

Pay progression additional work and disagreement

Pay scales and progression points

A pay scale is a map of salary points, not a complete account of how an individual reaches them. Before asking whether the salary is correct, identify the grade, nation, contractual version, recognised experience, current point and progression date. Then distinguish an increase to the value of the scale from movement along it. A national pay award can change the amount attached to the same point. Progression changes the point at which the doctor is paid. The two may occur close together without being the same decision.

This distinction explains why a payslip alone is an unreliable guide. An increase might include an award, back pay, an extra duty or a change to an allowance. A reduction in take-home pay might reflect a tax-code change rather than a reduction in gross entitlement. Compare the employer's statement of basic salary and contracted commitment with the appropriate dated scale, then reconcile separate additions and deductions. If something does not match, ask payroll to identify the calculation and medical staffing to confirm the underlying employment information.

Current salary figures are best checked against a national pay circular or the employer's authoritative implementation of it. Save the version and effective date used. A scale found through a search engine may belong to an earlier year, another nation or a different contract. The same grade name does not guarantee the same figure or progression structure. This chapter therefore explains the mechanisms and evidence rather than reproducing salary tables that may be out of date before a reader reaches a particular decision.

Recognised experience also needs a documentary basis. The date a doctor joined the current employer may differ from the date used for pay progression. Relevant previous work, transfer arrangements or an agreed starting point may affect the record. Do not assume that all previous medical employment counts identically for every contractual purpose. Ask which service was recognised, under which provision and with what resulting date. An appointment error is easier to correct while the recruitment

correspondence and decision-makers remain available than several years later.

The 2021 reforms introduced a closed-gateway approach to progression, whereas older contracts have their own incremental and threshold arrangements. The BMA's guidance distinguishes these structures, including the higher threshold on the reformed Specialty Doctor scale. Its practical message is that progression requirements should be clear in advance and supported by objective evidence.^[40] An anniversary is therefore a prompt to establish the process, not proof that a salary increase must occur every year on every contract.

A doctor at the top of a scale may still develop substantially. Greater capability can support a broader role, an application, a regrading process where available or a separately agreed responsibility. It does not create another pay point above the published scale. Conversely, reaching a higher point within a Specialty Doctor scale does not confer the Specialist employment grade or entry on the Specialist Register. Chapters 14 to 18 examine those distinct progression routes. This chapter concerns decisions within the existing employment relationship.

Before the next review, make a small pay record containing the appointment terms, confirmation of recognised service, latest progression decision, relevant salary circular and current payslip. Add the next expected review date and the person responsible for arranging it. This should fit into the wider portfolio rather than become a separate archive. Its value is simple: when a question arises, the doctor can show what was agreed, what was implemented and which part requires explanation.

Many payroll queries are administrative and can be resolved quickly. Identify the error before treating it as a performance dispute.

Where a correction is agreed, ask for the period affected and the resulting calculation. A lump sum described only as arrears is difficult to check. The explanation should distinguish the corrected salary, any related payment that changes with it and deductions applied through payroll. Retain that explanation with the decision so a later query does not require reconstructing the original error.

Closed gateway progression

Closed gateway normally requires positive employer confirmation that the criteria have been met before movement to a higher-paying point. Do not assume that ordinary administrative silence means approval. However, specific absence and employer-delay protections can require progression without a completed review; apply those provisions separately.^[41] The

review draws on existing professional and employment processes while remaining a distinct decision. Appraisal participation does not replace all contractual conditions, and a job-plan disagreement should not casually be recast as appraisal non-engagement.

Use the operative contract and review form together. For a concrete national example, Northern Ireland's 2021 Specialty Doctor terms require satisfactory annual participation in job planning and appraisal, with appraisal outcomes aligned with organisational standards and objectives; reasonable effort towards time and service commitments; achievement of job-plan objectives or reasonable effort where circumstances prevent it; work towards agreed supporting changes; and completion of mandatory training or reasonable effort where prevented. They also specify the absence of a formal capability process and of a live disciplinary sanction, with defined limits on those terms.^[34] These are contractual conditions for that framework, not a new GMC assessment imposed on every SAS doctor.

