as being necessary to support achievement of the employing organisation's objectives;
 - 3.1.6. met the extra programmed activities and spare professional capacity requirements in accordance with [Schedule 6 of the Terms and Conditions – Consultants \(England\) 2003](#);
 - 3.1.7. an up to date Private Practice Declaration in place to demonstrate they have met the standards of conduct governing the relationship between private practice and NHS commitments set out in [Schedule 9 of the Terms and Conditions – Consultants \(England\) 2003](#);
 - 3.1.8. engaged and participated with statutory and mandatory training (within the Trust this is referred to as core skills) or where this is not achieved for reasons beyond their control, made every reasonable effort to do so;
 - 3.1.9. no disciplinary sanctions active on their record;
 - 3.1.10. no formal capability processes ongoing.
- 3.2. The pay progression criteria are set out in Schedule 15 of the [Terms and Conditions – Consultants \(England\) 2003](#) and employing organisations are expressly prohibited from introducing any additional criteria or using any system of quotas for pay progression.

- 3.3. 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.
- 3.4. A 'disciplinary sanction' refers to sanctions in relation to conduct only, and excludes warnings applied in relation to absence due to ill health. It refers to formal disciplinary sanctions such as formal warnings issued under the Trust's Conduct and Expected Behaviours Procedure (which should be read in conjunction with the Trust's Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure). It does not include investigations, informal warnings, counselling or other informal activities.
- 3.5. A 'capability process' will be as set out in the Trust's Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure which applies Part 4 of Maintaining High Professional Standards (MHPS). 'Process' means that there has been an outcome following an investigation which places the employee in a formal capability process. Investigations, informal stages and processes for dealing with absence due to ill health are all excluded from this pay progression standard.
- 3.6. If either a disciplinary sanction or capability process were in place at the time of the pay progression date and this is subsequently repealed, for example as a result of a successful appeal, the pay progression will be backdated to the pay progression date if all other requirements have been met.

4. Pay Progression Process

- 4.1. A pay progression review meeting will be arranged with the consultant by their clinical manager. Six weeks' notice of the meeting will be given and the meeting should take place six months, but no later than three months prior to the consultant's next pay progression date. This allows sufficient time for any issues to be addressed before the pay progression date and ensures the necessary payroll paperwork can be actioned to apply the new pay values on time.
- 4.2. In advance of the meeting the consultant will complete a Pay Progression Self Declaration. The Medical Revalidation and Appraisal Team; Directorate Manager and Chief Medical Officer's Office will verify the information in the Pay Progression Self Declaration and the completed Self Declaration will form the basis of the discussion at the pay progression review meeting.

- 4.3. The outcome of the pay review meeting will be documented and should be signed by the clinical manager and consultant.
- 4.4. In situations where criteria have not been met, and there are no mitigating factors sufficient to justify this, it is expected that the consultant's pay progression will be delayed for one year beyond the date on which they would otherwise have received the threshold.

Pay Progression Meeting Outcome

- 4.5. There are three possible outcomes from the pay progression review meeting:
 - 4.5.1. Pay progression is achieved/approved.
 - 4.5.2. Pay progression is achieved/approved subject to the completion of remedial action.
 - 4.5.3. Pay progression has not been achieved.
- 4.6. In the version of the policy submitted to Trust Management Executive, it included that all pay progression required final approval from the Chief Medical Officer. Following updated guidance issued in partnership between NHS Employers and the British Medical Association (BMA) it was agreed that the Chief Medical Officer will not need to approve pay progression where the clinical manager has agreed that the criteria have been achieved. This is reflected in this iteration of the policy.
- 4.7. Where one or more of the pay progression criteria have not been achieved, the Chief Medical Officer has the discretion to decide, if appropriate evidence is provided to justify such a decision based on the consultant's individual circumstances, that the consultant should nonetheless be regarded as having met the criteria.
- 4.8. If it is determined that the consultant has not met the pay progression criteria, the pay threshold will be delayed for one year. Provided the consultant has met the criteria in the intervening year, they will receive the pay threshold following completion of the pay review process.
- 4.9. The consultant will have the right of appeal against a decision to delay their pay threshold and a mediation and appeals process (as set out in Schedule 4 of the [Terms and Conditions – Consultants \(England\) 2003](#)) is appended to the policy.
- 4.10. Guidance is also provided in the policy regarding steps to be taken if the consultant is absent from work when their pay progression is due (for example due to maternity, adoption or shared parental leave); if the consultant is moving employers and the pay progression review meeting is due within six months of their last working day; and if the consultant is a clinical academic.

5. Conclusion

- 5.1. Development of the Medical Consultant Pay Progression Policy ensures the Trust is able to meet the contractual requirements of the [Terms and Conditions – Consultants \(England\) 2003](#) and ensure these contractual requirements are applied consistently and transparently to all consultants within the Trust.

6. Recommendations

- 6.1. The Trust Board is asked to approve the Medical Consultant Pay Progression Policy.

