



ACCREDITED REPRESENTATIVES' BRIEFING



Accelerated career progression for newly qualified radiographers

The Society of Radiographers believes that Agenda for Change must facilitate accelerated career progression to enable radiographers to deliver the Government's health agenda, and to secure the support of the profession.

Career progression is one of the cornerstones of Agenda for Change and is enshrined in Annex T of the Terms and Conditions Handbook (and in Annex K of the Final Agreement). The Society of Radiographers' policy is that Annex T must apply to all newly qualified radiographers.

The Society of Radiographers recognises that Annex T requires radiographers to demonstrate accelerated development in their first two years' post qualification. This development must elevate their skills and knowledge beyond those required of a Band 5

radiographer, equipping them to undertake a level of autonomous decision-making associated with posts at Band 6.

All newly qualified radiographers must be subject to a preceptorship period of between one and two years during which they will be given appropriate support and funding to facilitate accelerated progression from Band 5 to Band 6. The Society of Radiographers expects that all newly qualified radiographers will be employed on the express understanding that they will progress from Band 5 to Band 6 within two years, and that all posts will be funded accordingly.

The Society of Radiographers recognises that it is imperative for the service, and for the development of the individuals concerned that, during the preceptorship

period, Band 5 radiographers undertake some duties associated with Band 6. As part of a formal preceptorship programme, Band 5 radiographers may undertake some duties that require Band 6 levels of clinical judgement, autonomous decision-making and freedom to act. However, adequate supervision and support must be available at all times.

This policy applies to England, Wales, Scotland and Northern Ireland. All agreements on accelerated career progression, whether at local or national level, should be aligned with this policy. The Society of Radiographers recognises that successful implementation of this policy depends on partnership between radiography managers and SoR accredited representatives.

SoR Council, June 2005

Annex T says...

1. The NHS Job Evaluation Scheme recognises that all health care professionals who have, as a base level, graduate qualification evaluate at a similar level. Whilst there may be differences these are unlikely to be sufficient to justify a different pay band. This means that it is very likely that they will be placed on pay band 5. Thereafter most professionals will spend a period of several years in pay band 5 developing their role.

2. It is the case thereafter that for a minority of staff there is some divergence as different professions follow different career pathways. There are also often different organisational structures in place to deliver health care.

3. There are groups of staff (such as midwives) who tend to move quickly to operate in roles that demand a level of autonomous decision making in the overall delivery of care that exceeds that normally associated with jobs allocated to pay band 5. Typically, these roles operate without the influence of other professional groups. Where supervision operates, it is generally management supervision and does not normally impinge upon clinical practice. In such circumstances, job size should be reviewed no earlier than one year and no later than two years from the date of qualification, using the NHS job evaluation scheme.

If the evaluation demonstrates that the post holder's job weight is of sufficient size to move to the next pay band (pay band 6) this should be effected without the need for application for a post at a higher level. It is not expected that the review will be widespread practice as the majority of staff will work in circumstances in which there is regular clinical supervision and the delivery of care and treatment is subject to control or influence from other health care professionals. There is no facility for this provision to operate in any other part of the pay structure.

Turn over to find out why Annex T should be applied to newly qualified radiographers...

Why should Annex T be applied to newly qualified radiographers?

Career development is one of the key elements of AFC. Annex T of the new Terms and Conditions of Employment sets out how accelerated progression between bands 5 and 6 will operate for all newly qualified clinical professionals. For radiographers, this builds on the now familiar linked grade agreements which the Society of Radiographers negotiated with departments under Whitley.

Who is eligible?

All newly qualified radiographers, appointed on Band 5. This is the minimum point for all newly qualified clinical staff. Radiographers should be appointed on the clear understanding that the expectation will be that they will be expected to develop their skills and responsibilities rapidly during the first 2 years post qualification, to a level which will be equal to the Band 6 level, albeit at the lower end. The Society of Radiographers expects that all newly qualified staff should be appointed on the understanding that Annex T of AfC Terms and Conditions applies to their post.



