

NHS Job Evaluation Handbook

Second Edition

October 2004

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READER INFORMATION

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1. Introduction to Job Evaluation

1. The background: NHS pay structures before Agenda for Change

- 1.1 Collective bargaining arrangements and associated pay structures have changed relatively little in the 50 years from the creation of the National Health Service in 1948. In line with industrial relations practice in the public sector in the immediate post-war period, there was an over-arching joint negotiating body for the sector, the General Whitley Council, and more than 20 individual joint committees and sub-committees for the different occupational groups, each with responsibility for its own grading and pay structures, and terms and conditions of employment.
- 1.2 Some developments had occurred, mainly from the early 1980s onwards, in response to increasing tensions within this system, for example:
- Reviews of individual grading structures. The most well known of these (largely because of the high number of appeals generated) was the introduction of the Clinical Grading Structure for Nurses and Midwives, from April 1988, which brought in the current grades A to I. There were other grading structure reviews in the late 1980s and early 1990s which covered, e.g. Estates Officers, Speech and Language Therapists, and Hospital Pharmacists. There was no attempt to undertake cross-Whitley Committee reviews.
 - The introduction of independent pay review bodies for Doctors and Dentists (1971), and Nursing Staff, Midwives, Health Visitors and Professions Allied to Medicine (1984). These took evidence from all relevant parties and recommended annual pay increases. They replaced the traditional collective bargaining approach, which was considered to have delivered unsatisfactory pay levels for some key public sector groups, but had no remit to compare pay from one group to another (even among their remit groups). Staff groups not covered by pay review bodies continued to use collective bargaining over pay increases but these increasingly followed the pay review body settlements.
 - Changes to health service legislation from 1992. These changes allowed trusts to develop their own terms and conditions and to apply these to new and promoted employees, although existing employees could choose to retain their Whitley terms and conditions. Most trust terms and conditions 'shadowed' the relevant Whitley arrangements in most respects, but a small number of trusts introduced totally new pay and grading structures and other terms and conditions. These were generally based on the various commercial job evaluation systems available at the time, e.g. Medequate, Hay.
- 1.3 The result, by the mid-1990s, was a mixture of grading and pay systems, with some significant defects:
- Difficulty in accommodating developing jobs, such as healthcare assistants, operating department practitioners (ODPs); and multi-disciplinary team members, who might be carrying out similar roles, but whose salaries could vary significantly, depending on the occupational background of the jobholders.
 - Inability to respond quickly to technological developments and changes to work organisation even where these were agreed by all concerned to be desirable.

- Inability to respond to external labour market pressures, causing severe recruitment and retention problems in some areas. Additional increments, which could be applied flexibly to meet such pressures, were introduced into a number of the major Whitley structures, but these were insufficient to solve the problems.
- From a union perspective, it was also the case that the Whitley system was viewed as having delivered low pay relative to other parts of the public sector and unequal pay as between the various Whitley groups.

2. The equality background

- 2.1 Health service pay structures and relativities were thus well established long before the advent of UK anti-discrimination legislation. Although professional and managerial groups benefited from negotiations following a 1948 Royal Commission on Equal Pay to achieve equal pay between men and women carrying out the same work, female ancillary staff were paid lower rates than their male colleagues until the passing of the Equal Pay Act in 1970, which made such practices illegal. As was allowed by the Equal Pay Act, the gap between male and female ancillary pay rates was eliminated in stages between 1970 and 1975.
- 2.2 However, as the Equal Pay Act only applied in situations where women and men were undertaking:
- ‘like work’, that is, the same or very similar work (who were already generally receiving equal pay)
 - ‘work rated as equivalent under a job evaluation scheme’ (only ancillary workers in the health service were covered by job evaluation)
- it had little impact elsewhere in the health service.
- 2.3 From 1984, the Equal Pay Act was amended to allow equal pay claims where the applicant considered that she was carrying out:
- ‘work of equal value’ (when compared ‘under headings such as effort, skill and decision’) to a higher paid male colleague.
- 2.4 In 1986 and 1987 over a thousand speech and language therapists submitted equal value claims under this provision seeking to compare their work with that of clinical psychologists and hospital pharmacists. The employing health authorities and the Secretary of State for Health put forward the argument that the separate collective bargaining arrangements covering each of these groups, if operated without discrimination, provided a defence to equal pay claims. This defence was contested on behalf of the applicants through the various stages of the legal appeal procedure to the European Court of Justice (ECJ). In 1993 the ECJ ruled [*Enderby v Frenchay Health Authority and Secretary of State for Health* (1993) IRLR 571 ECJ] that separate collective bargaining arrangements did not of themselves provide a defence to equal pay claims.
- 2.5 A set of around 20 test cases was agreed for reference to the Independent Experts appointed by the Industrial (now Employment) Tribunal. Expert witnesses for the parties also produced reports on whether or not the jobs of each of the test case applicants was of equal value to those of their male comparator(s). Three cases were actually heard by the Tribunal, which found in favour of the Applicant in each case. The remaining cases (around 400, the others having been withdrawn) were settled on the basis of the Tribunal decisions.
- 2.6 The Equal Pay Act confines the scope of an equal claim to within ‘the same employment’. This was initially understood as meaning the same employer in the public sector. Because of this, the speech and

language therapist applicants all selected comparators employed by the same health authority as themselves. However, an appeal case in 1996 [*Scullard v Knowles* [1996] IRLR 344 EAT] indicated that the scope of claims was wider than this in the public sector and could relate to the ‘same service’ where certain conditions applied. Following this, at least one Tribunal has determined that it is possible to select a comparator from another trust in the health service [*Hayes & Quinn v Mancunian Community NHS Trust and South Manchester Health Authority* (16977, 16981/93)]. These decisions have influenced the nature of the Agenda for Change proposals.

3. The first Job Evaluation Working Party

- 3.1 The first Job Evaluation Working Party (known retrospectively as JEWPI) was set up in the mid-1990s to review those job evaluation schemes introduced in the health service following the 1992 health reform legislation. Its stated aim was to develop a ‘kitemarking’ system for those meeting equality requirements.
- 3.2 JEWPI developed a set of criteria for what would make a fair and non-discriminatory scheme for use in the health service and tested a number of schemes against these criteria. None met all the criteria, but some were better than others.
- 3.3 The Working Party also evaluated an agreed list of jobs against each of six of the schemes to ascertain whether or not they would deliver similar outcomes. There were some significant differences in the resulting rank orders. JEWPI, therefore, concluded that it was not possible to ‘kitemark’ schemes for health service use, but it would be necessary to develop a tailor-made scheme.

4. The Agenda for Change proposals

In 1999, the Government published a paper *Agenda for Change: Modernising the NHS pay system*. The proposals set out in that paper included:

- A single job evaluation scheme to cover all jobs in the health service to support a review of pay and all other terms and conditions for health service employees.
- Three pay spines for (1) doctors and dentists; (2) other professional groups covered by the Pay Review Body; (3) remaining non-Pay Review Body staff.
- A wider remit for the Pay Review Body covering the second of these pay spines.

5. The development of the NHS Job Evaluation Scheme

- 5.1 Following the publication of *Agenda for Change: Modernising the NHS pay system* the Job Evaluation Working Party was re-constituted (JEWPII) as one of a number of technical sub-groups of the Joint Secretariat Group (JSG), which was itself a sub-committee of the Central Negotiation Group of employer, union and Department of Health representatives set up to negotiate new health service grading and pay structures.
- 5.2 The stages in developing the NHS Job Evaluation Scheme were as follows:
 - (1) **Identification of draft factors.** This part of the exercise drew on the work of JEWPI in comparing the schemes in use in the health service.
 - (2) **Testing of draft factors.** This was done using a sample of around 100 jobs for which volunteer jobholders were asked to complete a relatively open-ended questionnaire, providing information

under each of the draft factor headings and any other information about their jobs which they felt was not covered by the draft factors. As a result of this exercise the draft factors were refined.

- (3) **Development of factor levels.** The information collected during the initial test exercise was used by JEWPs, working in small joint teams, to identify and define draft levels of demand for each factor.
- (4) **Testing of draft factor plan.** A benchmark sample of around 200 jobs was drawn up, with two or three individuals being selected for each job to complete a more specific factor-based questionnaire, with the assistance of trained job analysts, to ensure that the information provided was accurate and comprehensive.
- (5) **Completed questionnaires were evaluated by trained joint panels.** The outcomes were reviewed by JEWPs members. The validated results were input to a computer database.
- (6) **Scoring and weighting.** The job evaluation results database was used to test various scoring and weighting options considered by a joint JSG/JEWP group.
- (7) **Guidance Notes.** Provisional guidance notes to assist evaluators and matching panel members to apply the factor level definitions to jobs consistently were drafted for the benchmark exercise. These were greatly expanded as a result of the benchmark evaluation exercise and have continued to be developed as a successive training and profiling have taken place.
- (8) **Computerisation.** The scale of the exercise to implement the NHS Job Evaluation Scheme meant that it was essential to consider how it could be assisted by computerisation. Link HR Systems were commissioned to adapt their existing computer-aided job evaluation scheme for the purpose and to develop a computerised tool to assist in the process of matching local jobs to the evaluated national benchmark sample.

6. Equality features of the scheme

- 6.1 As one of the reasons for NHS pay modernisation was to ensure equal pay for work of equal value, it was crucial that every effort was made to ensure that the NHS Job Evaluation Scheme was fair and non-discriminatory in both design and implementation.
- 6.2 The equality criteria drawn up by JEWPs were developed into a checklist. As the exercise progressed, its stages were compared with the checklist and a compliance report drafted. The final section of the checklist concerned statistical analysis and monitoring of both the benchmark exercise and the final outcomes. This is ongoing.
- 6.3 The equality features of the NHS Job Evaluation Scheme design include:
 - A sufficiently *large number of factors* to ensure that all significant job features can be fairly measured.
 - Inclusion of *specific factors* to ensure that features of *predominantly female jobs are fairly measured*, for example Communication and Relationship Skills, Physical Skills, Responsibilities for Patients/Clients, Emotional Effort.
 - Avoidance of references in the *factor level definitions* to features which might operate in an indirectly discriminatory manner for example direct references to qualifications under the Knowledge factor, references to tested skills under the Physical Skills factor.
 - *Scoring and weighting* designed in accordance with a set of gender neutral principles, rather than with the aim of achieving a particular outcome, for example all Responsibility factors are equally weighted to avoid one form of responsibility been viewed as more important than others.

Equality features of the implementation procedures include:

- A detailed matching procedure to ensure that all jobs have been compared to the national benchmark profiles on an analytical basis, in accordance with the Court of Appeal decision in the case of *Bromley v Quick*.
- Training in equality issues and the avoidance of bias for all matching panel members, job analysts and evaluators.
- A detailed Job Analysis Questionnaire to ensure that all relevant information is available for local evaluations.

2. Factor Plan and Guidance Notes

Factor definitions and factor levels

1. Communication & relationship skills

This factor measures the skills required to communicate, establish and maintain relationships and gain the cooperation of others. It takes account of the skills required to motivate, negotiate, persuade, make presentations, train others, empathise, communicate unpleasant news sensitively and provide counselling and reassurance. It also takes account of difficulties involved in exercising these skills.

Skills required for:

- Level 1: Providing and receiving routine information orally to assist in undertaking own job. Communication is mainly with work colleagues.
- Level 2: Providing and receiving routine information orally, in writing or electronically to inform work colleagues, patients, clients, carers, the public or other external contacts.
- Level 3: (a) Providing and receiving routine information which requires tact or persuasive skills or where there are barriers to understanding.
Or
(b) Providing and receiving complex or sensitive information.
Or
(c) Providing advice, instruction or training to groups, where the subject matter is straightforward.
- Level 4: (a) Providing and receiving complex, sensitive or contentious information, where persuasive, motivational, negotiating, training, empathic or re-assurance skills are required. This may be because agreement or cooperation is required or because there are barriers to understanding.
Or
(b) Providing and receiving highly complex information
- Level 5: (a) Providing and receiving highly complex, highly sensitive or highly contentious information, where developed persuasive, motivational, negotiating, training, empathic or re-assurance skills are required. This may be because agreement or co-operation is required or because there are barriers to understanding.
Or
(b) Presenting complex, sensitive or contentious information to a large group of staff or members of the public.
Or
(c) Providing and receiving complex, sensitive or contentious information, where there are significant barriers to acceptance which need to be overcome using developed interpersonal and communication skills such as would be required when communicating in a hostile, antagonistic or highly emotive atmosphere.

Level 6: Providing and receiving highly complex, highly sensitive or highly contentious information where there are significant barriers to acceptance which need to be overcome using the highest level of interpersonal and communication skills, such as would be required when communicating in a hostile, antagonistic or highly emotive atmosphere.

Definitions and notes:

From Level 2 upwards communication may be oral or other than oral (e.g. in writing) to work colleagues, staff, patients, clients, carers, public or other contacts external to the department including other trusts or suppliers.

Requirement to communicate in a language other than English. Jobs with a specific requirement to communicate in a language other than English, which would otherwise score at Level 2 will score at Level 3. Any score higher than Level 3 will be dependent on the nature of the communication, the skills required, and the extent to which they meet the factor level definitions not the language of delivery.

Barriers to understanding (Levels 3 to 5a) refers to situations where the audience may not easily understand because of cultural or language differences, or physical or mental special needs, or due to age (e.g. young children, elderly or frail patients/clients).

From Level 3 upwards communication may be oral, in writing, electronic, or using sign language, or other verbal or non-verbal forms.

Tact or persuasive skills (Level 3a). Tact may be required for situations where it is necessary to communicate in a manner that will neither offend nor antagonise. This may occur where there is a job requirement to communicate with people who may be upset or angry, be perceptive to concerns and moods and anticipate how others may feel about anything which is said. Persuasive skills refers to the skills required to encourage listeners to follow a specific course of action.

Complex (Levels 3b, 4a, 5b, 5c) means complicated and made up of several components, e.g. financial information for accountancy jobs, employment law for HR jobs, condition related information for qualified clinical jobs. Most professional jobs normally involve providing or receiving complex information.

Sensitive information (Levels 3b, 4a, 5b, 5c) includes delicate or personal information where there are issues of how and what to convey.

Training – where the subject matter is straightforward (Level 3c) refers to training in practical topics such as manual handling; new equipment familiarisation; hygiene, health and safety.

Empathy (Level 4a, 5a) means appreciation of, or being able to put oneself in a position to sympathise with, another person's situation or point of view.

