



Second Ballot on Agenda for Change

How will Amicus decide?

your job your money your future



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October 2004

Dear Colleague

AMICUS SECOND BALLOT ON AGENDA FOR CHANGE

I am writing to you with details of the second ballot that your trade union, Amicus is now holding on *Agenda for Change* – the biggest restructuring of pay and conditions since the NHS was founded in 1948.

Your Amicus officials have been negotiating on *Agenda for Change* – along with the other health service unions and professional associations – for the last five years. It has been an intensive programme of work.

Last year, the Amicus membership voted to ‘road test’ the various elements of *Agenda for Change* at the Early Implementer sites, in twelve NHS Trusts.

This booklet sets out the final terms and conditions that will apply if *Agenda for Change* gets your backing. Enclosed is also a ballot paper and reply-paid for envelope.

At the Amicus Health Sector conference in June this year, it was agreed that no recommendation would be made to the membership as to whether the final *Agenda for Change* package should be accepted or not.

The ballot is being conducted by the Electoral Reform Society. The voting opens on 21 October and closes on 11 November, with the results being announced on 12 November. At a later date, there is scheduled to be a third ballot solely on the provisions relating to ‘unsocial hours’, which have yet to be finally agreed.

There are probably two questions uppermost in your mind.

Will I be better off? and What happens if the membership votes ‘No’?

Surveys we have carried out of our membership at the Early Implementer NHS Trusts show that the majority of our members will be better off under *Agenda for Change*. For the minority that could be worse off, there will be ‘ring fenced’ protection of pay and conditions for a maximum of six and a half years.

If the result of the Amicus ballot of members is to reject *Agenda for Change*, the Government has indicated that there is no ‘Plan B’ and has further indicated that the negotiations would be entering uncharted waters. As your officials we would continue to negotiate to gain the best conditions possible in the new situation, but we cannot provide information as to how negotiations with the employer would be carried forward or guarantee that another pay and conditions system can be negotiated.

Please read the accompanying booklet very carefully and don’t hesitate to seek clarification on any particular point from your workplace representative/steward or Amicus Regional Officer.

Yours faithfully
Gail Cartmail
Amicus Head of Health



Proposed Agenda for Change Agreement October 2004

Introduction

Work on Agenda for Change started in 1998 on a partnership basis between the four health departments representing England, Scotland, Wales and Northern Ireland and the NHS unions. It has been led by the principles of pay modernisation, harmonisation of terms and conditions of service, and aims to apply the principles of equal pay for work of equal value. In addition the development of career progression through a Knowledge and Skills Framework is an important third element. The Early Implementer Trusts (EIs) in England were the testbeds for the proposed agreement from June 2003. A review of their experience was conducted between April and August 2004. What follows is the outcome of that review.



Pay Structure

Agenda for Change has produced two pay spines: one for staff covered by the review body and the other for staff not covered by the review body. The pay spines are identical. The pay banding is based on a job evaluation process which provides for the following:

Pay Bands and Job Weight

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

The pay band structure has created the following pay spines from April 2004 and April 2005:

Pay Bands and Pay Points for the two Pay Spines at 1 October 2004

Point	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8				Band 9
								Range A	Range B	Range C	Range D	
1	11,135	<i>11,135*</i>										
2	11,508	11,508	<i>11,668*</i>									
3	11,827	11,827										
4	<i>12,147</i>	12,147	<i>12,147*</i>									
5		12,520										
6		12,893	<i>12,733*</i>									
7		13,266	13,266	<i>13,479*</i>								
8		13,745	13,745									
9		14,278	14,278	<i>14,278*</i>								
10			14,598									
11			15,024	<i>14,811*</i>								
12			15,504	15,504								
13			15,877	15,877	<i>15,877*</i>							
14				16,463	<i>16,516*</i>							
15				17,049	<i>17,049*</i>							
16				17,581								
17				18,114	18,114							
18				18,647	18,647	<i>18,913*</i>						
19					19,180							
20					19,819	<i>19,819*</i>						
21					20,458							
22					21,044	<i>20,778*</i>						
23					21,630	21,630						
24					22,483	22,483	<i>22,057*</i>					
25					23,442	23,442	<i>23,442*</i>					
26						24,401						
27						25,253	<i>24,827*</i>					
28						26,106	26,106					
29						26,958	26,958					
30						27,917	27,917					
31						29,302	29,302					
32							30,155	<i>30,155*</i>				
33							31,114	<i>31,114*</i>				
34							32,179	<i>32,179*</i>				
35							33,298	33,298				
36							34,417	34,417	<i>34,417*</i>			
37								35,802	<i>35,802*</i>			
38								37,187	<i>37,187*</i>			
39								38,786	38,786			
40								39,958	39,958	<i>39,958*</i>		
41									41,982	<i>41,982*</i>		
42									44,326	<i>44,326*</i>		
43									46,671	46,671		
44									47,949	47,949	<i>47,949*</i>	
45										50,080	<i>50,080*</i>	
46										52,425	<i>52,425*</i>	
47										55,941	55,941	
48										57,539	57,539	<i>57,539*</i>
49											59,937	<i>59,937*</i>
50											62,867	<i>62,867*</i>
51											66,063	66,063
52											69,260	69,260
53												72,584
54												76,068
55												79,720
56												83,546

*Pay rates in italic are special transitional points which apply only during assimilation to the new system. They are shown here for convenience.