The conditions need to be read as separate questions. Participating in a job-plan review is different from agreeing every proposed alteration. Meeting an objective is different from demonstrating reasonable effort when a dependency failed. Mandatory training completion is different from attendance at an optional course. A review that reduces these questions to an overall impression of whether a doctor has been cooperative is too imprecise. Ask which criterion is being considered and what evidence would establish it.

The words formal process and sanction also matter. Northern Ireland's published progression guidance excludes an investigation or informal stage from the formal-capability condition, and excludes an investigation, counselling and ill-health absence warnings from the disciplinary-sanction condition.^[41] A complaint received by the organisation is therefore not automatically the contractual event described by those terms. Where a manager relies on a process, establish its documented status, applicable policy and outcome. Do not ask a pay review to determine the merits of an unresolved clinical allegation through implication.

England's relevant 2021 terms, current implementation guidance and the doctor's own agreement must be used for an English review. Wales and Scotland require their own texts and amendments. The BMA's overview specifically identifies a difference in the application of the additional-work and private-practice provisions in Wales.^[40] This is why a generic checklist circulated between colleagues needs checking against its intended contract. A familiar-looking form may omit a condition, add an inapplicable one or use an obsolete threshold structure.

A higher-threshold review requires attention beyond the ordinary conditions. Northern Ireland's Specialty Doctor framework, for example, asks for evidence of increasing independent decision-making and contribution to a wider role, alongside standard progression requirements.^[34] The evidence should show the relevant responsibility and contribution. It should not be manufactured by acquiring a title shortly before the meeting. A sustained contribution to service improvement or teaching may be stronger than nominal membership of several committees, provided it meets the applicable test.

Preparation should begin early enough to address a genuine gap. As a planning habit, look ahead several months, obtain the current review form and compare it with the evidence already available. This suggested timetable is not a universal contractual notice period. The operative policy may specify one, and it takes precedence. Confirm who convenes the meeting, who makes the decision, who submits the outcome and how it reaches payroll. A successful conversation without the required administrative confirmation may still leave the salary unchanged.

If a criterion is not met, the response should identify the precise gap, relevant circumstances and required action. That might involve completing training, obtaining an appraisal that was cancelled, documenting previously unrecorded evidence or addressing an established formal process. The nature of the gap determines the next step. Do not assume that every adverse outcome requires another full year of the same activity, or that every delay will be automatically backdated. Those consequences must come from the relevant terms and decision.

Finally, separate three dates: the scheduled review, the date progression would take effect and any deadline to challenge a decision. They are not interchangeable. A doctor who keeps attending informal meetings may still need to protect a formal appeal position. A doctor who has already met the criteria may still need to establish when the employer will implement them. Clear dates make a closed gateway a manageable process rather than an unexpected obstacle discovered on a payslip.

Specialist grade additional expectations

The Specialist employment grade carries a senior contribution that extends beyond simply spending longer in clinical practice. Some contracts make particular evidence of improvement and education part of pay progression. These conditions must be distinguished from appointment requirements and from GMC supporting-information requirements. The fact that a contractual review asks for a full audit cycle does not make a full annual audit a

universal revalidation rule. Different processes can draw on the same project while applying different tests.

Northern Ireland's 2021 Specialist terms provide a clear example. They specify a full audit cycle concerning the doctor's own clinical practice, agreed with the clinical director through job planning, with identified learning addressed. They also require evidence of delivering learning through relevant supervisor training and/or at least one relevant educational lecture or workshop. The terms additionally address anonymous colleague and patient multisource feedback since appointment or last progression, with demonstrated learning from the results.^[42] Readers on another nation's contract should compare its exact requirements, including the period over which evidence is required.

A full audit cycle needs a question, a relevant standard, measurement, a response and further measurement sufficient to evaluate the change. This is a practical explanation of the method, not a promise that any project labelled audit will satisfy a particular review. Choose a question that is meaningful, feasible and close enough to the doctor's practice for their contribution to be clear. An elaborate organisation-wide project may create dependence on data and authority that the doctor does not control.

Continuing Leena's English case from Chapter 7 as an illustration of audit method, her chosen topic concerns whether a defined group of clinic letters clearly allocates responsibility for follow-up. This does not apply Northern Ireland's terms to her employment. She agrees the question and standard, uses an authorised sample, discusses the findings with colleagues, introduces a revised template and reviews a subsequent sample. The portfolio records her role, the findings, the response and what remained uncertain. It does not need patient-identifiable letters or a claim that improved documentation has proved a reduction in clinical harm.