Highly complex (Levels 4b, 5a, 6) refers to situations where the jobholder has to communicate extremely complicated strands of information which may be conflicting; e.g. communicating particularly complicated clinical matters, difficult to explain and multi-stranded business cases.

Highly sensitive (Levels 5a and 6) refers to situations where the communication topic is extremely delicate or sensitive e.g. communicating with patients/clients about foetal abnormalities or life threatening defects or where it is likely to cause offence e.g. a health or social services practitioner communicating with patients/clients about suspected child abuse or sexually transmitted diseases.

Highly contentious (Levels 5a and 6) refers to situations where the communication topic is extremely controversial and is likely to be challenged e.g. a major organisational change or closure of a hospital unit.

Developed skills (Levels 5a and 6) refers to a high level of skill in the relevant area which may have been acquired through specific training or equivalent relevant experience. It includes formal counselling skills where the jobholder is required to handle one to one and/or group counselling sessions.

Presenting complex, sensitive or contentious information to a large group of staff or members of the public (Level 5b) means communicating this type of information to groups of around 20 people or more in a formal setting, e.g. classroom teaching, presentation to boards or other meetings with participants not previously known to the jobholder. This type of communication may involve the use of presentational aids and typically gains and holds the attention of, and imparts knowledge to, groups of people who may have mixed or conflicting interests.

Communicating in a hostile, antagonistic or highly emotive atmosphere (Level 5c) includes situations where communications are **complex, sensitive or contentious** (see above) *and* the degree of hostility and antagonism towards the message requires the use of a high level of interpersonal and communication skills on an ongoing basis such as would be required for communications which provide therapy or have an impact on the behaviour/views of patients/clients with severely challenging behaviour. It also includes communications with people with strong opposing views and objectives where the message needs to be understood and accepted, e.g. communicating policy changes which have an impact on service delivery or employment.

Communicating highly complex information in a hostile, antagonistic or highly emotive atmosphere (Level 6). This level is only applicable where there is an exceptionally high level of demand for communication skills. It applies to situations where communications are **highly complex, highly sensitive or highly contentious** (see above) *and* there is a significant degree of hostility and antagonism towards the message which requires the use of the **highest level** of interpersonal and communication skills such as is required for communications which are designed to provide therapy or impact on the behaviour/views of patients with severely challenging behaviour in the mental health field. It also includes communications with people with extremely strong opposing views and objectives e.g. communicating hospital closure to staff or the community where the message needs to be understood and accepted.

2. Knowledge, training & experience

This factor measures all the forms of knowledge required to fulfil the job responsibilities satisfactorily. This includes theoretical and practical knowledge; professional, specialist or technical knowledge; and knowledge of the policies, practices and procedures associated with the job. It takes account of the educational level normally expected as well as the equivalent level of knowledge gained without undertaking a formal course of study; and the practical experience required to fulfil the job responsibilities satisfactorily.

The job requires:

- Level 1: Understanding of a small number of routine work procedures which could be gained through a short induction period or on the job instruction.
- Level 2: Understanding of a range of routine work procedures possibly outside immediate work area, which would require job training and a period of induction.
- Level 3: Understanding of a range of work procedures and practices, some of which are non-routine, which require a base level of theoretical knowledge. This is normally acquired through formal training or equivalent experience.
- Level 4: Understanding of a range of work procedures and practices, the majority of which are non-routine, which require intermediate level theoretical knowledge. This knowledge is normally acquired through formal training or equivalent experience.
- Level 5: Understanding of a range of work procedures and practices, which requires expertise within a specialism or discipline, underpinned by theoretical knowledge or relevant practical experience.
- Level 6: Specialist knowledge across the range of work procedures and practices underpinned by theoretical knowledge or relevant practical experience.
- Level 7: Highly developed specialist knowledge across the range of work procedures and practices underpinned by theoretical knowledge and relevant practical experience.
- Level 8: (a) Advanced theoretical and practical knowledge of a range of work procedures and practices,
Or
(b) Specialist knowledge over more than one discipline/function acquired over a significant period.

Definitions and notes:

Small number of routine work procedures (Level 1) includes those that could normally be learned on the job without prior knowledge or experience.

Short induction period (Level 1) is generally for days rather than weeks.

Job training (Level 2) refers to training that is typically provided on the job through a combination of instruction and practice or by attending training sessions. At this level the required knowledge generally

takes a few weeks in the job to learn. It also refers to the knowledge required for Large Goods Vehicle or Passenger Carrying Vehicle licences.

Base level of theoretical knowledge (Level 3) equates to NVQ level 3, RSA 3, City & Guilds certification or equivalent level of knowledge.

Equivalent experience (Levels 3 and 4) refers to experience which enables the jobholder to gain an equivalent level of knowledge.

Intermediate level of theoretical knowledge (Level 4) equates to an Higher National Certificate, AAT (Association of Accounting Technicians) Technician Level or other diploma or equivalent level of knowledge.

Expertise within a specialism (Level 5) normally requires degree level or equivalent level of knowledge. This level of knowledge could also be obtained through an in-depth diploma plus significant experience. Jobs requiring a degree or an equivalent level of knowledge e.g. Registered General Nurse, should be scored at this level.

Specialist knowledge (Level 6): refers to a level of knowledge and expertise which can be acquired through either in-depth experience or theoretical study of a broad range of techniques/processes relating to the knowledge area. This equates to post-registration/graduate diploma level or equivalent in a specific field. This level also refers to the specialist organisational, procedural or policy knowledge required to work across a range of different areas. The jobholder is influential within the organisation in matters relating to his/her area and provides detailed advice to other specialists and non-specialists.

Highly developed specialist knowledge (Level 7) refers to knowledge and expertise which can only be acquired through a combination of in-depth experience and postgraduate or post-registration study, such as that obtained through a Master's degree or equivalent experience/qualification or doctorate, or significant formal training or research in a relevant field, in addition to short courses and experience. Jobs requiring a doctorate or equivalent knowledge as an entry requirement such as medical, dental, scientific or specialist management qualifications should be assessed at this level as a minimum.

Advanced theoretical and practical knowledge (Level 8a) refers to the highest level of specialist knowledge within the relevant specialist field. It is equivalent to a doctorate plus further specialist training, research or study. It is, therefore, appropriate for posts requiring significant expertise and experience and where the entry level is a doctorate or equivalent e.g. healthcare or scientific consultant posts.

Specialist knowledge over more than one discipline/function (Level 8) refers to extensive knowledge and expertise across a number of subject areas, e.g. a combination of some of the following areas – clinical, research and development, personnel, finance, estates.

Note:

Please refer to the additional guidance in Section 3 (Evaluating/Matching jobs under Factor 2: Knowledge, Training and Experience) when evaluating or matching this factor.

3. Analytical and judgemental skills

This factor measures the analytical and judgemental skills required to fulfil the job responsibilities satisfactorily. It takes account of requirements for analytical skills to diagnose a problem or illness and understand complex situations or information; and judgemental skills to formulate solutions and recommend/decide on the best course of action/treatment.

Skills required for:

- Level 1: Judgements involving straightforward job-related facts or situations.
- Level 2: Judgements involving facts or situations, some of which require analysis.
- Level 3: Judgements involving a range of facts or situations, which require analysis or comparison of a range of options.
- Level 4: Judgements involving complex facts or situations, which require the analysis, interpretation and comparison of a range of options.
- Level 5: Judgements involving highly complex facts or situations, which require the analysis, interpretation and comparison of a range of options.

Definitions and notes:

Facts or situations, some of which require analysis (Level 2) includes both clinical and non-clinical facts/situations where there is more than a straightforward choice of options and there is a requirement in some cases to assess events, problems or patient conditions in detail to determine the best course of action e.g. selection of staff, resolving staffing issues, problem solving, fault finding on non-complex equipment.

Range of facts or situations which require analysis, and comparison (Level 3) includes both clinical and non-clinical facts/situations where there is more than a straightforward choice of options and there is a requirement in a range of different cases to assess events, problems or illnesses in detail to determine the appropriate course of action. Examples of this type of analysis and judgement are fault finding on complex equipment, initial patient assessment, analysis of complex financial queries or discrepancies.

Complex (Level 4) means complicated and made up of several components which have to be analysed and assessed and which may contain conflicting information or indicators e.g. assessment of specialist clinical conditions, analysis of complex financial trends, investigating and assessing serious disciplinary cases.

Interpretation (Levels 4 and 5) indicates a requirement to exercise judgment in identifying and assessing complicated events, problems or illnesses and where a range of options, and the implications of each of these, have to be considered.

Highly complex (Level 5) means complicated and made up of several components, which may be conflicting and where expert opinion differs or some information is unavailable. This type of analysis and judgment may be required in posts where the jobholders are themselves experts in their field and judgments have to be made about situations which may have unique characteristics and where there are a number of complicated aspects to take into account which do not have obvious solutions.

4. Planning and organisational skills

This factor measures the planning and organisational skills required to fulfil the job responsibilities satisfactorily. It takes account of the skills required for activities such as planning or organising clinical or non-clinical services, departments, rotas, meetings, conferences and for strategic planning. It also takes account of the complexity and degree of uncertainty involved in these activities.

Skills required for:

- Level 1: Organises own day to day work tasks or activities.
- Level 2: Planning and organisation of straightforward tasks, activities or programmes, some of which may be ongoing.
- Level 3: Planning and organisation of a number of complex activities or programmes, which require the formulation and adjustment of plans.
- Level 4: Planning and organisation of a broad range of complex activities or programmes, some of which are ongoing, which require the formulation and adjustment of plans or strategies.
- Level 5: Formulating long-term, strategic plans, which involve uncertainty and which may impact across the whole organisation.

Definitions and notes:

Straightforward tasks, activities or programmes (Level 2) means several tasks, activities or programmes, which are individually uncomplicated such as arranging meetings for others.

Planning and organisation (Level 2) includes planning and organising time/activities for staff, patients or clients where there is a need to make short-term adjustments to plans e.g. planning non-complex staff rotas, clinics or parent-craft classes, allocating work to staff, planning individual patient/client care, ensuring that accounts are prepared for statutory deadlines, planning administrative work around committee meeting cycles.

Planning and organisation of a number of complex activities (Level 3) includes complex staff or work planning, where there is a need to allocate and re-allocate tasks, situations or staff on a daily basis to meet organisational requirements. It also includes the skills required for co-ordinating activities with other professionals and agencies, e.g. where the jobholder is the main person organising case conferences, or discharge planning where a substantial amount of detailed planning is required. These typically involve a wide range of other professionals or agencies. The jobholder must be in a position to initiate the plan or co-ordinate the area of activity. Participating in such activities does not require planning and organisational skills at this level.

Complex (Levels 3 and 4) means complicated and made up of several components, which may be conflicting.

Planning and organisation of a broad range of complex activities (Level 4) includes planning programmes which impact across or within departments, services or agencies.

Formulating plans (Levels 4 and 5) means developing, structuring and scheduling plans or strategies.

Long term strategic plans (Level 5) extend for at least the future year, take into account the overall aims and policies of the service/directorate/organisation and create an operational framework.

5. Physical skills

This factor measures the physical skills required to fulfil the job duties. It takes into account hand-eye co-ordination, sensory skills (sight, hearing, touch, taste, smell), dexterity, manipulation, requirements for speed and accuracy, keyboard and driving skills.

- Level 1: The post has minimal demand for work related physical skills.
- Level 2: The post requires physical skills which are normally obtained through practice over a period of time or during practical training, e.g. standard driving or keyboard skills; use of some tools and types of equipment.
- Level 3: (a) The post requires developed physical skills to fulfil duties where there is a specific requirement for speed or accuracy. This level of skill may be required for advanced or high speed driving; advanced keyboard use; advanced sensory skills or manipulation of objects or people with narrow margins for error.
- Or
- (b) The post requires highly developed physical skills, where accuracy is important, but there is no specific requirement for speed. This level of skill may be required for manipulation of fine tools or materials.
- Level 4: The post requires highly developed physical skills where a high degree of precision or speed and high levels of hand, eye and sensory co-ordination are essential.
- Level 5: The post requires the highest level of physical skills where a high degree of precision or speed and the highest levels of hand, eye and sensory co-ordination are essential.

Definitions and notes:

Physical skills normally obtained through practice (Level 2) includes skills which jobholders develop in post or through previous relevant experience, e.g. use of cleaning, catering or similar equipment. It also includes manoeuvring wheel chairs/trolleys in confined spaces, using hoists or other lifting equipment to move patients/clients, intra-muscular immunisations/injections and use of sensory skills.

Standard keyboard skills (Level 2) includes the skills exercised by those who have learned over time and those who have been trained to RSA 1 or equivalent.

Specific requirement (Level 3a) means that the job demands are above average and require specific training or considerable experience to get to the required level of dexterity, co-ordination or sensory skills.

Advanced or high speed driving (Level 3a) includes driving a heavy goods vehicle, ambulance, minibus or articulated lorry where a Large Goods Vehicle, Passenger Carrying Vehicle or Ambulance Driving Test or equivalent is required.

Advanced keyboard use (Level 3a) includes the skills exercised by qualified typists/word processor operators (RSA 2/3 or equivalent).

Advanced sensory skills (Level 3a) includes the skills required for sensory, hand and eye co-ordination such as those required for audio-typing. It also includes specific developed sensory skills, e.g. listening skills for identifying speech or language defects.

Restraint of patients/clients (Level 3a) indicates a skill level that requires a formal course of training and regular updating.

Manipulation of fine tools or materials (Level 3b) includes, e.g. manipulation of materials on a slide or under a microscope, use of fine screw drivers or similar equipment, assembly of surgical equipment, administering intravenous injections.

Highly developed physical skills (Level 4) includes, e.g. the skills required for performing surgical interventions, intubation, tracheotomies, suturing, a range of manual physiotherapy treatments or carrying out endoscopies.

Highest level of physical skill (Level 5) includes, e.g. keyhole or laser surgery or IVF procedures.

6. Responsibilities for patient/client care

This factor measures responsibilities for patient/client care, treatment and therapy. It takes account of the nature of the responsibility and the level of the jobholder's involvement in the provision of care or treatment to patients/clients, including the degree to which the responsibility is shared with others. It also takes account of the responsibility to maintain records of care/treatment/advice/tests.

