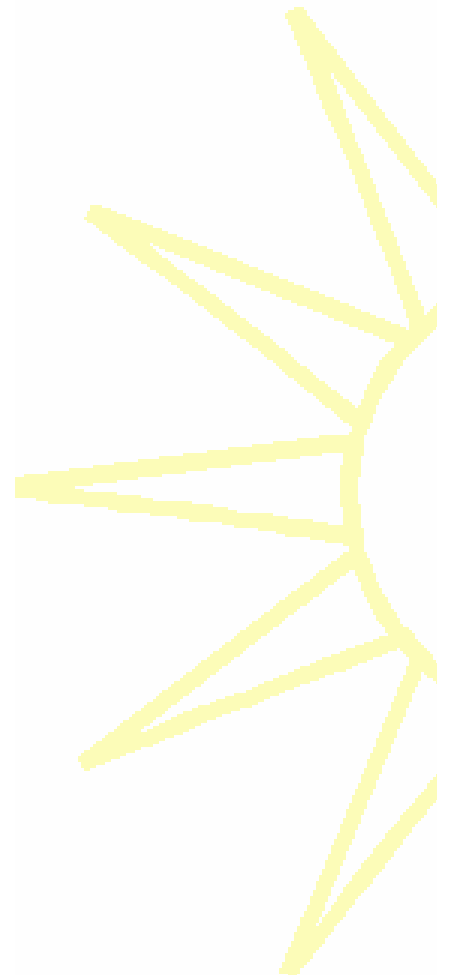


THE SOCIETY OF
RADIOGRAPHERS



AGENDA FOR CHANGE UNDERTAKING A REVIEW

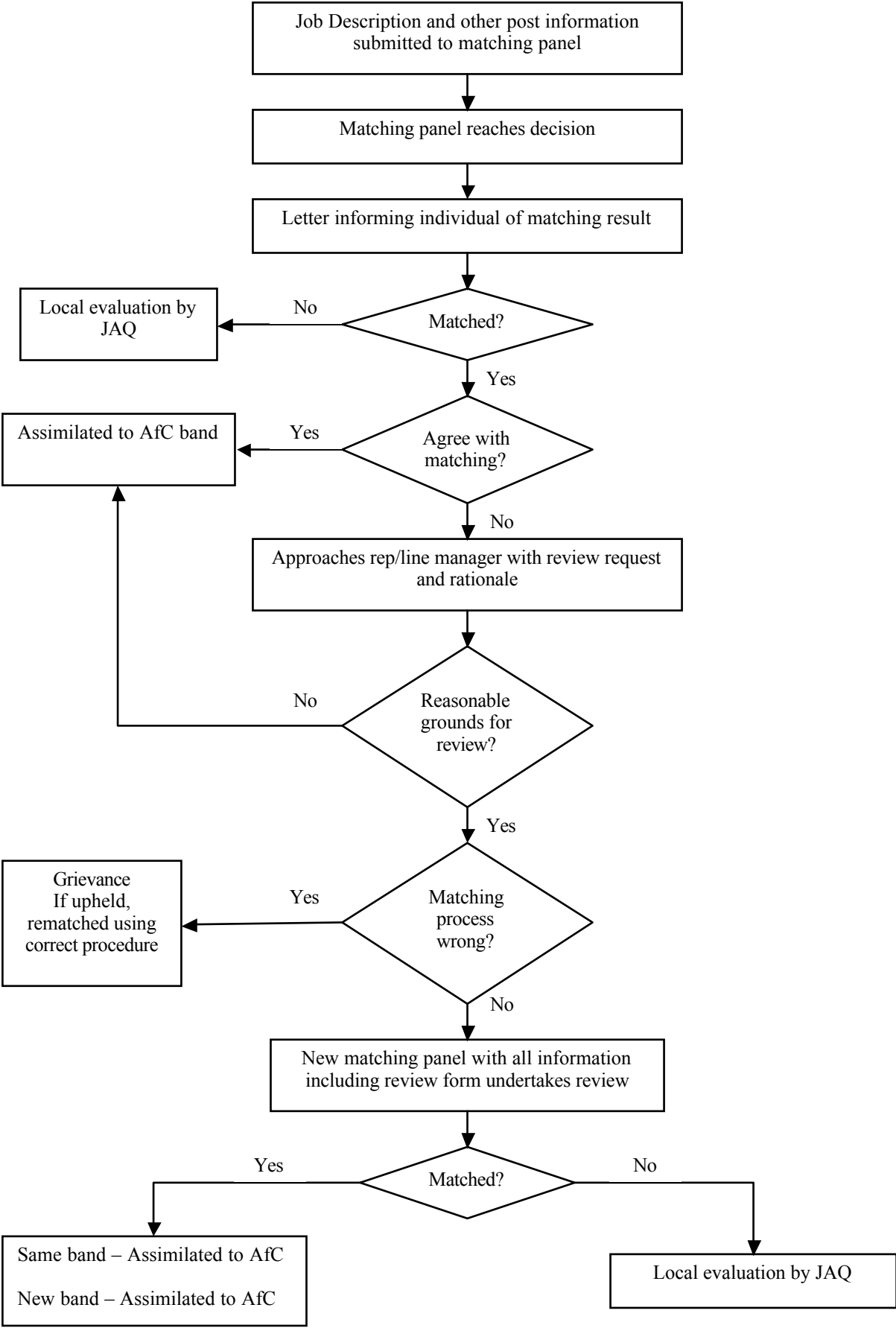
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Matching Review Process