Accelerated career progression! What a great idea!

Key Q&As

How will it work?

There will be a period of 'preceptorship' of between 12 and 24 months after qualifying.

During this time the radiographer will undertake a role which:

- 1 Demands a level of autonomous decision making in the overall delivery of care that exceeds that normally

allocated to Pay Band 5, and

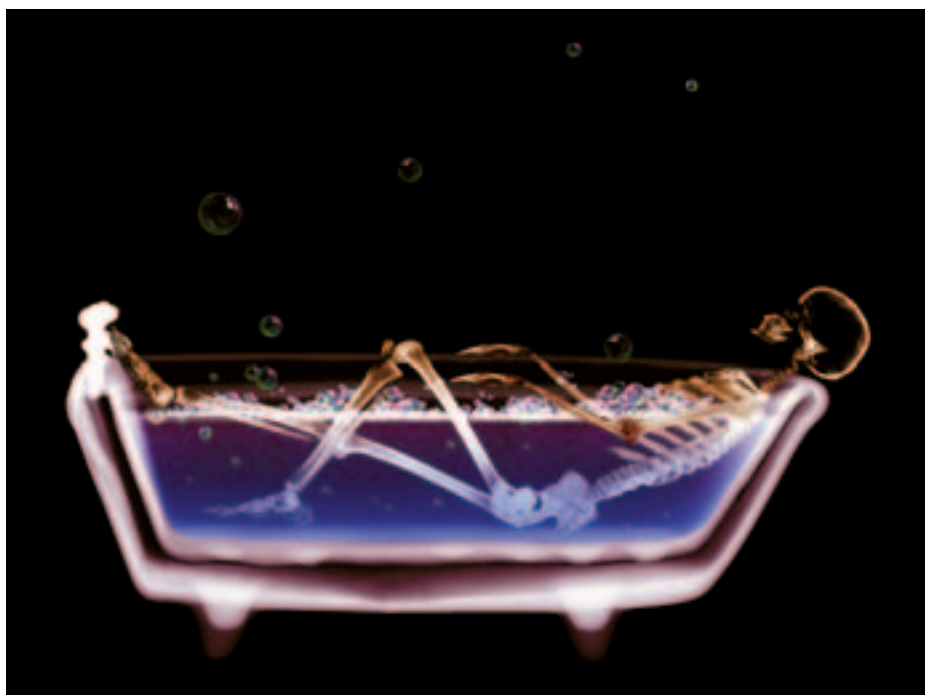
- 1 Operates without the influence of other professional groups, and
- 1 Where supervision operates, it is generally management supervision and does not normally impinge upon clinical practice.

Departments will need to put in place a system for mentoring and supporting these staff.

How does it link with the Knowledge and Skills Framework?

Section 3 of the KSF provides for regular development review meetings during the preceptorship period. The KSF outline for the newly qualified radiographer should reflect the range of development that would be expected within 24 months of qualifying. The full KSF outline for the Band 5 radiographer on accelerated progression should equate to the KSF sub-outline of the substantive Band 6. Fulfilling this outline will allow them to move from Band 5 to Band 6 and through the first gateway on Band 6. The understanding must be that radiographers are employed on an accelerated career pathway from the outset and posts must be funded accordingly.

How does it fit with the Job Evaluation Scheme?



Not the time to lie back and ignore what can be achieved for newly qualifieds.

Band 6 encompasses a wide range of jobs. Scores for band 6 jobs lie between 396 and 465 points. Some jobs in Band 6 will score at the lower end of this range and some will be at the very top. Regardless of the points scores, once a post holder has been appointed to a Band, they are able to progress to the top of the Band, provided that they meet the full KSF profile for that job. The clear expectation is now that staff will continue to develop as they move through the Band, generating benefits both for the service and their own career development.

The range of responsibilities and skills which the newly qualified radiographer will acquire during their preceptorship period must be aimed at ensuring that they satisfy the KSF sub-outline for a job with a points score at the lower end of Band 6 by 24 months, in the ways outlined above.