- Level 1: Assists patients/clients/relatives during incidental contacts.
- Level 2: Provides general non-clinical advice, information, guidance or ancillary services directly to patients, clients, relatives or carers.
- Level 3: (a) Provides personal care to patients/clients.
Or
(b) Provides basic clinical technical services for patients/clients.
Or
(c) Provides basic clinical advice.
- Level 4: (a) Implements clinical care/care packages.
Or
(b) Provides clinical technical services to patients/clients.
Or
(c) Provides advice in relation to the care of an individual, or groups of patients/clients.
- Level 5: (a) Develops programmes of care/care packages.
Or
(b) Provides specialist clinical technical services.
Or
(c) Provides specialised advice in relation to the care of patients/clients.
- Level 6: (a) Develops specialised programmes of care/care packages.
Or
(b) Provides highly specialist clinical technical services.
Or
(c) Provides highly specialised advice concerning the care or treatment of identified groups or categories of patients/clients.
Or
(d) Accountable for the direct delivery of a service within a sub-division of a clinical, clinical technical or social care service.
- Level 7: Accountable for the direct delivery of a clinical, clinical technical, or social care service(s).
- Level 8: Corporate responsibility for the provision of a clinical, clinical technical or social care service(s).

Definitions and notes:

Clients: alternative term for patients often used for those who are not unwell (pregnant women, mothers, those with learning disabilities) or to whom services are provided in the community. ‘Clients’ does not refer to commercial organisations or customers, nor does it refer to internal customer-client relationships.

At Level 2 or above, the activities should be a significant aspect of normal duties.

Directly to patients/clients (Level 2) on a one to one, individual basis, usually face to face or over the telephone, e.g. reception or switchboard services, food delivery service, ward or theatre cleaning.

Personal care (Level 3a) includes assisting with feeding, bathing, appearance, portering supplied directly to patients/clients.

Basic clinical technical services (Level 3b) includes cleaning, sterilising or packing specialist equipment or facilities used in the provision of clinical services, e.g. sterile supplies, theatres, laboratories; the routine obtaining or processing of diagnostic test samples; medical/ technical/ laboratory support work.

Basic clinical advice (Level 3c) includes the provision of straightforward clinical advice to patients/clients by jobholders who are not clinical specialists, e.g. an emergency call service operation.

Implementing care (Level 4a) includes carrying out programmes of care, therapy or treatment determined by others. This may entail making minor modifications to the care programme or package within prescribed parameters, and reporting back on progress. It also includes supervising individual or group therapy sessions within an overall programme of care, treatment or therapy.

Provides clinical technical services (Level 4b) e.g. initial screening of diagnostic test samples, dispensing of medicines, undertaking standard diagnostic (e.g. radiography, neurophysiology) tests on patients/clients or maintaining or calibrating specialist or complex equipment for use on patients.

Provides advice (Level 4c) provides advice which contributes to the care, well being or education of patients/clients, including health promotion. This level also covers jobs involving the registration, inspection or quality assurance of facilities/services for patients/clients, e.g. registration and/or inspection of nursing homes, inspection of storage and use of drugs in residential care homes.

Develops programmes of care/care packages (Level 5a) involves assessment of care needs and development of suitable care programmes/packages, to be implemented by the jobholder or by others. It includes giving clinical/professional advice to those who are the subject of the care programmes/packages.

Provides specialist clinical technical services (Level 5b) e.g. interprets diagnostic test results, carries out complex diagnostic procedures, processes and interprets mammograms, constructs specialist appliances, calibrates or maintains highly specialist or highly complex equipment.

Provides specialised advice (Level 5c) provides specialised advice which contributes to the diagnosis, care or education of patients/clients e.g. clinical pharmacy or dietetic advice on individual patient care, specialised input to registration, inspection or quality assurance of facilities/services for patients/clients. This option applies to jobs which do not involve developing programmes of care, as these are covered by Level 5a.

Develops specialised programmes of care/care packages (Level 6a) takes account of the depth and breadth of this responsibility. Clinicians working in a specialist field typically provide this level of care.

Provides highly specialist clinical technical services (Level 6b) provides a highly specialist clinical technical service, which contributes to the diagnosis, care or treatment of patients/clients, e.g. the maxillo-facial prosthetology service.

Provides highly specialised advice (Level 6c) provides highly specialised advice, which contributes to the diagnosis, care or education of patients/clients in an expert area of practice. Clinicians working in a specialist field typically provide this level of advice. This option applies to jobs which do not involve developing specialist care programmes/packages, which are covered by Level 6a.

Within a sub division of (Level 6d) refers to responsibility for either a geographical or functional sub division, e.g. area manager for a service, locality manager.

Accountable for direct delivery (Level 7) refers to the accountability vested in jobholders who directly manage the providers of direct patient/client care, clinical technical service or social care service and may or may not provide direct care, clinical technical services or advice themselves, for example, professional health care managers. The accountability must be for a whole service.

Corporate responsibility (Level 8) refers to the accountability, normally at board or equivalent level, for clinical governance across the organisation, e.g. director of nursing and midwifery services.

Clinical service refers to services such as oncology and paediatrics.

Clinical technical service refers to services such as medical physics, diagnostic radiography, audiology and haematology.

Social care service refers to services such as child protection, learning disabilities.

Note:

Responsibility for the provision of a service which contributes to patient care, e.g. hotel services management, should be regarded as a policy and service development responsibility and assessed under that factor. The responsibilities of those providing such services should be assessed under the relevant responsibility factor(s), e.g. maintenance of facilities or equipment under Responsibilities for Financial and Physical Resources.

7. Responsibilities for policy and service development implementation

This factor measures the responsibilities of the job for development and implementation of policy and/or services. It takes account of the nature of the responsibility and the extent and level of the jobholder's contribution to the relevant decision making process, for instance, making recommendations to decision makers. It also takes account of whether the relevant policies or services relate to a function, department, division, directorate, the whole trust or employing organisation, or wider than this; and the degree to which the responsibility is shared with others.

- Level 1: Follows policies in own role which are determined by others, no responsibility for service development, but may be required to comment on policies, procedures or possible developments.
- Level 2: Implements policies for own work area **and** proposes changes to working practices or procedures for own work area.
- Level 3: Implements policies for own work area **and** proposes policy or service changes which impact beyond own area of activity.
- Level 4: Responsible for policy implementation **and** for discrete policy or service development for a service or more than one area of activity.
- Level 5: Responsible for a range of policy implementation **and** policy or service development for a directorate or equivalent.
- Level 6: Corporate responsibility for major policy implementation **and** policy or service development, which impacts across or beyond the organisation.

Definitions and notes:

Policies (Level 1 upwards) refers to a documented method for undertaking a task which is based on best practice, legal requirements or service needs e.g. directorate policy on treatment of leg ulcers or trust policy on reporting accidents.

Follows policies in own role (Level 1) refers to a responsibility for following policy guidelines which impact on own job, where there is no requirement to be pro-active in ensuring that changes are implemented.

Implements policies (Level 2 and above) refers to the introduction and putting into practice of new or revised policies, e.g. implementing policies relating to personnel practices, where the jobholder is pro-active in bringing about change in the policy or service. This is a greater level of responsibility than following new policy guidelines for own job, which is covered by the Level 1 definition.

Own work area (Levels 2 and 3) refers to the immediate section/department.

Proposes policy or service changes (Level 3) includes participation on working parties proposing policy changes as an integral part of the job (i.e. not a one off exercise on a single issue). At this level, policy or service changes must impact on other disciplines, sections, departments or parts of the service.

Beyond own area of activity (Level 3) refers to own function/service/discipline and not a geographic area, e.g. where policy changes impact on other disciplines within multi-disciplinary (non-clinical or clinical) teams or outside own specialist area. It does not refer, for example, to the same function, service or discipline in other parts of the trust/organisation.

Service (Level 4) refers to a (discrete) stand alone service, which may be a sub-division of a directorate e.g. oncology, haematology, care of the elderly, catering, accounts.

Responsible for policy implementation and for discrete policy or service development (Level 4) applies where the jobholder has overall responsibility for policy or service development and for its practical implementation. This responsibility should normally be specified on the job description.

Directorate or equivalent (Level 5) refers to areas such as the Medical Services, Childrens Services, Community Services, Estates Services, Hotel Services, Finance Directorate and Human Resources Directorate.

Corporate responsibility (Level 6) refers to responsibility for policy or service development such as is held by those on the Board or equivalent level of accountability, e.g. Director of HR, Director of Corporate Services, provided they hold the highest level of responsibility for the particular policy or service development area, besides the Chief Executive.

8. Responsibilities for financial and physical resources

This factor measures the responsibilities of the job for financial resources (including cash, vouchers, cheques, debits and credits, invoice payment, budgets, revenues, income generation); and physical assets (including clinical, office and other equipment; tools and instruments; vehicles, plant and machinery; premises, fittings and fixtures; personal possessions of patients/clients or others; goods, produce, stocks and supplies).

It takes account of the nature of the responsibility (e.g. careful use, security, maintenance, budgetary and ordering responsibilities); the frequency with which it is exercised; the value of the resources; and the degree to which the responsibility is shared with others.

Level 1: Observes personal duty of care in relation to equipment and resources used in course of work.

Level 2: (a) Regularly handles or processes cash, cheques, patients' valuables.

Or

(b) Responsible for the safe use of equipment other than equipment which they personally use.

Or

(c) Responsible for maintaining stock control and/or security of stock.

Or

(d) Authorised signatory for small cash/financial payments.

Or

(e) Responsible for the safe use of expensive or highly complex equipment.

Level 3: (a) Authorised signatory for cash/financial payments.

Or

(b) Responsible for the purchase of some physical assets or supplies.

Or

(c) Monitors or contributes to the drawing up of department/service budgets or financial initiatives.

Or

(d) Holds a delegated budget from a budget for a department/service.

Or

(e) Responsible for the installation or repair and maintenance of physical assets.

Level 4: (a) Budget holder for a department/service.

Or

(b) Responsible for budget setting for a department/service.

Or

(c) Responsible for the procurement or maintenance of all physical assets or supplies for a department/service.

Level 5: (a) Responsible for the budget for several services.

Or

(b) Responsible for budget setting for several services.

Or

(c) Responsible for physical assets for several services.

Level 6: Corporate responsibility for the financial resources and physical assets of an organisation.

Definitions and notes:

Personal duty of care in relation to equipment and resources (Level 1) refers to careful use of communal equipment and facilities. Ordering supplies for personal use is also included at this level.

Regularly (Level 2a) means at least once a week on average.

Safe use of equipment (Level 2b) includes dismantling and assembling equipment for use by other staff or patients/clients. It also includes overall responsibility, e.g. for office machinery or cleaning equipment for a location or area of activity.

Maintaining stock control (Level 2c) is appropriate for jobs which include responsibility for re-ordering goods/stock from an agreed point/supplier on a regular basis.

Security of stock (Level 2c) is appropriate for jobs where the responsibility is a significant feature of the job, e.g. responsible for the security of a substantial amount/volume of drugs/materials. It also includes being a departmental key holder, but holding the food store or drugs cupboard key for the shift is not sufficient to be assessed at this level.

Authorised signatory for small cash/financial payments (Level 2d) includes e.g. “signing off” travel expenses, overtime payments, agency/bank staff time sheets totalling less than around £1,000 per month. It also includes responsibility for the financial verification of documents/information such as expense sheets or purchase documents up to this amount, where it is a significant and on-going job responsibility. This role would normally be carried out within the finance department.

Safe use of expensive equipment (Level 2e) refers to the **personal** use of individual pieces of equipment valued at £30,000 or more.

Highly complex equipment (Level 2e) refers to the **personal** use of individual pieces of equipment which are complicated, intricate and difficult to use, for example radiography equipment.

Authorised signatory (Level 3a) includes for example, “signing off” travel expenses or overtime payments agency/bank staff time sheets totalling around £1,000 or more per month. It also includes responsibility for the financial verification of documents/information such as expense sheets or purchase documents up to this amount, where it is a significant and on going job responsibility. This role would normally be carried out within the finance department.

Responsible for the purchase of some physical assets or supplies (Level 3b) covers responsibility for the purchase or signing off of orders valued at around £5,000 per year or greater. This level is appropriate for jobs where there is discretion to select suppliers taking into account cost, quality, reliability etc.

Monitors (Level 3c) is applicable to situations where a jobholder is required to regularly review a set of financial information/accounts to ensure that they are consistent with guidelines and within pre-determined budgetary limits, as an ongoing job responsibility.

Financial initiatives (Level 3c) includes income generation and cost improvement programmes.

Delegated budget (Level 3d) refers to jobs which have responsibility for a sub-division of a departmental or service budget. This level also applies to jobs involved in committing substantial financial expenditures from a budget held elsewhere without formally holding a delegated budget, e.g. commissioning care packages for social services clients.

Responsible for the installation or repair and maintenance (Level 3e) refers to jobs which have a responsibility for carrying out repairs and maintenance on equipment, machinery or the fabric of the building. It also includes overall responsibility for security of a site.

Department/service* (Levels 4a, b and c) is appropriate where there is full responsibility for budget/physical assets over a department or service. Where it involves large and multi-stranded financial/physical services, this should be treated as the equivalent of “several services” (i.e. Levels 5a, b, c).

Budget holder (Level 4a) refers to responsibility for authorising expenditure and accountable for expenditure within an allocated budget.

Budget setting (Levels 4b and 5b) refers to an accounting activity with responsibility for overseeing the financial position.

Responsible for procurement (Level 4c) refers to responsibility for selecting suppliers or authorising purchases, taking into account cost, quality, delivery time and reliability.

Several services* (Levels 5a, b and c) is appropriate where there is significant responsibility over different departments and/or services and where the responsibility covers large and/or multi stranded financial/physical services.

Corporate responsibility (Level 6) refers to accountability for financial governance across the organisation(s).

Note:

*The assessment should take into account the range and scope of the responsibility and the degree of control that is required. It is also helpful to consider whether the jobholder has full control of the budget(s)/physical assets or whether it is a delegated responsibility.

9. Responsibilities for human resources (HR)

This factor measures the responsibilities of the job for management, supervision, co-ordination, teaching, training and development of employees, students/trainees and others in an equivalent position.

It includes work planning and allocation; checking and evaluating work; undertaking clinical supervision; identifying training needs; developing and/or implementing training programmes; teaching staff, students or trainees; and continuing professional development (CPD). It also includes responsibility for such personnel functions as recruitment, discipline, appraisal and career development; and the long term development of human resources.

The emphasis is on the nature of the responsibility, rather than the precise numbers of those supervised, co-ordinated, trained or developed.