1. THE MATCHING PROCESS

A Whitley graded post is evaluated using the NHS Job Evaluation scheme and from this evaluation it is placed on an AfC pay band.

In order to facilitate this process across the entire NHS a system of matching posts to job profiles has been created. Job profiles are a summary of the key responsibilities and roles of common jobs in the NHS. A matching panel, usually comprising an equal number of representatives from management and staff side, undertakes the matching of posts to job profiles. All members of a matching panel are trained in the NHS job evaluation scheme on how to correctly match jobs, using job profiles.

Panels will match a post using information submitted to them by the post holder. This information will have been agreed by the post holder and their manager and will usually comprise: a job description, a person specification, an organisational chart and any other information which the post holder and their manager consider to be useful to the panel in gaining an understanding of the job.

When the post is being matched someone is available to provide additional information to the matching panel, to answer any questions or to clarify elements of the job description to the panel. This could be the post holder, their Manager or the SoR Representative

The matching panel can reach one of three decisions:

- 1 To match a post to a profile and so give it an Agenda for Change band
- 2 To decide a post does not match any of the available profiles and submit the post for local job evaluation using the NHS job evaluation scheme and Job Analysis Questionnaire (JAQ)
- 3 To decide there is not enough information to match the post and request further information from the post holder and/or their manager, before matching the post.

1.2 How the matching panel matches a post to a profile

The matching panel will have available to it all the radiography profiles that have been published. It will use the post's job description and other supporting information to decide which profiles a post is most likely to match to. Using the profile's job statements it will select the most likely profile. The matching panel will then assess the information given against each job evaluation factor. It will then award the post a 'level' under each job evaluation factor. If these levels are the same as one of the national radiography profiles then the panel will match the post to that profile.

There are two ways in which a post can match to a profile, a 'perfect match' and a 'band match'.

- 1 A perfect match is where the job is awarded the same level in all the JE factors as the profile it has been matched to.
- 2 If the post does not score the same levels under all the NHS job evaluation factors of the selected profile then it may still match, this is known as a 'band match' but the following conditions must apply:
 - The post's JE factor levels differ from the profile levels on five or less factors;

- The variations are not on Factor 2 'Knowledge, Training and Experience' or Factor 12 'Freedom to Act'. In these factors the post must be given exactly the same levels as the profile the post is matched to;
- The variations are of not more than one level above or below the profile level;
- The variations do not take the job over a grade or band boundary; i.e. the total "score" for the post does not take the post into a higher band.

If the matching panel cannot match to a profile then they will submit the post for local job evaluation.

1.3 Consistency Checking

Prior to the outcome of the matching process being finalised, the matching decision must be submitted for consistency checking. This is a way of quality assuring the matching decisions and of picking out any matching decisions that stand out or 'sore thumb' as exceptional, e.g. a Senior II radiography post matching into band 4. Consistency checking processes vary between trusts and each trust will have an agreed local process, but there are some key principles and guidelines set out in the NHS Job Evaluation Scheme Handbook (October 2004). These are:

- Consistency checking will usually be done by a separate consistency checking panel, which will review panel matching decisions.
- Matching results will be checked against matching results within the same occupational group (radiography) or job family (other AHPs).
- Where a post is found to be a possible inconsistent match, it will be reviewed by the consistency checking matching panel to see if they agree with the initial matching decision. If they do not agree the post's matching outcome, they will ask the matching panel to review their decision. If they agree with the first matching decision, the post will be considered to have been successfully matched.

During this process and the initial matching of the post the matching panel's decision across all the factors will have been documented, and the matching outcome will be confidential.

1.4 Publication of the Matching Results

Once the matching panel's decision has been consistency checked successfully, the information will be made public to the post holder. This should take the form of:

- A letter stating the proposed Agenda for Change band the post has been matched to.
- Identification of the profile that was used to match the post.
- Whether the post was a 'perfect match' or a 'band match' (see paragraph 1.2).
- The post's job evaluation level decided on by the matching panel against each NHS job evaluation factor.