From 1 April 2005

Point	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8				Band 9
								Range A	Range B	Range C	Range D	
1	11,494	<i>11,494*</i>										
2	11,879	11,879	<i>12,044*</i>									
3	12,209	12,209										
4	<i>12,539</i>	12,539	<i>12,539*</i>									
5		12,924										
6		13,309	<i>13,144*</i>									
7		13,694	13,694	<i>13,914*</i>								
8		14,189	14,189									
9		14,739	14,739	<i>14,739*</i>								
10			15,069									
11			15,509	<i>15,289*</i>								
12			16,004	16,004								
13			16,389	16,389	<i>16,389*</i>							
14				16,994	<i>17,049*</i>							
15				17,598	<i>17,598*</i>							
16				18,148								
17				18,698	18,698							
18				19,248	19,248	<i>19,523*</i>						
19					19,798							
20					20,458	<i>20,458*</i>						
21					21,118							
22					21,723	<i>21,448*</i>						
23					22,238	22,328						
24					23,208	23,208	<i>22,768*</i>					
25					24,198	24,198	<i>24,189*</i>					
26						25,188						
27						26,068	<i>25,628*</i>					
28						26,948	26,948					
29						27,828	27,828					
30						28,817	28,817					
31						30,247	30,247					
32							31,127	<i>31,127*</i>				
33							32,117	<i>32,117*</i>				
34							33,217	<i>33,217*</i>				
35							34,372	34,372				
36							35,527	<i>35,527*</i>				
37								36,957	<i>36,957*</i>			
38								38,387	<i>38,387*</i>			
39								40,036	40,036			
40								41,246	41,246	<i>41,246*</i>		
41									43,336	<i>43,336*</i>		
42									45,756	<i>45,756*</i>		
43									48,176	48,176		
44									49,496	49,496	<i>49,496*</i>	
45										51,695	<i>51,695*</i>	
46										54,115	<i>54,115*</i>	
47										57,745	57,745	
48										59,395	59,395	<i>59,395*</i>
49											61,870	<i>61,870*</i>
50											64,894	<i>64,894*</i>
51											68,194	68,194
52											71,494	71,925
53												74,925
54												78,521
55												82,291
56												86,240

*Pay rates in italic are special transitional points which apply only during assimilation to the new system. They are shown here for convenience.

- This pay structure replaces all leads and allowances and aims to be consistent with the principle of equal pay for work of equal value.
- Assimilation to the new pay structure will depend on basic pay immediately before assimilation (including those leads and allowances that are to be consolidated into basic pay), compared with the minimum and maximum of their new pay band:
 - Where basic pay before assimilation is between the new minimum and maximum of the new pay band, staff will assimilate to the next equal or higher pay point in the new pay band.
 - Where basic pay before assimilation is below the new minimum, staff in payband 1 will all move straight onto the minimum. Staff in other pay bands will assimilate either at the new minimum or, if they are significantly below the minimum, on to transitional points.
 - Where staff are above the maximum of the new pay band their pay will be protected. This will include one year's protection with a pay uplift in April 2005 followed by five years protection on a mark time basis, in other words pay is not increased during the period after the first year of protection. However, the proposed agreement places an onus on the employer to 'fast track' employees training and development where they are found to require pay protection with the aim of achieving a higher band.
- The two major outcomes from the review of the original proposed agreement are:
 - 1) the re-structuring of pay band 1 that removed the first spine point increasing the minimum NHS rate and;
 - 2) the addition of pay band 9 to reflect those posts which have received a job weight in excess of 720 points. The overwhelming majority of pay band 9 posts are those of Amicus members.

All jobs in the NHS will be matched against national agreed job profiles or evaluated locally using the national job evaluation process.

Amicus gave a commitment to members that it would provide as much information as possible to help members make an informed choice on acceptance or rejection of Agenda for Change. An important element of the proposed pay system is Job Evaluation (JE). As far as we are aware Amicus is the only union independently surveying the JE outcomes of Agenda for Change at the EI sites.

The position below is based on survey returns and reports from workplace representatives and stewards in the EI sites. The process by which JE is applied is called matching. Where jobs do not match National Profiles local JE takes place. All this work is in partnership usually with equal numbers of staff and management representatives making decisions. Guidance on job matching procedures including ensuring job descriptions are agreed with the postholder, have been tightened up during the review.

The information is not as comprehensive as we would wish as many Amicus groups have not undergone job matching, or have gone through a local evaluation/matching and have not received the result, or are seeking a review of matching outcomes. In the case of one EI, City Hospitals Sunderland, the majority of Amicus members are seeking a review of their pay band allocation and have lodged grievances based on concerns regarding how procedures were interpreted.

One final point of clarification, members may conclude that if a group is seeking a review this is because the original outcome would result in protected pay. This would be wrong. However where this is the case we have reported the details.

Administration & Clerical

Matching results were not sought in this area as profiling work being redeveloped with the creation of generic profiles across job families and a higher level profile is being produced for a Medical Secretary. South West London Mental Health Trust (SWL) has decided to start again using the new Job Evaluation Handbook and profiles producing significantly better outcomes. Of 214 out of 473 posts assimilated, 10 or 4.7% percent now require pay protection.

* A set of generic profiles for Finance will be agreed and published by the time this document is circulated. Generic profiles are being worked on for Information Technology (including Informatics) and Human Resources.

Chaplaincy

Chaplains in receipt of the accommodation allowance should have this replaced by a recruitment and retention premium of an equivalent amount.

In Guy's and St Thomas Hospital NHS Trust (GSTT) and Papworth Hospital NHS Trust (PHT) Chaplains have undergone matching but the results are not yet known.

Assistant Chaplain

Band 5 £18,114 – £23,442

Chaplain

Band 6 £21,630 – £29,302

In Aintree Hospitals NHS Trust (AHT) and City Hospitals Sunderland NHS Trust (CHS) Chaplains have matched band 6 in a salary gain of £2,363 provided they have assimilated at the maximum of band 6.

Chaplain Team Leader

Band 7 £26,106 – £34,417

In one EI the Chaplaincy Team Leader has not matched against national profile and undergone local evaluation the result of which is not known yet.

* Chaplains who are managers at large sites or manage a service beyond chaplaincy are advised to seek to match Professional Manager profiles or go to local evaluation. Amicus is raising questions regarding possible variations in profiles for those working in Mental Health and in Secure Units.

Community Nursing

Community Nursery Nurse

Band 4 £15,504 – £18,647

Most Community Nursery Nurses (CNNs) are currently on Whitley Scale B £12,210-£14,390 (with S/NVQ III) or Whitley Scale C £13,900-£17,060.

CNNs in Great Yarmouth PCT (GYPCT) have now been matched against this profile. A typical member's maximum salary will increase by £1,587 at today's salary rates which will be reached within

three years if currently on the top of Scale C. This increases to £4,277 if the member is currently at the top of Scale B.

Community Nurse Schools; Nurse Community

Band 5 £18,114 – £23,442

This is essentially the profile for staff nurses working in a community setting. We are confident this is the case as this compares with staff nurse profiles in a ward, theatre or mental health setting. If matched in this way this represents a salary gain for nurses on Whitley Scale D £17,060-£18,830 and Scale E £18,230-£22,015.