7. Appendix 1 – Medical Consultant Pay Progression Policy

Medical Consultant Pay Progression Policy

Category:	Policy
Summary:	This policy implements the 2024 amendments to pay progression arrangements for medical consultants as set out in the Terms and Conditions – Consultants (England) 2003 and sets out the process to be followed when a consultant reaches a pay threshold.
Equality Impact Assessment undertaken:	September 2024
Valid From:	
Date of Next Review:	3 years Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.
Approval Via/Date:	
Distribution:	Trust wide
Related Documents:	Conduct and Expected Behaviours Procedure Core Skills Policy Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure Job Planning Policy Maternity, Paternity, Adoption and Shared Parental Leave Procedure Medical Revalidation and Appraisal Policy Terms and Conditions – Consultants (England) 2003
Author(s):	Assistant Director of Workforce – Pay, Policy and Reward Director of Medical Workforce
Further Information:	Divisional Workforce Teams Terms and Conditions – Consultants (England) 2003
This Document replaces:	New policy

Lead Director: Chief Medical Officer

Issue Date:

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Introduction

1. This policy sets out the pay progression arrangements for all medical staff employed under the [Terms and Conditions – Consultants \(England\) 2003](#) at Oxford University Hospitals NHS Foundation Trust (“the Trust”).
2. From 01 April 2025, where a medical consultant (referred to as consultants in this policy) is due to progress to the next pay point, and this results in an increase in salary (also known as a pay threshold), the clinical manager will review if the pay progression criteria have been met. Where they determine the consultant has met the required pay progression criteria, progression will be granted in the payroll system. If the clinical manager determines the criteria have not been met, they will escalate this to the Chief Medical Officer to decide the next appropriate steps.
 - 2.1. The one exception to this will be that no pay progression review meeting will be required for progression from pay point 2a to pay point 2b.

Policy Statement

3. It is the policy of the Trust that pay progression for consultants to a pay point that results in an increase in salary (with the exception of progression from pay point 2a to pay point 2b) is conditional upon meeting the required pay progression criteria.
4. It will be the norm for consultants to achieve pay progression and the intention is not to prevent consultants who are achieving the expected standards from moving through the pay scale. Pay progression may only be deferred where the consultant has not met the pay progression criteria (see the Pay Progression Criteria and Pay Progression Process sections below).

Scope

5. This policy applies to all employees of the Trust that are employed under the Terms and Conditions – Consultants (England) 2003, including locums. It does not apply to honorary and observer contract holders (with the exception of clinical academics employed by a Higher Education Institution (HEI) who have a joint role between the HEI and the Trust (see the section on Clinical Academics for further information)), contractors, workers hired on a self-employed basis, or temporary staff engaged via the Bank.
6. For the avoidance of doubt, this policy does not apply to staff employed under the Terms and Conditions of Service NHS Medical and Dental Staff (England) 2002 (the ‘pre-2003 contract’).

Aim

7. The purpose of this policy is to ensure:
 - 7.1. all decisions regarding pay progression are made consistently, fairly and transparently;
 - 7.2. that all consultants and their clinical managers are aware of and understand the criteria that will be taken into account when determining pay progression; and
 - 7.3. that all consultants and their clinical managers are aware of and understand the process that will be followed and their responsibilities within that process.

Definitions

8. The terms in use in this document are defined as follows:
 - 8.1. A **pay progression review meeting** is the meeting held between a consultant and their clinical manager to discuss if the consultant has met the pay progression

criteria. No pay progression review meeting will be required for progression from pay point 2a to pay point 2b.

- 8.2. A **pay threshold** is a pay point within the payscale that results in an increase in salary.

Responsibilities

9. The **Chief Medical Officer** has overall responsibility for the pay progression process and for ensuring fairness and consistency in the process. They are responsible for:
 - 9.1. reporting anonymised pay progression outcomes for all eligible consultants by protected characteristics to the Chief Executive Officer via Trust Management Executive;
 - 9.2. liaising with the clinical manager and/or consultant, where advised by the Director of Medical Workforce that the timescales set out in this policy have not been achieved;
 - 9.3. where the clinical manager has determined that the consultant has not met all of the pay progression criteria, the Chief Medical Officer is responsible for considering whether, if appropriate evidence is provided to justify such a decision based on the consultant's individual circumstances, that the consultant should nonetheless be regarded as having met the criteria and confirming this via the Pay Progression Review Meeting Record. The Chief Medical Officer must ensure fairness and consistency when taking action in this regard; and
 - 9.4. presenting the annual report (composed by the Director of Medical Workforce/Deputy Chief Medical Officer; see paragraph 10.3) to the Trust Management Executive and Joint Local Negotiating Committee.
10. The **Director of Medical Workforce/Deputy Chief Medical Officer** is responsible for:
 - 10.1. liaising with the clinical manager and/or consultant, where it is escalated via the Chief Medical Officer's Office that the timescales set out in this policy are at risk of not being achieved;
 - 10.2. escalating to the Chief Medical Officer where the timescales set out in this policy have not been achieved, following their liaison with the clinical manager and/or consultant; and
 - 10.3. compiling an annual report detailing: anonymised pay progression outcomes for all eligible consultants by protected characteristics; the number of mediation requests and appeals submitted in relation to a decision that pay progression criteria has not been met; and the number of occasions where the Chief Medical Officer has used their discretion to determine the consultant should be regarded as having met the pay progression criteria (see Monitoring Compliance section).
11. The **Clinical Manager** (who will ordinarily be the Clinical Lead) is responsible for:
 - 11.1. arranging the pay progression review meeting within the timescales set out in this policy and confirming the date of the meeting (and if the meeting is re-arranged, the new date) to the Medical Staffing Team;
 - 11.2. identifying and discussing with the consultant any problems affecting the likelihood of pay progression as they emerge, to allow time for possible solutions to be found; and
 - 11.3. deciding each year that a pay threshold occurs whether or not the consultant has met the pay progression criteria and documenting this on the Pay Progression Review Meeting Record. Where they have determined the pay progression criteria have been met, they will submit the signed Pay Progression Review