In some cases an employer may not send out the complete list of information to all post holders, but all post holders have a right to this information and must be given if requested.

When a post holder disagrees with the matching panel's decision, they will need this information to help them understand why their post has been matched into a particular AfC band, why a particular profile has been used and to justify their review and formulate their case for review.

1.5 Posts that have been evaluated as part of a cluster of jobs or a group of jobs

If a post has been matched as part of a group of similar posts using one job description and set of supporting information and one or more member(s) wishes to challenge the matching result, the process is the same. The post holder(s) must state and give evidence of where their job requires them to work at a higher level of responsibility than that given in the matching result, and where this is not accurately reflected in the profile levels.

If all the members of the cluster want the matching decision reviewed, they must also follow the same process, jointly producing and agreeing the information to be submitted to the matching review panel.

2 UNDERTAKING A REVIEW

Each trust will have a locally agreed review procedure and documentation.

If a post holder is unhappy with their matching outcome they can request a review of the matching panel's decision.

2.1 Steps to Undertaking a Review

- 1 The post holder must notify the employer that they are unhappy with their matching result and request a review **within three months** of receipt of their official letter telling them their matching outcome and the Agenda for Change pay band their post has been placed on. This includes detailing why the post holder disagrees with their post's AfC band. Remember each trust will have an agreed local review procedure.
- 2 If not given the information when they receive their matching result, the post holder must request the following:
 - The profile their post was matched to.
 - The individual levels their post was awarded in each job evaluation factor.
- 3 Using this information, the post holder must then decide whether or not they want to submit their post for review **and** on what grounds they want to challenge the matching panels decision.

2.2 The Role of the SoR Representative

The main function of the Representative is,

- ♣ To support and guide the member through the matching review process. Providing them with advice on the documentation for undertaking a review or directing them to where they can obtain it.
- ♣ To explain any questions they may have about the initial matching procedure and consistency checking procedure.
- To challenge, if there have been any lapses in correct matching procedure or consistency checking that have occurred. If there has been a failure to follow correct matching procedures by the first matching panel or the post has not been adequately consistency checked, the post **should not be submitted** for a review. Where there has been a significant failure to follow correct matching procedures, the post should be rematched using the correct matching process and the result from the correct matching procedure used to decide the post's AfC band.
- To assist in managing any disagreements between the post holder and their manager about the additional material submitted to the matching panel as part of the review.

In the cases where a post holder and their line manager disagree over the additional information or extra duties and responsibilities a post holder wishes to submit to a review, the representative can refer back to and use the procedure that was in place to gain agreement over job descriptions and supporting information. If this procedure or protocol does not exist, representatives should consider negotiating one. In these cases the involvement of an independent third party is helpful; good practice is to use a management and staff side representative from the local Job Evaluation Implementation team, who can give an independent view on the dispute.

- To advise and guide members on the best approach to take in presenting their case.

2.3 The Representative's role is not:

- To write and gather additional information and arguments to be submitted to the matching review panel.
- To automatically support a request for a review that in the representative's opinion will not be successful.
- To support a member taking out a grievance where the representative does not think there is a genuine case.

2.4 When representatives should advise against requesting a review

A representative should advise a member **not** to seek a review in the following circumstances:

- The member does not agree with the profile they have been matched to and wants to be rematched to another profile, which is **in the same band**. This is a pointless exercise as once the profile has been used to match a post into an Agenda for Change band; it becomes redundant, is no longer referred to and will have no relevance to the future work or role of the post holder.

- Where the representative after listening to the arguments of the post holder and examining the matching information feels that the post holder has little or no chance of gaining a higher banding under the review process. For example, where the member wishes to undertake a review based on their opinion they have been inadequately assessed in one job evaluation factor, which if raised to a higher level would not be enough to lift them into the next AfC pay band.
- Where the post holder has been matched into a band, but has a point's score that is very close to the minimum required for the band and in the rep's view has a weak case to argue for a review. In these instances, it is possible that on review the post will be matched to a lower band.

2.5 The role of the member/post holder requesting a review

The member is responsible for producing the following:

- The main arguments for why they want a review of the matching decision of their post
- Gathering additional information and evidencing this to produce a case
- Approaching their manager and gaining the agreement of their manager to any additional information/job responsibilities.

3 A REVIEW CLAIM

To undertake a review the post holder must have a copy of the:

- Trust's review process and policy
- The correct and complete information on the matching decision.

A post holder requesting a review will have to provide:

- **ADDITIONAL INFORMATION** about the duties of their post in the factors in which they have not achieved the JE level they should have done.

3.1 Producing and presenting evidence

In order to evaluate a matching result and know the aspects of the job that may have been incorrectly matched, the post holder must obtain a copy of the profile their post has been matched to and their post's individual level given in each of the NHS job evaluation factors. They must examine this and using profiles in the higher band and the knowledge of their job, select the job evaluation factors in which their post has been under-evaluated.