- Level 1: Provides advice, or demonstrates own activities or workplace routines to new or less experienced employees in own work area.
- Level 2: (a) Responsible for day to day supervision or co-ordination of staff within a section/function of a department/service.
Or
(b) Regularly responsible for professional/clinical supervision of a small number of qualified staff or students.
Or
(c) Regularly responsible for providing training in own discipline/practical training or undertaking basic workplace assessments.
Or
(d) Regularly responsible for the provision of basic HR advice.
- Level 3: (a) Responsible for day to day management of a group of staff.
Or
(b) Responsible for the allocation or placement and subsequent supervision of qualified staff or students.
Or
(c) Responsible for the teaching/delivery of core training on a range of subjects or specialist training.
Or
(d) Responsible for the delivery of core HR advice on a range of subjects.
- Level 4: (a) Responsible as line manager for a single function or department.
Or
(b) Responsible for the teaching or devising of training and development programmes as a major job responsibility.
Or
(c) Responsible for the delivery of a comprehensive range of HR services.

- Level 5: (a) Responsible as line manager for several/multiple departments.
Or
(b) Responsible for the management of a teaching/training function across the organisation.
Or
(c) Responsible for the management of a significant part of the HR function across the organisation.
- Level 6: Corporate responsibility for the human resources or HR function.

Definitions and notes:

Day to day supervision or co-ordination (Level 2a) includes work allocation and checking. It also includes ongoing responsibility for the monitoring or supervision of one or more groups of staff employed by a contractor.

Professional and clinical supervision (Level 2b) is the process by which professional and clinical practitioners are able to reflect on their professional practice in order to improve, identify training needs and develop. It can be conducted by a peer or superior. It is not for the purpose of appraisal or assessment and only for the purpose of improving practice in context of clinical governance etc.

Regularly (Level 2b, c and d) at least once a week on average but could be in more concentrated blocks, e.g. six weeks every year. Above Level 2 the responsibility must be ongoing.

Practical training (Level 2c) e.g. training in lifting and handling, COSHH regulations.

Training in own discipline (Level 2c) means training people from own or other disciplines concerning subjects connected with own work, e.g. an accountant training departmental managers in budgetary requirements, a specialist dietitian providing training to other professionals concerning the importance of diet in different clinical situations.

Undertaking basic workplace assessments (Level 2c) includes undertaking assessments of practical skills, e.g. NVQ assessments.

Provision of basic HR advice (Level 2d) refers to a specific and ongoing responsibility for giving basic advice on HR policies and practices to staff other than those who they supervise/manage, for example, on recruitment procedures and practices within the organisation.

Day to day management (Level 3a) includes responsibility *for all or most of the following*: initial stages of grievance and discipline; appraisal, acting as an appointment panel member; ensuring that appropriate training is delivered to staff; reviewing work performance and progress; work allocation and checking.

Responsibility for allocation or placement and subsequent supervision (Level 3b) includes liaison with training providers, allocation of students/trainees to staff for training purposes, ensuring that student/trainee records or assessments are completed.

Responsibility for teaching/delivery of core or specialist training (Level 3c) refers to a significant and on-going job responsibility for training individuals in either elements of the jobholder's specialism or a core range of subjects. The trainees may be from either within or outside the jobholder's profession.

Responsible for delivery of core HR advice across a range of subjects (Level 3d) refers to responsibility for giving advice and interpretation across a range of HR issues, e.g. recruitment, grievance and disciplinary matters, employment law, as a primary job function.

Line manager (Level 4a) includes responsibility over own staff *for all or most of the following*: appraisals; sickness absence; disciplinary and grievance matters; recruitment and selection decisions; personal and career development; departmental workload and allocation (i.e. allocation and re-allocation of blocks of work or responsibilities for areas of activity, not just allocation of tasks to individuals).

Single function or department (Level 4a) means any unit of equivalent scope to a department where there is a significant management responsibility; taking into account the diversity and scope of the workforce managed.

Teaching or devising training – as a major job responsibility (Level 4b) refers to situations where teaching or devising training is one of the primary job functions and specified as a ‘job purpose’ and/or as a major job duty.

Corporate responsibility (Level 6) refers to accountability for human resources across the organisation(s).

10. Responsibilities for information resources

This factor measures specific responsibilities of the job for information resources (e.g. computerised; paper based; microfiche) and information systems (both hardware and software, e.g. medical records).

It takes account of the nature of the responsibility (security; processing and generating information; creation, updating and maintenance of information databases or systems); and the degree to which it is shared with others. It assumes that all information encountered in the NHS is confidential.

- Level 1: Records personally generated information.
- Level 2: (a) Responsible for data entry, text processing or storage of data, utilising paper or computer based data entry systems.
- Or
- (b) Occasional requirement to use computer software to develop or create reports, documents, drawings.
- Level 3: (a) Responsible for taking and transcribing formal minutes.
- Or
- (b) Regular requirement to use computer software to develop or create reports, documents, drawings.
- Or
- (c) Responsible for maintaining one or more information systems where this is a significant job responsibility.
- Level 4: (a) Responsible for adapting/designing information systems to meet the specifications of others.
- Or
- (b) Responsible for the operation of one or more information systems at department/ service level where this is the major job responsibility.
- Level 5: (a) Responsible for the design and development of major information systems to meet the specifications of others.
- Or
- (b) Responsible for the operation of one or more information systems for several services where this is the major job responsibility.
- Level 6: Responsible for the management and development of information systems across the organisation as the major job responsibility.
- Level 7: Corporate responsibility for the provision of information systems for the organisation.

Definitions and notes:

Records personally generated information (level 1) includes personally generated:

- clinical observations
- test results
- own court or case reports
- financial data
- personnel data
- research data

in whatever form the data is recorded (manuscript, word processed, spreadsheets, databases).

Data entry, text processing or storage of data (Level 2a) includes word processing, typing or producing other computerised output such as drawings; inputting documents or notes *compiled by others* (e.g. test/research results, correspondence, medical or personnel records); collating or compiling statistics from existing records; ‘pulling’ and/or filing of medical, personnel or similar records.

Occasional (Level 2b) at least two or three times per month on average.

Requirement to use computer software to develop or create reports, documents, drawings (Levels 2b and 3b) refers to a specific job requirement to design and create reports, databases and spreadsheets *for others* where it is necessary to adjust or set up the formulae or use desktop publishing tools. It also includes Computer Aided Design (CAD).

Taking and transcribing formal minutes (Level 3a) includes board or trustee meetings, case conferences or similar where formal minutes are required, which are published to a wider audience than those attending the original meeting, and where this is a significant job responsibility. It does not include taking notes at departmental meetings or similar, or processing notes taken by others.

Information systems (Levels 2b and 3b) refers to a methodical and structured way of recording, storing or transmitting large amounts of information using manual or computerised methods.

Regular (Level 3b) at least two or three times a week on average.

Responsible for maintaining one or more information systems as a significant job responsibility (Level 3c) includes responsibility for:

- updating software, operating help facilities for an information system(s)
- managing storage and retrieval of information or records.

Responsible for adapting /designing information systems (Level 4a and 5a) refers to an ongoing and specific job responsibility for modifying or creating software, hardware or hard copy information systems.

NOTE: Level 5a is appropriate where the jobholder is responsible for the design and development of an entire system or equivalent.

Responsible for the operation of one or more information systems (Level 4b and 5b) includes direct responsibility for managing the operation of one or more systems which process, generate, create, update, or store information.

Responsible for the operation of one or more information systems for several departments/services (Level 5b) includes responsibility for several departments/ services which process, generate, create, update, or store information as a principal activity.

Responsible for the management and development of information systems (Level 6) is appropriate only where it is the principal job responsibility and where it covers the whole organisation.

Corporate responsibility (Level 7) refers to accountability, normally at board or equivalent level, for information resources across the organisation(s).

11. Responsibilities for research and development

This factor measures the responsibilities of the job for informal and formal clinical or non-clinical research and development (R & D) activities underpinned by appropriate methodology and documentation, including formal testing or evaluation of drugs, or clinical or non-clinical equipment.

It takes into account the nature of the responsibility (initiation, implementation, oversight of research and development activities), whether it is an integral part of the work or research for personal development purposes; and the degree to which it is shared with others.

- Level 1: Undertakes surveys or audits, as necessary to own work; may occasionally participate in R & D, clinical trials or equipment testing.
- Level 2: (a) Regularly undertakes R & D activity as a requirement of the job.
Or
(b) Regularly undertakes clinical trials.
Or
(c) Regularly undertakes equipment testing or adaptation.
- Level 3: Carries out research or development work as part of one or more formal research programmes or activities as a major job requirement.
- Level 4: Responsible for co-ordinating and implementing R & D programmes or activity as a requirement of the job.
- Level 5: Responsible, as an integral part of the job, for initiating (which may involve securing funding) and developing R & D programmes or activities, which support the objectives of the broader organisation.
- Level 6: Responsible, as an integral part of the job, for initiating and developing R & D programmes, which have an impact outside the organisation, e.g. NHS wide or outside the health service.

Definitions and notes:

Research and development (All levels) this includes testing of, e.g. drugs and equipment and other forms of formal non-clinical research (e.g. human resources, communications, health education) as well as formal clinical research. This factor measures the requirement for active direct participation in research or trials and does not include indirect involvement as a result of a patient being involved in the research.

Occasionally (Level 1) one or two such projects or activities per year.

Undertaking audits (Level 1) includes building and facilities audits or surveys, functional audits, clinical audits. Specific, one off complex audits using research methodology should be counted as R & D activity (Level 2a).

Undertakes R & D activity (Level 2a) includes complex audits using research methodology for example specific one-off audits designed to improve a particular area or service. It also includes the collation of research results.

Undertakes clinical trials or equipment testing (Levels 2b and 2c) is appropriate where active participation is required.

Regularly (Levels 2a, 2b and 2c) is appropriate where it is a regular feature of the work, normally identified in a job description, with relevant activity at least once a month on average and usually more frequently.

Major job requirement (Level 3) indicates a continuing involvement for at least some part of every working week (20% or more per week on average). This level is only appropriate where the jobholder normally has at least one project ongoing requiring this amount of involvement. Where the high level involvement is only required for a one-off project the job should be assessed according to the normal degree of involvement. Formal audits/investigations which meet the continuing involvement criteria should also be included at this level.

Co-ordinating and implementing R&D programmes (Level 4) includes taking overall control of a local, regional or national programme, which may be managed elsewhere. It also includes project management of R & D activities.

An integral part of the job (Level 5) is appropriate where R & D is a significant part of the job and takes up a substantial amount of working time.

Initiating and developing (Level 6) is appropriate where the jobholder is required to specify and develop R & D programmes and get these off the ground.

12. Freedom to act

This factor measures the extent to which the jobholder is required to be accountable for own actions and those of others, to use own initiative and act independently; and the discretion allowed to the jobholder to take action.

It takes account of any restrictions on the jobholder's freedom to act imposed by, for example supervisory control; instructions, procedures, practices and policies; professional, technical or occupational codes of practice or other ethical guidelines; the nature or system in which the job operates; the position of the job within the organisation; and the existence of any statutory responsibility for service provision.

- Level 1: Generally works with supervision close by and within well established procedures and/or practices and has standards and results to be achieved.
- Level 2: Is guided by standard operating procedures (SOPs), good practice, established precedents and understands what results or standards are to be achieved. Someone is generally available for reference and work may be checked on a sample/random basis.
- Level 3: Is guided by precedent and clearly defined occupational policies, protocols, procedures or codes of conduct. Work is managed, rather than supervised, and results/outcomes are assessed at agreed intervals.
- Level 4: Expected results are defined but the post holder decides how they are best achieved. Is guided by principles and broad occupational policies or regulations. Guidance may be provided by peers or external reference points.
- Level 5: Is guided by general health, organisational or broad occupational policies, but in most situations the post holder will need to establish the way in which these should be interpreted.
- Level 6: Is required to interpret overall health service policy and strategy, in order to establish goals and standards.

Definitions and notes

Within well-established procedures and/or practices (Level 1) is appropriate where jobholders are required to follow well defined procedures and do not generally deviate from these without seeking advice and guidance.

Is guided by standard operating procedures (SOPs), good practice, established precedents (Level 2) is appropriate for jobs where there are clearly defined methods and processes for most work activities. Jobholders are required to use a degree of initiative and deal with matters independently where they can, e.g. a jobholder may be required to deal with enquiries and other matters which are generally routine, but is normally able to refer to others non-routine enquiries and other matters.

Is guided by precedent and clearly defined occupational policies, protocols, procedures or codes of conduct (Level 3) is appropriate where the jobholder has the freedom to act within established parameters. Qualified professional/clinical/ technical/scientific/administrative roles typically meet this requirement.

Work is managed, rather than supervised, (Level 3) is appropriate where jobholders are required to act independently within appropriate occupational guidelines, deciding when it is necessary to refer to their manager.

Is guided by principles and broad occupational policies (Level 4) is appropriate where the jobholder has significant discretion to work within a set of defined parameters. This applies, for example, to those who are the lead specialist or section/department manager in a particular (non-clinical or clinical) field, e.g. a human resource job specialising in continuing personal development (CPD), a clinical practitioner specialising in a particular field. This level also applies to jobs with responsibility for interpreting policies in relation to a defined caseload or locality in the community.

Establish the way in which these should be interpreted (Level 5) indicates freedom to take action based on own interpretation of broad clinical/professional/ administrative/technical/scientific policies, potentially advising the organisation on how these should be interpreted, e.g. consultant, professional and managerial roles. This also applies to specialists, who have the freedom to initiate action within broad policies seeking advice as necessary. By definition, there can only be one or a very small number of jobs at this level in any service or department.

Is required to interpret overall health service policy and strategy (Level 6) would be appropriate for jobs with an ongoing requirement to act with minimal guidelines and set goals and standards for others.

13. Physical effort

This factor measures the nature, level, frequency and duration of the physical effort (sustained effort at a similar level or sudden explosive effort) required for the job. It takes account of any circumstances that may affect the degree of effort required, such as working in an awkward position or confined space.

The job requires:

- Level 1: A combination of sitting, standing and walking with little requirement for physical effort. There may be a requirement to exert light physical effort for short periods.
- Level 2: (a) There is a frequent requirement for sitting or standing in a restricted position for a substantial proportion of the working time.
Or
(b) There is a frequent requirement for light physical effort for several short periods during a shift.
Or
(c) There is an occasional requirement to exert light physical effort for several long periods during a shift.
Or
(d) There is an occasional requirement to exert moderate physical effort for several short periods during a shift.
- Level 3: (a) There is a frequent requirement to exert light physical effort for several long periods during a shift.
Or
(b) There is an occasional requirement to exert moderate physical effort for several long periods during a shift.
Or
(c) There is a frequent requirement to exert moderate physical effort for several short periods during a shift.
- Level 4: (a) There is an ongoing requirement to exert light physical effort.
Or
(b) There is a frequent requirement to exert moderate physical effort for several long periods during a shift.
Or
(c) There is an occasional requirement to exert intense physical effort for several short periods during a shift.
- Level 5: (a) There is an ongoing requirement to exert moderate physical effort.
Or
(b) There is a frequent requirement to exert intense physical effort for several short periods during a shift.