Meeting Record to the Medical Staffing Team to action and a copy of the signed form to the consultant. Where they have determined the pay progression criteria have not been met, they will escalate the signed Pay Progression Review Record to the Chief Medical Officer via the Chief Medical Officer's Office.

- 11.4. Where the consultant is the Clinical Lead or more senior, for the purposes of this policy the clinical manager will be as below:
 - 11.4.1. Where the consultant is the Clinical Lead, the clinical manager will ordinarily be the Clinical Director;
 - 11.4.2. Where the consultant is the Clinical Director, the clinical manager will ordinarily be the Divisional Medical Director;
 - 11.4.3. Where the consultant is the Divisional Medical Director, the clinical manager will ordinarily be the Divisional Director; and
 - 11.4.4. Where the consultant is a Divisional Director or Chief Officer, the clinical manager will ordinarily be the Chief Executive Officer.
12. The **Consultant** is responsible for:
 - 12.1. ensuring they are familiar with this policy and the pay progression criteria;
 - 12.2. preparing information ahead of the pay progression review meeting to enable them to confirm they have met the pay progression criteria, including completing and submitting the Pay Progression Self Declaration. Where not all pay progression criteria have been met, clarifying the reason(s) for this and if they were beyond their control;
 - 12.3. making themselves available to attend the pay progression review meeting and ensuring that the meeting takes place within the agreed timescales; and
 - 12.4. identifying and discussing with their clinical manager any problems affecting the likelihood of pay progression as they emerge, to allow time for possible solutions to be found.
13. The **Chief Medical Officer's Office** is responsible for:
 - 13.1. verifying that the consultant has no active disciplinary sanctions on their record and that no formal capability process is ongoing (see Pay Progression Criteria);
 - 13.2. where the clinical manager escalates their decision that a consultant has not met the pay progression criteria to the Chief Medical Officer, the Chief Medical Officer's Office is responsible for ensuring the completed Pay Progression Review Meeting Record is reviewed by the Chief Medical Officer who will either uphold the decision of the clinical manager or override it. Once the Chief Medical Officer's decision has been recorded on the Pay Progression Review Meeting Record the Chief Medical Officer's Office will forward a copy of the signed Record to the Medical Staffing Team, the consultant and the clinical manager;
 - 13.3. when advised by the Divisional Head of Workforce that the timescales set out in paragraph 36 are at risk of not being achieved, advising the Director of Medical Workforce/Deputy Chief Medical Officer of this to enable their intervention; and
 - 13.4. where a consultant holds a contract of employment with another NHS organisation in addition to the Trust, copying the outcome of their pay review meeting to the Chief Executive Officer of the other NHS organisation.
14. The **Medical Revalidation and Appraisal Team** will confirm the consultant has:
 - 14.1. a current appraisal, that has been signed off by all parties and the consultant has made satisfactory progress against their PDP objectives in their most recent appraisal (or that a letter certifying the missed appraisal is justified or excusable

has been issued by the Responsible Officer, in accordance with the Medical Revalidation and Appraisal Policy); and

