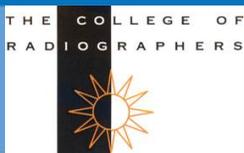




The Effect of Agenda for Change on the Career Progression of the Radiographic Workforce 2009

A report compiled by the
University of Hertfordshire
in collaboration with the
Institute for Employment Studies and Oxford Radcliffe Hospitals NHS Trust
for the Society and College of Radiographers
Executive Summary

University of
Hertfordshire



Oxford Radcliffe Hospitals
NHS Trust



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Executive Summary

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Background

This report was commissioned by the Society and College of Radiographers (SCoR) to investigate the effects of Agenda for Change (AfC) on the career progression of the radiographic workforce in the National Health Service in England and Wales. The aims of the project were to investigate these effects within the following three career impact categories:

Career development expectations

Career progression opportunities

Barriers to and incentives for career progression

Nature of research

A multi-method approach was adopted to meet the requirements of the project:

A literature review

Interviews with key stakeholders

An online survey of the radiographic workforce, supported by follow-up interviews with volunteers from the survey

The full report contains the results of each of these three research stages, together with key findings, conclusions and resulting recommendations for the SCoR. The project was undertaken from November 2008 to May 2009.

Literature review

Agenda for Change was the greatest overhaul of pay and conditions since the inception of the NHS. It was designed to introduce equity, facilitate career progression for healthcare staff, and improve patient services. Whitley terms and conditions were replaced by a pay banding system linked to the newly developed Knowledge and Skills Framework (KSF).

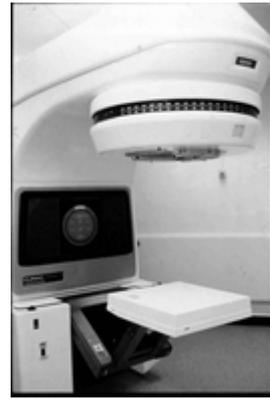


“beyond being simply a new pay system”

NHS Employers

‘The Whitley scale was no longer fit for purpose. There was the recognition that the existing structures were not conducive to modernising careers and modernising work practices.....’

A large proportion of radiographers were antagonistic towards AfC from the start and, unlike other healthcare professions, voted against it. However, the literature revealed that dissatisfaction with AfC was not confined to the radiographic workforce. There was widespread belief that AfC was poorly implemented resulting in serious inequities. Furthermore, although AfC aimed to reward clinical expertise, some studies indicated that a lack of vacancies and funding continue to hamper career progression.



Key findings

Stakeholder interviews

Key stakeholders were identified and interviewed because of their knowledge, expertise and experiences of AfC. They included SCoR past presidents, industrial relations officers, Society representatives at early implementer sites, managers and consultant radiographers. Their responses informed the structure of the survey tool. Whilst some agreed with the principles of AfC and recognised the potential benefits, many felt that discrepancies between the actions of different trusts meant that local circumstances may have continued to have more impact than AfC itself. Assimilating both Senior I and II staff to band six was identified as a major impediment to career progression among radiographers. In addition, where there were staff shortages, training posts had been banded higher, resulting in some staff being given an advantage. In spite of noting that there were 'winners' and 'losers' under AfC, stakeholders felt that it had led to a widespread loss of goodwill and decreased morale amongst the radiographic workforce.

'There has been a failure of some trusts to adhere to the whole package of AfC...they are leaving out the bits they don't like, such as Annex T.....'

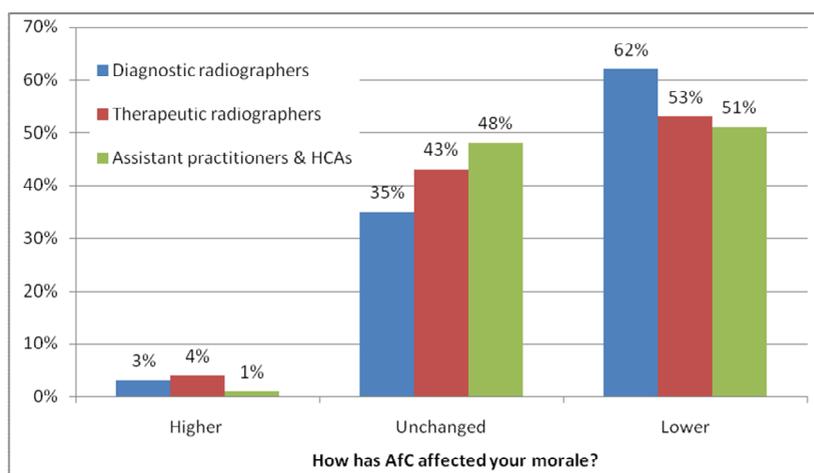
'There is still a rash of local agreements which defeats the object of AfC.....'

'Within the banding there are unclear lines of authority within departments...'