Or

- (c) There is an occasional requirement to exert intense physical effort for several long periods during a shift.

Definitions and notes:

Light physical effort (Levels 2 to 4) means lifting, pushing, pulling objects weighing from two to five kilos; bending/kneeling/crawling; working in cramped conditions; working at heights; walking more than a kilometre at any one time.

Sitting or standing in a restricted position (Level 2a) restricted by the nature of the work in a position which cannot easily be changed, e.g. inputting at a keyboard, wearing a telephone headset, in a driving position, sitting at a microscope examining slides; standing at a machine in a restricted area; standing while making sandwiches or serving meals on a conveyor belt system.

Moderate physical effort (Levels 2 to 5) means lifting, pushing, pulling objects weighing from six to fifteen kilos; controlled restraint of patients, e.g. in mental health or learning disabilities situations; sudden explosive effort such as running from a standing start; clearing tables, moving patients/heavy weights (over fifteen kilos) with mechanical aids including hoists and trolleys; manoeuvring patients/clients into position e.g. for treatment or personal care purposes; transferring patient/clients from bed to chair or similar.

Intense physical effort (Levels 4 to 5) means lifting, pushing, pulling objects weighing over fifteen kilos with no mechanical aids; sudden explosive effort such as running from a standing start pushing a trolley; heavy manual digging, lifting heavy containers; heavy duty pot washing.

Occasional at least three times per month but fewer than half the shifts worked, a shift being a period of work.

Frequent occurs on half the shifts worked or more, a shift being a period of work.

Several periods this applies to jobs where there are repeated recurrences of physical effort and does not apply to jobs where the effort in question occurs only once per shift. For example, Level 3c applies to jobs involving the repeated moving or manoeuvring of patients, with mechanical or human assistance, into positions in which care or treatment can be carried out.

Weights quoted are illustrative only. Evaluators should take into account the difficulty of the lifting.

Ongoing continuously or almost continuously.

Short periods are up to and including 20 minutes.

Long periods over 20 minutes.

Walking or driving to work is not included.

14 Mental effort

This factor measures the nature, level, frequency and duration of the mental effort required for the job (e.g. concentration; responding to unpredictable work patterns, interruptions and the need to meet deadlines).

- Level 1: General awareness and sensory attention; normal care and attention; an occasional requirement for concentration where the work pattern is predictable with few competing demands for attention.
- Level 2: (a) There is a frequent requirement for concentration where the work pattern is predictable with few competing demands for attention.
Or
(b) There is an occasional requirement for concentration where the work pattern is unpredictable.
- Level 3: (a) There is a frequent requirement for concentration where the work pattern is unpredictable.
Or
(b) There is an occasional requirement for prolonged concentration.
- Level 4: (a) There is a frequent requirement for prolonged concentration.
Or
(b) There is an occasional requirement for intense concentration.
- Level 5: There is a frequent requirement for intense concentration.

Definitions and notes:

General awareness and sensory attention (Level 1) is the level required for carrying out day-to-day activities where there is a general requirement for care, attention and alertness but no specific requirement for concentration on complex or intricate matters.

Concentration (Levels 2 to 4) is where the jobholder needs to be particularly alert for cumulative periods of one to two hours at a time, e.g. when checking detailed documents; carrying out complex calculations or analysing detailed statistics; active participation in formal hearings; operating machinery; driving a vehicle; taking detailed minutes of meetings; carrying out screening tests/microscope work; examining or assessing patients/clients.

Unpredictable (Levels 2b and 3a) is where the jobholder is required to change from one activity to another at third party request. Dealing with frequent interruptions (as in telephone or reception work) is not unpredictable unless they frequently cause the post holder to change from what they are doing to another activity (e.g. responding to emergency bleep, or changing from one accounting task to another in response to requests for specific information). These levels are appropriate for jobs where the jobholder has no prior knowledge of an impending interruption but has to immediately change planned activities in response to one.

Prolonged concentration (Levels 3b and 4a) refers to a requirement to concentrate continuously for more than half a shift, on average, excluding statutory breaks. This is appropriate where the jobholder undertakes few duties other than concentrating on a detailed, intricate and important sample/slide/document, for example cytology screening, clinical coding.

Intense concentration (Levels 4b and 5). Requires in-depth mental attention, combined with pro-active engagement with the subject, e.g. carrying out intricate clinical interventions; undergoing cross examination in court, where the jobholder not only has to apply sustained concentration to the subject matter, but also has to respond/actively participate, as in clinical psychology or speech and language therapy. This is greater than a requirement to observe and/or record the reactions of a patient/client or other person.

Occasional fewer than half the shifts worked, a shift being a period of work.

Frequent occurs on half the shifts worked or more, a shift being a period of work.

15. Emotional effort

This factor measures the nature, level, frequency and duration demands of the emotional effort required to undertake clinical or non-clinical duties that are generally considered to be distressing and/or emotionally demanding.

- Level 1: (a) Exposure to distressing or emotional circumstances is rare.
Or
(b) Occasional indirect exposure to distressing or emotional circumstances.
- Level 2: (a) Occasional exposure to distressing or emotional circumstances.
Or
(b) Frequent indirect exposure to distressing or emotional circumstances.
Or
(c) Occasional indirect exposure to highly distressing or highly emotional circumstances.
- Level 3: (a) Frequent exposure to distressing or emotional circumstances.
Or
(b) Occasional exposure to highly distressing or highly emotional circumstances.
Or
(c) Frequent indirect exposure to highly distressing or highly emotional circumstances.
- Level 4: (a) Occasional exposure to traumatic circumstances.
Or
(b) Frequent exposure to highly distressing or highly emotional circumstances.

Definitions and notes:

Exposure relates to actual incidents but the extent of the emotional impact can be either *direct* where the jobholder is directly exposed to a situation/patient/client with emotional demands or *indirect* where the jobholder is exposed to information about the situation and circumstances but is not directly exposed to the situation/patient/ client.

Indirect exposure will generally reduce the level of intensity, so, for example, indirect exposure to highly distressing or emotional circumstances (e.g. word processing reports of child abuse) – Levels 3b or 4b – is treated as equivalent to the levels below i.e. Levels 2a or 3a.

Distressing or emotional circumstances (Levels 1 to 3) for example:

- Imparting unwelcome news to staff, patients/clients or relatives. This includes disciplinary or grievance matters, or redeployment/redundancy situations.
- Care of the terminally ill.

- Dealing with difficult family situations or circumstances.
- Exposure to severely injured bodies/corpses.

Indirect exposure to highly distressing (Levels 2c and 3c) e.g. taking minutes or typing reports concerning child abuse.

Highly distressing or emotional circumstances (Levels 3b and 4b) for example:

- This includes imparting news of terminal illness or unexpected death to patients and relatives; personal involvement with child abuse or family breakdown.
- Dealing with people with severely challenging behaviour.

Traumatic incidents (Level 4a) for example:

- Arriving at scene of, or dealing with patients/relatives as a result of, a serious incident.

Rare means less than once a month on average.

Occasional means once a month or more on average. This level is also appropriate where the circumstances in which the jobholder is involved are very serious, such as a major accident or incident, but occur less than once a month.

Frequent means once a week or more, on average.

Fear of violence is measured under Working Conditions.

16 Working conditions

This factor measures the nature, level, frequency and duration of demands arising from inevitably adverse environmental conditions (such as inclement weather, extreme heat/cold, smells, noise, and fumes) and hazards, which are unavoidable (**even with the strictest health and safety controls**), such as road traffic accidents, spills of harmful chemicals, aggressive behaviour of patients, clients, relatives, carers.

Level 1: Exposure to unpleasant working conditions or hazards is rare.

Level 2: (a) Occasional exposure to unpleasant working conditions.

Or

(b) Occasional requirement to use road transportation in emergency situations.

Or

(c) Frequent requirement to use road transportation.

Or

(d) Frequent requirement to work out doors.

Or

(e) Requirement to use Visual Display Unit equipment more or less continuously on most days.

Level 3: (a) Frequent exposure to unpleasant working conditions.

Or

(b) Occasional exposure to highly unpleasant working conditions.

Level 4: (a) Some exposure to hazards.

Or

(b) Frequent exposure to highly unpleasant working conditions.

Level 5: Considerable exposure to hazards.

Definitions and notes:

Exposure to unpleasant working conditions is rare (Level 1) is appropriate where exposure to unpleasant working conditions occurs on average less than three times a month.

Unpleasant working conditions (Levels 1 to 3) includes direct exposure to dirt, dust, smell, noise, inclement weather and extreme temperatures, controlled (by being contained or subject to health and safety regulations) chemicals/samples. Verbal aggression should also be treated as an unpleasant working condition. This level also includes being in the vicinity of, but not having to deal personally with, body fluids, foul linen, fleas, lice, noxious fumes (i.e. highly unpleasant working conditions if there is direct exposure).

Highly unpleasant working conditions (Levels 3b to 4b) means direct contact with (in the sense of having to deal with, not just being in the vicinity of) uncontained body fluids, foul linen, fleas, lice, noxious fumes.

Hazards (Levels 4 to 5) is appropriate where there is unavoidable exposure to uncontrolled and unsafe situations, e.g. face to face physical aggression, spills of harmful chemicals, road traffic accidents. This level does NOT apply in situations where potential hazards (chemicals, laboratory samples, electricity, radiation) are controlled through being contained or subject to specific health and safety regulations.

Some exposure to hazards (Level 4a) is appropriate where there is scope for limiting or containing the risk (e.g. through panic alarms or personal support systems) e.g. accident and emergency departments and acute mental health wards.

Considerable exposure to hazards (Level 5) is appropriate where there is exposure to hazards on all or most shifts and where the scope for controlling or containing the exposure is limited, e.g. emergency ambulance service work. This level does NOT apply in situations where potential hazards (chemicals, laboratory samples, electricity, radiation) are controlled through being contained or subject to specific health and safety regulations.

Rare means less than three times a month on average.

Occasional three times a month or more on average.

Frequent several times a week with several occurrences on each relevant shift.

Driving to and from work is not included.

3. Evaluating/Matching under Factor 2: Knowledge, Training & Experience

Knowledge is the most heavily weighted factor in the NHS Job Evaluation Scheme and often makes a difference between one pay band and the next. It is, therefore, important that jobs are correctly evaluated or matched under this factor heading. The following notes are intended to assist evaluation and matching panel members to achieve accurate and consistent outcomes.

General Points

1. The level of knowledge to be assessed

- 1.1 The knowledge to be measured is the minimum needed to carry out the full duties of the job to the required standards.
- 1.2 In some cases, this will be the level required at entry and set out in the person specification, for example:
 - An accountancy job for which the person specification sets out the need for an accountancy qualification plus experience of health service financial systems;
 - A healthcare professional job, for which the person specification sets out the requirement for the relevant professional qualification plus knowledge and/or experience in a specified specialist area.
- 1.3 In other cases, however, the person specification may understate the knowledge actually needed to carry out the job because it is set at a recruitment level on the expectation that the rest of the required knowledge will be acquired in-house through on the job training and experience, for example:
 - Clerical posts for which the recruitment level of knowledge is a number of GCSEs, whereas the actual knowledge required includes a range of clerical and administrative procedures.
 - Managerial posts for which the recruitment level of knowledge is a number of GCSEs plus a specified period of health service experience, when the actual knowledge required includes the range of administrative procedures used by the team managed plus supervisory/managerial knowledge or experience.
 - Healthcare jobs where a form of specialist knowledge is stated on the person specification as desirable, rather than essential, because the trust is willing to provide training in the particular specialist field.

2. Qualifications

- 2.1 The factor level definitions are written in terms of the knowledge actually required to perform the job at each level. This is to ensure that the knowledge is accurately evaluated and no indirect discrimination occurs through use of qualifications, which may understate or overstate the knowledge required.

- 2.2 Qualifications can provide a useful indicator of the level of knowledge required. Training towards qualifications is also one means of acquiring the knowledge required for a job (other means include on the job training, short courses and experience). Indicative qualifications are given in the guidance notes. This does not mean that there is a requirement to hold any particular qualification for a job to be scored at the level in question, but that the knowledge required must be of an equivalent level to the stipulated qualification.
- 2.3 On the other hand, if a job does genuinely require the knowledge acquired through a specified formal qualification, then this should be taken into account when assessing the job.
- 2.4 Where qualification and/or experience requirements for a job have changed, the current requirements should be taken as the necessary standard to be achieved. As it is the job which is evaluated, jobholders with previous qualifications are deemed to have achieved the current qualification level through on the job learning and experience.

3. Registration

- 3.1 State registration and registration with a professional body are not directly related to either knowledge generally, or to any particular level of knowledge, e.g. Level 5.
- 3.2 Registration is important in other contexts because it provides guarantees of quality, but in job evaluation terms it gives only confirmation of a level of knowledge which would have been taken into account in any event.
- 3.3 As it happens, many healthcare professional jobs require knowledge at Level 5, and also require state registration for professional practice. But it would be perfectly possible for other groups where there is either a higher or lower knowledge requirement for this to be associated with state or professional registration.

Specific Level Related Points

1. The Difference between Levels 1 and 2.

The difference is in the range of procedures and, in consequence, the length of time it takes to acquire knowledge of the relevant procedures.

2. The Difference between Levels 2 and 3.

- 2.1 Both Levels 2 and 3 apply to jobs requiring understanding of a range of work procedures. The differences are over:
- Whether the procedures are routine or involve some non-routine elements.
 - Whether it is necessary to have some theoretical or conceptual understanding to support the procedural knowledge, such as that acquired in obtaining NVQ3, City and Guilds and similar qualifications.
- 2.2 For areas of work where there are no commonly accepted equivalent qualifications:
- Level 2 applies to jobs requiring knowledge of a range of procedures.

- Level 3 applies to jobs requiring knowledge of the relevant procedures, plus knowledge of how to deal with related non-routine activities, such as answering queries, progress chasing, task-related problem solving.

3. The Difference between Levels 3 and 4.

3.1 Both Levels 3 and 4 apply to jobs requiring understanding of a range of work procedures and practices. The differences are over:

- The extent to which the procedures and practices are non-routine.
- The level of the equivalent qualifications.