- 14.2. a current job plan in place, that has been signed off by all parties (or a job plan for the current year which is in formal mediation).
15. The **Directorate Manager** will confirm that the consultant has met the extra programmed activities and spare professional capacity requirements in accordance with [Schedule 6 of the Terms and Conditions – Consultants \(England\) 2003](#) (see Appendix 3 for these requirements in full).
16. The **HR Records Team** are responsible for processing all authorised Pay Progression Review Meeting Records and ensuring the record is uploaded to the consultant's electronic personal record.
17. The **Workforce Information Team** is responsible for providing a monthly report to the Medical Staffing Team and relevant Divisional Workforce Team to confirm the consultants due for pay progression within the next nine months.
18. The **Medical Staffing Team** is responsible for:
 - 18.1. contacting the relevant clinical manager and consultant by eight months before the pay progression date, informing them of the consultant due for pay progression, providing them with a copy of this policy and the supporting documentation;
 - 18.2. maintaining a record of pay progression review meeting dates provided by the clinical manager and monitoring submission of the completed and signed Pay Progression Review Meeting Records;
 - 18.3. once received, ensuring the authorised Pay Progression Review Meeting Record is processed with sufficient time to enable pay progression to be effective from the consultant's pay threshold date; and
 - 18.4. where the clinical manager is unresponsive or the pay progression review meeting does not go ahead as anticipated, escalating the matter to the relevant Divisional Head of Workforce to raise with the Clinical Lead and Clinical Director.
19. The **Divisional Head of Workforce** is responsible for:
 - 19.1. providing advice and guidance on pay progression in accordance with this Policy;
 - 19.2. ensuring clinical managers are aware of their responsibilities regarding pay progression;
 - 19.3. following notification by the Medical Staffing Team that a clinical manager is unresponsive or that the pay progression review meeting has not gone ahead as anticipated, raising this with the relevant Clinical Lead and Clinical Director; and
 - 19.4. where the timescales set out in paragraph 36 are at risk of not being achieved, escalating the matter to the Chief Medical Officer's Office for intervention.
20. The **Clinical Director** (or where the Clinical Director is the consultant eligible for pay progression the clinical manager as identified in paragraphs 11.4.1 – 11.4.4) is responsible for addressing any instances of non-compliance with this policy or the timescales set out in the policy with the relevant clinical manager and/or consultant.

Pay Progression

21. The pay progression process set out in this policy will apply to any medical consultant who is due to progress to the next pay point which results in an increase in salary (also known as a pay threshold) on or after 01 April 2025 (with the exception of progression from pay point 2a to pay point 2b).

22. From this date progression to pay points which result in a change in salary will be closed on the payroll system. A progression process will be conducted between the consultant and their clinical manager so that progression is achieved where the clinical manager is satisfied that the pay progression criteria have been met.
23. It will be the norm for consultants to achieve pay progression and pay progression may only be deferred where the consultant has not met the specified pay progression criteria (as set out in paragraph 25).
24. A consultant will not be penalised if the criteria have not been met for reasons beyond their control. Consultants and clinical managers are expected to identify problems affecting the likelihood of meeting the pay progression criteria as they emerge, rather than wait until the pay progression meeting.

Pay Progression Criteria

25. To be eligible to progress to the next pay threshold (with the exception of progression from pay point 2a to pay point 2b) the consultant must have:
 - 25.1. made every reasonable effort to meet the time and service commitments in the Job Plan;
 - 25.2. participated satisfactorily in the appraisal process (i.e. the appraisal has been completed for the current year and signed off by all parties or a letter has been issued by the Responsible Officer certifying that the missed appraisal is justified or excusable) in accordance with the Medical Revalidation and Appraisal Policy;
 - 25.3. participated satisfactorily in reviewing the Job Plan and setting personal objectives (including any service and quality improvements, or teaching and training that may have been agreed as personal objectives), in accordance with the Job Planning Policy;
 - 25.4. met the work related personal objectives in the Job Plan (or the appraisal where personal objectives are agreed as part of the appraisal process as opposed to the job planning process), or where this is not achieved for reasons beyond their control, made every reasonable effort to do so;
 - 25.5. worked towards any changes agreed in the last Job Plan review as being necessary to support achievement of the employing organisation's objectives;
 - 25.6. met the extra programmed activities and spare professional capacity requirements in accordance with [Schedule 6 of the Terms and Conditions – Consultants \(England\) 2003](#) (see Appendix 3 for these requirements in full);
 - 25.7. an up to date Private Practice Declaration in place to demonstrate they have met the standards of conduct governing the relationship between private practice and NHS commitments set out in [Schedule 9 of the Terms and Conditions – Consultants \(England\) 2003](#);
 - 25.8. engaged and participated with statutory and mandatory training (within the Trust this is referred to as core skills) or where this is not achieved for reasons beyond their control, made every reasonable effort to do so;
 - 25.9. no disciplinary sanctions active on their record;
 - 25.10. no formal capability processes ongoing.
26. The Trust's Core Skills Policy sets out the core skills requirements for all staff within the Trust. Details of and compliance with required core skills are recorded in the consultant's individual record in the Trust's Learning Management System.
27. Within the Trust it is recognised that objective setting will often occur during the appraisal process as opposed to during the job planning process. Until further notice,