Community Psychiatric Nurse; District Nurse; Health Visitor; School Nurse; Specialist Practice Nurse

Band 6 £21,630 – £29,302

This represents a salary gain for nurses on Whitley Scales E £18,230-£22,015, F £20,220-£25,250 and Scale G £23,860-£28,070. District Nurses have seen their earnings diminish in relative terms by inappropriate grade mix reducing the number of G grades and School Nurses by grade drift meaning many are on Whitley scales E or F. Many Community Psychiatric Nurses (CPNs) are not correctly graded by Whitley criteria.

This gain is reduced by the value of any Discretionary Points (Scales F and G only in this case). Although, our previous survey revealed less than 20 per cent of Amicus members are in receipt of these. Now all members on band 6 can access the band maximum. The elimination of Discretionary Points was a bargaining objective of Amicus.

It may also be that Discretionary Points were used to avoid movement to a higher grade and we need to address how we can ensure the new evaluation system results in correct banding.

Members have highlighted the apparent loss of pay for the newly qualified. Whether this is realised depends on where colleagues are on band 5 when they qualify as a Specialist Practitioner or CPN. This can mean anything from a loss of £2,230 if they are on Agenda for Change Spine Point 22 (band 5) or below to a gain of £541 if they are on Spine Point 25 (band 5). All 'losses' will be more than offset by better lifetime earnings and better pay in training. This 'glitch' is caused in the short-term by the pay benefits of Specialist Practitioners in education and training moving onto pay band 5. Within a number of years most people in this position will be nearer the maximum of band 5 than the bottom so losses will not occur. Amicus has advised representatives to locally negotiate movement onto band 6 immediately above the maximum of band 5 on employment as a Specialist Practitioner or CPN during this transitional period. This has already been negotiated in at least one EI.

Health Visitors in Central Cheshire Primary Care Trust (CCPCT) and GYPCT have been matched against band 6 bringing an immediate salary advance of £1,232 (maximum of band 6). They are also seeking a review of matching outcomes. CPNs in Avon and Wiltshire Mental Health Partnership Trust (AWP) currently on G grade have been matched against band 6 with the same immediate gain. Some are also seeking a review.

Community Psychiatric Nurse Team Manager; District Nurse (Team Manager); Health Visitor Practice Teacher; Health Visitor Team Manager; School Nurse Manager

Band 7 £26,106 – £34,417

This represents a salary gain for nurses on Whitley Scale H £26,650-£30,975. This will be reduced by the value of any Discretionary Points. It may also be that Discretionary Points were used to avoid movement

to a higher grade and Amicus needs to ensure that if this is the case they are correctly Banded.

Health Visitor Community Practice Teachers in CCPCT and Hereford NHS Primary Care Trust (HPCT) have been matched against the band 7 profile resulting in an extra £3,442 per year within four years at today's salary rates. This is a substantive band 7 post.

* We hope that a profile will be agreed for a Specialist Health Visitor by the time this document is circulated. We have submitted a Job Analysis Questionnaire (JAQ) for a Specialist School Nurse. We are working on JAQs for a Specialist CPN and a Nurse Practitioner. We have argued that the Health Visitor CPT profile should be genericised in order that it can be equally applied to similar roles in District Nursing.





Estates & Craft Maintenance

Estates and Craft are covered by long term Recruitment and Retention Premia (RRP). A RRP of £2,808 for all qualified maintenance craftspersons and qualified maintenance technicians to be uprated by 3.225% on 1 April 2005 to £2,899. The long term RRP applies to qualified maintenance craft persons who match to band 3 and band 4 profiles.

Maintenance Support Worker (Lower Level)

Band 1 £11,135 – £12,147

Maintenance Support Worker (Higher Level)

Band 2 £11,508 – £14,278

Maintenance Assistants in West Kent NHS and Social Care Trust (WKSCT) and City Hospitals Sunderland NHS Trust (CHS) have matched band 2 resulting in pay advance in the new pay maximum by £1029 at today's salary rates which will be reached within three years. Maintenance Assistants in CHS are seeking a review and/or grievance based on process issues. Results in GSTT are being consistency checked.

Building Craftworker, Maintenance Craftworker

Band 3 £13,266 – £15,877

Maintenance Supervisor, Maintenance Technician, Works officer

Band 4 £15,504 – £18,647

Maintenance Craftspersons in AHT, CHS and PHT have matched band 3. This results in a pay increase of £744 when the RRP is taken into account. Many in AHT and all respondents to the survey in CHS are seeking a review of matching outcomes.

Building Craftspersons in James Paget Healthcare NHS Trust (JPH) and WKSCT have matched band 3 resulting in a small gain of £257. Those in JPH are seeking a review whilst in WKSCT they have moved to band 4 through successful application for technician status bring higher maximum salaries through training.

Qualified Maintenance Craftspersons and Qualified Maintenance Technicians in JPH have matched band 4. This results in a gain of £2005 if already a technician or in a new pay maximum by £3519 at today's salary rates which will be reached within two years. Technicians in PHT and WKSCT have matched band 4 with the same gains depending on previous Whitley status. Results in GSTT being consistency checked.

Maintenance Supervisors in CHS have matched band 4. This results in a pay increase when the RRP is taken into account. All respondents to the survey in CHS are seeking a review of matching outcomes.

Specialist Works Officer

Band 5 £18,114 – £23,442

Estates Officers in CHS have matched band 5 resulting in a loss in the new pay maximum by -£505 (starred points not taken into account) at today's salary rates. However, salary levels are protected by RRP. All respondents to the survey in CHS are seeking a review of matching outcomes.

Estates Operations Officer, Works Officer Section Manager

Band 6 £21,630 – £29,302

Estates Officer in PHT and CHS has matched band 6. The pay effect is not known in the case of PHT. However in CHS this results in a loss in the new pay maximum by -£4784 (starred points not taken into account) at today's salary rates. However, salary levels are protected by RRP's. All respondents to the survey in CHS are seeking a review of matching outcomes.

Estates Operations Manager

Band 7 £26,106 – £34,417

Senior Estates Officers in AHT have matched band 7 representing a gain in a new pay maximum by £1645 (taking into account starred points) at today's salary rates which will be reached within four to six years.

