



SYNERGY NEWS

SoR Council backs Agenda for Change – but with reservations



Whilst the Society's UK Council voted overwhelmingly in favour of recommending to members that they should accept Agenda for Change, it asked Society officers to express its 'deep concern' to the government about certain aspects of the AfC proposals.

The following statement was issued:

The UK Council of the Society of Radiographers is of the opinion that Agenda for Change (AfC) is the best offer that can be achieved through negotiation. We now seek the support of the members to exploit the opportunities AfC creates and to make it work for the benefit of the profession.

However Council recognises that there are issues that cause serious concern such as:

- The proposal to work a 37.5 hour week;
- The linkage of AfC to a pay offer, which has not been negotiated or recommended by the Pay Review Body but imposed;
- The failure to reward members for the increase in hours;
- The lack of investment in the NHS to address the retention and recruitment of staff.

The SoR will continue to lobby government with other unions to seek an improvement to the pay offer and the retention of 35 hours for all radiography staff in line with the European standard and to improve working lives.

The Society will work with members at Early Implementer sites to improve career development and to address recruitment and retention issues facing the profession.

The UK Council of the Society of Radiographers is therefore recommending that members accept Agenda for Change.

You decide p2

Pluses and minuses p2



What is Agenda for Change and why is it so important? p2

Ask questions and let us know what you think p3

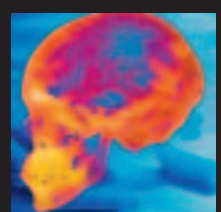
The main points p3

Timetable p5



New pay system p5

Breaking through the jargon p6



Early implementer sites p5

You may be better off – but you may not p6

FAQs p7

You decide!

In April we shall be asking Society members to vote on whether to accept or reject the Department of Health's Agenda for Change proposals.

This deal has taken almost four years of detailed discussions between the government and the health service trades unions. The Society has had a leading role in the talks.

This special edition of *Synergy News* sets out what Agenda for Change will mean to you. Briefing meetings are being held for local workplace representatives across the UK so that they can help you to understand the proposals.

It is very important that you can make an informed decision as to whether accepting Agenda for Change is in the interest of the profession. You will hear many views expressed about whether the deal that has been hammered out is a good thing. We will provide our members with the facts so that they can make a balanced choice and clearly understand the best way forward.

I cannot emphasise enough how important it is that you take the time to understand Agenda for Change and its implications. It is not only about how much you will earn, or your terms and conditions. It is also about fairness and equity in the NHS labour market. It is about working in partnership with the employer. It is about career progression for radiographers.

There is good and bad in this package. Don't look at AfC in parts. Look at the whole deal. This is not a 'pick and mix'.

The Society's commitment to the membership is to consult with you and seek your decision. As you will see from the statement on the previous page, the Society's UK Council has said what it thinks. But you must also be part of the process and tell us what you want.

The more that you tell us about how AfC is going to affect you, the more evidence that we have to try and rectify any inequities in the proposed system. You need to tell us whether AfC will work, or where it goes wrong.

*Ian Henderson,
President*



Pluses and minuses

There are parts of the AfC proposal that the Society's Council has welcomed. There are others about which they are deeply disappointed. Here's a summary of the 'good bits' and the 'not so good bits'.

Key pluses

- For the first time, AfC provides a structure that directly links pay with an individual's role and responsibilities;
- It provides a framework for the profession and is a key opportunity to make sure that members who take advantage of role development will get paid for it;
- The Society and many members have long wished for the demise of the Whitley Council Agreement. AfC isn't perfect by a long way, but it is an improvement.

Key minuses

- The retail price index is currently increasing at 2.9 per cent a year. The government are only offering 3.225 per cent a year for the next three years from this April. This is a 'stand still' offer.
- Standard working hours from 2011 will be 37.5 a week. (Newly qualified radiographers will work the new hours immediately.) Members who currently work 35 hours a week, will not be paid any more for the additional hours.
- The government has missed a key opportunity to address the profession's critical recruitment and retention issues.