How can that be done?

The JE scheme places great emphasis on autonomous decision-making, levels of clinical judgement and freedom to act. Here are some examples of work that require Band 6 levels of clinical judgement and autonomous decision making:

- 1 Lone working, eg on separate site or in theatre;
- 1 On call, standby, provision of emergency service outside normal hours;
- 1 Working on a therapy unit as the only qualified practitioner;
- 1 Working on a therapy unit and making clinical decisions eg checking critical clinical parameters.

These examples are chosen because they demonstrate the type of situations that require the individual to act on their own professional judgement, without the influence of other professional groups, and without clinical supervision as required to fulfil the criteria for Annex T.

Of course, as with the linked grade, it is not envisaged that newly qualified staff will not be undertaking these duties at all. Rather, the gradual introduction of these duties with the accompanying levels of responsibility during the preceptorship period will demonstrate the career development taking place.

What happens if a radiographer does not satisfy the criteria by 24 months?

Annex T does not give any guidance on time extensions or appeals, so this should be agreed in partnership locally with the Society of Radiographers' accredited



The Society is encouraging reps and managers to work together.

representative. It is good practice that the development should take place within that time limit, which is similar to that in most linked grade agreements. Experience from

the linked grade shows that the exceptions to that progress were rare.

Consideration should be given to the effect of any extended periods of absence



Go on! Make their day!

such as sickness or maternity leave which may have affected the individual's progress. Other reasons for failing to gain the required competence should be dealt with through the appropriate procedures.

What happens if a radiographer is employed on a linked grade?

Please see 'Linked Grade – The Future' on page 5.

What happens if a radiographer is approaching 24 months and is not employed on a linked grade?

Such staff must seek an urgent review with the objective of putting in place sufficient training to enable them to meet the criteria for Annex T to apply.

What about radiographers who have been qualified for over 24 months and are not on a linked grade?

Such radiographers should have been matched on Band 6. If this is not the case then they must appeal using the appropriate machinery. See www.sor-afc.org for advice.

So what do we need to do?

A similar briefing has been sent to service managers. You and your manager should discuss how the department intends to recruit and support newly qualified staff. It is vital that the application of Annex T is

What have we said to employers and service managers?

Separate briefings has been sent to chief executives/Agenda for Change Leads and to managers to ensure that they are aware of the Society's Accelerated Career Progression campaign – and to help them understand why the Society thinks it is so important.

Managers have received very similar information as you and we have urged them strongly to work with the Society's accredited representatives to implement the accelerated career progression policy.

As far as chief execs and AfC Leads are concerned, we have tried to make it clear why implementing the policy will be of benefit not just to the individual radiographers, but to departments, hospitals and political targets such as waiting lists...

Radiographers are critical to any organisation's success in delivering the Government's health agenda and achieving waiting list targets. The quicker that radiographers can be developed from an inexperienced professional to one who

undertakes a degree of autonomous decision making, the sooner the service will benefit from their skills and competencies.

1 Many radiography jobs will fall into Band 6. Band 6 encompasses a broad range of jobs whose job scores lie between 396 and 465 points. Regardless of the weight of the job (providing the post holder meets the full KSF outline) all post holders of Band 6 jobs will reach the top of the pay scale. It therefore makes financial sense to employ newly qualified radiographers on the express understanding that they will be developed, over a number of years, to meet the KSF outline of a Band 6 job whose job score falls close to the maximum points for Band 6.