The educational component should also show a completed contribution. A session on the revised approach could include its purpose, audience, materials, feedback and a short reflection on what learners found difficult. Supervisor training may be relevant where that route is allowed, but a certificate should be described accurately. Completing training does not automatically establish appointment as a recognised supervisor, and delivering a lecture does not establish all capabilities of an educational-supervisor role. Record what happened without inflating its significance.

Feedback evidence needs time to produce useful learning. Plan the method with the appropriate organisational process and allow sufficient opportunity for colleagues and patients, where applicable, to respond. Do not select only favourable feedback or equate a good average score with a

complete account of practice. A small concern about communication may matter even when most responses are positive. The useful portfolio entry explains what was learned, what changed and how the doctor knows the response was delivered.

These activities can be combined intelligently. Leena's audit informs teaching, and subsequent feedback may help evaluate the communication change. They remain distinct evidential functions even if they arise from one programme. Identify which requirement each item addresses, where it only provides partial support and which additional information is needed. Reusing evidence is sensible; claiming that one attractive project satisfies every condition without analysis is not.

The job plan should make delivery possible. Agree the subject, data access, teaching opportunity, time and review period before the progression date approaches. If the organisation wants these contributions, it should know how they are supported. The doctor should know what they are expected to produce. This creates a clearer relationship between senior responsibility, practical opportunity and the evidence considered at review.

Evidence before the review

The strongest evidence pack is usually a short index supported by existing records. Start with the criteria in the applicable form and place one or two suitable references beside each. The reviewer should be able to identify what happened, when it happened and why it is relevant without reading an entire career portfolio. Chapter 12 develops the wider evidence architecture. For progression, selection and explanation are more useful than volume.

The job plan provides the agreed commitments, objectives and resources. The latest review establishes what changed. Appraisal outputs can confirm participation and relevant development, while the training record shows completion or outstanding requirements. For a threshold or Specialist-specific criterion, include the relevant contribution, project or feedback record. Keep any confidential appraisal material proportionate to the employment decision; sharing every reflective detail is not automatically necessary merely because appraisal is one source of evidence.

Build a simple chronology. Record when the objective was agreed, when work began, what support was requested, what was delivered and when any obstacle was raised. Where an objective depends on another team, identify that dependency without assigning blame. An email requesting access on a specific date is stronger evidence than a retrospective claim that access was always difficult. A meeting note confirming cancellation of protected time is more useful than an unsupported impression that study was never allowed.

Daniel's composite progression case illustrates the method. On his English 2021 contract, he agreed to complete a service review using an approved data extract and to attend a relevant course. The job-plan record identified access to data and protected time as necessary support. During the year, the extract was not provided and two approved study periods were cancelled for service cover. At the progression review, the incomplete objective is cited as a reason to withhold progression. Daniel needs to distinguish his own effort from the organisational conditions that prevented completion.

His evidence should contain the original objective, the agreed dependencies, dated requests, responses, work completed meanwhile and the review correspondence. It should also disclose any relevant omission on his part. If he delayed asking for data until the final month, that matters. If the employer offered a workable alternative that he did not consider, that also matters. A fair account is not weakened by acknowledging facts that require explanation. It is weakened when a selective account collapses under a straightforward question.

He can summarise the position in one paragraph: the agreed objective required specified data and time; he requested both on stated dates; neither was available as planned; he completed the preparatory work that remained feasible; and he asks that the progression decision apply the relevant contractual treatment of circumstances beyond his control. The supporting documents can then be numbered. This is more effective than sending a long narrative of frustration in which the criterion and requested remedy are difficult to identify.

Check the status of each item. A draft report is not a completed report. Attendance is not delivery. A proposed audit is not a closed cycle. An appraisal booked for next month is not one already undertaken. Where evidence is pending, state the expected date and what it will establish. This allows the reviewer to decide whether the condition is met, whether an agreed exception applies or whether a further step is required. Accuracy protects both the decision and the doctor's credibility.