What is Agenda for Change and why is it so important?

- Agenda for Change is a new system for pay, conditions of service and career development. It will replace the Whitley Council Agreement.
- If agreed, AfC will include a 10 per cent pay rise over three years, starting in April 2003.
- AfC is composed of three pay spines. One is for professional and support staff, including radiographers. Where you fit on the spine will depend on an assessment of your job in accordance with a national job evaluation scheme, and on a Knowledge and Skills framework.
- The fact that your initial position on the pay spine and your future pay progression is directly linked to your actual role and responsibilities, is a key point. For the first time, radiographers will be paid for the work that they do.
- All national allowances will be incorporated into salary.
- Hours of work and annual leave will be harmonised for all NHS staff.
- AfC has been under negotiation in partnership with the trades unions and the Department of Health for over three years. The SoR has been fully involved throughout and has been a key player in the negotiations.
- If it is agreed, AfC will affect members employed by the NHS throughout the UK. It will become effective from October 2004.
- Certain NHS trusts have been chosen as 'early implementer sites' to test AfC and see how it would work.
- There are three main documents:
 1. The core text containing the proposed agreement. This can be viewed and downloaded at www.doh.gov.uk/agendaforchange
 2. A computerised job evaluation scheme and handbook, which is also available on the DoH AfC website.
 3. A 'knowledge and skills framework', which is used as an assessment tool to determine the level of competence of an employee and to assist with career development.

The main points

Warren Town, the Society's Director of Industrial Relations, summarises the key components.

Pay

If AfC is accepted and implemented then all staff will receive a three-year deal from April this year: **3.225 per cent in each of years one, two and three. Total: Rounded-up to 10 per cent over three years.**

There is a pay spine divided into three parts, the second part of which is for the health professions (including radiographers) and nurses. This section of the spine is divided into eight pay bands. You will be assigned to one of the pay bands on the basis of job weight as measured by the NHS Job Evaluation Scheme. It is vital that you understand the job evaluation process because it will determine your pay.

Each pay band is divided into points. Staff below the maximum point can expect to progress to the next point each year. The employer will have to show that you have failed to perform to deny you advancement. There are, however, two points on each pay band called gateways, at which your knowledge and skills will be assessed. Pay progression at these points will be linked to the demonstration of applied knowledge and skills. Continuing professional development is key.

The pay structure will recognise advanced skills and learning and is designed to encourage members to develop. If you do not want to develop, then you will not progress.

Common 'job profiles' have been finalised. Where a job fits a profile, it will be possible to place it straight into an appropriate new pay band. For those jobs that don't automatically fit a profile, trained job evaluators drawn from management and staff side will carry out the evaluation.

From what we understand at this stage:

- Band 5 = On entry to the profession
- Band 6 = Specialist or experienced practitioners
- Band 7 = Highly specialist practitioners and section managers
- Band 8 = Consultant practitioners and service managers

