

JEWP: MOVING FROM PRACTICE MATCHING TO CAJE

1. What needs doing

There are a number of processes to be gone through alongside moving from practice matching, whether on paper or the spreadsheet system, to full use of the CAJE system for roll-out of Agenda for Change:

- (1) Review of all practice matching, as required by the Agreement.
- (2) Review of all matching in the light of the publication of revised and additional profiles, as necessary.
- (3) An early consistency check on practice matching to date
- (4) Physical uploading of practice matching from paper or spreadsheet.

2. How it can be done

These processes can all be most conveniently and efficiently done at the point of entering practice and early real matches onto the CAJE system in early January 2005. The logistics are for local determination, but the exercise might be carried out by a small joint partnership group, for example:

- (1) A core team of experienced matching panel members
- (2) A previously agreed consistency checking panel (see revised Job Evaluation Handbook, section 11, p.80)
- (3) JE leads

- working together with a System Administrator or experienced system user.

Much of the process should be a relatively quick and mechanical inputting of paper matching or copying over of panel assessments and rationales (which could be done during or in advance of meetings), but the identified group should check:

- (1) That **job references and other administrative data** are in place
- (2) That **job statement and factor texts are clear** and in suitable language to form part of the completed matching form to be sent to jobholders (and to be accessed in case of subsequent query or request for review)
- (3) That each match is to the **most appropriate national profile** (bearing in mind that for some groups there will be new profiles e.g. a Specialist Health Visitor originally matched to the Highly Specialist Nurse profile should be re-matched to the Health Visitor Specialist profile).
- (4) Any **differences between the practice matching and CAJE outcomes** resulting from post EI revisions or additions to the profiles. The most likely differences are:
 - a. Some factor Variations will become factor Matches, as a result of widening of factor ranges
 - b. Some non-matched jobs will become Matches for similar reasons.

Any other differences should be investigated.

- (5) **Consistency of matching** across the jobs transferred into the CAJE system. Undertaking a check at this time will allow identification of:
 - a. Any panel's matching which is out of line with the majority
 - b. Patterns of matching – there should be similar matching patterns for major job families – or clear reasons why this should not be so.
- (6) Identification of **potential cases for hybrid matching**, that is, near-match jobs but where one or two factors have Variations of more than one level. This would allow JE steering groups to take an informed decision on whether the hybrid matching procedure should be adopted.

3. The best order

In order to achieve early resolution of overtime payment issues, it may be appropriate to carry out as soon as possible the transfer process for those groups where overtime is a significant issue, for example, ancillary workers.

From a job evaluation perspective, for healthcare providing organisations, it is strongly recommended that the nursing, midwifery and health visiting job family should be transferred onto CAJE at an early stage in the process. This is because Early Implementer experienced has demonstrated that:

- (1) Matching is relatively straightforward for this job family.
- (2) Whatever the size and type of organisation, most jobs in the family should match one of the comprehensive set of profiles. (If this is not the case, investigations are required.)
- (3) There are profiles for this job family at every pay band except 1, so this matching provides a good framework for consistency checking other job families.
- (4) Consistency checking for this family is also relatively straightforward, so any panel or other problems should be easily identified.

Moreover,

- (5) As jobs in this family usually have large populations, matching targets will most easily be met.

This job family might be followed by the AHP groups and then by a non-healthcare group with generic profiles at all or most levels, for example, finance, health records.

For non-healthcare providing organisations, it is sensible to start with the most highly populated job families for which there are complete sets of families, for example, finance, in order to provide a framework for the remaining matching.