Work out if gaining a higher level on the job evaluation factors selected will give a high enough score to move the post into the next band. If this is the case then:

- Decide what additional information a matching panel will need to evaluate the post's responsibilities.
- Evidence the information with clear examples: For example if the post's contribution to the Human Resources factor (Factor No 9) is not correctly understood, evidence additional information given on the duties of the post under that factor with examples of the post holder's responsibilities of where they hold responsibilities for training, supervising or managing other staff.

Information on the NHS Job Evaluation Scheme and what each factor in the scheme measures and a list of key questions to consider is given in Annex 2 of this briefing paper. Further information on the factors and what responsibilities score at what level can also be found in the NHS Job Evaluation Handbook (October 2004).

- Gain the agreement of the post holder's manager that the additional information submitted is correct and ask them to sign to that effect.
- Fill in the trust review form, using this information and following the format required. This must be submitted with all the information originally submitted to the first matching panel: the job description, person specification, organisational chart etc.
- Submit the review form using the procedure outlined in the local review procedure and **within the 3 month time scale**.

3.2 Key Elements of a Review Claim

A request for a review will normally comprise the following:

- The reason the post holder considers a review to be justified.
- The band the post holder wishes to be considered for, there may be a generic profile that is appropriate such as the National Profiles for Professional Managers. (Available at www.sor-afc.org)
- An explanation under each relevant job evaluation factor, setting out additional information that accurately describes the responsibilities of the post holder. Most importantly, this must be evidenced with examples.
- Any further information that was not included in the original job description that informs the matching panel of significant duties the post holder currently holds.

Any additional information **must not copy phrases** from the job evaluation handbook; where the same language is used such as 'complex' for example, this must be accompanied by evidence of what is meant by 'complex'.

If a post holder holds a particular qualification, it does not automatically mean that the post will score at the level indicated by the qualification. The post must require the post holder to have this level of education. In addition, the lack of a particular qualification by the post holder does not mean that a post should not be scored at a particular level. A post holder can prove using work experience and other forms of training that the equivalent level of education has been acquired in order to perform the duties required of the post.

3.3 Outcome of a Review

There are four potential outcomes to a review:

- The post is matched to the same band using the original or different profile.
- The post is matched to a profile in a higher band.

- The matching panel decides the post cannot be matched and refers it for local job evaluation using the NHS job evaluation scheme.
- The post is matched to a profile in a lower band. This is a rare event, but it may occur when a post has points score that puts it very near the minimum number of points needed to be placed in the band, and there are poor grounds for a review. In these instances the SoR strongly advises members and representatives not to request or undertake a review of the post.

The post holder must be given the following information from the review:

- A letter notifying them of the outcome of the panel's matching decision, stating the band, which the post holder has been placed in.
- The profile the post was matched to and whether it was a 'perfect' or a 'band' match.
- A list of their post's levels or scores under each job evaluation factor.

A post holder has **no right** to appeal against the matching panel's decision when it is the outcome of a review and must accept the decision.

The only instance where the outcome of the review can be challenged is when correct matching procedure was not followed.

If the correct matching procedure has not been followed the member or SoR representative can request a rematch from a panel using the correct procedure. If this is not allowed then the member or the SoR can take a grievance out against the trust for using incorrect matching procedures.

3.4 The Matching Panel and Correct Procedure for Undertaking A Review:

A matching panel undertaking a review cannot have the same members as the panel that originally matched the post. The **majority**, and preferably all of the panel members must be different.

The matching panel undertaking a review should not know the original matching outcome.

The matching panel must be able to reach a perfect match or a band match to a profile.

When the post is being rematched someone should be available to provide additional information to the panel, clarify any queries or answer any questions. There may also be local arrangements on this process which have been agreed in partnership

3.5 Consistency checking after a matching review.

The matching outcome resulting from the review must undergo the same consistency checking process as all other matching outcomes.

4 ACTION POINTS

- 1 Has the post holder received all the information they are entitled to regarding their matching outcome? These are:
 - A letter informing them of their AfC band
 - The profile used to match their post
 - The levels in each JE factor
- 2 Has the post holder received a copy of the matching review policy and documentation needed to submit a review?
- 3 Has the correct matching procedure and consistency checking process been followed?
- 4 Does the post holder have a valid reason(s) for requesting a review?
- 5 Can the post holder provide additional information to support their request for a review? Can this be evidenced?
- 6 Does the additional information relate to the appropriate JE factor(s) and is it significant enough to enable the post to gain an additional level or to meet the levels required within each relevant factor to match to a profile in the higher band?
- 7 Does the post holder's manager agree with the additional information the post holder has provided and have they signed to say they agree with it?
- 8 Has the post holder correctly filled in the review form and followed the agreed review process, particularly are they still within the three month time frame for submitting a review?
- 9 Does the member understand that the decision of the review is final, if correct matching procedure has been followed?