Before submitting, ask whether another reader could reach the same account from the documents. Remove duplication, repair unclear dates and explain abbreviations. Use neutral filenames and keep the material in an authorised location. A colleague or representative may help identify where the argument relies on an assumption. They do not need to endorse every conclusion to improve the pack. The aim is a reviewable record that supports the right decision under the correct contract.

After the meeting, obtain the written outcome and confirm its transmission to the team implementing pay. Save the final version, not merely the form you submitted. If progression is approved, check the effective date and resulting salary. Completion of the evidential process and completion of the payroll process are both necessary for the decision to have its intended effect.

The checklist can be used at three points. Early in the review period, identify the requirements and gaps; midway, examine whether agreed opportunities are actually occurring; before the decision, confirm completion and unresolved constraints. These are suggested preparation points rather than extra formal reviews imposed by the handbook. Their purpose is to avoid discovering a missing requirement when it can no longer be addressed. Record each gap as an action with an owner and date, rather than simply marking the criterion red.

For Daniel, this would have made the dependency failure visible before the final meeting. The interim entry might read: data requested, preparatory method completed, extract outstanding, manager to confirm an alternative by the agreed date. That short record preserves both his activity and the organisation's next action. It also leaves space to revise the objective openly if the original method is no longer realistic.

When the employer has not provided opportunity

An unmet objective can have several explanations. The doctor may not have undertaken agreed work, may need further development, may have faced an unforeseen barrier or may have been asked to achieve something that was never feasible with the resources provided. These possibilities should not be collapsed into one conclusion about commitment. The purpose of examining dependencies is to identify what happened and apply the relevant criterion fairly, not to excuse every incomplete task.

The BMA's progression guidance states that doctors should not be prevented from crossing a threshold because employer or senior-colleague action or inaction prevented the required opportunity.^[40] Northern Ireland's official progression guidance expressly provides that employer action or inaction preventing satisfaction of a criterion should not prevent movement to the next point.^[41] These protections require careful application to the facts. They do not mean that a doctor can ignore an objective and later attribute its non-completion to a generally pressured service.

Daniel should therefore show reasonable action within his control. Did he ask for the data when it was needed? Did he alert the manager that the objective was at risk? Could a smaller authorised project have addressed the

same purpose? Was the course cancelled by the employer, and was an alternative offered? Did his clinical cover actually occupy the agreed study time? The answers distinguish a documented dependency failure from a claim that cannot be assessed. Where the evidence is mixed, the review should address the mixture explicitly.

The organisation's response should also be examined. A manager may have faced legitimate service pressure when cancelling time. That explains the decision but does not make its consequences disappear. If the objective remained unchanged, the doctor was left carrying an expectation after the means of delivery had been removed. The practical remedy is to assess the past progression decision under the relevant terms and separately agree a feasible future objective. Rewriting the future does not necessarily correct an adverse past decision.

Lack of opportunity can be less visible than cancelled leave. A doctor may be required to demonstrate teaching but repeatedly excluded from the programme; to lead an improvement but denied access to the committee; or to show experience of a procedure without receiving the agreed supervised sessions. Record the opportunity requested, its relevance to the criterion and the response. Avoid assuming motive. The evidence may support a straightforward development correction, a contractual challenge or, where facts indicate unequal treatment, a separate equality concern requiring advice.

For a doctor working less than full time or returning from absence, examine the actual period and opportunities available. Fixed professional requirements remain, but raw full-time activity totals may be an inappropriate comparison. Northern Ireland's guidance provides for an early review before planned long-term paid absence, such as maternity, adoption or shared parental leave, where reasonably practicable. If review cannot occur before the progression date, progression should be applied automatically in the doctor's absence, except where a disciplinary sanction is in place when progression is due. Where a doctor moves employer shortly before progression, the new employer should review within three months of employment. If its action or inaction prevents that review, the guidance requires automatic progression from the due date. These are specific protections with defined circumstances, not a general rule that every delayed review produces automatic progression.^[41]

Do not allow reasonable adjustments to become an unexplained obstacle to progression. If an agreed adjustment changes working arrangements, objectives and evidence expectations should be considered coherently. The doctor should not be encouraged to abandon a necessary adjustment merely

to produce a more familiar-looking portfolio. Where disability, health or family-related leave interacts with an adverse decision, obtain advice on the relevant national law and contractual provisions. A progression form may not capture every duty owed by the employer.