The Estates Manager in one EI site has been locally evaluated at band 7. The deputy manager in this site has been locally evaluated at band 6.

One Estates Officer in an EI site has been locally evaluated at band 8a which means the postholder will be on pay protection for two years.

* Amicus is seeking a review of profiles in this area due to matching results on some sites and inconsistencies between profiles produced earlier in the process with those more recently agreed. Amicus is discussing a draft profile for an Estates Manager Projects and we hope that this will be published by the time this document is circulated. We have submitted a JAQ with a view to creating a profile for a Senior Operations Manager profile. However, we are unable to give an expected date for publication.



Healthcare Science

Biomedical Support Worker, Phlebotomist

Band 2 £11,508 – £14,278

Biomedical Support Workers and Phlebotomists in JPH and PHT (using the biomedical support worker profile) have matched band 2. This results in a gain in the new pay maximum by between £449-£1935 (depending on whether starred points are taken into account) at today's salary rates. Amicus is investigating grounds for review in some cases.

Biomedical Support Workers in GSTT and CHS have matched band 2. This results in a gain in the new pay maximum by between £449-£1935 (depending on whether starred points are taken into account) at today's salary rates. All respondents to the survey in CHS are seeking a review of matching outcomes.

Biomedical Support Workers in AHT are awaiting matching results.

Anatomical Pathology Technician (Entry Level), Biomedical Support Worker (Higher), Cytology Screener (Entry Level)

Band 3 £13,266 – £15,877

Biomedical support workers in GSTT have matched band 3 when they possess a relevant NVQ3 qualification. Biomedical Support Workers in AHT are awaiting matching results. Cytology Screeners in CHS have matched band 3 resulting in a pay loss of -£951. All respondents to the survey in CHS are seeking a review of matching outcomes. Phlebotomists in PHT have matched band 3 using the biometric support water profile.

Anatomical Pathology Technician, Cytology Screener, Medical Engineering Technician (Entry Level)

Band 4 £15,504 – £18,647

Assistant Technical Officers (ATOs) in Medical Engineering in JPH have matched band 4 resulting in a gain in the new pay maximum by between £2467-£4818 (starred points taken into account) at today's salary rates gain depending on whether previously on ATO or Senior ATO scale.

Cytology Screeners in AHT and JPH have matched band 4 resulting in a gain in the new pay maximum by £1,819 (starred points not taken into account) at today's salary rates which will be reached by those currently on the top of the scale within four years. The size of this gain is reduced for those on starred points and negatively so for those with 3 stars by £278 at today's salary rates. This will be covered by the next annual increase. Amicus have advised members with stars to investigate seeking a local evaluation of their role or negotiate a local RRP.

Anatomical Pathology Technician (Higher), Biomedical Scientist, Medical Engineering Technician, Medical Physics Technician, Physiological Measurement Practitioner (Clinical Physiologist)

Band 5 £18,114 – £23,442

Biomedical Scientists (BMS1) in CHS matched against band 5 resulting in changes in the new pay maximum (starred points taken into account) by £416 at today's salary rates. All respondents to the survey in CHS who were matched are seeking a review of matching outcomes. Clinical Physiologists (Cardiac and Respiratory) across the career range were locally evaluated in PHT prior to publication of

profiles resulting in changes in the new pay maximum (starred points taken into account) for those evaluated at band 5 (formerly MTO 2) of £1299 at today's salary rates. Clinical Physiologists and Medical Engineers in AHT have not been through matching. Biomedical Scientists in AHT have not completed matching and in JPH are awaiting results. One Medical Engineer in PHT (MTO3) has matched band 5 resulting in a lower salary maximum of -£505 (starred points not taken into account). Whether this notional loss is realised depends on their current position on the Whitley scale and whether they are developed into band 6.

Biomedical Scientist Team Leader, Specialist Biomedical Scientist, Specialist Medical Engineering Technician, Specialist Medical Physics Technician, Specialist Physiological Measurement Practitioner (Clinical Physiologist),

Band 6 £21,630 – £29,302

Medical Engineers in PHT have matched band 6 resulting in gains in the new pay maximum (starred points not taken into account) of between £1286 (formerly MTO 4) and £5355 (formerly MTO 3) at today's salary rates. Biomedical scientists (BMS1) in GSSTT and PHT have matched band 6 resulting in gains in the new pay maximum (starred points taken into account) of £6,276. Biomedical Scientists (BMS2) in CHS matched against band 6 resulting in changes in the new pay maximum (starred points taken into account) by -£1000 at today's salary rates. All respondents to the survey in CHS who were matched are seeking a review of matching outcomes.

Biomedical Scientist Section Manager, Highly Specialist Physiological Measurement Practitioner (Clinical Physiologist), Medical Engineering Section Manager, Medical Physics Technician Section Manager, Physiological Measurement Service Manager (Clinical Physiologist), Registered Clinical Scientist (Biochemist and Medical Physics), Specialist Healthcare Scientist (Molecular/Cytogenetics)

Band 7 £26,106 – £34,417

In GSTT the only physicists to have completed the process and had their pay assimilated were on the lower part of Clinical Scientist Whitley Scale B. They have matched band 7 resulting in gains in the new pay maximum of between £10,470 (formerly Grade B 8-10) and £8,516 (formerly Grade B10-12). In GSTT and PHT biomedical scientists (BMS2) have matched band 7 resulting in gains in the new pay maximum (starred points taken into account) of £4,115.

One Medical Engineer in PHT has gone for local evaluation. Clinical Scientists in Pharmacology have matched band 7 with pay effect not known.

Clinical Physiologists (Cardiac and Respiratory) across the career range were locally evaluated in PHT prior to publication of profiles resulting in changes in the new pay maximum (starred points taken into account) for those evaluated at band 7 (formerly MTO 4) of £2,903 at today's salary rates.

Principal Clinical Scientist, Specialist Healthcare Scientist Section Manager (Molecular/Cytogenetics)

Band 8a £33,298 – £39,958

A Medical Engineer in PHT has matched the Professional Manager profile at 8a resulting in a gain in the new pay maximum by £1,618 (starred points taken into account) at today's salary rates which will be reached within two years.