Job evaluation and basic pay

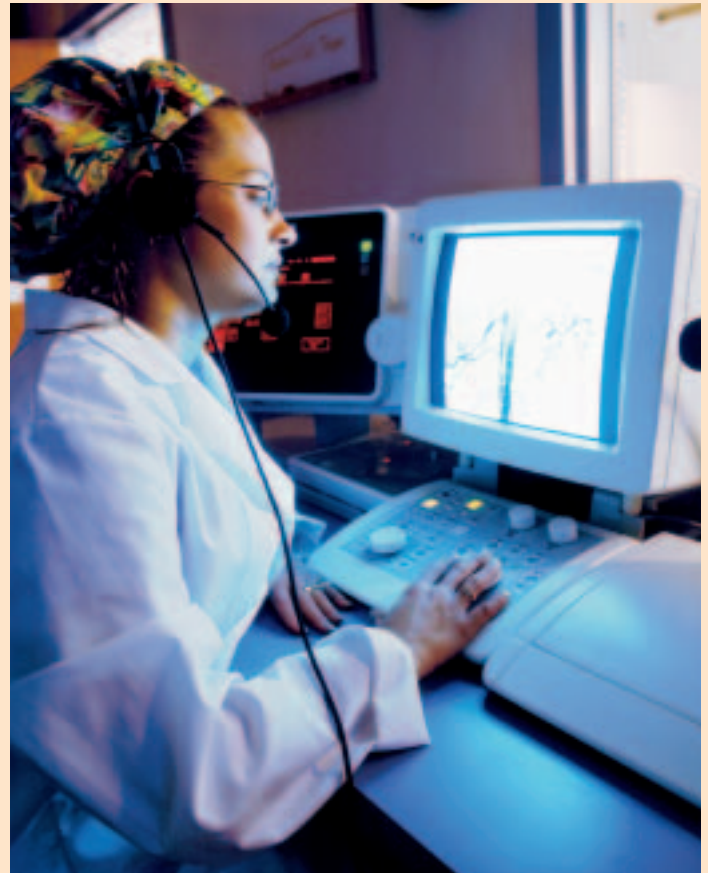
Jobs will be evaluated using the NHS Job Evaluation Scheme. This gives each job a weighting, which determines where each job slots

into the new pay bands. The job weight will be assessed using a number of criteria including:

- Knowledge and skills required
- Responsibilities
- Physical, mental or emotional effort and any extra demands imposed by the working environment.

Assimilation and protection

The new system has been designed to ensure that as many staff as possible move to pay bands that provide higher maximum pay than now. *Continues on page 4...*



Ask questions and let us know what you think

In April the Society will hold a ballot asking members whether they accept or reject Agenda for Change. The result will be known in early May.

AfC has many elements to it and it does take a while to understand all the 'ins and outs' of the package. To ensure that you have all the information you need, take advantage of one or more of the following:

- *Synergy News* – In each edition of *Synergy News* there will be an **Agenda for Change Update** with all the latest information.
- www.sor.org - New information will also be posted on the Society's website as and when we have it. In addition, a special **Agenda for Change Discussion Forum** is being hosted on the site. This will be moderated by the Society's Industrial Relations Department, who will answer your questions. To access the forum, you need to enter the members' area of the site and register to participate in the forum. If you have any problems accessing the forum, e-mail sorsupport@deeson.co.uk
- A series of **regional consultation meetings** are being held for local Society industrial relations representatives. Please talk to your rep if you have a question. The schedule of meetings is:

English Regions

Eastern	24 February
London	18 March
Midlands	6 March
Northern	10 March
North West	26 February
South East	12 February
South West	12 February
Yorkshire	12 March
Northern Ireland	20 February
Scotland	6 March
Wales	
North	24 February
South	17 February

- Talk to your **regional member of Council and/or Regional Officer**. A full list, including contact details, is on the inside front cover of every monthly edition of *Synergy News*.
- Managers' briefing meetings are planned to help them understand the process and their role.

If there is anything you don't understand – ASK!

Where basic pay before assimilation to the new scheme is between the new minimum and maximum of the new pay band, members will assimilate to the next higher pay point in the new pay band.

Where basic pay before assimilation is below the new minimum, members will assimilate either at the new minimum or, if significantly below the minimum, onto proposed transitional points.

In a few cases, basic pay before assimilation will be above the maximum of the new band and pay protection will apply.

Allowances

Many national allowances for all staff have been incorporated into the annual salary, including Student Training Allowance and Radiation Protection Supervisor's Allowance, etc.

Other allowances such as On Call and Recruitment and Retention Premia will be dealt with separately under the new arrangements.