5 The Appeal Process

- Members who believe that there has been an unfair application of the job matching/evaluation process can only use their local grievance procedure. It should be noted that the local grievance procedure may **ONLY** be pursued against the misapplication of the process, **NOT** against the matching or pay banding decision.
- If you believe the correct procedure was **NOT** followed when your job was being matched or evaluated contact your local SoR Representative for advice on using the local grievance procedure.

Useful Resources

- The NHS Job Evaluation Handbook (second edition) October 2004. Available from www.sor-afc.org
- Radiography Profiles available from www.sor-afc.org
- The SoR website has links to the department of health website at www.sor-afc.org

APPENDIX 1

QUESTIONS THAT MAY ASSIST AS PROMPTS TO PROVIDING ADDITIONAL INFORMATION FOR YOUR REVIEW

1 Teaching/training responsibilities

- Do you undertake training? (State what you train on, e.g. specialist clinical skills, manual handling etc) Who do you train? (Radiography students, senior radiographers, radiologists, radiography assistants, other health care professions, etc) At what level are you expected to train? (E.g. undergraduate, postgraduate, highly specialised, NVQ or NVQ equivalent) Is this formal or informal/ad hoc?
- Do you deliver internal in-service training, or is it broader encompassing external training. Is the training you deliver part of a mandatory CPD course within the trust e.g. lecturing or training SHO's, or less experienced radiographers radiography assistants or other health care support workers etc?

2 Management

- At what level are your management responsibilities? Are they strategic, operational, team leadership or responsible for specific tasks such as organising rotas on a daily/weekly basis, emergency duty or weekend services?
- Do you deputise for a more senior manager, if so in what circumstances – for operational issues such as deployment of staff or is it more strategic, at senior planning or service development meetings?.
- Do you hold a budget or a delegated budget?
- Are you responsible for timesheets, payroll issues, study leave etc?
- Do you order equipment or monitor the level of supplies?
- Are you involved in the recruitment and selection of new staff?
- Are you involved in inducting new staff?
- Do you undertake or contribute to the appraisal and performance assessments of more junior radiography staff or other health care staff?
- What clinical governance and management of risk responsibilities do you have?
- Are you responsible for overseeing sickness and absence etc of other radiography or support staff within the team? Do you have other HR duties?
- Do you make recommendations on changes to clinical practice and/or working practices to the line manager, which you would be expected to assist in implementing?
- Are you responsible for any broad policy development which impacts outside your department or team? E.g. introducing new roles, are you the radiography lead in the development of protocols or clinical guidelines.
- Do you draw up service guidelines, protocols or treatment plans?

- Are you responsible for managing across more than one site, or more than one team or more than one service?

3 Communications

- Do you demonstrate the ability to communicate complex and sensitive information in an understandable form to patients' carers' clients, which may include giving unwelcome or difficult to accept information e.g. "breaking bad news"?
- Are you required to gain acceptance for treatments and persuade patients to comply with treatment programmes or imaging tests where there are significant barriers to understanding such as dementia, hearing or sight impairment, children, those in pain, terminally ill.?
- Do you communicate results of audit to members of the MDT and/or senior colleagues/managers? Do you communicate any changes to practice that result from audit? How is this communicated, through formal reports? Presentations?
- Who do you have key working relationships with? Other radiographers, the multi-disciplinary team? Other professionals external to the service? Consultants? Education professionals? Why do you communicate with them?
- Do the patients you deal with have barriers to communication? Are the barriers physical, emotional, mental or cultural?

4 Analytical Skills

Are you expected to?

- Assess and diagnose clinical conditions for imaging purposes or treatment programmes?
- Assess risk to patients, to staff?
- Analyse statistics on the impact of change to protocols/practice on service development?
- Interpret broad policy/clinical guidelines?
- Who is the recipient of any recommendations or decisions you make?

5 Planning and Organisational Skills

- Do you plan treatment programmes?
- Do you plan, manage and prioritise your own case or work load, are you responsible for assisting others to manage their case workloads?
- Are you required to business plan?
- Are you responsible for drawing up any service rotas, on-call rotas etc?

- Do you formulate personal development plans for other staff?
- Do you organise or arrange clinics?
- Are you responsible for monitoring or evaluating service standards within your own practice or more broadly in the teams/department or the whole service?