3.2 For areas of work where there are no commonly accepted equivalent qualifications, e.g. health service administrative areas such as admissions, medical records, waiting lists:

- Level 3 – procedures and practices some of which are non-routine – applies to jobs requiring knowledge of the relevant administrative procedures, plus knowledge of how to deal with related non-routine activities, such as answering queries, progress chasing, task-related problem solving.
- Level 4 – procedures and practices the majority of which are non-routine – applies to jobs requiring knowledge of all the relevant administrative procedures, plus knowledge of how to deal with a range of non-routine activities, such as work allocation, problem solving for a team or area of work, as well as answering queries and progress chasing, developing alternative or additional procedures.

4. The Difference between Levels 4 and 5.

4.1 The differences between Levels 4 and 5 are:

- The breadth and depth of the knowledge requirement.
- The level of the equivalent qualifications.

4.2 For areas of work where there are no commonly accepted equivalent qualifications:

- Level 4 – procedures and practices the majority of which are non-routine – applies to jobs requiring knowledge of all the relevant administrative procedures, plus knowledge of how to deal with a range of non-routine activities, such as work allocation, problem solving for a team or area of work, as well as answering queries and progress chasing, developing alternative or additional procedures.
- Level 5 – range of work procedures and practices, which require expertise within a specialism or discipline – applies to jobs requiring knowledge across an area of practice, e.g. in purchasing, medical records, or finance, allowing the jobholder to operate as an independent (non-healthcare or healthcare) practitioner and to deal with issues such as workload management and problem solving across the work area. It can apply to non-healthcare jobs with a managerial remit across an administrative or other support area where these criteria are met, e.g. in hotel services, catering, sterile supplies management.

5. The Difference Between Levels 5 and 6

5.1 There must be a clear step in knowledge requirements between Levels 5 and 6, so for both healthcare professional (e.g. Nurse, Allied Health Professional, Biomedical Scientist jobs) and non-healthcare professional (e.g. HR, accountant, librarian, IT) jobs a distinct addition of knowledge to what was acquired during basic training and required for professional practice.

5.2 This additional knowledge may be acquired by various routes:

- (1) Normal training and accreditation, as for District Nurse, Health Visitor.
- (2) Other forms of training/learning e.g. long or combination of short courses or structured self-study.
- (3) Experience.
- (4) Some combination of (2) and (3).

In broad terms the additional knowledge for Level 6 should equate to post-registration or post-graduate diploma level (that is, between first degree/registration and master's level), but there is no requirement to hold such a diploma.

5.3 It is important to note that not all **experience** delivers the required additional knowledge for Level 6. Simply doing a job for a number of years may make the jobholder more proficient at doing the job, but does not always result in additional knowledge. Also, while most additional knowledge, particularly for healthcare professional jobs, is specialist knowledge (that is, homing in on an area of practice and deepening the knowledge of that area acquired during basic training), some is a broadening of basic knowledge to a level which allows the jobholder to undertake all areas of practice without any guidance or supervision.

5.4 For **additional specialist knowledge**, indicators of Level 6 knowledge, acquired primarily through experience, are, e.g. a requirement to have worked:

1. In the specialist area and with practitioners from own or another profession who are experienced in this area.
2. In the specialist area and to a clear programme of knowledge development, for example, rotating through all aspects of the specialist work, attending appropriate study days and short courses, undertaking self-study.

5.5 For additional **breadth of knowledge**, examples of Level 6 are:

- (1) The Midwife, who undertakes a formal mentoring or praeceptorship to achieve a level of knowledge allowing the full sphere of midwifery practice to be undertaken.
- (2) The Community Psychiatric Nurse, where the jobholder would need to have acquired sufficient additional post-registration knowledge through experience as a nurse in a mental health setting to be able to work autonomously in the community.
- (3) The Specialist Physiotherapist, where the jobholder needs additional knowledge acquired through (formal and informal) specialist training and experience in order to be able to manage a caseload of clients with complex needs.
- (4) A Human Resources professional required to have sufficient additional knowledge gained through experience to be able to be the autonomous HR adviser for a directorate or equivalent organisational area, or for an equivalent subject area of responsibility.

- (5) An accountancy job requiring knowledge gained through professional qualifications plus sufficient additional knowledge of health service finance systems to be responsible for the accounts for one or more directorates.
- (6) An estates management job requiring knowledge gained through professional qualifications (or equivalent vocational qualifications) plus sufficient additional knowledge of health service capital procurement procedures and practices to be able to manage part or all of the capital projects programme for the organisation.

6. The Difference between Levels 6 and 7

- 6.1 There must be a further clear step in knowledge between Levels 6 and 7, equivalent to the step between a post-graduate diploma and master's degree, in terms of both the length of the period of knowledge acquisition and the depth or breadth of the knowledge acquired.
- 6.2 This additional knowledge may be acquired by various routes:
 - (1) Formal training and accreditation to master's or doctorate level, as for Clinical Pharmacist, Clinical Psychologist or a qualification deemed to be equivalent, e.g. Health Visitor Community Practice Teacher, Diploma in Arts Therapy.
 - (2) Other forms of training/learning e.g. long or combination of short courses or structured self-study.
 - (3) Experience (but see below).
 - (4) Some combination of (2) and (3).

In broad terms the additional knowledge for Level 7 should equate to master's level (that is, between post-graduate diploma and doctoral level), but there is no requirement to hold such a degree.
- 6.3 As with the difference between levels 5 and 6, not all **experience** delivers the required additional knowledge for Level 7. Simply doing a job for many years may make the jobholder more proficient at doing the job, but does not always result in additional knowledge. For Level 7 also, experience on its own as the means of acquiring sufficient additional knowledge should be scrutinised carefully. There should normally be evidence of additional theoretical or conceptual knowledge acquisition such as would be acquired through a taught master's course.
- 6.4 For **additional specialist knowledge**, indicators of Level 7 knowledge, acquired primarily through experience, are e.g. a requirement to have worked:
 - (1) In the specialist area and working pro-actively with practitioners from own or another profession who are experienced in this, together with relevant short courses and self study.
 - (2) In the specialist area and to a clear and substantial programme of knowledge development, e.g. rotating and actively participating in all aspects of the specialist work, attending appropriate study days and short courses, undertaking extended self-study.
- 6.5 The additional specialist knowledge required could consist in part of **managerial knowledge**, where this is genuinely needed for the job and there is a requirement to attend management courses or have equivalent managerial experience.

7. The Difference between Levels 7 and 8a

- 7.1 There must be a further clear step in knowledge between Levels 7 and 8, equivalent to the step between a master's degree and a doctorate, in terms of both the length of the period of knowledge acquisition and the depth or breadth of the knowledge acquired. Where the entry point for a job for knowledge is Level 7, because there is an entry requirement for a doctorate, master's or equivalent qualification, then the step in knowledge should be equivalent to that required for a post-graduate diploma (in addition to the entry qualification).
- 7.2 As at other levels, this additional knowledge may be acquired by various routes:
- (1) Formal training and accreditation to doctorate level, as e.g. in scientific areas, where a specialist doctorate is required for practice in the particular field, or to post-doctorate level, e.g. a post including adult psychotherapy requiring both a clinical psychology doctorate and a post-doctorate diploma in psychotherapy.
 - (2) Other forms of training/learning e.g. long or combination of short courses or structured self-study to the appropriate level.
 - (3) Experience (but see below).
 - (4) Some combination of (2) and (3).
- 7.3 As with the difference between Levels 5 and 6, and 6 and 7, not all **experience** delivers the required additional knowledge for Level 8. Simply doing a job for many years may make the jobholder more proficient at doing the job, but does not always result in additional knowledge. For Level 8 also, experience on its own as the means of acquiring sufficient additional knowledge should be scrutinised carefully. There should normally be evidence of additional theoretical or conceptual knowledge acquisition such as would be acquired through a taught postgraduate course.
- 7.4 The additional specialist knowledge required could consist in part of **managerial knowledge**, where this is genuinely needed for the job and there is a requirement to attend management courses or have equivalent managerial experience.

4. Job Evaluation Weighting and Scoring

- 1.1 Some form of weighting – the size of the contribution each factor makes to the maximum overall job evaluation score – is implicit in the design of all job evaluation schemes. Most schemes also have additional explicit weighting. The rationale for this is generally two fold. It is unusual for all factors to have the same number of levels, because some factors are capable of greater differentiation than others. This gives rise to weighting in favour of those factors with more levels, which may need to be adjusted. It is also the case that organisations place different values on different factors, depending upon the nature of the organisation.
- 1.2 Weighting was considered by an extended Joint Secretaries Group (JSG) which included Job Evaluation Working Party (JEW) members and an independent expert. The group approached weighting by discussing and provisionally agreeing the principles to be adopted. These were then tested on evaluation results, rather than calculating what weighting and scoring would achieve a desired end, which would have carried risks of being indirectly discriminatory.
- 1.3 The following was agreed:
- Groups of similar factors should have equal weights.
 - Weighting for each factor should be of sufficient size to be meaningful so that all individual factors add value to the factor plan.
 - There was recognition that the NHS was a knowledge based organisation, justifying a higher weighting to knowledge than other factors.
 - Jobs would score at least one on each factor.
 - There was recognition that differentiation worked best when scores were stretched, which could be achieved through a non-linear approach to scoring. This can be achieved by increasing the step size the higher the factor level.
- 1.4 A number of models of weighting and scoring were tested. They all had a similar effect on the rank order of jobs. The changes occasioned by different models had a very limited effect. It was agreed that in order to effect significant changes to the rank order very extreme weighting would need to be applied and this could not be justified.
- 1.5 The model has a maximum of 1,000 points available. The number of points available for each factor is distributed between the levels on an increasing whole number basis. Within the available maximum number of points for the scheme the maximum score for each factor has a percentage value, the values being the same for similar factors. The allocation of total points to factors is set out below.

Responsibility: 6 factors: – maximum score 60: – $6 \times 60 = 360$ – 36% of all available points in the scheme.

Freedom to Act: 1 factor: – maximum score 60: – $1 \times 60 = 60$ – 6% of all available points.

Knowledge: 1 factor:– maximum score 240: – $1 \times 240 = 240$ –24% of all available points.

Skills: 4 factors:– maximum score for each 60: – $4 \times 60 = 240$ –24% of all available points.

Effort and Environmental: 4 factors: – maximum score for each 25: – $4 \times 25 = 100$: – 10% of all available points.

5. Job Evaluation Weighting Scheme – Scoring Chart

Level	1. Communication & relationship skills	2. Knowledge, training & experience	3. Analytical skills	4. Planning and organisation skills	5. Physical skills	6. Responsibility – Patient/client care	7. Responsibility – Policy and service	8. Responsibility – Financial and physical	9. Responsibility – Staff/HR/leadership, training	10. Responsibility – Information resources	11. Responsibility – R&D	12. Freedom to Act	13. Physical effort	14. Mental effort	15. Emotional effort	16. Working conditions
1	5	16	6	6	6	4	5	5	5	4	5	5	3	3	5	3
2	12	36	15	15	15	9	12	12	12	9	12	12	7	7	11	7
3	21	60	27	27	27	15	21	21	21	16	21	21	12	12	18	12
4	32	88	42	42	42	22	32	32	32	24	32	32	18	18	25	18
5	45	120	60	60	60	30	45	45	45	34	45	45	25	25		25
6	60	156				39	60	60	60	46	60	60				
7		196				49				60						
8		240				60										

6. Job Evaluation Band Ranges

Pay Bands and Job Weight

Review Body Spine		Non Review Body Spine	
Pay Band	Job Weight	Pay Band	Job Weight
1	0–160	1	0–160
2	161–215	2	161–215
3	216–270	3	216–270
4	271–325	4	271–325
5	326–395	5	326–395
6	396–465	6	396–465
7	466–539	7	466– 539
8a	540–584	8a	540–584
8b	585–629	8b	585–629
8c	630–674	8c	630–674
8d	675–720	8d	675–720
9	721–765	9	721–765

7. Guide to the use of Profiles

1. Introduction

1.1 Profiles have been developed in order to:

- Make the processes of assigning staff to one of the new pay bands as straightforward as possible. It would not be helpful to the NHS, and its staff, to have to undertake one million individual job evaluations in order to implement the new NHS pay scheme. The matching procedure (see Section 8) has been developed to allow most jobs locally to be matched to nationally evaluated profiles on the basis of information from job descriptions, person specifications and oral information.
- Provide a framework against which to check the consistency of local evaluations during the initial assimilation process and in the future (see Section 11).

1.2 Profiles work on the premise that there are posts in the NHS which are fairly standard and which have many common features. Indeed one of the benefits of job evaluation is that it uses a common language and a common set of terms to describe all jobs. Job evaluation is about highlighting similarities between jobs via common language and measurement. Profiles apply these principles to particular job groups.

2. What profiles are and are not

2.1 Profiles are:

- The outcomes of evaluations of jobs (see paragraph 3 below).
- Explanations (rationales) for how national benchmark jobs evaluate as they do.

2.2 Profiles are NOT:

- Job descriptions and are NOT intended to replace organisational job descriptions.
- Person specifications, for recruitment purposes, although they may be helpful in drawing up person specifications in the future.

3. The development of profiles

3.1 The current steps in the development of a profile are as follows:

- (1) Completion of Job Analysis Questionnaire (JAQ) by jobholder(s), usually with the assistance of job analyst(s) to ensure all information included and accurate.
- (2) Evaluation of JAQ(s), initially by joint evaluation panels, but for more recently completed JAQs by the JEWPs profile sub-group ('the profile group').
- (3) Draft profile prepared on basis of JAQ(s) and reviewed by whole profile group to ensure consistency of assessment against factor level definitions and other similar profiles.

- (4) Distribution via the Shadow Executive (Executive Committee of the future) of the NHS Staff Council to interested parties for comment.
- (5) Consideration of comments by profile group and revision of profile.
- (6) Submission of revised profile to Shadow Executive for agreement to publish, or possible return to profile group with questions or comments for further review.

3.2 Following the formal establishment of the NHS Staff Council, recommendations on changes and additions or deletions to profiles will be made by a job evaluation sub-group of the Council, and submitted to the Council for a decision.

4. Use of profiles

4.1 Each profile represents a commonly occurring and recognisable job healthcare or non-healthcare job found in the health service. However, for many such jobs there are small variations in the duties, responsibilities and other demands within and between trusts and other health service organisations, which need to be acknowledged but which do not make a difference to the overall band outcome.

4.2 Such variations are shown as a range for the relevant factors. Factor ranges are generally not more than two levels, but can be three levels under the Effort and Working Conditions factors and the Responsibility for Research and Development factor, where considerable variations occur in practice in otherwise very similar jobs.