Physiological Measurement Service Manager (Clinical Physiology)

Band 8a/b £33,298 – £39,958, £38,786 – £47,949

Clinical Physiologists (Cardiac and Respiratory) across the career range were locally evaluated in PHT prior to publication of profiles resulting in changes in the new pay maximum (starred points taken into account) for those evaluated at band 8a/b (formerly MTO 5) of £1,618 if 8a and £8,609 if 8b at today's salary rates.

Consultant Clinical Scientist (Biochemist and Medical Physics)

Band 8c/d £46,671 – £57,539, £55,941 – £69,260

A Grade C Clinical Scientist in Pharmacology in PHT has matched band 8d resulting in pay advance. However current position on Grade C is not known.

Consultant Clinical Scientist (Molecular/Cytogenetics)

Band 8d-9 £55,941 – £69,260; £66,063 – £83,546

Generic Healthcare Scientist profiles are being produced for all Agenda for Change bands. We hope that profiles will be agreed for an Advanced Biomedical Scientist and a range of profiles for Optometrists by the time this document is circulated. We are discussing drafts of profiles for Supervisory and Managerial roles in Mortuary, a senior Principal role in Medical Physics and a Phlebotomist Team Leader. However, we are unable to give an expected date for publication. We have submitted JAQs for Genetic Counsellors, Rehabilitation Engineers, Vascular Scientists and Phlebotomist (Higher). We are working on JAQs for Prosthetists and an Associate Practitioner Biomedical Science. We are seeking a review or withdrawal of the profile Specialist Medical Photographer and the withdrawal of the profile Specialist Medical Technician (Audiology) in favour of the published Clinical Physiologist or future generic Healthcare Science profiles. We have could not reach agreement on the profiles for Clinical Perfusion and these roles will now go for local evaluation in EI sites.





Mental Health Professions

In Avon and Wiltshire Mental Health Partnership Trust (AWP) clustering appears to resemble current Whitley grades. These grades cover many different ranges in practice which are undifferentiated in matching outcomes. Results also appear to be inconsistent with other EI sites. A review is being sought of most psychology jobs as present outcomes would result in present or future pay reductions significantly so in some cases.

In WKSCT Clinical Psychologists have been through but results are not known as there has been some inconsistencies in outcomes between panels and therefore results are being audited. Clinical Psychologists in GSST have yet to undergo matching.

Assistant Psychologist

Band 4 £15,504 – £18,647

Some Assistants in AWP have matched band 4 resulting in gains in the new pay maximum of £3,092 that will be reached in six years.

Assistant Psychologist

Band 5 £18,114 – £23,442

Some Assistants in AWP have matched band 5 resulting in gains in the new pay maximum of £7,887. As a result of this gain they will go on transitional points as their current salary maximum is below the minimum of band 5.

Arts Therapist, Trainee Clinical Psychologist

Band 6 £21,630 – £29,302

Amicus believes that the Art Therapist profile will be made 'redundant' by recent additional work to produce profiles. No Arts Therapists in AWP, SWLMHT and WKSCT have matched this profile.

Specialist Clinical Psychologist

Band 7 £26,106 – £34,417

New or recently qualified Clinical Psychologists in SWL have matched band 7 resulting in a gain in the new pay maximum by £8,516 (currently spine point 29) at today's salary rates.

Highly Specialist Clinical Psychologist

Band 8a/b £33,298 – £39,958, £38,786 – £47,949

Clinical Psychologists in SWL have matched both band 8a and 8b. This results in a gain in the new pay maximum by £8,516 (currently spine point 32) at today's salary rates for those matched against band 8a. This results in a gain in the new pay maximum by £10,824 (currently spine point 38) at today's salary rates for those matched against band 8b.

Consultant Clinical Psychologist

Band 8b-d £38,786 – £47,949, £46,671 – £57,539, £55,941 – £69,260

All Consultant Clinical Psychologists in SWL have matched band 8d resulting in a gain in the new pay maximum by £26,132 (currently spine point 42) at today's salary rates. As a result of this gain they will go on transitional points as their current salary maximum is below the minimum of band 8d.

* Heads of Psychology or Specialist Services in SWL have undergone local evaluation in the absence of an agreed profile at this level which is currently being discussed. We hope that profiles will be agreed for Counsellors and additional profiles for Arts Therapists by the time this document is circulated. We are working on a JAQ for Counselling Managers. Adult Psychotherapists, Child Psychotherapists and Family Therapists are now proposing to use the psychology profiles for matching. This will have to be tested in the Early Implementer sites and none of these groups have been matching.

Pharmacy

The Guild of Healthcare Pharmacists report that Pharmacists in all sites have matched to profiles apart from the specialist posts which is being addressed through the review of profiles. Although each site has exceptions the outcomes have been accepted.

There are no significant gains on assimilation but the longer pay spines will allow future increases with progression for a larger number of posts. The application of the national RRP has not yet been determined.

A significant number of posts have still to be disclosed so the full effect on salaries cannot yet be determined. The new career structure is welcomed with band 6 covering the previous A-C progression.

band 7 is for experienced grade C posts in specialist areas and some existing grade D posts. The starting salary is below the current grade D start point for new applicants but not on assimilation.

Only AHT has assimilated the Chief Pharmacist post.

Pharmacy Assistant

Band 2 £11,508 – £14,278

Pharmacy Assistants in all relevant sites have matched this profile resulting in a gain in the new pay maximum by £1,935 (starred points not taken into account) at today's salary rates.

Pharmacy Assistant (Higher), Pharmacy Technician (Entry Level)

Band 3 £13,266 – £15,877

We have no information on whether any Assistants have matched band 3. Pharmacy Technicians in AHT have matched band 3.

Pharmacy Technician

Band 4 £15,504 – £18,647

Pharmacy Technicians in AHT have matched band 4.

Pharmacy Technician (Higher Level)

Band 5 £18,114 – £23,442

Pharmacy Technicians in AHT have matched band 5. The Guild of Healthcare Pharmacists report that long serving postholders at the top of the MTO scale and those with discretionary points will require protection.

Clinical Pharmacist, Pharmacist Post Registration, Specialist/Team Leader Pharmacy Technician

Band 6 £21,630 – £29,302

The Guild of Healthcare Pharmacists report that most sites are having “problems” with the Pharmacy Technician profiles particularly at band 6 and band 7.