6 Responsibility Patient Care

- Do you hold your own patient casework or work load?
- Are you ultimately responsible for the diagnosis and or treatment of your patient?
- Do you hold responsibility for setting or maintaining service standards – your own or others?
- Are you responsible for any clinical governance or clinical risk assessments?
- What contact do you have with patients/carers - is it frequent/daily? Why do you have contact with patients –imaging, treating, assessing?
- Do you give specialist advice?
- Are you responsible for recording your own patient notes, reports, treatment plans, and radiation dose?
- Are you required to be involved in legal issues e.g. child protection NAI's, etc?.

7 Responsibility for equipment

- Are you responsible for ensuring equipment used during treatment is safe to use? By other members of staff?
- Are you an authorised signatory for goods, services, etc

8 What is your level of independence and degree of supervision?

When considering the questions listed below, bear in mind that supervision can be clinical or managerial and that it is very important that you outline clearly what supervision you have regarding your clinical work and ability to make decisions.

- Is your work regularly or directly supervised or checked?
- Do you receive instruction on a regular basis about key elements of patient care/clinical treatment etc?
- Do you have access to guidance and support from senior radiographers but are not regularly supervised?
- Are you responsible for autonomous assessing, clinical decision making, treatment selection or evaluation of treatment?

- Do you work to agreed protocols with very little ability to vary protocols without reference to a more senior member of staff or state registered radiographer?
- Do you work to agreed protocols with the ability to vary treatment without gaining the consent of any senior clinicians?
- What decisions are you expected/able to make independently and what decisions would you be expected to seek agreement for or defer to a senior member of staff?
- Are you guided by broad professional standards, trust and service guidelines, broad codes of practice within which you are expected to work?

9 Research and Development

- Are you required to audit your own practice or that of others?
- Do you hold responsibility for auditing specific areas of practice or service delivery or quality standards within your service?
- Do you have an active role in service or MDT audit? Is this as the radiography lead or are you responsible for a specific element of the audit?
- Are you involved in academic research? Is this with a university, part of a formal research project across more than one service or one trust? Is it internal to the trust?

10 Knowledge Skills and Experience – minimum and essential level of qualifications for the post

- What are the minimum qualifications required to undertake your role?
- Do your qualifications require state registration?
- Are you expected to undertake formal and informal postgraduate training?
- Are you expected to hold evidence of training and experience which while they do not have a formal qualification are at the equivalent level of an NVQ, Masters, postgraduate diploma etc?
- How many years of work experience are you expected to have? Is this within a particular clinical speciality or patient group?
- Are you expected to have legal/legislative knowledge?
- Are you required to have developed non- clinical skills, for example computer skills, statistical abilities, critical appraisal skills or management skills?

11 Effort and Environment Criteria – the frequency with which you will be expected to deal with the following areas should be indicated. E.g. average over a day, a week, a month or a year

Physical Effort

Are you expected to?

- Work in uncomfortable/unpleasant physical conditions?
- Work in physically cramped conditions?
- Lift, pull, and push equipment with and without the use of mechanical aids?
- Make repetitive movements?
- Stand/walk for long periods?
- Kneel, crouch, twist, bend or stretch?
- Push trolleys, wheel chairs or other equipment?
- Manoeuvre adults, children in casts, use hoists, lift weights unaided?
- Wear a lead coat?

Mental Effort

Are you expected to?

- Concentrate for any length of time, e.g. to assess and diagnose a patient? Write reports? Teach clinical/manual skills? How long are you expected to concentrate for?
- Are you likely to be interrupted? How often are you interrupted? Do you carry a bleep?

Emotional Effort

Are you expected to?

- Give unwelcome news to staff, patients or carers and relatives? E.g. break bad news?
- Treat or image terminally ill patients including children or patients with long term degenerative diseases?
- Deal with difficult situations? E.g. child abuse (NAI), Trauma, major incidents, forensic work distressed and aggressive patients/carers?

Working Conditions

Does your work require you to come into contact with any of the following?

- Excessive temperatures
- Unpleasant smells/ odours
- Unpleasant substances/non-household waste
- Infectious material
- Body fluids, faeces, vomit
- Dust, dirt, fleas or lice
- Humidity
- Contaminated equipment or work areas
- Hazardous materials e.g. chemicals, radiation, radioactive materials

APPENDIX 2

This appendix gives an outline of the kind of information within a job each of the factors will consider. It is drawn from the NHS Job Evaluation Handbook 2004 and also attempts to give radiography specific examples. The examples do not indicate AfC bands and are not exhaustive. They are there to assist members in understanding what kind of information they should include to support their reviews.

FACTOR 1: COMMUNICATION AND RELATIONSHIP SKILLS

This factor measures the skills required communicating, establishing and maintaining relationships and gaining the co-operation of others. It takes account of the skills required to motivate, negotiate, persuade, make presentations, train others, empathize, communicate unpleasant news sensitively and provide counseling and re-assurance. It also takes account of the difficulties involved in exercising these skills.

