THE ROYAL COLLEGE OF MIDWIVES

MEMBERS GUIDE
TO
AGENDA FOR CHANGE
CONTENTS

WHAT IS AGENDA FOR CHANGE?
HOW DOES AFC AFFECT MY JOB?
HOW MUCH WILL I BE PAID?

HOW DOES THE JOB EVALUATION SYSTEM WORK?

HOW WILL MY POST BE MATCHED TO AN AFC PROFILE?
THE MATCHING PANEL
WHAT HAPPENS IF I AM NOT SATISFIED WITH THE MATCHING PANEL OUTCOME?
HOW TO PROCESS A LOCAL JOB EVALUATION
WHAT IF THERE IS NO PROFILE THAT COVERS MY POST?

WHAT ELSE DOES AGENDA FOR CHANGE AFFECT?

WORKING HOURS
OVERTIME
ON-CALL
UNSOCIAL HOURS
ANNUAL LEAVE
PAY IN HIGH COST AREAS
RECRUITMENT AND RETENTION PREMIA
HOW RRP AFFECT NEW ENTRANT MIDWIVES
SICK LEAVE
OTHER NATIONAL TERMS AND CONDITIONS

THE KNOWLEDGE & SKILLS FRAMEWORK

IMPLEMENTATION, ASSIMILATION AND PROTECTION

THE NHS STAFF COUNCIL REPLACES THE GENERAL WHITLEY COUNCIL

CHANGES TO THE PAY REVIEW BODY

FURTHER INFORMATION
WHAT IS AGENDA FOR CHANGE?

Agenda for Change (AfC) is the new pay and conditions system for NHS employees. It covers all staff, except very senior managers and those covered by the Doctors' and Dentists' Review Body.

It totally revises the pay and working conditions of midwives.

AfC does away with all current grades (and many terms and conditions) and replaces them with a new nine band pay structure. Where your post fits into this structure will be determined by a new NHS-specific Job Evaluation (JE) scheme which judges the contents of all NHS posts by the same criteria to ensure fairness and equal treatment for all.

AfC also introduces new systems of payment for:

- Working or Providing Cover Outside Normal Hours (Unsocial Hours)
- On-Call
- Pay in High Cost Areas (London Weighting)
- Overtime
- Rates of Pay
- London Weighting/Pay in High Cost Areas
- Recruitment & Retention Premia

Additionally, AfC introduces:

- A 37.5 hour week for all NHS staff
- Increased Annual Leave
- Alterations to Sick Leave
- Alterations to other national terms & conditions

The third major feature of AfC is a new annual development review process for all staff which includes appraisal, assessment and the production of a personal development plan, known as the Knowledge & Skills Framework (KSF).

Finally, AfC introduces a new UK wide pay and conditions negotiation system by replacing the General Whitley Council with The NHS Staff Council.

AfC will be implemented nationwide from 1st December 2004, with all pay and conditions arrangements backdated to 1st October 2004.

HOW DOES AFC AFFECT MY JOB?

AT A GLANCE:

- **New entrant midwives** will normally start at pay band 5 but, under a special transfer mechanism that forms part of the agreement, will be placed in band 6 after between one and two years post qualification experience.

- **The majority of midwives** will be in band 6, and their maximum salary level will increase over time to £29,302.

- **Departmental middle managers, research and specialist midwives** will be in band 7 in recognition of their level of specialist knowledge and/or responsibilities.
Consultant midwives will probably be in bands 8b or 8c, reflecting their specialist knowledge and contribution to research, professional development and maternity services strategy.

Due to the considerable variation in their duties and responsibilities, it is likely that Heads of Midwifery will either match a professional manager profile in Band 8 or be subject to individual job evaluation.

It is possible that some senior midwives will be in Band 9.

**HOW MUCH WILL I BE PAID?**

AfC introduces a new single pay spine for all NHS staff. This spine is divided into 9 bands and midwives will be placed into one of these bands, overwhelmingly between 5 and 8 inclusive, on the basis of the Job Evaluation of their post.

Band 5 will be the starting point for direct entry diploma or degree qualified midwives. They will stay there a maximum of two years before entering Band 6. All existing midwives will simply slot over into their new pay band at the equal or next highest pay point in the band. AfC rates can be found at the back of this booklet. These pay rates will increase by 3.225% in April 2005.