Pay in high cost areas

Extra pay, which will be counted for pension benefit, can be negotiated. It will introduce harmonised allowances to replace London weighting, fringe allowances and cost of living supplements. Allowances will be expressed as a proportion of basic pay, subject to a minimum and maximum level of extra pay as follows:

	% of basic pay	Minimum	Maximum
Inner London	20%	£3,000	£5,000
Outer London	15%	£2,500	£3,500
Fringe	5%	£750	£1,300

Outside London and in the fringe areas, the cost of living will be converted into recruitment and retention premia. Extra resources will also be made available to NHS organisations in these areas.

Payments for working outside normal hours and on-call duties (unsocial hours)

There will be pay supplements for all working patterns that involve significant levels of work that take place at the following times:



- Staff in pay bands 1-7: before 7am or after 7pm Monday to Friday, and on Saturdays, Sundays or Bank Holidays
- Staff in pay band 8: before 7am or after 10pm Monday to Friday; before 9am or after 1pm on Saturdays and Sundays and Bank Holidays.

These pay supplements will be calculated on the basis of the average amount of work that a member of staff is expected to undertake over a defined period. Harmonised arrangements would recognise on-call duties.

Radiographers who are expected to be available to provide on-call cover outside their normal working hours will receive a fixed pay supplement based on the number of defined periods when they are on-call. In addition, if they are called into work during a period of on-call they will receive recompense for the actual work done.

However, if you want to retain your current local arrangement and this is more advantageous than the new system, you can do so.

Frequency of On-Call	Value of Supplement as Percentage of Basic Pay:
1 in 3 or more frequent	9.5%
Between 1 in 4 and 1 in 6	4.5%
Between 1 in 7 and 1 in 9	3.0%
Between 1 in 10 and 1 in 12	2.0%
Less frequent than 1 in 12	By local agreement

If you don't currently get paid for on-call work but take time-off in lieu, this arrangement will continue under AfC. But, unlike the present system, if you are unable to take time off within three months the employer must pay you for this time at the overtime rate.

Recruitment and retention premia

NHS organisations will be able to make extra payments to particular staff groups to help recruit and retain sufficient numbers of staff.

There will be two types of recruitment and retention premia:

1. Pensionable long term recruitment and retention premia
2. Non pensionable short term recruitment and retention premia.

The total value of a recruitment and retention premia would not normally exceed 30 per cent of basic salary. It is expected that radiographers would be considered under 2 above.

Hours

The standard working week will be 37.5 hours for all NHS staff. However protection arrangements will apply to radiographers. Radiographers on 35 hours per week will be protected for 4 years. The hours will then increase to 36 hours. And this will be protected for another 2 years. The hours will then increase to 37 hours for 1 year. Thereafter all staff will work 37.5 hours.

For members who work part time, they will receive protection on an equivalent pro rata basis.

Overtime

A single harmonised rate of time-and-a-half for all overtime. Bank holidays will be double time.

Annual leave

The annual leave is also common at 27 days plus 8 days public holidays on appointment, rising to 33 days plus 8 days public holidays after 10 years of service.

- On appointment = 27 days + 8 public holidays**
- After 5 years = 29 days + 8 public holidays**
- After 10 years = 33 days + 8 public holidays**

At present, a day in lieu is available only to staff who work when the department is normally open. The new agreement makes no such distinction and therefore any time worked during the bank holiday will result in a day in lieu.

National job profiles - Radiography

Job	Job weight	Pay band	Basic pay £ (at current rates ie these do not include the proposed pay increase)	
			Min	Max
Radiographer (Diagnostic)	327-358	5	17,000	22,000
Specialist Radiographer (Diagnostic)	400-439	6	20,300	27,500
Specialist Radiographer (Therapeutic)	412-439	6	20,300	27,500
Radiography Section Manager	481-488	7	24,500	32,300
Specialist Radiographer (Reporting Sonographer)	467-479	7	24,500	32,300

New pay system

The second part of the pay spine is for 'staff within the extended remit of the Pay Review Body for nurses and other health professions'. It is divided into eight pay bands.