- reference to setting and meeting personal objectives in the Job Plan (paragraphs 25.3 and 25.4) will also include setting and meeting personal objectives in the appraisal.
28. For the purposes of determining if the pay progression criteria have been met any formal warnings issued under the Sickness Absence Management Procedure are excluded.
 29. The expectation is that all consultants will meet the required criteria and will therefore be able to progress on their pay progression date.
 30. Progression cannot be withheld due to financial or other non-performance related issues.
 31. 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.
 32. A 'disciplinary sanction' refers to sanctions in relation to conduct only, and excludes warnings applied in relation to absence due to ill health. It refers to formal disciplinary sanctions such as formal warnings issued under the Trust's Conduct and Expected Behaviours Procedure (which should be read in conjunction with the Trust's Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure). It does not include investigations, informal warnings, counselling or other informal activities.
 33. If a disciplinary sanction is in place at the time of the pay progression date and is subsequently repealed, for example as a result of a successful appeal, the pay progression will be backdated to the pay progression date if all other requirements have been met.
 34. A 'capability process' will be as set out in the Trust's Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure which applies Part 4 of Maintaining High Professional Standards (MHPS). 'Process' means that there has been an outcome following an investigation which places the employee in a formal capability process. Investigations, informal stages and processes for dealing with absence due to ill health are all excluded from this pay progression standard.
 35. If a capability process is in place at the time of the pay progression date and is subsequently repealed, for example as a result of a successful appeal, the pay progression will be backdated to the pay progression date if all other requirements have been met.

Pay Progression Process

36. A pay progression review meeting will be arranged with the consultant by their clinical manager. Six weeks' notice of the meeting will be given and the meeting should take place six months, but no later than three months prior to the consultant's next pay progression date. This allows sufficient time for any issues to be addressed before the pay progression date and ensures the necessary payroll paperwork can be actioned to apply the new pay values on time.
37. In advance of the meeting the consultant must complete a Pay Progression Self Declaration and submit this no later than four weeks prior to the pay progression review meeting.
38. The Medical Revalidation and Appraisal Team; Directorate Manager and Chief Medical Officer's Office will verify the information in the completed Pay Progression Self Declaration (in line with the Pay Progression Self Declaration and Verification Guide set out in the Toolkit) and return to the consultant and their clinical manager no later than one week prior to the pay progression review meeting.

39. The pay progression review meeting should normally be conducted as a separate meeting but, where mutually agreed, could happen immediately following the job plan review.
40. The Pay Progression Review Meeting Record will document this process as per the Pay Progression Outcome Meeting section below and should be signed by the clinical manager and consultant.
41. Where a consultant holds a contract of employment with another NHS organisation in addition to the Trust, the outcome of their pay review meeting will be copied to the Chief Executive Officer of the other NHS organisation.
42. In situations where criteria have not been met, and there are no mitigating factors sufficient to justify this, it is expected that the consultant's pay progression will be delayed for one year beyond the date on which they would otherwise have received the threshold.

Pay Progression Meeting Outcome

43. There are three possible outcomes from the pay progression review meeting:
 - 43.1. Pay progression is achieved/approved.
 - 43.2. Pay progression is achieved/approved subject to the completion of remedial action.
 - 43.3. Pay progression has not been achieved.

Pay progression is achieved/approved

44. The consultant has met all of the criteria or has not met one or more of the criteria due to reasons beyond their control.
45. The Pay Progression Review Record and Outcome 1 will document pay progression has been achieved.
46. The signed form will be sent by the clinical manager to the Medical Staffing Team to action. A copy of the form will also be sent (by the clinical manager) to the consultant for their information.

Pay progression is achieved/approved subject to the completion of remedial action

47. If remedial action to meet the pay progression criteria is agreed upon at the pay progression review meeting and is completed by the pay progression date, the consultant will be able to progress without delay if they meet the other criteria. Consultants shall not be penalised if remedial action has not been completed for reasons beyond their control.
48. The Pay Progression Review Record and Outcome 2 will document the remedial action has been completed allowing pay progression to be achieved. The signed form will be sent by the clinical manager to the Medical Staffing Team to action. A copy of the form will also be sent (by the clinical manager) to the consultant for their information.
49. If remedial action is not completed before the pay progression date, refer to the 'Pay progression not met' section.

Pay progression has not been met

50. If the clinical manager determines the pay progression criteria have not been met (or the previously agreed remedial action has not been completed before the pay progression date) this will be escalated to the Chief Medical Officer (via the Chief Medical Officer's Office) to decide appropriate next steps.

51. Where one or more of the pay progression criteria have not been achieved, the Chief Medical Officer has the discretion to decide, if appropriate evidence is provided to justify such a decision based on the consultant's individual circumstances, that the consultant should nonetheless be regarded as having met the criteria.
- 51.1. The Chief Medical Officer will confirm their decision on the Pay Progression Review Record and Outcome 1 will document pay progression has been met. A copy of the signed form will be sent to the consultant, clinical manager and the Medical Staffing Team.
52. Where the Chief Medical Officer upholds the clinical manager's decision that the consultant has not met the pay progression criteria, the Trust will defer the award of the appropriate pay threshold for one year beyond the date on which the consultant would otherwise have received the threshold.
- 52.1. The Chief Medical Officer will confirm their decision on the Pay Progression Review Record and Outcome 3 will document pay progression has not been met. A copy of the signed form will be sent to the consultant, clinical manager and the Medical Staffing Team.
53. A review meeting will be arranged with the consultant, by their clinical manager six months, but no later than three months prior to the one year anniversary of the pay progression date where a criterion or criteria had not been met. Six weeks' notice of the meeting will be provided. Provided that the consultant has met the criteria in the intervening year, they will receive that pay threshold from that incremental date.