**HOW DOES THE JOB EVALUATION SYSTEM WORK?**

The purpose of the NHS Job Evaluation (JE) scheme is to reward all NHS employees fairly and ensure equal pay for work of equal value. The scheme determines a points score based on a 16 factor analysis of each post then allocates jobs to pay bands, bringing jobs of similar scores into common pay bands.

**EVALUATION FACTORS ARE AS FOLLOWS:**

**FACTOR 1. COMMUNICATION & RELATIONSHIP SKILLS**
6 levels – max. score 60 points

**FACTOR 2. KNOWLEDGE, TRAINING & EXPERIENCE**
8 levels – max. score 240 points

**FACTOR 3. ANALYTICAL AND JUDGEMENTAL SKILLS**
5 levels – max. score 60 points

**FACTOR 4. PLANNING AND ORGANISATIONAL SKILLS**
5 levels – max. score 60 points

**FACTOR 5. PHYSICAL SKILLS**
5 levels – max. score 60 points

**FACTOR 6. RESPONSIBILITIES FOR PATIENT/CLIENT CARE**
8 levels – max. score 60 points

**FACTOR 7. RESPONSIBILITIES FOR POLICY AND SERVICE DEVELOPMENT IMPLEMENTATION**
6 levels – max score 60 points

**FACTOR 8. RESPONSIBILITIES FOR FINANCIAL AND PHYSICAL RESOURCES**
6 levels – max. score 60 points
FACTOR 9. RESPONSIBILITIES FOR HUMAN RESOURCES
6 levels – max. score 60 points

FACTOR 10. RESPONSIBILITIES FOR INFORMATION RESOURCES
7 levels – max. score 70 points

FACTOR 11. RESPONSIBILITIES FOR RESEARCH AND DEVELOPMENT
6 levels – max. score 60 points

FACTOR 12. FREEDOM TO ACT
6 levels – max. score 60 points

FACTOR 13. PHYSICAL EFFORT
5 levels – max. score 25 points

FACTOR 14. MENTAL EFFORT
5 levels – max. score 25 points

FACTOR 15. EMOTIONAL EFFORT
5 levels – max. score 25 points

FACTOR 16 WORKING CONDITIONS
5 levels – max. score 25 points

Further detailed information on the operation of the Job Evaluation scheme can be found at
http://www.dh.gov.uk/assetRoot/04/09/08/60/04090860.pdf

HOW WILL MY POST BE MATCHED TO AN AfC PROFILE?

In order to carry out the process NHS Trusts are creating joint matching panels made up of staff side and management representatives.

The aims of the matching procedure are:

(1) To match as many jobs as possible to national profiles and avoid the need for many local evaluations.

(2) For the matching process to be carried out by a joint team and to secure outcomes that accurately reflects the demands of the job.

THE MATCHING PANEL

Panel members have been trained in the NHS Job Evaluation Scheme which includes an understanding of the avoidance of bias. The matching panel will have regard to up to date and agreed job descriptions and advice from management/staff advisors.

The Matching Panel will decide which posts are potentially covered by a profile. For each set of posts, the Matching Panel will complete a pro forma, summarising the relevant job duties and the job features. The Matching Panel will test the pro forma against the published profile to check for matching.

Where more than one evaluation profile may match the pro forma, the Matching Panel will examine the posts on a factor by factor basis, comparing the information provided with each of the potential profiles.
WHAT HAPPENS IF I AM NOT SATISFIED WITH THE MATCHING PANEL OUTCOME?

In the event that groups of staff or an individual remain 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.

The second panel will:

• Confirm the same match;
• Confirm a match to a different profile;
• Or, exceptionally, refer the job for local evaluation.

The postholder has no right of appeal beyond the second panel. In the event that the postholder believes that the process was misapplied they may pursue a local grievance about the process, but not against the matching and grading decision.

HOW TO PROCESS AN INDIVIDUAL JOB EVALUATION

Step 1: **JAQ Completion**: the post holder completes the Jon Analysis Questionnaire 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.

Step 2: **Job Analysis Interview**: the post holder is interviewed by a team of two trained Job Analysts, one representing the Management Side, one the Staff Side. The aim of the interview is to complete, improve and verify the draft JAQ, by, for example:

• filling in information and examples where 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.