Chief Pharmacy Technician, Specialist Clinical Pharmacist

Band 7 £26,106 – £34,417

Highly Specialist Clinical Pharmacist

Band 8a/b £33,298 – £39,958, £38,786 – £47,949

Principal Clinical Pharmacist/Clinical Pharmacy Services Manager

Band 8b/c £38,786 – £47,949, £46,671 – £57,539

Chief Pharmacist/Director of Pharmaceutical Services

Band 8c-9 £46,671 – £57,539, £55,941 – £69,260; £66,063 – £83,546

* We are discussing a draft of a profile Pre-Registration Pharmacist. However, we are unable to give an expected date for publication.

Speech & Language Therapy

Virtually the whole Speech and Language Therapy service in CCPCT is seeking a review of matching outcomes. Following an intervention by Amicus which resulted in amendments to both the matching procedure and the Job Evaluation factor plan the Trust is re-matching the service. This is scheduled to take place after the copy deadline for this publication. The outcomes will be reported to members by normal means.

We have received relatively few replies from GSTT. However reports from Managers and Representatives indicate only one SLT in GSTT is on salary protection. Whether this “loss” materialises depends on whether they are subsequently developed into a higher band.

Clinical Support Worker SLT

Band 2 £11,508 – £14,278

Clinical Support Worker SLT (Higher)

Band 3 £13,266 – £15,877

SLT Assistant/Associate Practitioner

Band 4 £15,504 – £18,647

Speech and Language Therapist

Band 5 £18,114 – £23,442

SLTs in CHS have matched band 5 resulting in a gain in the new pay maximum by £3758 (currently spine point 20-22) at today's salary rates.

Specialist Speech and Language Therapist

Band 6 £21,630 – £29,302

SLTs in AHT and GYPCT have matched band 6 resulting in a gain in the new pay maximum by between £3,401 (currently spine point 27-29) and £7,159 (currently spine point 23-25) at today's salary rates which will be reached between 4-8 years.

SLTs in CHS have matched band 6 resulting in a loss in the new pay maximum of -£1000 (currently spine point 31-33) at today's salary rates. All respondents to the survey in CHS who were matched are seeking a review of matching outcomes.

SLTs in HPCT have matched band 6 resulting in a changes in the new pay maximum by between a gain of £5,355 (currently spine point 25-27) and a loss of -£3470 (currently spine point 33-35) at today's salary. No SLT appears to have matched band 7 or above. Some members are seeking a review.

Highly Specialist Speech and Language Therapist

Band 7 £26,106 – £34,417

SLTs in GYPCT have matched band 7 resulting in a gain in the new pay maximum by circa £4,000 (current spine point not clear) at today's salary rates which will be reached in 4 years.

SLTs in CHS have matched band 7 resulting in a loss in the new pay maximum by -£2450 (currently spine point 36-38) and -£7053 (currently spine point 39-41) at today's salary rates. All respondents to the survey in CHS who were matched are seeking a review of matching outcomes.

Principal Speech and Language Therapist

Band 8a/b £33,298 – £39,958, £38,786 – £47,949

A SLT in AHT has been reviewed into band 8a resulting in a gain in the new pay maximum by £1,618 (currently spine point 37-39) at today's salary rates which will be reached in 2 years. Another colleague in this Trust matched band 8a resulting in a virtual pay standstill but is undergoing a review. One colleague matched at band 8b will be on protected pay but is undergoing a review.

SLTs in CHS have matched band 8a resulting in a loss in the new pay maximum by -£3170 (currently spine point 40-42) at today's salary rates. Most respondents to the survey in CHS who were matched are seeking a review of matching outcomes.

Consultant Speech and Language Therapist

Band 8a-c £33,298 – £39,958, £38,786 – £47,949, £46,671 – £57,539

A SLT in an EI site has matched band 8c resulting in a gain in the new pay maximum by £2967 (currently spine point 40-47) at today's salary rates.

* We are working with the Royal College of Speech and Language Therapists on JAQs for a Senior Consultant role and a specialist SLT working in the community.

Theatres

Theatre Nurse

Band 5 £18,114 – £23,442

Theatre Nurses have matched band 5 in PHT resulting in pay advance depending on current Whitley grade. ODPs have been locally evaluated in PHT at band 5 resulting in pay advance depending on current Whitley grade.

Specialist Theatre Nurse

Band 6 £21,630 – £29,302

Theatre Nurses have matched band 6 in PHT resulting in pay advance depending on current Whitley grade. ODPs have been locally evaluated in PHT at band 6 resulting in pay advance depending on current Whitley grade.

Theatre practitioners in PHT have matched at band 7 with managers at band 8c and 8b. The pay effect is not known.

* Profiles should soon be agreed for Theatre Practitioners. These will eliminate the possibility of pay differences arising between Operation Department Practitioners (ODPs) and Theatre Nurses at the same level of practice. We are working with the National Association of Theatre Nurses and the Association of Operating Department Practitioners on identifying postholders for evaluation in more senior clinical roles as well as managerial roles.

The complete list of all agreed national job profiles can be accessed on the Department of Health's website www.dh.gov.uk. All published profiles are being reviewed so titles may have changed when you look at the site.

Working or providing emergency cover outside normal hours

This part of the proposed agreement proved to be the most problematic of the review and the experience of the Els. As a consequence it was recognised that further work and experience were required in order to arrive at national agreements which provide incentives for staff to work unsocial hours or on-call whilst meeting the needs of the service. The outcome from the review has led to a new agreement, which provides for the maintenance of the status quo on Whitley and local unsocial hours working until re-negotiation takes place in October 2005. Alongside this it was also recognised that the on call arrangements should be maintained on the current four year protection arrangement pending further re-negotiation and that the four year protection will apply to all on-call agreements including national as well as local on call agreements. The provisions for unsocial hours and on call are:

Working outside normal hours

- Pay enhancements will be given to staff whose work in standard hours, excluding overtime and work arising from on-call duties, is carried out in unsocial hours.
- From 1 October 2004 until 31 March 2006, the definition of unsocial hours and the enhancement payable will be as set out in the interim regime below.