Appeals

54. A consultant has the right of appeal against a decision by the Chief Medical Officer that they have not met the criteria.
55. Where a consultant disputes a decision that they have not met the required criteria for a pay threshold in respect of a given year, a mediation procedure and appeal procedure are set out in Appendix 2.

Clinical Academics

56. Consultant clinical academics who work in higher education institutions (HEI) in a teaching and/or research role, as well as practicing clinically within the NHS are jointly employed by the HEI and the Trust, on linked substantive and honorary contracts.
57. The pay progression meeting for consultant clinical academics should apply the Follett principles; both the HEI and NHS employer should work in partnership to complete the pay progression meeting and actions following the meeting outcome.
58. The lead employer will be responsible for monitoring pay progression dates for clinical academics and arranging the pay progression meeting, which should take place in conjunction with the clinical manager. The pay progression meeting will need to be arranged six months but no later than three months before the pay threshold date and a minimum of six weeks' notice given of the meeting.
59. If mutually agreed by the academic manager, clinical manager and consultant, the pay progression meeting may be held immediately after the job planning meeting.
60. The clinical and academic managers will decide if the consultant clinical academic has met the criteria for pay progression and the lead employer will follow their process to ensure the relevant pay system is updated to allow the clinical academic to progress to their next pay threshold.

Absence from Work When Pay Progression is Due

61. If a doctor is absent from work for reasons such as parental leave or sickness when pay progression is due, the principle of equal and fair treatment should be followed so that no detriment is suffered as a result.
62. In the case of planned long-term paid absence such as maternity, adoption or 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 the consultant's 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.
63. Where the pay progression review is conducted early, the clinical manager should follow the steps set out in the 'Pay Progression Process' above.
64. Where pay progression is to be applied automatically in the individual's absence, the clinical manager should ensure the process for 'Pay progression is achieved/approved' section above is followed.
65. If there will be a live disciplinary sanction or active formal capability process in place when pay progression is due, the 'Pay progression has not been met' process should be followed.
66. If a consultant is suspended/excluded from work the Trust will ensure that the pay threshold is applied from the pay threshold date if the consultant's suspension/exclusion from work remains in place on that date, provided they were meeting the pay progression criteria at the time of suspension/exclusion from work.

Moving Employers

67. 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.
68. The completed Pay Progression Review Record will be sent to the new employer by the Medical Staffing Team upon request.

Training

69. There is no mandatory training associated with this guidance. Ad hoc training sessions based on an individual's training needs will be defined within their annual appraisal or job plan.

Monitoring Compliance

70. Compliance with the policy will be monitored in the following ways:

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Anonymised pay progression outcomes for all eligible consultants by protected characteristics. Including where the Chief Medical Officer	Report	Director of Medical Workforce/Deputy Chief Medical Officer	Annual	Trust Management Executive and JLNC

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
has used their discretion to determine that despite one or more pay progression criteria being achieved, the consultant should nonetheless be regarded as having met the criteria.				
Number of mediation requests and appeals submitted in relation to a decision that pay progression has not been met.	Report	Director of Medical Workforce/Deputy Chief Medical Officer	Annual	Trust Management Executive

71. In addition to the monitoring arrangements described above, the Trust may undertake monitoring of this policy as a response to identification of any gaps or as a result of the identification of risks arising from the policy prompted by incident review, external reviews, or other sources of information and advice. This monitoring could include:

71.1. commissioned audits and reviews;

71.2. detailed data analysis; and/or

71.3. other focused studies.

71.4. Results of this monitoring will be reported to the nominated Committee.

Review

72. This policy will be reviewed in three years, as set out in the Developing and Managing Policies and Procedural Documents Policy. It may need revising before this date, particularly if national guidance or local arrangements change.

73. Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.

References

74. [Terms and Conditions – Consultants \(England\) 2003](#)

75. [NHS Employers Consultant Doctors and Dentists Pay Progression System Guidance for Employers, August 2024.](#)

Equality Impact Assessment

76. As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible, remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation or religious belief. No detriment was identified. The completed Equality Impact Assessment can be found at **Appendix 1**.

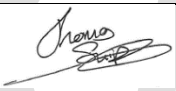
Document History

Date of revision	Version number	Reason for review or update
September 2024	0.1	New policy

DRAFT

Appendix 1 - Equality Impact Assessment

1. Information about the policy, service or function

What is being assessed	New Policy / Procedure
Job title of staff member completing assessment	HR Manager – Policies and Procedures
Name of policy / service / function:	Medical Consultant Pay Progression Policy
Details about the policy / service / function	This policy implements the 2024 amendments to pay progression arrangements for medical consultants as set out in the Terms and Conditions – Consultants (England) 2003 and sets out the process to be followed when a consultant reaches a pay threshold.
Is this document compliant with the Web Content Accessibility Guidelines ?	Yes
Review Date	3 years
Date assessment completed	September 2024
Signature of staff member completing assessment	<i>Anna Strange</i>
Signature of staff member approving assessment	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

- Staff

Does the policy, service or function involve direct engagement with the target audience?