Results from the online survey

There were 2373 responses to the online survey, of which 2299 were radiographers. Fifty-two were assistant practitioners and twenty-two were healthcare assistants (HCAs). The majority of the radiographic workforce did not feel that AfC had lived up to their expectations or helped their career progression. Selective implementation of AfC terms and conditions by managers was frequently identified as a serious impediment to its success.

There was little evidence of the impact of recent NHS initiatives such as 'Workforce Improvement' and 'New Ways of Working' as a consequence of AfC. Results indicated that whilst the effect of AfC on radiographer morale was largely negative, the morale of many staff was unchanged. Negative effects appeared least amongst assistant practitioners and HCAs. A very few radiographers, mostly in the higher pay bands, felt that the introduction of AfC had increased their morale. Diagnostic radiographers who had worked under the previous Whitley conditions believed their morale was damaged by AfC, whilst more recently qualified staff did not express this view so strongly.



Most radiographers did not feel that AfC had fulfilled its promises and often complained about selective implementation of its terms and conditions by managers.

'It has been really demoralising and in some cases morally wrong...'

In band five, 59% of diagnostic radiographers and only 26% of therapeutic radiographers felt that AfC had reduced their morale

But at band six, 70% of diagnostic radiographers and 71% of therapeutic radiographers felt this way

Negative effects on morale were expressed by only 38% of band 3 staff together with 49% of those at band four.

'AfC has improved my financial position but not my career progression...'

'I believe a golden opportunity to recognise and reward people has been missed...AfC is now a barrier that Trust boards can hide behind to stop paying fairly for work...'

Inequity between and within trusts was commonly reported, but also there was no evidence for better career progression within foundation trusts. Staff disliked being grouped within the same salary band when they felt that their previous work had been at different levels of responsibility. Also many staff complained about being defined by their salary band and would have preferred a title which in their view better reflected their current role.

'The system means that senior I radiographers were put into band six, the same as senior II radiographers....'

Career development expectations

About a third of the radiographic workforce had chosen to appeal against their AfC pay band. Satisfaction with pay band amongst diagnostic staff increased sharply from those in band five to those in band eight. In radiotherapy this trend was less steep, with staff at the lower end of the banding range feeling relatively satisfied.

'People were banded differently according to how clever their managers were at writing job descriptions...'

The most common reasons for disagreement with banding in both disciplines were :

- Higher levels of own perceived autonomy and responsibility relative to others in the same band
- Job-matching inequities between trusts
- Non-recognition of own experience or qualifications

Staff employed at band eight and above were the most likely to feel that their banding was fair and reflected their role responsibilities. In contrast, the majority of healthcare assistants felt that their pay band was too low.

In both diagnostic imaging and radiotherapy most staff correctly anticipated their future AfC bands, with the exception of Senior I radiographers, some of whom expected to be on band seven but were placed on band six.

The majority of new graduate radiographers expected to progress into band six within two years but few were aware of whether their current employer recognised Annex T.

In diagnostic imaging, 58% of radiographers who were placed into band five expected to be on that band, while 28% had expected to be on band six.

Only 31% of diagnostic radiographers who were placed on six had expected to be on that banding, whilst 45% had anticipated being on band five.

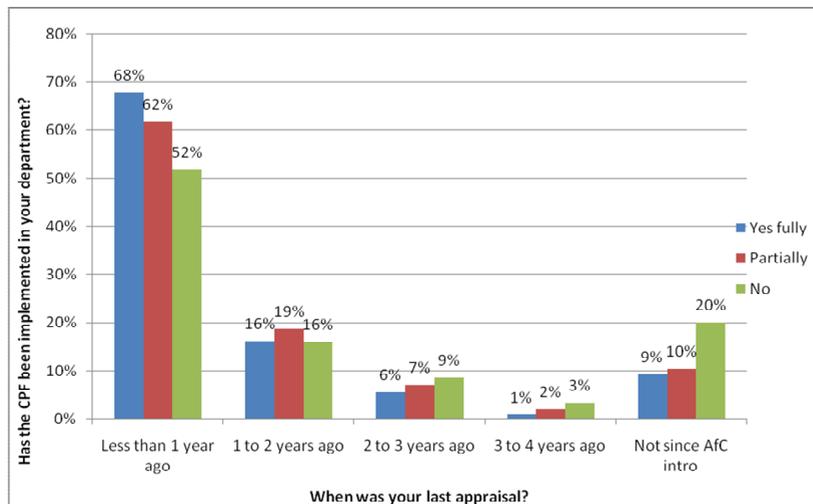
Key findings - Career progression opportunities

In some pay bands, particularly four, six and seven, staff felt “stuck” with no hope of progression. However, in departments where the Career Progression Framework (CPF) was implemented, appraisals occurred more regularly and were more likely to be aligned with the Knowledge and Skills Framework. Staff at these sites were more satisfied with their progression, as were therapeutic radiographers compared with diagnostic radiographers overall, and staff in higher pay bands compared with those in lower bandings.