Above is a list of the National Job Profiles that apply to radiographers. However, these are only an indication because there are many job profiles that have not yet been defined. Not everyone with a job title similar to those in the list will automatically move to the indicated pay band. Where a job fits a profile, it will be possible to place it straight into an appropriate new pay band. For those jobs that don't automatically fit a profile, trained job evaluators drawn from management and staff side will carry out an evaluation.

Within each pay band there are points to allow for pay progression whilst the person is in that post. A radiographer will progress from point to point up the band "provided their performance is satisfactory and they demonstrate the agreed knowledge and skills".

Newly qualified radiographers will join at Band 5. They will have accelerated progression through the first two points in six monthly steps.

Early implementer sites

Presuming for a moment that the members of the Society and the other trades unions accept Agenda for Change and it is rolled-out throughout the NHS in England from October 2004, 12 sites are being used as 'guinea pigs' to test the system and find out what works – and what doesn't. The Society held a briefing meeting in January for the Radiography Managers and representatives at the relevant early implementer sites.

The following will test Agenda for Change from 1 June 2003:

Aintree Hospital NHS Trust
 Avon and Wiltshire Mental Health
 Central Cheshire PCT
 City Hospital Sunderland
 East Anglian Ambulance Service
 Guy's and St Thomas' Trust
 Herefordshire PCT
 James Paget Acute Trust and Great Yarmouth PCT
 North East Ambulance Service
 Papworth Hospital Trust
 South West London and St George's
 West Kent NHS and Social Care Trust

Timetable

November 2002

First draft of Agenda for Change is published following three years' of negotiations.

January 2003

Key elements of the proposal are amended following representations by the Society and other trades unions.

February – April

The Society provides information to and consults with members.

March/April

The SoR Annual Delegates' Conference considers initial feedback from members and is asked by the UK Council to endorse a motion to accept or reject AfC.

April

SoR members are balloted.

May

Result of ballot.

October 2004

If members give the go-ahead and the early implementer sites do not identify any major problems, AfC will roll-out in England only in October 2004.



You may be better off – but you may not

According to Eleanor Ransom, the Society's Research Officer, some members are going to come out better under Agenda for Change than others. It's important that you check how you will fare.

The following examples are calculated to show where new entrants to the profession and existing staff will be assimilated under the proposed new system. Where examples have been given to demonstrate payment for on-call, it has been assumed that the member of staff in the example takes part in the rota for one session per week for 47 weeks per year and that four hours' actual work is done each session.

The hourly rate under Agenda for Change is calculated in relation to a 35 hour week upon assimilation, but a 37.5 hour week when projecting potential earnings.

All salaries are based on current levels and do not take into account any annual uplift: this gives a more accurate picture of differences in real terms.

New entrant to the profession

On entry to the profession, a radiographer would be assimilated to the bottom point of band 5, which is slightly lower than the current starting point. It is expected that new entrants will move to the next point after six months, and move again to the next after the following six months. The earning potential is considerably enhanced, with the potential maximum of band 5 being 14.9 per cent higher than the current maximum.

Starter grade on minimum point of scale carrying out on-call duties once a week

This shows that a current starter grade would expect to be just under 1 per cent better off on assimilation, with potential earnings under AfC 14.2 per cent in excess of the status quo under Whitley.



Senior II on maximum of scale plus Student Training Allowance

A Senior II at the maximum is likely to be assimilated onto band 6 of the proposed new system, where the current STA allowance will be taken into account on assimilation, thus enhancing the rate of basic pay. A Senior II on maximum who did not get STA would assimilate at £23,700. Although the net gain on assimilation is small, the potential earnings capacity is up by 12.3 per cent under the proposals.

Senior II on midpoint of scale, carrying out on-call duties once a week

A Senior II at the midpoint of the current scale would benefit slightly from assimilation to band 6 under the proposals, but the potential earnings differential would be 18.2 per cent higher.