Yes - continue with full equality impact assessment

3. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions – Consultants (England) 2003 and will be applied consistently to all consultants reaching a pay threshold.
Gender Re-assignment			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions – Consultants (England) 2003 and will be applied consistently to all consultants reaching a pay threshold.
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					as detailed in the Terms and Conditions – Consultants (England) 2003 and will be applied consistently to all consultants reaching a pay threshold. With regards to pay progression criteria not being met if the doctor has either a formal disciplinary sanction under the Conduct and Expected Behaviours Procedure (which should be read in conjunction with the Trust's Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure) or is in a formal capability process as set out in the Trust's Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure, both of these procedures have been equality impact assessed separately and work has been undertaken to ensure equitable outcomes under these procedures.
Disability - disabled people and carers			X		The policy sets out the steps to be followed if the member of staff is absent from work on a long term basis when a pay threshold is due to ensure the member of staff suffers no detriment as a result of their absence. Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions – Consultants (England) 2003 and will be applied consistently to all consultants reaching a pay threshold.

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Age			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions – Consultants (England) 2003 and will be applied consistently to all consultants reaching a pay threshold.
Sexual Orientation			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions – Consultants (England) 2003 and will be applied consistently to all consultants reaching a pay threshold.
Religion or Belief			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions – Consultants (England) 2003 and will be applied consistently to all consultants reaching a pay threshold.
Pregnancy and Maternity	X				The policy sets out the steps to be followed if a member of staff is on maternity leave (or adoption or shared parental leave) at the time a pay threshold is due to ensure the member of staff suffers no detriment as a result of their absence. The pay progression criteria are as detailed in the Terms and Conditions – Consultants (England) 2003 and will be applied consistently to all

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					consultants reaching a pay threshold. Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s)
Marriage or Civil Partnership			X		Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s). The pay progression criteria are as detailed in the Terms and Conditions – Consultants (England) 2003 and will be applied consistently to all consultants reaching a pay threshold.
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.					

Sources of information

- [Terms and Conditions – Consultants \(England\) 2003](#)
- [NHS Employers Consultant Doctors and Dentists Pay Progression System Guidance for Employers, August 2024](#)

Consultation with protected groups

Group	Summary of consultation

Consultation with others

Senior stakeholders and representatives of those in scope of this policy will have the opportunity to comment on the draft policy in advance of its approval by the Trust Board.

4. Summary stage

Outcome Measures

Through implementation of this policy it is anticipated the following will be achieved:

- Transparent pay progression process for consultants who have reached a pay threshold,
- Process applied consistently across the Trust to all eligible consultants; and
- Pay progression process is aligned with nationally agreed Terms and Conditions – Consultant (England) 2003.

For staff who will be absent at the time of their pay threshold guidance is included on pay progression.

If at the time the pay threshold is due the consultant does not meet the criteria for pay progression, they able to explain the reason(s) why the criteria have not been met, and if these are out of their control.

The policy also allows a consultant to request mediation or submit a formal appeal against a decision to defer pay progression which will allow the decision to be reviewed on up to two separate occasions by an independent third party/panel.

Positive Impact

Pay progression will only occur when the consultant has reached a pay threshold and can demonstrate they have met the pay progression criteria. Where one or more of the pay progression criteria have not been achieved, the Chief Medical Officer has the discretion to decide where appropriate, that the consultant should nonetheless be regarded as having met the pay progression criteria (situations where this has been applied will be included in the monitoring information). Pay progression review meeting outcomes will be monitored by protected characteristic and the anonymised data shared with the relevant committee(s).

Unjustifiable Adverse Effects

N/A

Justifiable Adverse Effects

N/A

Equality Impact Assessment Action Plan

Complete this action plan template with actions identified during the Research and Summary Stages

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date

DRAFT

Appendix 2 – Mediation and Appeals

1. Where a consultant disputes a decision that they have not met the required criteria for a pay threshold in respect of a given year, a mediation procedure and an appeal procedure are available.

Mediation

2. The consultant may refer the matter to the Chief People Officer. Where a consultant is employed by more than one NHS organisation, a designated employer will take the lead (this will usually be the lead employer identified in the Job Plan). The purposes of the referral will be to reach agreement if at all possible. The process will be that:
 - 2.1. the consultant makes the referral in writing within two weeks of the disagreement arising (i.e. the date the Chief Medical Officer's decision was confirmed to them);
 - 2.2. the consultant will set out the nature of the disagreement and their position or view on the matter;
 - 2.3. 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 employing organisation's position or view on the matter;
 - 2.4. the Chief People Officer 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;
 - 2.5. if agreement is not reached at this meeting, the Chief People Officer will make a recommendation to the Chief Executive Officer (in the case of a decision on whether the criteria for a pay threshold have been met) and inform the consultant and the responsible clinical manager of that decision or recommendation in writing;
 - 2.6. in the case of a decision on whether the criteria for a pay threshold have been met, the Chief Executive Officer will inform the consultant, the Chief Medical Officer and the responsible clinical manager of their decision in writing;
 - 2.7. if the consultant is not satisfied with the outcome, they may lodge a formal appeal.