- The NHS Staff Council* will review and devise new harmonised arrangements to apply with effect from 1 April 2006, based on further monitoring of experience in EIs, and evidence from national roll out. The review will ensure that these new arrangements are consistent with equal pay for work of equal value.

Interim Regime

- Unless otherwise provided below, staff will continue to be paid for work in standard hours, excluding overtime and work arising from on-call duties, carried out in unsocial hours using the mechanism described within the relevant current Whitley Council provisions for each staff group, using Agenda for Change pay rates.
- Basic salary for this purpose will include any long-term recruitment and retention premia. It will not include short-term recruitment and retention premia, high cost area payments or any other payments.
- In the case of staff on contracts which are a combination of Whitley basic pay with locally determined unsocial hours provision, upon assimilation to the Agenda for Change package they will continue to receive unsocial hours payments in accordance with their existing local arrangements.
- Staff employed on Whitley terms and conditions where there is no provision for unsocial hours payments or equivalent will be entitled to unsocial hours payments on the basis of the rules applicable to nurses and midwives.

* This Council replaces the General Whitley Council and all functional councils.

- Staff on local contracts who accept the Agenda for Change package will receive unsocial hours payments in accordance with the relevant Whitley provisions for that occupational group, or if there are none on the basis of the rules applicable to nurses and midwives.

On-call and other extended service cover

- From 1 October 2004, groups of staff will be able to either retain their current on-call provisions where agreed locally or to use the on-call provisions set out below. Staff for whom there is no on-call provision currently will be entitled to the arrangements set out below. Protection applies to all local and national on-call agreements.
- The NHS Staff Council will review and may devise new harmonised arrangements during the four year period of protection for on-call, based on further monitoring of experience in early implementer sites, and evidence from national roll out.
- An employee who is required to be available to provide on-call cover, outside their normal working hours, will be entitled to receive a pay enhancement. This enhancement recognises both their availability to provide cover and any advice given by telephone during periods of on-call availability.

Frequency of On-Call	Value of Enhancement as Percentage of Basic Pay
1 in 3 or more frequent	9.5%
1 in 6 or more but less than 1 in 3	4.5%
1 in 9 or more but less than 1 in 6	3.0%
Between 1 in 12 or more but less than 1 in 9	2.0%
Less frequent than 1 in 12	By local agreement

*The staff council replaces the General Whitley Council and functional councils

- 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.
- Where agreed locally, all current on-call arrangements may be protected for groups of employees for up to four years from the effective date of assimilation irrespective of whether they were nationally or locally agreed. This extended protection will apply to existing staff and new staff during the period of protection.

Pay in high cost areas (HCA)

The system of London weighting fringe allowances and cost of living supplement is replaced by pay in high cost areas. The provision is as follows:

HCA supplements will be available in areas outside London.

Area	Level (1 October 2004)
Inner London	20% of basic salary, subject to a minimum payment of £3,197 and a maximum payment of £5,328.
Outer London	15% of basic salary, subject to a minimum payment of £2,664 and a maximum payment of £3,729.
Fringe	5% of basic salary, subject to a minimum payment of £799 and a maximum payment of £1,385.

Area	Level (1 April 2005)
Inner London	20% of basic salary, subject to a minimum payment of £3,300 and a maximum payment of £5,500.
Outer London	15% of basic salary, subject to a minimum payment of £2,750 and a maximum payment of £3,850.
Fringe	5% of basic salary, subject to a minimum payment of £825 and a maximum payment of £1,430.

The outcome of the review indicated that the current zoning of London Weighting should be based on PCTs but that staff who are employed in more than one high cost area can be subject to local agreement on a harmonised rate of payment. In order to minimise those requiring pay protection from the combination of the previous London weighting and the Cost of Living Supplements (COLS) payments provision has been made for assimilation to a higher point on the pay band on 1 October 2004.

Payments starts rising from minimum above Spine Point 11 (in band 3) with maximum reached at Spine Point 28 (in band 6).

Recruitment & Retention Premia (RRP)

The provisions for recruitment and retention premia are as follows:

- A recruitment and retention premium is an addition to the pay of an individual post or specific group of posts where market pressures would otherwise prevent the employer from being able to recruit staff to and retain staff in sufficient numbers for the posts concerned at the normal salary for a job of that weight.
- Recruitment and retention premia will be supplementary payments, over and above the pay that the post holder receives by virtue of their position on their pay band, any high cost area supplements, or any payments for unsocial hours or on-call cover.

RRP may be short term or long term.

Long-term recruitment and retention premia:

- Will be awarded on a long-term basis;
- Will have their values regularly reviewed;
- May be awarded to new staff at a different value to that which applies to existing staff; and
- Will be pensionable, and will count for the purposes of overtime, unsocial hours payments and any other payments linked to basic pay.

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; and
- Will not be pensionable, or count for purposes of overtime, unsocial hours payments or any other payments linked to basic pay.



Nationally agreed recruitment and retention premia

- The table below lists a number of jobs for which there is prima facie evidence from both the work in the job evaluation scheme and consultation with management and staff representatives that a premium is necessary to ensure the position of the NHS is maintained during the transitional

Job
Chaplains *
Clinical Coding Officers
Cytology Screeners
Dental Nurses, Technicians and Therapists, Hygienists
Estates Officers/Works Officers
Financial Accountants
Invoice Clerks
Medical Laboratory Scientific Officers
Payroll Team Leaders
Pharmacists
Qualified Maintenance Craftspersons **
Qualified Maintenance Technicians **
Qualified Medical Technical Officers
Qualified Midwives (new entrant)
Qualified Perfusionists

* The RRP for chaplains replaces the chaplains' accommodation allowance. Any premium agreed must not be less than the level of any accommodation allowance already in payment.

** The current agreed level of premium for these jobs is £2,808.

The outcome from the review provides for - exceptionally - RRP in excess of 30% of basic pay may be paid where justified under pre-determined criteria.

Terms and conditions of service

HOURS OF THE WORKING WEEK:

These will be harmonised at 37.5 hours with protection up to 2011 for those working less than 37.5 hours currently.