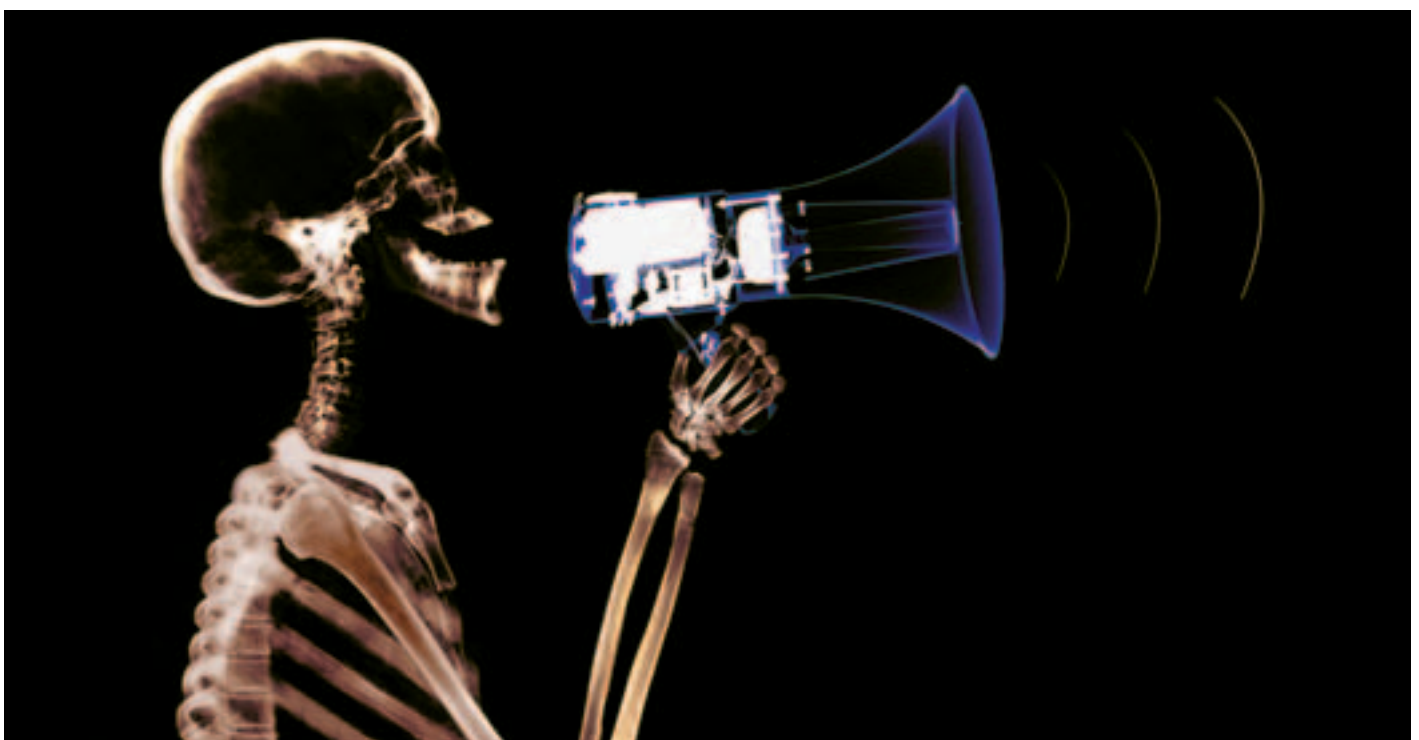
1 Eliminating shortages. Although it now appears that sufficient numbers of radiographers are qualifying to fill vacancies at the entry level, it is apparent that there is a continuing shortage of radiographers with higher level skills. Accelerated development

will provide the skills necessary to fill these higher level posts sooner than would happen if professionals were held in Band 5 posts for a number of years.

1 Accelerated development. The vast majority of radiographers are expected to undertake duties that require Band 6 levels of clinical judgement, autonomous decision-making and freedom to act, including providing emergency duties outside of normal working hours. It is critical to the service that radiographers develop sufficiently rapidly to support this type of working.

1 Recruiting and retaining. Annex T provides a clear career pathway for potential employees and this could be critical in recruiting and, equally crucially, retaining highly qualified staff.

The Society of Radiographers hopes that all employers will recognise the benefits of investing in the accelerated development of radiographers and looks forward to taking



Linked grade agreements – The future

The SoR is aware that some members are currently employed under a 'linked grade agreement', most commonly between radiographer and senior II grades but also on senior III and above.