Step 3: **Signing Off**: the amended draft JAQ is checked by the line manager or supervisor and then signed off by the post holder, line manager or supervisor and both Job Analysts. If there are any differences of view between the post holder 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, for example, over the job duties or responsibilities, should be very rare and should be dealt with under the local grievance procedure.

The outcome of this stage is an analysed and verified JAQ.

Step 4: **JAQ Evaluation**: the agreed and signed JAQ is considered by a joint evaluation panel (typically 3-5 members) and the computer 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 post holder, where the information is inadequate. At the extreme, this could involve sending a badly completed and/or analysed JAQ back to the post holder and Job Analysts to repeat Steps 2 and 3 above. More commonly, it might involve asking the Post holder 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 outcome of this stage is a validated and fully completed JAQ ready for input into the computerised system. The JAQ is also the complete record of the process, to be made available to the Post holder in case of query.

Step 5: **Data Input**: the validated factor analyses/evaluations are input into the computerised system for evaluation, scoring and weighting. Any ‘alert’ messages on potentially inconsistent factor assessments thrown up by the computer system will need to be referred back to the panel for checking.

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

In order to trigger this request the postholder must provide details of where they disagree with the first evaluation.

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 JAQ or resubmit a second JAQ, subject to the validation processes described above.

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.

**WHAT IF THERE IS NO PROFILE THAT COVERS MY POST?**

A new profile would need to be developed using the procedure above or via an individual evaluation.

**WHERE CAN I FIND AGREED MIDWIFERY PROFILES?**

On the RCM website at [http://www.rcm.org.uk/data/membership/data/jobs_agenda_change.htm](http://www.rcm.org.uk/data/membership/data/jobs_agenda_change.htm)

**WHAT ELSE DOES AGENDA FOR CHANGE AFFECT?**
WORKING HOURS

All NHS Staff will have a working week of 37.5 hours with arrangements for staff currently on more or less hours to move to 37.5 hours per week over time. Midwives normal full time working week is currently 37.5 hours.

OVERTIME

All staff in pay bands 1–7 will be eligible for overtime payments. There will be a single harmonised rate of time-and-a-half for all overtime, with the exception of work on general public holidays, which will be paid at double time.

Staff may request to take time off in lieu as an alternative to overtime payments. However staff who, for operational reasons, are unable to take time off in lieu within three months must be paid at the overtime rate.

Senior staff paid in pay bands eight and nine will not be entitled to overtime payments.

Time off in lieu of overtime payments will be at plain time rates.

ON-CALL

AfC proposes a system whereby staff received a fixed pay supplement based on the number of defined periods when they are on call as per the table below

<table>
<thead>
<tr>
<th>Frequency of On-Call</th>
<th>Value of Supplement as Percentage of Basic Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 3 or more frequent</td>
<td>9.5%</td>
</tr>
<tr>
<td>Between 1 in 4 and 1 in 6</td>
<td>4.5%</td>
</tr>
<tr>
<td>Between 1 in 7 and 1 in 9</td>
<td>3.0%</td>
</tr>
<tr>
<td>Between 1 in 10 and 1 in 12</td>
<td>2.0%</td>
</tr>
<tr>
<td>Less frequent than 1 in 12</td>
<td>By local agreement</td>
</tr>
</tbody>
</table>

HOWEVER, THE REVIEW OF AfC NOTED THE LIMITED EFFECTIVENESS OF THIS SYSTEM AND CONCLUDED THAT THE NHS STAFF COUNCIL SHOULD UNDERTAKE A MORE COMPREHENSIVE REVIEW OF IT.

IN THE INTERIM IT HAS BEEN AGREED THAT THESE NEW ARRANGEMENTS MAY BE USED OR STAFF MAY CONTINUE TO USE CURRENT ON-CALL ARRANGEMENTS WHICH WILL BE PROTECTED FOR FOUR YEARS.

The RCM advises members that in most circumstances the AfC On-Call arrangements are likely to benefit midwives most

ON-CALL PAYMENTS FOR PART-TIME STAFF OR OTHER STAFF WORKING NON STANDARD HOURS.

For part-time staff and other staff working other than 37 ½ hours a week, the percentage added to basic pay on account of on-call availability will be adjusted to ensure that they are paid a fair percentage enhancement of salary for on-call working.

PAYMENT FOR EMPLOYEES CALLED INTO WORK DURING AN ON-CALL PERIOD
Employees who are called into work during a period of on-call will receive payment for the period they are required to attend, including any travel time. Alternatively staff may choose to take time off in lieu. However, if, for operational reasons, time off in lieu cannot be taken within three months the hours worked must be paid for.