The assimilation and protection arrangements are as follows:

Current standard hours	New standard hour
Up to 39	37 from 1 December 2004
More than 39, up to 41	39 from 1 December 2004 37 from 1 December 2005
More than 41	40 from 1 December 2004 39 from 1 December 2005 37 from 1 December 2006

Assimilation of working hours for those currently working less than 37 hours

Current Full-Time Standard Hours	New Standard Hours (Years from 1 December 2004)
37 hours	<ul style="list-style-type: none"> • Three years on 37 hours
36 hours	<ul style="list-style-type: none"> • Three years on 36 hours • One year on 37 hours
36 hours	<ul style="list-style-type: none"> • Three years on 36 hours • Two years on 37 hours
35 hours	<ul style="list-style-type: none"> • Four years on 35 hours • Two years on 36 hours • One year on 37 hours
33 hours	<ul style="list-style-type: none"> • Four years on 33 hours • Two years on 35 hours • One year on 37 hours

Overtime payment

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

Annual leave and general public holiday

All staff will see the following entitlement to annual leave and general public holidays in the following table.

Length of Service	Annual Leave + General Public Holidays
On appointment	27 days + 8 days
After 5 years service	29 days + 8 days
After 10 years service	33 days + 8 days

- These leave entitlements include the two extra-statutory days available in England and Wales in the past, and therefore any local arrangements to add days on account of extra statutory days will no longer apply. In Scotland this entitlement includes the two additional days that could previously be designated as either statutory days or annual leave. In Northern Ireland this entitlement also contains the two extra-statutory days, however there are ten general public holidays.
- Length of service is based on total aggregated NHS employment.
- Staff whose current annual leave entitlement exceeds the above will receive five years protection.

Sick leave

This has been harmonised to provide all staff with a maximum of six months full pay and six months half pay. Sick pay will be calculated on the basis of what the individual would have received had he/she been at work and therefore includes: unsocial hours payment, RRP and high cost area supplements.

Terms and conditions handbook

This is the new handbook which replaces the General Whitley Council Handbook and all the functional Whitley Council handbooks. It incorporates the terms of the September 2004 proposed agreement together with general Whitley provision which are not covered by the agreement.

A number of key improvements have been achieved from the review and incorporated into the terms and conditions handbook, including a new maternity leave agreement providing additional pay and the first national agreement on facilities for union representatives.

Career and pay progression: The Knowledge & Skills Framework

- To support personal development and career progression, there will be an NHS Knowledge and Skills Framework. The Framework will support the process of annual development reviews and agreeing personal development plans.
- The NHS Knowledge and Skills Framework will help staff develop their skills to the full in a particular NHS post. It will help ensure better links between education, development and career and pay progress for all NHS staff.
- Each member of staff will have a personal development plan which will identify the development and how it will be supported. Personal development plans will be used to help staff ensure that by the time they reach these gateways they are applying the appropriate knowledge and skills for the job.
- There are two identified points in each pay band known as gateways.
- Pay progression at these gateways will be linked to the demonstration of applied knowledge and skills following an assessment.
- The position of the second gateway will vary between pay bands but will fall between the top three points of the pay band.

Assimilation and protection arrangements

The effective date for a national roll out of Agenda for Change dependent upon second union ballots is 1 October 2004 with the operational start date of 1 December 2004. No one will lose pay or annual leave entitlements as a result of 1 December operational date. Assimilation to higher pay and additional annual leave is calculated from 1 October but those reducing hours to 37.5 hours would assimilate on 1 December 2004. Those requiring protection for hours of work will commence their protection from 1 December 2004. The provisions for pay protection commencing on 1 October 2004 are as follows:

Payments Before Assimilation	Payments After Assimilation
<p>Basic pay, including any contractual overtime: plus</p> <p>Leads and allowances measured in the Job Evaluation Scheme, or taken into account in any recruitment and retention premia (see Annex B): plus</p> <p>London weighting fringe allowances and cost of living supplements: plus</p> <p>On-call payments (unless special transitional arrangements are in force – see paragraph 2.27): plus</p> <p>Bonus payments from schemes discontinued following implementation of the new pay system: plus</p> <p>Other leads and allowances paid as part of regular pay which will cease on assimilation (see paragraph 1.13)</p>	<p>Basic pay, including any contractual overtime: plus</p> <p>Recruitment and retention premia: plus</p> <p>High cost area supplements: plus</p> <p>On call payments (unless special transitional arrangements are in force – see paragraph 2.27)³: plus</p> <p>Any new bonus schemes authorised under the new system.</p>
Total	Total

Monitoring, reviews and appeals

- A national framework will be agreed by the NHS Staff Council for national roll out, supported by the learning gathered during early implementation, to ensure that consistent information will be collected on:
- The use of the job evaluation scheme and job profiles;
- The use of the unsocial hours system;
- The use of recruitment and retention premia against the agreed criteria;
- The use of the KSF and development reviews;
- The provision of support for training/development (including funding and protected time);
- The progression of staff through payband gateways.

Local reviews

- The information will also be used locally to identify problems.

National reviews

- The NHS Staff Council can be consulted by local employers or staff representatives on the interpretation of the agreement where there is an issue that may have wider applicability. Additionally the NHS Staff Council will have a monitoring role in the identified areas and where inconsistencies are emerging, recommendations and advice will be given to local employers and staff representatives.

Reviews (appeals against Band Match decisions)

- Staff who are unhappy about the matching panel's decision regarding their pay band may seek a review of the panel's decision. This is effectively an appeal and Amicus will advise members in this position.
- Every effort will be made to ensure that locally managers and staff are able to resolve differences without recourse to formal procedures, i.e. grievances about procedure but staff are entitled to lodge a grievance if proper processes are breached. They should agree in partnership a procedure to resolve differences locally.
- Where appeals are upheld the associated pay or benefits will normally be backdated to the date the appeal was lodged. But in the case of appeals relating to decisions in relation to assimilation they will be backdated to the effective date of assimilation provided the appeal was lodged within six months of the date on which the person was notified or could otherwise have reasonably been expected to be aware of the decision giving rise to the appeal.

Partnership

At every stage of implementation there must be an effective partnership approach involving union and management representatives. An additional £30 million new money was announced in October 2004 to fund back fill for the release of reps/stewards. The procedures that will implement Agenda for Change rely on joint union and management work – this includes job matching where panels, local evaluation of jobs and appeals. Only by partnership can the proposed agreement be implemented.



For more information on Agenda for Change
www.amicustheunion.org




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