Formal Appeal

3. 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.
4. An appeal shall be lodged in writing to the Chief Executive Officer as soon as possible, and in any event, within two weeks, after the outcome of the mediation process. The appeal should set out the points in dispute and the reasons for the appeal. The Chief Executive Officer will, on receipt of a written appeal, convene an appeal panel to meet within four weeks.
5. The membership of the panel will be:
 - 5.1. A Chair nominated by the appellant's employing organisation;
 - 5.2. A second panel member nominated by the appellant consultant;
 - 5.3. A third member chosen from a list of individuals approved by the Strategic Health Authority and the BMA and BDA. The Strategic Health Authority will

monitor the way in which individuals are allocated to appeal panels to avoid particular individuals being routinely called upon. 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. The list of individuals will be regularly reviewed.

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

6. 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. Management will present its case first explaining the reasons for deciding that the criteria for a pay threshold have not been met.
7. 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.
8. Where the consultant, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a speciality.
9. It is expected that the appeal hearing will last no more than one day.
10. 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 Board. The Board will make the final decision and inform the parties in writing.
11. 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.
12. If the panel upholds the Chief Medical Officer'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 (i.e. one year after they were first eligible for pay progression).
13. The decision of the appeal panel is final.
14. In the case of a job planning appeal from a Chief Officer, mediation would take place via a suitable individual, for example a Non-Executive Director.

Appendix 3 – Extra programmed activities and spare professional capacity

1. Where a consultant intends to undertake remunerated clinical work that falls under the definition of Private Professional Services other than such work specified in his or her Job Plan, whether for the NHS, for the independent sector, or for another party, the provisions in this Schedule will apply.
2. Where a consultant intends to undertake such work:
 - the consultant will first consult with his or her clinical manager;
 - the employing organisation may, but is not obliged to, offer the consultant the opportunity to carry out under these Terms and Conditions (including the remuneration arrangements contained in these Terms and Conditions) up to one extra Programmed Activity per week on top of the standard commitment set out in his or her contract of employment, subject to the provisions in paragraph 7 below for consultants who have previously held a maximum part-time NHS consultant contract;
 - additional Programmed Activities may be offered on a fixed basis, but where possible the employing organisation will offer them on a mutually agreed annualised basis. Where consultants prospectively agree to extra Programmed Activities these will be remunerated;
 - where possible, the employing organisation will put any such offer to the consultant at the annual Job Plan review but, unless the employing organisation and consultant agree otherwise, no fewer than three months in advance of the start of the proposed extra Programmed Activities, or six months in advance where the work would mean the consultant has to reschedule external commitments;
 - there will be a minimum notice period of three months for termination of these additional activities. If a consultant ceases to undertake Private Professional Services, he/she may relinquish the additional Programmed Activity subject to a similar notice period;
 - the employing organisation will give all clinically appropriate consultants an equal opportunity to express an interest in undertaking these additional activities. Any offer or acceptance should be made in writing;
 - full-time consultants who are currently working the equivalent of 11 or more Programmed Activities and agree with their clinical manager that the same level of activity should form part of their Job Plan under the new contract will not be expected to offer any additional work on top of this;
 - part-time consultants who wish to use some of their non-NHS time to do private practice will not be expected to offer any more than one extra Programmed Activity on top of their normal working week.
3. If a consultant declines the opportunity to take up additional Programmed Activities that are offered in line with the provisions above, and the consultant subsequently undertakes remunerated clinical work as defined above, this will constitute one of the grounds for deferring a pay threshold in respect of the year in question. If another consultant in the group accepts the work, there will be no impact on pay progression for any consultant in the group.

4. Where a consultant works for more than one NHS employer, the employer concerned may each offer additional Programmed Activities, but the consultant will not be expected to undertake on average any more than one Programmed Activity per week to meet the relevant criterion for pay thresholds. The job planning process should be used to agree for which employing organisation any additional Programmed Activities should be undertaken.
5. Should there be any significant increase in the time a part-time consultant working between seven and nine Programmed Activities devotes to Private Professional Services, the consultant will notify the employing organisation and the consultant and employing organisation may review the number of Programmed Activities in the consultant's Job Plan.
6. The provisions in this Schedule are without prejudice to the possibility that the consultant and employing organisation may wish to agree extra programmed activities up to the maximum level consistent with the Working Time Regulations.

Transitional provisions

7. For the first year under these Terms and Conditions (2003/04), the number of extra Programmed Activities that the employing organisation may offer, for the purposes of the provisions above, to consultants who have previously held a maximum part-time NHS consultant contract will not exceed an average of one extra Programmed Activity every three weeks. For the second year under these Terms and Conditions (2004/05), the number will not exceed an average of one extra Programmed Activity every two weeks. As provided by paragraph 6 above, this does not preclude the possibility of arranging additional Programmed Activities by mutual agreement.