4.3 For each factor, examples are given to exemplify the benchmark evaluation. Generic examples of duties, responsibilities and skills have been used where possible. In some cases a specific example, usually a speciality specific example, has been used. The profile may still be applicable where the particular example used is not relevant to an individual job.

4.4 In some cases there is more than one profile where a single job title has been used historically (e.g. Clinical Coding Officer, Healthcare Assistant). This is usually because there is a wide range of duties and hence job weight carried out by staff with this title. The range is sufficient to span more than one new pay band. Employers working in partnership with staff organisations, in accordance with the agreed matching procedure, should determine which is the correct profile for the local post and assign the relevant pay band.

5. Generic profiles

5.1 Most of the current profiles apply to traditional job groups (e.g. Podiatry, Medical Records) for the purpose of transferring all employees onto the Agenda for Change pay band structures. However, one of the aims of Agenda for Change is to increase job flexibility, where this is agreed to be desirable. For some groups, therefore, more generic profiles have been jointly developed by agreement with representatives of the group in question. These are designed to apply to a range of posts, which are broadly similar but which may have been treated differently in the past (e.g. Finance, Healthcare Science).

5.2 Because of the range of job characteristics which can be covered by a single generic profile, this may mean that the profile score crosses the job evaluation range to a lower band. In each such case, the profile carries the following health warning:

“The band for jobs covered by this generic profile is band e.g. 4. The minimum total profile score falls below the band e.g. 4 grade boundary. This is the result of using a single generic profile to cover a

number of jobs of equivalent but not necessarily similar factor demand. It is not anticipated that any job will be assessed at the minimum level of every possible factor range. If this were the case, it indicates that the job should instead be matched against a band e.g. 3 profile. If this is not successful, the job must be locally evaluated.”

6. Profile labels

- 6.1 One of the points to come from the job evaluation benchmarking exercise was that current job title was not necessarily a good indicator of how the post evaluates. Terms like practitioner, officer, assistant etc tend to be used differently both by different staff groups and organisations. Organisations should therefore avoid assigning a pay band purely on the basis of job title. In a similar vein profiles do not refer to Whitley grades as it should not automatically be assumed that everyone on a specific Whitley grade will necessarily be assigned to the same new pay band.
- 6.2 Profile labels are intended to assist in identifying possible profiles for matching purposes and to help employees find the profiles of relevance to their own jobs. Profile labels are NOT intended to be used as job titles. Revised profiles include commonly found job titles; there is no reason why these should not continue to be used, except where they refer to Whitley or other previous grading structures.
- 6.3 The **principles** on which the current profile labelling system¹ as designed are:
- Move away from the current various systems of job labelling and to emphasise the different approach and principles behind the Agenda for Change pay structure.
 - Provide labels with meaning to staff in terms of career development e.g. Nurse, Nurse Specialist, Nurse Advanced, Nurse Consultant; Medical Secretary Entry Level, Medical Secretary, Medical Secretary Higher Level.
 - Demonstrate commonality and potential for flexibility where reflected in profile content and outcomes e.g. Clinical Support Worker.
 - Keep job group profiles together in an alphabetical listing by starting with the job group name e.g. Dental Technician, Dental Technician Higher Level etc.
- 6.4 **Profile labelling rules include:**
- (1) X (e.g. Medical Secretary, Midwife) Entry Level = Xs with one level lower in the Knowledge factor than the base level for Xs, but with the future expectation that jobholders will progress to the base level once the necessary knowledge and experience have been acquired. Experienced Xs may be assessed at this level, where the historical organisational structure has not provided opportunities for this type of development.
 - (2) X Higher Level = Xs with additional responsibilities that take the profile to the next pay band.
 - (3) X (e.g. Finance) Team Leader = team leader of a group of Xs, generally one band higher than the base level of Xs.
 - (4) X (e.g. Finance) Team Manager = first line manager of Xs, generally, two bands higher than the base level of Xs, responsible for a significant team or section within a service or department.
 - (5) X (e.g. Radiography) Assistant Practitioner = Xs with one level lower in the knowledge factor than the base entry level for Xs, providing technical or similar support to Xs.

¹ A detailed paper on the principles of profile labelling is available on the Agenda for Change website at: www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en

- (6) X (e.g. Nurse) Specialist = X with one level higher in the knowledge factor than the base level for Xs.
- (7) X (e.g. Nurse) Advanced = X with two levels higher in the knowledge factor than the base level for Xs.
- (8) X Consultant = X with the highest level of knowledge for the occupational group.
- (9) Location indicators go in brackets e.g. (Community) and are supplemented by area of practice.
- (10) Manager designation is only appropriate if the job manages staff; manager and sole carrier out of an area of responsibility should be designated Officer, Administrator or Practitioner as appropriate e.g. Fire Safety Officer.

7. Profile conventions

- 7.1 Each profile factor box contains one or more bold statements, taken from the relevant factor level definitions, and one or more text statements, summarising or exemplifying job information.
- 7.2 Bold statements pick out key words and phrases from the relevant factor level definitions and should be read in the context of the factor level definitions. A complete set of bold statements, as used in profiles, is available on the Agenda for Change web site at:
www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en
- 7.3 Detailed profile conventions are:
 - Bold and text statements at the same factor level are separated by a semi-colon; bold and text statements at different factor levels are separated by a forward slash.

Bold and text statements follow the order of the factor options in the scheme.

8. Matching Procedure

Job matching procedure against national (benchmark) job evaluation profiles

1. Aims

The aims of the matching procedure are:

- (1) To match as many jobs as possible to national evaluation profiles in the most efficient manner possible avoiding the need for many local evaluations.
- (2) For the matching process to be carried out by a joint team and to secure outcomes, which accurately reflect the demands of the job.

2. Matching Panel(s)

- 2.1 Matching should be carried out by a joint matching panel comprising both management and staff representative members. It should be representative of the organisation as a whole. The members must have been trained in the NHS Job Evaluation Scheme, which includes an understanding of the avoidance of bias. The members must also be committed to partnership working. The number of members per panel is for local agreement, but from three to five is the recommended range, with four being found most satisfactory by Agenda for Change Early Implementer organisations.
- 2.2 It is important for reasons of consistency that a number of core members (typically three to five) should between them attend as many panel meetings as possible. Records should be kept of matching panel members and representatives attending each session, together with a list of jobs matched. This is for future reference, in case of need to convene a differently constituted review panel, and to establish a matching audit trail.
- 2.3 In addition the panel must have available/contactable two people representing management and staff in the area of work under review. Their role will be to provide additional information about the post under consideration, generally in response to specific questions from the matching panel. These job advisers/representatives should be briefed about the matching process.

3. Documentation

- 3.1 The matching process is based primarily on agreed and up to date job descriptions for the jobs to be considered. The job advisers/representatives may add local information where appropriate. It is important to ensure that all relevant documentation is before the Matching Panel. This includes the job descriptions, person specifications and organisation charts for jobs to be matched; and, where relevant, other reference documents and any short-form questionnaires used to collect supplementary information, for example in relation to the Effort and Environment factors.

4. Step by step procedure

- 4.1 The local job evaluation steering group or its nominees in partnership will decide which posts are potentially covered by a profile. These should normally be a block of posts with duties substantially the same. There may however be some differences, including location. The posts may have different titles or current grade.
- 4.2 For each job, the matching panel should:
- **Identify possible profile matches** using the (computerised or paper-based) profile index and profile titles (there are unlikely to be more than three possible matches).
 - **Read the job description** person specification and any other job information and the selected national profiles. Identify what appears to be the nearest profile to match first. This must be from the same occupational grouping* as the job to be matched.
 - **Compare the profile job statements** with the job description, person specification and any other available information, including that provided orally by job group advisers/representatives, for the job to be matched. The available information about the job duties must be consistent with the profile job statement and from the same occupational grouping*. If this is not the case, the match should be aborted, another profile sought from the same occupational group or, if no suitable profile is available, the job sent for local evaluation. If the job duties do broadly match, complete the job statement box on the (computerised or paper-based) matching form.
 - **On a factor by factor basis**, complete the matching form boxes with information about the job to be matched from the job description or other sources, which may include verbal information from the group advisers/representatives. Refer to the profiles for the types of information required.
 - **For each factor, compare the information** on the form with that in the selected profile and determine whether they match. The information does not have to be exactly the same as that from the profile, but should be equivalent to it (e.g. ‘supervises trainees’ is equivalent to ‘supervises students’). Even if the information on Knowledge does not appear at first sight to match, it is important to continue the matching exercise to ensure that that all information is taken into account.
 - **Record** the profile level in the Profile Level column and the proposed level for the job in the Job Level column, referring to the job evaluation scheme factor levels only when the job information does not appear to match the profile level(s), in order to determine the appropriate level. Where the job level is the same as the profile level or within the profile range, mark M (for Match) in the Match column. Where it is one level higher or lower than the profile level or range, mark V (for Variation) in the Match column. Where the job level is more than one level higher or lower than the profile level or range, mark NM (No Match).

5. Determine the matching outcome

- 5.1 Possible outcomes are:
- If all factor levels are within the range specified on the profile, this is a (perfect) Profile Match.
 - If most factor levels match, but there are a small number of variations, marked V in the Match column, there may still be a Band Match, if ALL the following conditions apply:
 - The variations are of NOT MORE than one level above or below the profile level or range.

AND

- The variations do NOT relate to the Knowledge or Freedom to Act factors. Variations in these factors are indicative of a different profile and/or band.

AND

- The variations do NOT apply to more than five factors. Multiple variations are indicative of a different profile or the need for a local evaluation.

AND

- The score variations do not take the job over a grade boundary.
- If there are any NM indicators in the Match column, there is No Match. Record this, and repeat the process with another originally identified profile. If there is no other possible profile, refer the job for local evaluation (see Section 10).

- 5.2 **When a profile or band match has been achieved**, complete the score column and remaining sections of the matching form. Whether or not a match has been achieved, all documentation should be submitted for consistency review (see below).

6. Consistency and publication of matching outcomes

- 6.1 When each batch of job descriptions is matched to national profiles, they should be quality assured by nominated persons (e.g. management and staff representative job evaluation leads, or a small sub-group of the local job evaluation steering group). Completed matching forms should be checked to ensure that all boxes have been filled in and reasons given in relation to the job in question. It is for local agreement to determine the mechanism and frequency for consistency checking. The outcomes should be checked for consistency against:

- Other matches completed by the same and other matching panels over an agreed period.
- Other local matches within the same occupational group* and job family*.
- Other local matches within the same pay band.
- National profiles for the same occupational group* and pay band.

- 6.2 Any apparent inconsistencies in matching should be referred back to the matching panel with any queries and/or comments. The matching panel should review the match in question and answer any queries or make amendments to the original match, as appropriate.

- 6.3 Only when consistency checking is complete and any apparent inconsistencies resolved should the matching form be issued to jobholders covered by the match, together with the relevant national profiles and a personal letter explaining the proposed pay banding and what to do in case of disagreement (see below). It may be appropriate to issue matching forms in occupational groups, to be agreed locally.

7. Resolution of queries and problems

- 7.1 In the event that groups of staff or an individual is unhappy with the result of matching they may request a rematch by a panel with the majority of its members different from the previous panel. Such a request must be made within three months of notification of the original panel's decision. In order

to trigger a review, the postholder(s) must provide details in writing of where they disagree with the match and evidence to support their case using the matching review form.

- 7.2 The second panel operates in the same way as the first and follows the procedure above, including having available/contactable job advisers or representatives. The second panel can:
- Confirm the same match.
 - Confirm a match to a different profile.
 - Or, exceptionally, refer the job for local evaluation.
- 7.3 The postholder has no right of appeal beyond the second panel if their complaint is about the matching outcome.
- 7.4 In the event that the postholder can demonstrate that the process was misapplied they may pursue a local grievance about the process, but not against the matching or pay banding decision. Where a grievance is upheld, a potential remedy may be a reference to a new matching panel.

Note:

* Examples of job families are: Nursing and Midwifery; Allied Health Professions (AHP); Administrative and Clerical jobs, Support Services.

Examples of occupational groups within these job families are: Nursing; Speech and Language Therapists; Finance jobs; Portering jobs.

9. Hybrid Matching/Evaluation Procedure

1. Use of the hybrid matching/evaluation procedure

The hybrid matching/evaluation procedure is intended for use in a limited number of specific circumstances, for example, where the matching failure against the matching rules (paragraph 5 of Section 8 – the Matching Procedure) was on only one or two factors and the likely evaluation outcome was very clear to matching panel members.

Examples of situations where the hybrid procedures are most appropriate are:

- Jobs with a specific responsibility distinct from that of other similar job, e.g. a healthcare scientist, financial accountant or pharmacist with an identified responsibility, on the job description, for maintenance of information systems.
- Jobs with a requirement for a specific skill because of the particular nature of the work, e.g. communication skills for a group (young children, those with learning disabilities) whose cooperation is essential to the treatment.

2. Hybrid matching/evaluation procedure

Where a job has been matched and that match has failed, the factors that have successfully matched exactly the profile levels or range within the existing published matching procedure are regarded as correct. The remaining factors only are subject to the local evaluation process (see section 10) through the mechanism of completing the relevant sections of the Job Analysis Questionnaire plus the organisation chart and main tasks section. This is followed by the analysis process, including sign off by line manager, and then local evaluation of non-matched factors. For consistency of understanding of the job, it is desirable that at least one member of the matching panel attends the evaluation panel.

3. Rules for hybrid matching/evaluation.

The hybrid procedure should only be activated if the following conditions are met:

- Local joint agreement that the procedure can be adopted in appropriate situations.
- A near non-match situation, defined in the following way:
 - Most factors have matched the relevant national profile factor levels or ranges without variation; not more than three factors have two, or exceptionally more, level variations outside the profile level or range.
 - The Knowledge and Freedom to Act factors have matched.
 - There is no other possible profile match and the outcome is likely to fall within the same pay band as the unsuccessful profile match.
- The matching panel agree that it is an appropriate procedure to adopt in the particular circumstances.
- The jobholder agrees to the adoption of the procedure.