For work (including travel time) as a result of being called out the employee will receive a payment at time and a half, with the exception of work on general public holidays which will be at double time. Time off in lieu should be at plain time. There is no disqualification from this payment for pay bands 8 and 9 as a result of being called out.

**UNSOCIAL HOURS**

The review of AfC has raised the cap on payments of unsocial hours from the top of ‘F’ grade to the top of band 6. Originally, AfC proposed a system based on agreeing unsocial hours patterns in advance and paying for them at fixed rates as per the table below.

<table>
<thead>
<tr>
<th>Average Hours Worked In Defined Periods</th>
<th>Value of Supplement as Percentage Of Basic Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bands 1 - 7</td>
</tr>
<tr>
<td></td>
<td>Band 8</td>
</tr>
<tr>
<td>Up to 5</td>
<td>By local agreement</td>
</tr>
<tr>
<td>More than 5, up to 9</td>
<td>9%</td>
</tr>
<tr>
<td>More than 9, up to 13</td>
<td>13%</td>
</tr>
<tr>
<td>More than 13, up to 17</td>
<td>17%</td>
</tr>
<tr>
<td>More than 17, up to 21</td>
<td>21%</td>
</tr>
<tr>
<td>More than 21</td>
<td>25%</td>
</tr>
</tbody>
</table>

**THERE PROVED TO BE SIGNIFICANT OPERATIONAL DIFFICULTIES WITH THIS SYSTEM AND THE REVIEW OF AFC HAS AGREED NOT TO GO AHEAD WITH IT EXCEPT IN AMBULANCE TRUSTS OR WHERE CHOSEN BY STAFF GROUPS IN EARLY IMPLEMENTER SITES. INSTEAD, AN INTERIM REGIME BASED ON THE NURSES AND MIDWIVES WHITLEY AGREEMENT, AS OUTLINED, BELOW WILL BE PUT IN PLACE FOR 18 MONTHS WHILE FURTHER DISCUSSIONS TAKE PLACE ON THE HARMONISATION OF THE UNSOCIAL HOURS SYSTEM**

This new form of payment will directly benefit any midwife graded higher than ‘F’ Grade who works unsocial hours as follows:

<table>
<thead>
<tr>
<th>Annual Salary</th>
<th>Weekly Pay</th>
<th>Hourly Rate</th>
<th>Hourly Rate plus 30%</th>
<th>Hourly Rate plus 60%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Old (top of F Grade)</td>
<td>25,250</td>
<td>485.58</td>
<td>12.95</td>
<td>16.84</td>
</tr>
<tr>
<td>New (top of Band 6)</td>
<td>29,302</td>
<td>563.30</td>
<td>15.03</td>
<td>19.54</td>
</tr>
</tbody>
</table>

* The enhanced rate of time plus 30% will be paid for all special duty worked on a Saturday (midnight to midnight) or on other days between 8pm and 6am

**Those who are required to work on a Sunday or Public Holiday (midnight to midnight) are paid at time plus 60% of their basic hourly pay for the hours worked during those periods.

**OTHER ARRANGEMENTS TO PROVIDE EXTENDED SERVICE COVER**
Some staff are required to be on the premises to provide emergency cover but are allowed to rest except for the times when they are required to carry out emergency work. Where employers consider this an essential arrangement to provide service cover, there should be an agreed local arrangement, at least equivalent to on-call payments, to recognise the type of cover provided.

A further group of staff, often in community services such as learning disabilities, have ‘sleeping-in’ arrangements, where they sleep on work premises but are seldom required to attend an incident during the night. In these circumstances, appropriate arrangements should be agreed locally.

**ANNUAL LEAVE**

Agenda for Change introduces a standard annual leave and public holiday entitlements based on length of service as follows;

<table>
<thead>
<tr>
<th>Length Of Service</th>
<th>Annual Leave + Public Holidays</th>
</tr>
</thead>
<tbody>
<tr>
<td>On Appointment</td>
<td>27 + 8 (10 in N.I.)</td>
</tr>
<tr>
<td>After 5 years Service</td>
<td>29 + 8 (10 in N.I.)</td>
</tr>
<tr>
<td>After 10 years</td>
<td>33 + 8 (10 in N.I.)</td>
</tr>
</tbody>
</table>

There will be a 5 year protection period for staff whose annual leave entitlements exceed the above.