The outcome should say whether the criterion is satisfied, whether the contractual protection applies, what remains to be done and what support will be provided. If the employer disagrees with Daniel's account, ask for the disputed facts and reasons in writing. That gives informal resolution, mediation or appeal something concrete to examine. An assertion that everyone is under pressure does not settle whether this particular decision is contractually justified.

Additional programmed activity and extra contractual work

Additional work needs an agreement that describes more than the payment. Identify the task, expected time, duration, place, clinical support, responsibility for follow-up and the mechanism for ending or reviewing it. A recurring extra clinic, a one-off bank shift and temporary cover for a senior role may be governed differently. The label extra should start an inquiry, not conclude it. Work can be additional to the timetable while still being consequential to existing clinical duties, as Daniel's follow-up example showed.

An additional programmed activity is a contractual mechanism where the applicable terms provide for it. In Northern Ireland's 2021 Specialty Doctor terms, prospectively agreed additional PAs are remunerated, and the annual rate is ten per cent of full-time basic salary for each additional PA. The terms also provide a minimum three-month termination notice for these additional PAs.^[34] That is a specific contractual example, not a universal rate or notice period for all extra work. A locally negotiated waiting-list session may use a different agreed arrangement.

For clarity, consider a hypothetical full-time basic salary of £80,000 solely to illustrate that NI formula. One agreed annual additional PA would be £8,000 a year before deductions; two would be £16,000. These figures are not a current SAS salary scale or an hourly locum recommendation. The example demonstrates why basic salary, number of additional PAs and duration of the arrangement must be established before checking payroll. Part-year delivery, annualisation and out-of-hours provisions require the relevant calculation rather than casual division by the number of clinics.

Temporary work should have a real review point. If the arrangement is intended to cover a vacancy for three months, identify who reviews it before that period ends. If it becomes the normal service model, reconsider the substantive job plan and staffing rather than relying on repeated informal extensions. The doctor may be willing to help briefly but unable to maintain the commitment indefinitely. A clear endpoint supports planning for both parties and reduces the risk of disagreement about what was promised.

Acting responsibilities require particular precision. Taking an occasional decision in the absence of a colleague is not necessarily the same as a formal acting appointment. If the doctor is asked to cover a defined higher role, establish the duties, authority, supervision where needed, appointment process and applicable payment provision. Do not infer a Specialist appointment from a request to cover a clinic normally led by one. The grade question, the work question and the remuneration question need their own documentary answers.

For bank, locum or waiting-list work, obtain the offer through an authorised route. Clarify whether payment is hourly, sessional or for a specified list, and what happens if the list overruns or is cancelled. Establish responsibility for results and complications after the immediate session. A rate that appears attractive may cover more work than the advertised hours suggest. The service needs safe continuity, and the doctor needs to know whether later work is included, separately scheduled or transferred through an agreed pathway.

Pensionability is a separate question from whether work is paid through payroll. It depends on the scheme, type of employment and nature of the payment. NHSBSA guidance on the 2015 Scheme clarifies that additional hours for part-time staff up to whole-time equivalent are pensionable at the standard rate, following the retrospective regulatory change made in April 2025.^[43] This does not justify treating every extra payment as pensionable, or every activity beyond a standard full-time commitment in the same way. Scotland and Northern Ireland have their own administrators and rules to consult.

Ask payroll to identify the pensionable component and, where necessary, obtain confirmation from the relevant pension administrator. Keep gross pay, pensionable pay, pension contributions and tax distinct. A higher gross payment can affect tax and pension-tax calculations without creating an equivalent increase in benefits. Chapter 21 explains the mechanisms in detail. At this stage, the practical requirement is to understand what is being offered before relying on an assumed net amount or retirement effect.

Capacity remains a clinical question as well as a financial one. Consider all employers, on-call commitments, travel and recovery. A free evening in one rota may follow an intensive day or precede another duty. Payment does not make fatigue safe, and a willingness to undertake extra work does not remove working-time or professional responsibilities. The doctor and employer should know the whole pattern sufficiently to assess the proposal. A decision to decline further discretionary work can be reasonable even when the service needs it urgently.