Senior I on point 02 of the scale currently getting RPSA at the middle level

Because of the harmonisation of most allowances on assimilation, this member of staff would earn 1 per cent more straightaway in band 6 and have the potential to earn 4.3 per cent over and above the current Whitley maximum.

Reporting Sonographer (Advanced Practitioner)

The reporting sonographer should be graded at band 7 in the proposed structure, which in the case of an Advanced Practitioner at the maximum of Supt III under Whitley, means a 2.5 per cent increase immediately and a further potential 17 per cent increase over the current maximum. It is the Society's opinion that other radiographers who have similar highly specialist roles to the example given here, such as mammographers who perform core biopsies and offer collaborative reports, should be graded in this band.

Breaking through the jargon

Both the employer and staff sides have tried to keep the language of Agenda for Change as simple as possible. Inevitably however, jargon has crept in. Here is a quick guide to the words and phrases that you will hear and read again and again:

Assimilation: This is the process of transition from the old to the new system. It is designed to make sure that everyone finds the right 'slot' on the pay spine.

Early implementers: Twelve NHS sites that are 'going live' with AfC from 1 June 2003. They will find out where the weaknesses are.

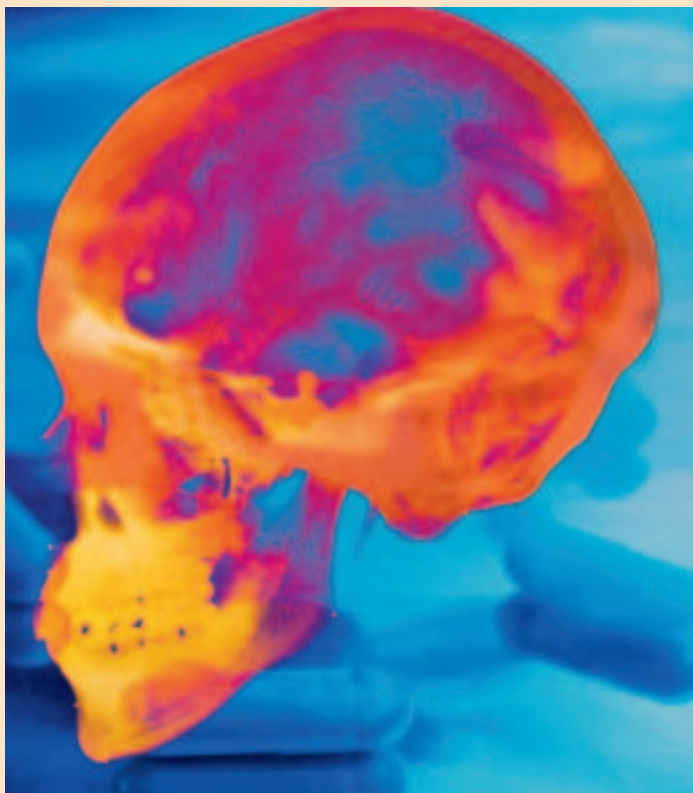
Gateways: Two points on each pay band are called gateways, at which your knowledge and skills will be assessed. Pay progression at these points will be linked to the demonstration of applied knowledge and skills.

Job profiles: Common 'job profiles' have been set. Where a job fits a profile, it will be possible to place it straight into an appropriate new pay band. For those jobs that don't automatically fit a profile, trained job evaluators drawn from management and staff side will carry out the evaluation.

Pay band: The part of the pay spine relevant to radiographers is divided into eight bands. Depending on your job and the responsibilities you have, you will be assigned to a pay band.

Pay points: There are points in each band. Staff below the maximum point in each band should progress to the next point each year.

Pay spine: One part of the spine is for professional and support staff, including radiographers. Where you fit on the spine will depend on an assessment of your job in accordance with the national job evaluation scheme.



Manager of Discrete Unit (maximum Supt III), plus Student Training Allowance

The manager of a discrete unit such as Breast Screening, MRI or who is involved in planning treatment should be graded at band 7 in the proposed structure. This example takes account of STA earnings on assimilation, giving a 3.4 per cent increase over current earnings, with potential earnings 10.6 per cent higher than under Whitley. The manager who did not get STA would assimilate at £28,300.