**PAY IN HIGH COST AREAS**

The current system of London Weighting and Fringe allowances will be replaced by a new category of ‘high cost area’ supplement that will apply to all NHS staff groups in the areas concerned who are covered by this agreement.

The supplements will be expressed as a proportion of basic pay (including the value of any long-term recruitment and retention premium), but subject to a minimum and maximum level of extra pay. They will be pensionable but will not count as basic pay for the purposes of calculating the rate of overtime payments, unsocial hours payments, on-call availability payments or any other payment excluding sick pay.

The level of high cost area payments effective from 1 October 2004 and 1 April 2005 will be as set out in the table below. Beyond 2005 they will be reviewed annually, based on the recommendations of the Pay Review Body for Nursing and Other Health Professions and the Pay Negotiating Council.

**From 7th October 2004**

<table>
<thead>
<tr>
<th>Area</th>
<th>Level (1 October 2004)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner London</td>
<td>20% of basic salary, subject to a minimum payment of £3,197 and a maximum payment of £5,328</td>
</tr>
<tr>
<td>Outer London</td>
<td>15% of basic salary, subject to a minimum payment of £2,664 and a maximum payment of £3,729</td>
</tr>
<tr>
<td>Fringe</td>
<td>5% of basic salary, subject to a minimum payment of £799 and a maximum payment of £1,385</td>
</tr>
</tbody>
</table>
From 1st April 2005

<table>
<thead>
<tr>
<th>Area</th>
<th>Level (1 April 2005)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inner London</td>
<td>20% of basic salary, subject to a minimum payment of £3,300 and a maximum payment of £5,500</td>
</tr>
<tr>
<td>Outer London</td>
<td>15% of basic salary, subject to a minimum payment of £2,750 and a maximum payment of £3,850</td>
</tr>
<tr>
<td>Fringe</td>
<td>5% of basic salary, subject to a minimum payment of £825 and a maximum payment of £1,430</td>
</tr>
</tbody>
</table>

Current entitlements to Cost of Living Supplements in areas outside London and Fringe will continue but will be re-expressed as long-term recruitment and retention premia.

It will be open to the Pay Review Body for Nursing and Other Health Professions and/or the Pay Negotiating Council to make recommendations on the future geographic coverage of high cost area supplements and on the value of such supplements.

It will be open to NHS employers or staff organisations in a specified geographic area to propose an increase in the level of high cost area supplement for staff in that area – or (in the case of areas where no such supplement exists) to introduce a supplement.

**RECRUITMENT AND RETENTION PREMIA**

NHS employers may apply the above to groups of, or individual, posts where they are having difficulty employing staff. The payments maybe made on a national basis to particular groups of staff. The payments will not (except in Foundation Trusts in England) exceed 30% of basic salary and there will be two types of payment, short term and long term.

**Short-term** recruitment and retention premia will apply where the labour market conditions giving rise to recruitment and retention problems are expected to be short-term and where the need for the premium is expected to disappear or reduce in the foreseeable future.

Short-term recruitment and retention premia:

- May be awarded on a one-off basis or for a fixed term;
- Will be regularly reviewed;
- May be withdrawn or have the value adjusted subject to a notice period of six months;
- Will not be pensionable, or count for purposes of overtime, unsocial hours payments or any other payments linked to basic pay.

**Long-term** recruitment and retention premia will apply where the relevant labour market conditions are more deep-rooted and the need for the premium is not expected to vary significantly in the foreseeable future.

Long-term recruitment and retention premia:

- Will be awarded on a long-term basis;
Both long-term and short-term recruitment and retention premia will be expressed as cash sums and will be separately identifiable from basic pay, any high cost area supplement and any other component of pay.

HOW RRP AFFECTS NEW ENTRANT MIDWIVES

In those trusts that at present pay minimum ‘F’ as a starting salary (£20,220) the potential starting salary for new midwives under AfC is the bottom of Band 5 (£18,114). A shortfall of £2,106 in the first year of service and of £1,573 in the second year. This shortfall will, as a result from pressure from the RCM, be addressed by RRP for all new entrant midwives.