It involves all forms of communication, including oral, linguistic and written communication skills and the skills required to communicate, to patients who have barriers to communication such as children, patients who are blind, confused, in pain, traumatized, terminally ill etc or who do not understand the English language.

The emphasis is on why the communication is taking place and what it is meant to achieve. For example: communication to large groups using presentation skills for training purposes; sensitively communicating difficult news to patients or their carers, such as giving a diagnosis of congenital abnormality during an ultrasound examination, or where their condition is worsening/will not improve gaining consent to treatment/imaging in radiotherapy and imaging.

Also included under this factor is any requirement for communication with team members, other services or professions e.g. regarding an individual patient or for service development/integration purposes; communicating changes to working practices (clinical or organisational) to staff; communicating with senior management re service development etc.

The nature of the communication, complexity of the information, difficulties faced in communicating and level of management/influence are all measured in this factor.

FACTOR 2: KNOWLEDGE, TRAINING AND EXPERIENCE

This factor measures all the forms of knowledge required to fulfil the job responsibilities satisfactorily including 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 **minimum** educational level normally expected (including numeracy and literacy) 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.

Information on this factor would be contained in the person specification; however, its relevance must be demonstrated in the duties required of the post. This factor measures the need for state registration, formal qualifications, such as NVQs, Diplomas, Degrees etc, and importantly also takes account of any equivalent level of knowledge. For example, a clinical specialist working at advanced practice level may not hold an MSc but may have equivalent knowledge and formal training through advanced clinical courses or training and experience carried out "in house" e.g. by more experienced specialists or clinical application specialists. In all instances the level of knowledge would be reflected in the level of duties and responsibilities set out in the main body of the job description.

This factor also measures any postgraduate training, which all grades of state registered radiographers should expect to receive whilst working in NHS posts.

It also takes into account the degree of specialist knowledge required for the post. In the context of this factor specialist knowledge may be either the knowledge of radiotherapy treatments such as planning or specialist knowledge such as that required to work in a specialist area e.g. A&E, Theatre, CT, MRI.

Other forms of knowledge such as that required for clinical governance, service development, staff management etc are also measured under this factor, including knowledge of other cultures and languages, theories, techniques, policies, procedures and practices.

It covers all technical, specialist, procedural and organisational knowledge required and takes into account the breadth, diversity and range of knowledge and depth and complexity of the understanding required.

FACTOR 3: ANALYTICAL AND JUDGMENTAL SKILLS

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

The main focus of this factor is to consider what type of decisions the post holder is required to take and to understand the consequences of any wrong decision being made. In doing this it takes into account the complexity of the decision being taken, the sources of information, and whether these are conflicting or do not offer exact guidance on what decisions can be made. For example, assessing and diagnosing a patient. This factor will also consider any responsibilities for changing or developing policies and any strategic skills/responsibilities required from the post. It will also take into account requirements to gather, collate and analyse facts needed to solve problems and also requirements for imaginative thinking.

FACTOR 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 and organising clinical or non-clinical services, departments, rotas, meetings, and for strategic planning. It also takes account of the complexity and degree of uncertainty involved in these activities.

This factor will measure elements of work such as planning workloads, prioritising own work load; planning or organising the work of others and any multi-disciplinary activities; planning research or audits; introducing new services or new ways of working; developing or contributing to the development of protocols.

FACTOR 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 skills.

Most radiographers in clinical posts would expect level 3-4. For radiographers, this factor measures the manipulation of patients/clients and equipment where there is hand eye co-ordination and where a narrow margin of error and accuracy are important, (level 3) or where highly developed physical skills such as tattooing core biopsies or amniocentesis (level 4) are undertaken. Emphasis is on the purpose to which the skills are put and demands arising from the use of these skills.

FACTOR 6: RESPONSIBILITIES FOR PATIENT/CLIENT CARE

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

This factor evaluates the degree to which the post holder is responsible for assessing, diagnosing or treating patients, or providing advice to, carers or relatives or other professionals. It would include any responsibilities for developing or contributing to the development of care protocols/service guidelines/etc or any responsibility for the delivery of radiography/radiotherapy or specialist radiography/radiotherapy services.

FACTOR 7: RESPONSIBILITIES FOR POLICY AND SERVICE DEVELOPMENT AND/OR IMPLEMENTATION

This factor measures the responsibilities of the job in the development and implementation of policy and/or services. It takes account of the nature of the responsibility and 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 responsibility is shared with others.

This will include contributing to policies, both departmental or wider, and developing/contributing to the development of clinical or service protocols or guidelines; using audit or research to recommend changes to the line manager, or wider, in the service; responsibility for understanding and/or introducing service and departmental policies and protocols. Contribution to or implementation of non-clinical policies etc is also included in this section.