Finally, distinguish the freedom to negotiate an extra arrangement from obligations already contained in the contract. Private-practice provisions, spare professional capacity and agreed additional work can interact in specific terms. Obtain contract-specific advice before assuming an unrestricted right either to require work or to refuse it. A sound agreement records the relevant provision, the task and its limits, leaving neither party dependent on assumptions about what extra usually means.

An additional-work decision sheet can be completed before accepting the offer. Describe the proposed work in one sentence, then record the total expected time including preparation and follow-up. Identify the contractual mechanism, payment basis, approval route and pension question. Add the effect on the existing week and the date the arrangement ends or is reviewed. If any essential field remains unknown, ask the person authorised to clarify it. This is a way of making the offer understandable, not a new bureaucratic approval process.

Consider a Saturday list offered as a fixed session. The doctor should know whether pre-list assessment, reporting and later results are included, whether supporting staff remain available if it overruns, and who manages patients needing admission. These questions affect safety and the real amount of work. They should be resolved prospectively wherever possible. A disagreement after the list is completed is harder to settle because each party may have formed a different understanding of the same short message.

Mediation appeal and grievance

The first step in a disagreement is to identify the decision. Is the problem an incorrect payment, refusal of progression, disagreement about a job plan, treatment by a colleague or an immediate safety concern? Different routes exist because these questions require different remedies. A payroll correction may not need mediation. A contractual progression appeal should not be allowed to disappear into an informal conversation about morale. A safety concern requires action even while the employment position is being clarified.

For SAS job-plan and progression disputes, use the mediation or facilitation and appeal provisions in the applicable national terms. The BMA describes these as routes for unresolved disagreement about a plan or a progression decision, with contract-specific arrangements for the panel and process.^[44] Northern Ireland's official progression guidance directs such disputes to Schedule 5 of its terms.^[41] The terminology itself can differ: do not assume that a process called facilitation locally has precisely the same steps as one described elsewhere as mediation.

Obtain the written decision, reasons, date of communication and relevant procedure immediately. Identify the notice required to start the next stage and the person to whom it must be sent. A deadline may run from notification rather than from the date the doctor finishes gathering evidence. If advice is needed, seek it promptly and ask how to preserve the position while the full submission is prepared. An informal promise to discuss matters later should not be assumed to extend a formal deadline.

Mediation can be useful where the parties disagree about interpretation, resources or the practical shape of a job plan. Prepare the points already agreed, the remaining issues, the evidence and possible resolutions. The mediator needs a question that can be addressed. Daniel might ask whether his documented efforts and the employer's failure to provide agreed support have been properly considered under the progression criteria. That is more manageable than asking the meeting to resolve every frustration accumulated during his employment.

An appeal should address the grounds permitted by the relevant procedure. Those may concern the decision, evidence or application of the terms, but the exact scope must be checked. Organise the submission around the contested finding and requested remedy. Include the chronology and relevant documents, explain why they matter and avoid personal criticism that adds no evidence. A representative can help distinguish a strong contractual point from an understandable but less relevant account of how the process felt.

A grievance may be appropriate for matters that the contractual route does not resolve, such as alleged unfair treatment or conduct. More than one process may be relevant, but duplication can create confusion. Ask how the procedures interact and whether an issue should be addressed first in one forum. Do not assume that submitting a grievance preserves a contractual appeal or an external legal claim. Keep a separate record of each route, its purpose, owner and deadline.

A useful route selector is a short question sequence. What outcome is sought: correction of a calculation, reversal of a progression decision,

agreement of future duties or investigation of treatment? Which document gives the relevant decision-maker authority? What procedure challenges that decision? What separate safety or legal issue remains? Write the answers before drafting a lengthy submission. If one account contains several distinct requests, label them clearly so a response to the easiest question does not leave the most consequential issue unresolved.

External legal time limits require particular care. Acas guidance checked on 12 September 2026 states that most Great Britain tribunal claims then have a limit of three months less one day, with the limit for most claims increasing to six months less one day where the relevant time limit starts on or after 1 October 2026. It also explains that an internal grievance or appeal does not itself change the tribunal limit; timely Acas notification can affect the clock through early conciliation.^[45] Different claims and circumstances require individual calculation, so obtain advice rather than applying those headline periods mechanically.