Similarly, in those trusts that operate the E/F agreement they presently pay minimum ‘E’ as a starting salary (£18,230). However, the potential starting salary for new midwives under AfC is the bottom of Band 5 (£18,114). This would mean a shortfall of £116 in the first year of service. In the second year E/F would pay £18,830 whilst AfC pays £18,647, a shortfall of £183. These shortfalls will also be addressed by RRP.

SICK LEAVE

Sick leave entitlements will be harmonised with a maximum of up to six months full pay and six months half pay.

The definition of full pay will include regularly paid supplements including long-term recruitment and retention premia, payments for work outside normal hours and high cost area supplements.

OTHER NATIONAL TERMS AND CONDITIONS

The following terms and conditions will remain NHS wide:

- Maternity and paternity provisions (which has been revised and updated by AfC)
- Pensions

Existing mileage and subsistence arrangements will apply to all NHS organisations but with flexibility for NHS organisations with earned autonomy to adopt alternative arrangements locally.

An employee’s collective previous service with any NHS employer covered by this agreement will count as reckonable service in respect of NHS agreements on occupational redundancy schemes, maternity, annual leave and sick pay.

There will be local discretion to allow employers to take into account any period of employment with employers outside the NHS where it is judged to be relevant to NHS employment.

SUPERVISION

The RCM has, for the first time, attained written confirmation in the agreement that midwifery supervision can be rewarded on a discretionary basis by employers. This is important as otherwise existing local rewards might be either subsumed by assimilation to the new pay bands.
or ended. The College will seek to pursue this issue through further guidance and co-ordinated
claims.

OTHER TERMS AND CONDITIONS OF SERVICE

Other terms and conditions will be determined locally following consultation with staff side
representatives with a view to reaching agreement on the changes proposed. The same terms
and conditions should apply to all staff groups unless there are significant reasons why this is not
appropriate.

THE KNOWLEDGE & SKILLS FRAMEWORK

A new NHS Knowledge and Skills Framework (KSF) will be applied to all NHS jobs covered by
this agreement by no later than October 2006.

You will be assessed on the knowledge and skills that you are applying in your job at two points
in each pay band known as GATEWAYS. Pay progression at these gateways will be linked to
the demonstration of applied knowledge and skills. Outside of the gateways normal incremental
progression takes place.

There are two gateways in each payband:

Firstly, the foundation gateway – this takes place no later than twelve months after an individual is
appointed to a payband regardless of the pay point to which the individual is appointed.

The second gateway is set at a fixed point towards the top of a payband as set out in the National
Agreement (see below).

- Pay bands 5 – 7
- Pay band 8, ranges A – D
- Pay band 9

Before first of last three points
Before final point
Before final point

To support personal development and career progression, there will be a new KSF, linked to
annual development reviews and personal development plans. The aim is that all staff should:

- have clear and consistent development objectives
- be helped to develop in such a way that they can apply the knowledge and skills
  appropriate to their level of responsibility
- be helped to identify and develop knowledge and skills that will support their career
  progression.

The KSF will continue to be developed so that it:

- is simple, easy to explain and understand;
- is operationally feasible to implement;
- can be linked to current and emerging UK or national externally quality assured standards or
  competencies;
- is NHS wide and applicable to all staff covered by this agreement; and supports the delivery
  of NHS plans;
- Links with professional regulatory standards.

The KSF post outlines within an organisation will be available to all staff members to help them
identify the knowledge and skills requirements likely to be needed for future career steps and
identify the development needed to support that. They are not, however, fixed and will be
reviewed in partnership when posts become vacant or changes need to take place for service development and other reasons. All NHS post outlines will be available via a website. These can be used as examples of good practice.

The NHS Staff Council will have long-term responsibility for maintaining the KSF.

IMPLEMENTATION, ASSIMILATION AND PROTECTION

All staff on national contracts will assimilate on to the new pay system on 1st October 2004. Staff on local contracts will be given the opportunity to assimilate on the same date, if they decline the opportunity they may change their minds but they will only be subject to the new terms from the pay period after they have advised of acceptance.

Newly appointed or promoted staff will be appointed or promoted on the new terms.

ASSIMILATION TO NEW ANNUAL LEAVE ARRANGEMENTS

The additional leave entitlements contained in the Agreement will commence from 1st October 2004. If a staff member remains in post for the remainder of the leave year, the additional leave available in that year will be calculated pro-rata to the proportion of the leave year falling after the date of assimilation.