Such agreements, reached under the auspices of Advance Letter PAM (PTA) 3/96 have served radiographers and the service well. However, as from 1 October 2004, Whitley Council terms and conditions were replaced by Agenda for Change terms and conditions. As a result linked grade agreements cannot continue to apply in their current form. Therefore the Society of Radiographers issues the following advice:

- (i) Where departments are still involved in negotiating a linked grade agreement they should transfer the focus of their discussions to the link between Band 5 and Band 6 as set down in Annex T of the Agenda for Change Terms and Conditions Handbook.

The arguments in favour of implementing linked grade agreements under Whitley and applying Annex T are virtually identical and therefore the work that departments have already done will not be wasted and should be readily transferable.

- (ii) Where departments have a linked grade agreement in place, reps and service managers should work in partnership to agree to replace the Whitley linked grade agreement with an agreement based on Annex T. Such agreements should be in line with SoR policy.

- (iii) Where radiographers are employed under linked grade agreements these agreements form part of the individual radiographer's contract and must be honoured.

If the radiographers concerned have met the competencies required under linked grade agreements post 1 October 2004, but prior to assimilation, they must move on to the appropriate grade (eg Senior II) as per the agreement from the date they meet the competencies. A new job description must be issued. Matching and assimilation may have to be done in two parts; (i) From 1 October 2004 to the date the competencies are reached, and (ii) From the latter date to the date of assimilation. Back pay must be calculated accordingly.

It is the SoR's expectation that Senior II radiographers, whether appointed directly or through a linked grade agreement, will be matched at Band 6.

Where radiographers have not yet met the required competencies, the accelerated development embodied in Annex T must apply. In other words, these radiographers should be transferred from a Whitley linked grade agreement to an Agenda for Change accelerated progression agreement, based on Annex T and SoR Policy.

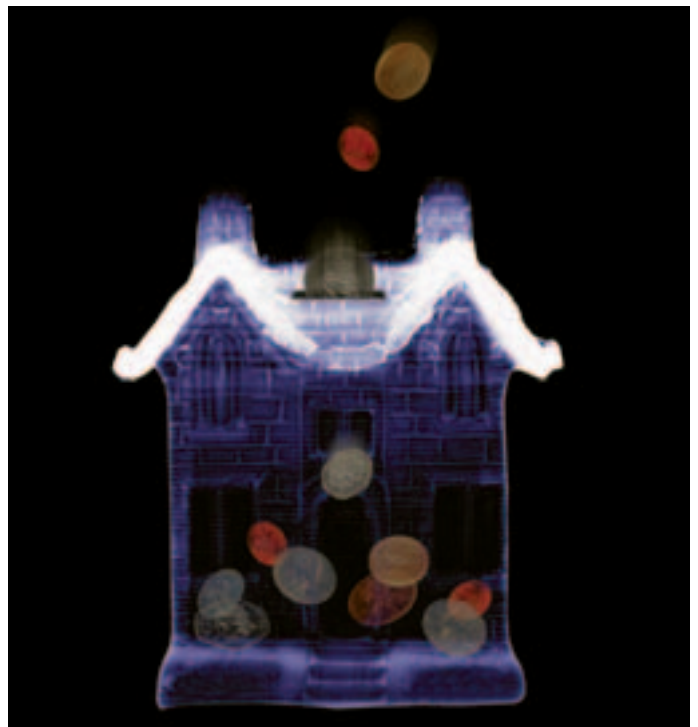
In this instance, experience and development gained under the linked grade agreement must be taken into account.

It is important to note that for Annex T to apply, radiographers must meet the required criteria within 24 months.



To not implement Annex T would be to score an own-goal against newly qualified radiographers.

“The arguments for implementing agreements under Whitley and applying Annex T are virtually identical”



Whitley or AFC, newly qualifieds are not well paid and accelerated career progression will help give them a much needed pay boost.

“Such agreements have served radiographers and the service well”