10. National Protocol for Local Evaluation

- 1.1 The jobs of most health service employees will not need to be evaluated locally, because they will be matched to national evaluation profiles (see Section 8). The jobs to be evaluated locally are:
- (1) Jobs for which there is no national evaluation profile, because they are unique or significantly different wherever they occur. This is likely to apply to many senior managerial posts, administrative posts and to many jobs in specialist areas, such as IT, or public relations.
 - (2) Jobs where an attempt has been made to match them to one or more national profiles, but this has not proved possible. This is most likely to apply to unusual and/or very specialist healthcare and non-healthcare roles.
- 1.2 Local evaluation is much more time consuming than matching so it is important to be certain that a local evaluation is necessary before embarking on this route. For those jobs which do need to be evaluated locally the nationally agreed steps are set out below. Detailed procedures on how to implement these steps are to be agreed locally in partnership. Additional guidance on some aspects of this protocol is provided at the end of this Section.

2 Nationally agreed steps for local evaluation:

- 2.1 **Step 1: Job Analysis Questionnaire completion:** the jobholder completes the Job Analysis Questionnaire (JAQ) as far as possible (in either paper-based or computerised form), seeking assistance from line manager, supervisor or colleagues. This draft document is supplied in advance of interview to the job analysts.

The outcome of this step is a draft JAQ.

- 2.2 **Step 2: Job analysis interview:** the jobholder is interviewed by a team of two trained job analysts, one representing management, and one representing staff. The aim of the interview is to check, complete, improve on and verify the draft JAQ by, for example:

- Checking that the JAQ instructions have been correctly followed.
- Filling in information and examples where required questions have not been answered or have been inadequately answered.
- Checking closed question answers against the examples given and the statement of job duties.

The outcome of this step is an analysed and amended draft JAQ.

- 2.3 **Step 3: Signing off:** the amended draft JAQ is checked by the line manager or supervisor and then signed off by the jobholder, line manager or supervisor and both job analysts. If there are any differences of view between the jobholder and line manager over the information on the JAQ, this should be resolved, with the assistance of the job analysts, if necessary, by reference to factual records, diaries or equivalent. Any more fundamental disagreements, e.g. over the job duties or responsibilities, should be very rare and should be dealt with under existing local procedures including if necessary the grievance procedure. The outcome of this stage is an analysed, verified and signed off JAQ.

2.4 **Step 4: Evaluation of JAQ:** the agreed and signed JAQ is considered by a joint evaluation panel typically (three to five members) and the computerised evaluation input boxes completed. This will involve:

- Validating the closed question answers against the examples and statement of job duties. This should normally be a straightforward, virtually automatic process.
- Analysing and evaluating the closed and open ended information on those factors where ‘automatic’ evaluation is not possible.
- Only where necessary, seeking further information from the job analysts and/or jobholder, where the information is inadequate. At the extreme, this could involve sending a badly completed and/or analysed JAQ back to the jobholder and job analysts to repeat Steps 2 and 3 above. More commonly, it might involve asking the jobholder or line manager for a specific piece of information to resolve a query at the border between question categories or factor levels.
- Checking the provisional evaluation for consistency on both a factor by factor and total score basis against both national profiles and other local evaluations.

The validated factor analyses/evaluations are input factor by factor into the computerised system for evaluation, scoring and weighting. Any ‘alert’ messages on potentially inconsistent factor assessments thrown up by the computer system need to be checked by the panel.

The evaluation panel must complete all relevant boxes including those requiring job evidence. The computerised JAQ is the complete record of the process, to be made available to the jobholder in case of query.

The outcome of this stage is a factor by factor evaluation of the job, together with a total weighted score and an explanatory rationale.

2.5 **Step 5:** Local evaluations should be checked for consistency with national profiles and other local evaluations on an ongoing basis and regularly by job evaluation leads or other designated consistency checkers (see Section 11). Any apparent anomalies should be referred back to the original panel for reconsideration.

The outcome of this stage is a factor by factor evaluation of the job, together with a total weighted score and an explanatory rationale.

2.6 **Step 6:** If the postholder is dissatisfied about the outcome of the local evaluation, they may request a review. In order to trigger this request the postholder must provide details of where they disagree with the initial evaluation.

2.7 **Step 7:** A panel comprising a majority of members different from the first panel will re-evaluate the post. It is for the postholder to decide whether to use the original questionnaire or resubmit a second questionnaire, subject to the validation processes described above.

2.8 **Step 8:** The panel will confirm their evaluation decision. The postholder has no right of appeal beyond this second evaluation. If the postholder believes the process was incorrect they may pursue this through the local grievance procedure. They may not pursue a grievance about the outcome of the grading decision.

3 Additional guidance on local evaluations

3.1 Who should complete the JAQ?

Where the job is unique within the employing organisation, then the single jobholder must obviously complete the JAQ. Where a number of jobholders carry out the same job being locally evaluated, then there are a number of options for completion:

- (1) Jobholders can select one of their number to complete the JAQ and be interviewed by job analysts: the resulting JAQ is circulated to other jobholders for comment both before the interview and, if there are changes as a result of the job analysis interview, before being signed off.
- (2) Jobholders can work together to complete the JAQ and then select one of their number to represent them at interview with the job analysts. This option works best where jobholders work together in an office or other work location. It is effective, but can be time consuming.
- (3) Where jobholders work in different locations, an option is for one jobholder from each location to complete the JAQ and then meet together to produce a single JAQ and select a representative for interview.

3.2 What is expected of a jobholder selected to complete a JAQ?

Jobholders know more about the demands of their jobs than anyone else. The role of the jobholder in a local evaluation is as a source of comprehensive and accurate information about the demands of their job.

The emphasis is on the job, not the employee, so it is appropriate, and indeed recommended, that the selected jobholder consults others who have knowledge of the job when completing the questionnaire, for example:

- Supervisor and/or line manager: this should be done during the course of completion, as well as after the analysis, so that any differences of view can be resolved as early as possible.
- Colleagues who do the same or a very similar job.
- Colleagues who do a different job but work closely with the jobholder.
- Staff representative(s) for the jobholder's area of work.

It may be helpful to also refer to any job documentation, especially if it is agreed as up to date and accurate, for example:

- Job description (jobholder's or that of a colleague doing the same job, if prepared more recently).
- Job specification (usually prepared for recruitment purposes).
- Organisation chart.
- Induction materials (if they include any description of the work).
- Departmental reports (if they include any description of the jobs).

3.3 What is a job for the purposes of local evaluation?

For evaluation purposes, the job to be described consists of:

- Those duties actually carried out by individual jobholder(s). The last year is generally a good guide on what should be taken into account as part of the job. The job is not an amalgam of what the jobholder might be required to do in other circumstances, nor of what the jobholder's colleagues do. The jobholder is treated for evaluation purposes as being typical of the group of jobholders they represent.
- Those duties acknowledged by the jobholder and their line manager, either explicitly (through you having been asked to undertake the duties) or implicitly (through *not* being told not to undertake particular duties), to be part of the job. These may be more, or less, than the duties listed on a formal job description.

3.4 What is the role of the job analysts?

The role of the job analysts in the evaluation process is:

- To ensure that the JAQ is produced to agreed standards, equality requirements and time scale.
- To ensure all parties satisfied with the job analysis process.
- To check and test the information provided by the jobholder to ensure accuracy and clarity.
- To check that the JAQ instructions have been followed correctly.

If the JAQ is inaccurate or incomplete, the evaluation will be too!

The purpose of the job analysis interview is to:

- Ensure that full and accurate information is available for the evaluation panel.
- Provide an opportunity for the jobholder to explain their job and be asked face to face questions.
- Increase understanding between those involved – jobholder, line manager, staff representative, job analysts and evaluators.
- Allow information to be clarified and checked.

3.5 Dealing with new and changed jobs

One of the aims of Agenda for Change is to allow trusts and other NHS organisations to operate more flexibly by developing roles in partnership. Detailed procedures need to be agreed locally. This note deals with the principles of how changed and new jobs, once agreed, should be dealt with in terms of the NHS Job Evaluation Scheme.

3.6 Changed jobs

Jobs change all the time. Only significant changes are likely to affect matching or evaluation. When a job is identified as having changed significantly, a decision needs to be made as to whether it is likely to match a profile (not necessarily the one to which it may have matched before the change). If so, it should be put through the Matching Procedure (see Section 8) in the normal way.

If it is agreed that the changed job will not match any of the national profiles, or matching is unsuccessful, then it should be put through the Local Evaluation Procedure (see Section 10) in the normal way. However, it may be sensible to delay completion of the JAQ until such time as the changes have ‘bedded down’, with agreement for back-dating of any pay increase as appropriate.

3.7 New jobs

It is standard job evaluation practice for proposed new jobs to be matched or evaluated as a desktop exercise, in order that a provisional pay band can be determined for recruitment purposes. This exercise should be carried out by experienced matching or evaluation panel members, who will be advised by appropriate management and staff representatives from the relevant sphere of work.

Once the new job has been in operation for a reasonable period of time so that the jobholder is able to provide comprehensive information, then the job should be matched or evaluated in accordance with the appropriate procedure.

New jobs which are likely to become commonly occurring across the health service, but which do not match any of the published profiles, should be locally evaluated and then referred to NHS Staff Council for consideration as to whether a national profile should be produced. If a national profile is subsequently agreed at a different pay band from the initial local evaluation, then banding for the individuals concerned will need to be retrospectively adjusted.

11. Consistency Checking

1 Achieving consistency in local matching and evaluations

1.1 The aim is to achieve consistency of local matching and evaluations:

- Internally, against other local matching and evaluations, in order to avoid local grading anomalies and consequent review requests.
- Externally, against national benchmark evaluations, in order to avoid locally matched or evaluated jobs getting 'out of line' with similar jobs elsewhere.

1.2 The first measure to ensure consistency of matching and evaluation is to follow the agreed procedures and to take such additional steps as will help to ensure that the panel gets it right first time. This includes ensuring that:

- All panel members have been fully trained in using the NHS Job Evaluation Scheme, in matching or local evaluation, as appropriate, and in the avoidance of bias.
- The panel is joint and representative in composition (differing occupational backgrounds, gender, ethnicity).
- Obvious sources of bias and inconsistency have been eliminated (e.g. exclusion by agreement with panel members known to have strong views for or against jobs to be evaluated; exclusion of those from the job group being matched or evaluated).
- Where possible, there is a mix and match of panel members at successive evaluation sessions, but preferably including at least one core panel member.

1.3 The most common source of inconsistency in local matching and evaluation is inadequate or inaccurate job information, whether in the form of a job description and any additional input for matching, or a completed and analysed JAQ for local evaluation. Possible steps to minimise inconsistencies arising from this source include:

- Joint pre-checking or vetting (by job evaluation leads or their nominees) of the written job information to identify obvious omissions or inaccuracies.
- Provision for matching or evaluation panel members to seek additional information from jobholders and/or line managers, where they are agreed that this is necessary.

1.4 Consistency prior to and during evaluation is improved by:

- (1) Matching or evaluating jobs in family or equivalent groups (e.g. all finance jobs, all unique specialist jobs from an occupational group) as this allows for ongoing comparisons and provides some immediate internal consistency checks.
- (2) Prior to matching or evaluation, reading the most relevant national profiles (e.g. finance profiles for finance jobs, specialist and highly specialist healthcare professional jobs for unique specialist healthcare jobs), noting features which are similar to those of jobs to be matched or evaluated locally and how they were evaluated.

- (3) Avoiding being influenced by current or anticipated pay levels – best achieved by not having access to salary information (and reminding panel members that, if the outcome is out of line with current or anticipated salary, this will be dealt with later).
- (4) Check individual factor matching and evaluations against national profile jobs with similar features during the process (not necessarily similar jobs e.g. the Physical Skills demands of an IT job requiring keyboard skills could be checked against clerical and secretarial jobs on this factor).
- (5) Check factor matching and evaluations against jobs already matched or evaluated locally (this is standard job evaluation practice).

1.5 After the evaluations: either the evaluation panel itself, or a core consistency panel (e.g. job evaluation leads, sub-group of job evaluation project group), should undertake:

- (1) Internal consistency checks: after every batch (five to ten) of local matching or evaluations, the checking panel should:
 - a. Check evaluations on a factor by factor basis by ranking the batch (and any previous batches) from top to bottom for each factor in turn, identifying and reviewing any apparent oddities.
 - b. Check total weighted score rank order, identifying and reviewing any apparent oddities (often called ‘sore thumbs’ in Job Evaluation jargon)
- (2) External consistency checks: after each block of local matching or evaluations (e.g. each job family or occupational group), the checking panel should:
 - a. Compare outcomes with all relevant national profiles e.g. all those which are in the same job group, pay band.
 - b. Compare with other consistency-checked local matching or evaluation outcomes.

1.6 Post-matching or evaluation consistency checking is largely a matter of taking an overview of a batch of results and applying commonsense, but there are some useful questions to ask, for example:

- (1) Do manager and supervisor jobs match or evaluate higher than the jobs they manage or supervise on those factors where this is to be expected e.g. Responsibility for Policy and Service Development, Responsibility for Human Resources, Freedom to Act? If not, is there a good reason for this?
- (2) Do Specialist jobs match or evaluate higher than the relevant practitioner jobs on those factors where this is to be expected e.g. Knowledge, Analytical and Judgemental Skills, Responsibility for Human Resources (if teaching others in the specialism is relevant)? If not, is there a good reason for this?
- (3) Do practical manual jobs match or evaluate higher than managerial or other jobs where hands-on activity is limited on those factors where this is to be expected e.g. Physical Skills, Physical Effort, Working Conditions? If not, is there a good reason for this?

Such checks are inevitably made in the first instance on the basis of job titles. If these checks throw up apparent anomalies, then the next level of checking is on the matching or evaluation documentation. If the inconsistency is not explained by the second level checks, then it may be necessary to raise questions with jobholders, line managers or trade union representatives.

All of the above consistency checks can be undertaken and are facilitated by a computerised system.

- 1.7 When a sufficiently large number of local matching or evaluation outcomes are available, it is possible to undertake some statistical consistency checks, for example:
- (1) Check that all factor levels have been used.
 - (2) Check the distributions of level assessments for each factor. For some factors, for example, Knowledge, Freedom to Act, Analytical and Judgemental Skills, a broadly normal distribution is to be anticipated. For other factors, the distribution is likely to be skewed towards the lower levels, e.g. Planning and Organising Skills, Responsibility for Policy and Service Development, Responsibility for Human Resources. Where these patterns do not occur, further investigation may be required.
- 1.8 Any outstanding concerns about local consistency should:
- (1) First be checked with trained matching or evaluation panel members from own, or a neighbouring trust if required, who were not involved in the original evaluations.
 - (2) Checked with Strategic Health Authority Job Evaluation Leads.
 - (3) If concerns cannot be resolved locally or regionally, they can be referred to national level for advice (note that reference upwards is a request for advice **not** an appeal system).



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