Northern Ireland uses its own employment legislation and tribunal arrangements, with the Labour Relations Agency as the relevant early-conciliation body. The Great Britain change must not be assumed to apply there. The Northern Ireland government explains the notification and early-conciliation route through its employment-tribunal guidance.^[46] This jurisdictional distinction matters even when the underlying workplace problem looks identical. A doctor moving between nations should not reuse a deadline remembered from a previous dispute.

Throughout, maintain necessary clinical responsibilities and agreed interim arrangements while seeking advice about the contested terms. Do not use unilateral withdrawal from essential work as a substitute for the correct process. Where an immediate safety issue makes the existing arrangement untenable, escalate that risk through the appropriate clinical and managerial route. The contractual dispute and the safety response should be connected in the record but handled for the distinct decisions they require.

Repairing the working relationship

A fair decision is important, but so is the ability to work effectively afterwards. Most doctors will continue to collaborate with the managers and colleagues involved. Repair does not require pretending that the disagreement was trivial. It requires a clear account of what has been resolved, what remains open and how future work will be organised. A professional relationship becomes more reliable when expectations are explicit and decisions can be revisited without personal threat.

Write correspondence for the reader who must act on it. State the issue, relevant evidence, requested decision and response date. Avoid a long opening account of motives or historical disappointment. Daniel might write that he seeks reconsideration of the progression decision, identifies the two dependencies recorded in the agreed plan, attaches the dated requests and asks for the applicable criterion to be explained. The tone can be firm without asserting bad faith. Precision makes it harder for the substantive question to be overlooked.

Distinguish acknowledgement from agreement. A manager may accept that study time was cancelled while disputing whether that prevented the objective. Daniel may accept that service pressures were exceptional while maintaining that the progression decision was wrong. Recording these areas of agreement narrows the remaining question. It is not a concession to an adverse conclusion. It allows the discussion to focus on causation, reasonable effort and the contractual consequence rather than revisiting facts that nobody disputes.

Where the decision changes, confirm the practical remedy. Does progression apply from the original date? Who instructs payroll? When will any correction appear? Does the revised job plan replace the previous version, and from when? A courteous message saying that the matter is resolved may leave all of these unanswered. The final record should identify actions, owners and dates. The doctor should then check implementation and acknowledge completion, rather than allowing an administrative omission to reopen the entire conflict.

Where the decision is upheld, obtain a usable explanation and a feasible forward plan. Identify the evidence still required, the support to be provided and the next review point. A doctor can comply with a reasonable development plan while continuing to challenge a disputed decision through the appropriate route. Conversely, pursuing an appeal does not justify ignoring an established requirement. Keep the positions explicit so neither party mistakes participation for withdrawal of the challenge or disagreement for refusal to improve.

The service may also need to learn from the process. Was the review initiated too late? Were the criteria unclear? Did the job-plan template omit dependencies? Was no one responsible for sending the outcome to payroll? These are repairable systems problems. A short improvement in the local process may prevent the same dispute for another doctor. This need not require a large committee: a clearer reminder, named owner, revised form or earlier review can be enough.

Agree how the next conversation will take place. A brief scheduled review of outstanding actions can be more effective than a succession of unanswered emails. State what information should be available and who can make the necessary decision. If the relationship has become strained, an agreed colleague or representative may help keep the discussion focused. Their presence should support clarity, not create an audience for blame. Where trust cannot immediately be restored, reliable procedures and fulfilled commitments can still make everyday work possible while confidence is rebuilt through experience.

Be careful about the audience. Share detailed correspondence with those who need it, including an adviser or representative where appropriate. Broad circulation can harden positions and expose unnecessary personal information. If wider patterns need to be raised collectively, do so through an appropriate representative or organisational route using proportionate information. A legitimate concern is more likely to be understood when its purpose and requested action remain clear.

The desired endpoint is a workable employment relationship supported by accurate records. Daniel should know what the contract requires, what the employer has agreed to provide, what evidence is needed and how disagreement will be handled. His manager should be able to plan the service without relying on hidden work or ambiguous objectives. That clarity does not remove every future conflict. It creates a fairer basis for addressing the next one before it becomes another surprise at a pay review.