‘The implementation of the four tier structure, and support of colleagues ...has helped my career progression...’

‘My progression to band seven will involve the retirement of the current post holder...’



Those who qualified within the last five years appeared to have career development opportunities offered to them more frequently than longer serving staff.

Most staff felt that acquiring new skills was unlikely to speed their progression into the next pay band, even though it would boost their KSF levels. Promotions often appeared to be dependent on the existence of vacancies, rather than on professional development. No more than a tenth of diagnostic radiographers received protected study time, although many took part in activities such as in-house meetings and training. Protected study time was more widespread in radiotherapy.

Those who were the most optimistic about future career prospects included:

Band five staff generally
Mammographers
Therapeutic radiographers

The least optimistic were:

Band six staff generally
Ultrasonographers
MRI radiographers
RNI radiographers

Key findings - Barriers to and incentives for career progression

Many staff, and particularly those on bands two to four, reported barriers to career progression. Assistant practitioners most frequently acknowledged encouragement from peers, and many radiographers acknowledged the support of radiologists. A small minority of staff felt that AfC had helped their careers. Those in the higher pay bands were most likely to identify positive factors which had helped their career progression. Many staff commented that lack of funding or time off for training had damaged their morale

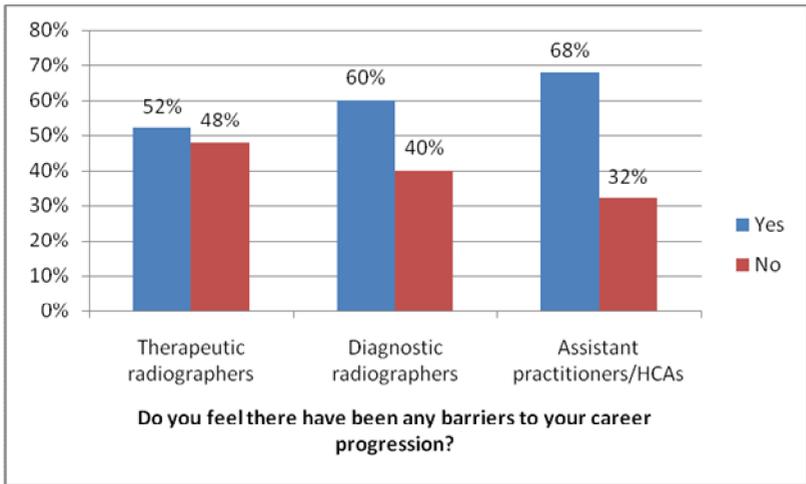
Just over 10% of diagnostic radiographers in bands five to seven received at least one hour of protected study time per month

In radiotherapy this percentage was just over 20%

Barriers	Incentives
Poor management support Lack of funding Under-staffing Appraisals not done	Good management support Helpful colleagues Organisational changes Self-motivation

'Trusts...have an ongoing lack of commitment to KSF...'

'The main barrier to my career progression has been lack of qualified and trained staff to cover my role...'



'Inspirational line manager...who encouraged my development...'

Conclusions

Agenda for Change promised much but inequitable implementation has prevented the realisation of its full potential.

The majority of the radiographic workforce was dissatisfied with AfC in relation to their career progression. A large proportion felt it had had no effect, and less than one in ten had a positive view of AfC.

The Career Progression Framework was viewed positively and there was more staff satisfaction with career progress in hospital sites where it had been adopted.

Staff resented being defined by their salary band, and many felt that professional identity and status had been lost with the removal of the Whitley Council grades.



'The concept of AfC remains a good one. The implementation of it is a positive disgrace...'

Recommendations

In view of the findings emerging from this investigation the following recommendations to the SCoR are made:

- Encourage and facilitate greater standardisation and harmonisation of roles across trusts in line with the spirit of Agenda for Change
 - i) by pursuing high level discussions with the Departments of Health
 - ii) by working closely with the NHS Staff Council to guarantee as fair a system as possible in advance of the new on call arrangements
- Expedite the integration of the CPF in all departments, and encourage the use of the KSF at appraisals
- Increase support and develop better training programmes to help managers value appraisals and conduct them more effectively
- Promote the advantages and benefits of protected study time for the workforce, and promote radiographers' active engagement with research
- Develop a new contemporary system of professional titles, which may go some way to restoring professional identity, which many feel has been eclipsed by AfC banding
- Through the use of the SCoR website, invite trust managers to provide information on whether they recognise the CPF and Annex T, whether they provide protected study time, and whether they appoint consultants. This will enable the mobile workforce to be more discerning as to where they seek employment.