Therapy Services Manager (currently max Supt I)

The manager of a whole service, such as Therapy or Diagnostic Imaging, would be graded at band 8 under the proposed new structure. Although band 8 is divided into four subsections, it is not intended that these are four separate grades, hence the very large potential maximum earnings. However, it is recognised that not all service managers would aspire to the possible maximum. This example shows an immediate increase of 1.75 per cent, with enormous earnings potential in the future!

Frequently asked questions

Have we agreed to AfC?

No. All unions, including the Society, have to consult with members before any agreement is reached. The SoR is currently briefing workplace representatives who will cascade this information to members. AfC will be discussed at the 2003 Annual Delegates Conference. The UK Council will ask the ADC to accept a motion on AfC, the content of which will depend on the outcome of the consultation and the debates at the conference.

How does AfC differ from the current system?

Whitley specified the conditions of work and created agreements, which could not respond to changes in the labour market or service delivery. AfC is a comprehensive and dynamic package designed to improve working lives and create the means for members to be recognised for role development and provide for a realistic and comprehensive career structure. AfC is not just about how much you

earn or your terms and conditions, it is about fairness and equity in the NHS labour market and about employees working in partnership with the employer.

Will AfC replace the Pay Review Body?

No. But if AfC is accepted, members will be tied into a three-year, 10 per cent pay deal. This will mean that from April 2003 members will receive 3.225 per cent. In April 2004 a further 3.225 per cent and the same for April 2005, rounded up to total 10 per cent. This award excludes any increase members will receive when they move to the new pay structure. During the three-year period the PRB will receive evidence from the staff and management sides as normal about any further increases or awards. After 2005 the PRB will continue in the normal way and make recommendations to government for future pay increases. (See Chapter 10 of the AfC document.)

Can we pick which parts of AfC we want and reject others?

Agenda for Change is not a 'pick and mix package'. The ballot will be for members to accept or reject the proposals negotiated for AfC and the three-year pay deal.

How much will I be paid under AfC?

The amount you will receive under AfC will depend on where you fit in the overall structure. Initially there will be assimilation to the pay spine. Where you fit on the spine will depend on your sum totals of earnings including national allowances you currently have. If your earnings are below the minimum point of the pay spine for your grade you will be protected. (See Chapter 9).

Will I be compensated for working longer hours?

Your overall earnings in the new system and advancement through the pay spine will give you more money than you can achieve under the current system. In addition your current hours are protected even if you move to another job as a radiographer in the NHS. (See Chapter 9 Paragraph 9.27).

But I only work part time. What will happen to my hours?

For members who work part time, they will receive protection on an equivalent pro rata basis. (See Chapter 9 Para 9.26).

What will happen to my increments?

Increments will no longer exist in the new system. Instead progression up the pay spine will depend on an assessment of your work. Only if it can be shown that you have failed to perform and this is your own fault will you not progress. If this happens the employer must give you support and reassess you within a framework, which will have to be agreed with you. The period of time for this to take effect must also be agreed. The expectation must be that you will improve. (See Chapter 6).

What will happen to my 'On Call'?

There will be a new system to replace 'Whitley'. However if you want to retain your current local arrangement and this is more advantageous than the new system you can do so. (See Chapter 2 Para 2.35).

What about all my allowances?

Many allowances for all staff have been incorporated into the annual salary, including payments for Student Training Allowance and Radiation Protection Supervisor's Allowance, etc. (See Chapter 1 Para 1.9 – 1.14).

But I do not get paid for all my 'On Call'. Can I continue to receive Time off in Lieu (TOIL)?

Yes. But unlike the present system, if you are unable to take TOIL within three months, the employer must pay you for this time at the overtime rate. (See Chapter 5 – Para. 5.7)



If I work a Bank Holiday will I still get a day in lieu?