THE NHS STAFF COUNCIL REPLACES THE GENERAL WHITLEY COUNCIL

An NHS Staff Council will be established to replace the relevant functions of the General Whitley Council and the separate functional Whitley Councils. The new council will have overall responsibility for the new pay system including:

- Maintaining the new system, including any variation in the agreement;
- Negotiating any changes to the new conditions of service
- Negotiating any enabling agreements or variations in any enabling agreements in respect of conditions of service which are not harmonised;
- The interpretation of the proposed agreement and the general operation of the system including any concerns about equal pay for work of equal value across the three pay spines;
- The discussion of any other general issues of common concern on pay and terms and conditions of service.

The NHS Staff Council will not consider individual cases, which will continue to be resolved at individual employer level.

It will not negotiate pay settlements but it may initiate consultation where it believes other pay settlements may have compromised the commitment to equal pay for work of equal value. The NHS Staff Council may then draw this to the attention of the Review Bodies or the Negotiating Council.

The staff side organisations with national recognition for the purposes of the staff council currently are:

- The Royal College of Midwives (RCM);
- The Royal College of Nursing (RCN);
- Unison;
• Amicus including MSF, AEEU and EESA;
• GMB;
• The Transport and General Workers Union (TGWU);
• The Union of Shop, Allied and Distributive Workers (USDAW);
• The Chartered Society of Physiotherapy (CSP);
• The Community and District Nursing Association (CDNA);
• The Society of Radiographers (SoR);
• The Federation of Clinical Scientists (FCS);
• The British Association of Occupational Therapists (BAOT);
• The Union of Construction Allied Trades and Technicians (UCATT);
• The British Orthoptic Society (BOS);
• The Society of Chiropodists and Podiatrists (SoCP);
• The British Dietetic Association (BDA).

CHANGES TO THE PAY REVIEW BODY

It is proposed that there should be changes to the NHS Pay Review Bodies and the pay review process so that the Review Bodies are formally asked to take into account the principle of equal pay for work of equal value in formulating their recommendation. They will also be asked to justify any recommendation to make an award that is likely to result in different levels of pay for staff groups with comparable job weights.

It will be open to the Government, staff side or employer organisations to make a case for awarding differential pay increases to staff with comparable job weights, where they consider that this can be justified by differential labour market pressures and their impact on recruitment and retention. It will also be open to the Government, staff side or employer organisations to make a case for adjusting the differentials between pay bands.

Secondly, it is proposed that the remit of the Review Body for Nursing Staff, Midwives, Health Visitors and Professions Allied to Medicine be extended to include all staff employed in the NHS belonging to professions which:

- Have a minimum entry requirement of three years education study (or equivalent) to diploma level or higher in a health specific area (other than medicine or dentistry);
- Are state registered;
- Have a substantial majority of members employed in healthcare.

Therefore, the following groups should be added to the remit of the Review Body for Nursing Staff, Midwives, Health Visitors and Professions Allied to Medicine from the outset:

- Those staff defined as Allied Health Professions who are not already within the existing remit of Review Body for Nursing Staff, Midwives, Health Visitors and Professions Allied to Medicine;
- Healthcare Scientists;
- Healthcare Pharmacists, Hospital Optometrists, Clinical Psychologists;
- Adult and Child Psychotherapists;
- Family Therapists with a minimum training requirement of at least three years to diploma level or equivalent in family therapy;
- Operating Department Practitioners;
- Assistant Psychologists and Child Psychotherapists;
- Dental Nurses, Therapists and Technicians;
- Health Care Assistants and Maternity Assistants;
- Medical Laboratory Assistants, Assistant Technical Officers, Senior Assistant Technical Officers;
- Operating Department Assistants;
- Pharmacy Technicians and Assistants;
- Speech & Language Therapist Assistants and Ambulance Technicians;
- Any new role created that is analogous to roles already covered.

FURTHER INFORMATION

For further information regarding AfC see

For further information regarding JE see
http://www.dh.gov.uk/assetRoot/04/09/08/60/04090860.pdf

For further information regarding KSF see

For further information contact the RCM’s Employment Relations Department:

George Georgiou
Employment Relations Advisor
RCM
15 Mansfield Street
London, W1G 9NH
**Agenda for change rates of pay from 1st October 2004**

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*Pay rates in italic are special transitional points which apply only during assimilation to the new system.

As part of AfC the above pay rates will increase by 3.225% in April 2005