FACTOR 8: RESPONSIBILITY FOR FINANCIAL AND PHYSICAL RESOURCES

This factor takes into account any responsibility the post holder has for financial resources (including cash, vouchers, cheques and credits, invoice payment, budgets, revenues, income generation); and physical assets (including clinical and other equipment, instruments; premises, fittings and fixtures, goods, stocks and supplies).

It takes account of the nature of the responsibility (for example, 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. This includes direct responsibility and degree of control of the job holder for financial resources. It takes into account posts that have a responsibility for a budget or delegated budget for the ordering or monitoring of supplies

Included in this factor is any responsibility for ensuring that patients/and or staff use equipment safely and equipment is safe for use by patients and or staff. Responsibility for maintaining and checking that equipment is safe to use and/or is reported or repaired etc.

FACTOR 9: RESPONSIBILITIES FOR HUMAN RESOURCES

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 other health care 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-ordinate, trained or developed. For example, it measures clinical as well as managerial supervisory duties of students, radiographers and other staff, (clinical or managerial), all training duties, for example training students to graduate standard or higher, training other health professionals/staff, any specialist or high level training/education. The level of training and degree of involvement e.g. designing courses/delivering one to one mentoring/lecturing etc. Assessment of performance of students, less qualified/junior staff; involvement in undertaking appraisals. Responsibility for managing the on-call rota, or for undertaking informal or formal disciplinary action etc.

FACTOR 10: RESPONSIBILITIES FOR INFORMATION RESOURCES

This factor measures the responsibilities of the job for information resources (for example, computerised; paper based; microfiche) and information systems (both hardware and software) including PACS systems, Patient Record Systems etc.

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

It is not generally expected that radiographers and assistants will score particularly highly on this factor as this is designed to pull out the responsibility of work done by pay roll departments or supplies. However those Radiographers that have managerial responsibility for IT systems such as PACS and where this is a major component of their job should score higher. It also covers any data processing used in research, some personnel data (pay related/time sheets etc) and also for recording of patient records/clinical information.

FACTOR 11: RESEARCH AND DEVELOPMENT

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

It takes account of 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.

It will include involvement of audit, audit of own practice, any multi-disciplinary audits, evaluation of service delivery issues/quality as well as clinical work. Review/assessment of the evidence base for treatments/imaging will also be considered. Responsibilities for any information or formal, academic or cross organisational research will be evaluated.

FACTOR 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.

The factor will consider to what extent the post holder is expected to access a more experienced radiographer for advice and guidance, and the nature of supervision of their clinical work. For example, a newly qualified radiographer will be expected to have regular supervision and assessment of their practice. A senior and highly experienced radiographer may not have their clinical work regularly supervised, unless there is a specific problem and may be responsible for deciding if they need assistance with a particular patient/client and decide how best to access support e.g. research or peer support/review.

A senior radiographer may not work to any protocols but to broad professional guidelines (issued by the SCoR, Trust or other source); they must therefore decide using their own clinical reasoning and experience in the imaging or treatment of a patient. Managers or researchers will work with other guidelines or within other broad frameworks but will have a significant degree of freedom to choose and will be able to make important decisions e.g. workforce planning applications, commissioning arrangements etc.

FACTOR 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.

Any lifting and handling either of patients or equipment is considered in this factor, along with kneeling, crouching or bending. Indicating frequency is important in this factor.

FACTOR 14: MENTAL EFFORT

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

This relates to degree and frequency of mental concentration, alertness and attention required in the job. It will take into account any feature that may make concentration more difficult, such as repetitive work, interruptions and the need to switch between activities as well as other work-related pressure.

This factor considers the concentration required to make an assessment of patients and treating patients, whether you carry a bleep and are expected to frequently respond immediately to it or other forms of interruptions to your planned work, and are therefore required to re-prioritise work plans. Any concentration you are required to do if writing reports or analysing statistics/research results. Frequency is important in this factor.

FACTOR 15: EMOTIONAL EFFORT

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

Emotional demands on the job holder may arise from contacts and/or expectation of dealing with angry, difficult, upset or ill people; this may include treating/imaging terminally ill patients, children with serious illnesses, traumatised patients, "breaking bad news" and managing distressed or angry parents/relatives/patients. .

FACTOR 16: WORKING CONDITIONS

This factor measures the nature, level, frequency and duration of demands arising from inevitably adverse environmental conditions (such as 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 or harmful chemicals, aggressive behaviour of patients, clients, relatives, carers.

For radiographers this factor may include working in unclean surroundings and coming into contact with dirt, fleas, lice etc. It will also covers lone working where there may be an element of risk such as when "on call" "stand by". It covers coming into contact with chemicals ,any contact with bodily fluids and human waste etc. Managing or dealing with any aggressive behaviour from patients/carers etc.