Yes, but there is a difference. At present the day in lieu is only available to staff who work when the department is not normally open. The new agreement makes no such distinction and therefore any time worked during the bank holiday will result in a day in lieu. (See Chapter 5 Para 5.12.)

Can we continue to negotiate locally with our employer?

There is always the option for the employer and staff to reach agreement at local level. It is anticipated because AfC is a comprehensive package and that the scope for local agreements is limited, there will be little need for any local amendment to the overall package or the need for new agreements.

I'm on a Trust contract – do I have to accept AfC?

Members on Trust only contracts will have the option of moving to AfC or staying as they are. However, if they move or are promoted, they will be expected to accept AfC contracts.

How will I know when AfC will be implemented?

When the proposals have been accepted, then the agreements will be tested in a small number of hospitals in England who have been designated 'Early Implementers'. The progress of implementation will be constantly monitored and, if necessary, changes will be agreed. There will follow full implementation in October 2004 for all staff in England. You will be advised by the SoR of progress, any changes that may occur and of the process for you to move to the new system before this date.

Will my pension entitlements change?

As your earnings increase so to will the value of your pension.

If we reject AfC what will happen?

It is open to all unions to reject AfC. If all unions reject the proposals then the whole package will need to be reconsidered or the government may take the package and allow employers to introduce it at local level. (They have done this in England with the BMA deal.) If several of the unions reject and the reasons for this are known, it may be possible to reconsider the content of AfC to

address any concern. If a small number of unions reject, then it is likely that the government will implement AfC nationally and ride any storm of protest.

Will Foundation Hospitals be included in AfC?

Foundation Hospitals are bound by the content and principles contained in AfC. Any freedom is limited and must have the support of staff and regulatory authorities. (See Chapter 8.)

Will AfC apply to the private sector?

The private sector is not obliged to accept any of AfC. However, to compete with the NHS they will have to match or better AfC.

How will I know what I will be paid when I transfer to the new system?

Each member will have a figure, which will be the basic pay before assimilation. (Assimilation is the transfer from the Whitley pay system to AfC.) This figure will be the annual 'full time equivalent basic pay', plus the annual value of any national allowances, which are taken into account by the job evaluation scheme. There are specific agreements to protect staff where they are within five years of retirement. (See Chapter 9.)

Will my 'incremental' date change?

No. Members assimilated will retain their existing incremental date. For new staff and staff promoted after implementation of the new system the incremental date will be the date they take up the post. (See Chapter 9 paras 9.24 – 9.25.)

What is a Job Evaluation System and what does it mean for me?

Job evaluation is a tool designed specifically for the NHS to reward staff fairly and respect the principles of equal pay for work of equal value. The JE scheme will determine a point score, which will be used to match jobs to the pay bands. This will be the basic salary. From this point individuals will progress depending on a yearly development review, which will include an assessment of the knowledge and skills they have acquired throughout the year.

What is a knowledge and skills framework?

The knowledge and skills framework is an assessment tool to determine the level of competence of an employee to assist an individual with their future development and establish a benchmark for career planning. (See Chapter 6.)

How will I be assessed?

Each employee will have a Personal Development Plan (PDP) which they will agree with the employer. The purpose of the PDP is to positively develop the individual and to assist them to achieve the highest standards in performance of their duties. (See Chapter 6 paras 6.1 – 6.6.)

What if I do not agree with the evaluation of my job?

If someone does not agree with the match to the jobs profile, job evaluators from staff and management sides will re-assess the profile. If the member is still not happy it will be open for them to pursue their case through the local grievance procedure.

How will we change AfC in the future?

The NHS Staff Council will replace the Profession and Technical Councils and the General Whitley Council. This body will oversee the operation of the new system and the conditions of service. The composition of this body has yet to be finalised. In the meantime the Central Negotiating group will continue until the new council is established. (See Chapter 12.)