



AfC Job Evaluation Consistency Checking

Amicus is now receiving numerous reports expressing concern inappropriate actions within what is called consistency checking.

The procedure for consistency checking is detailed on pages 66-68 of the printed version of the Job Evaluation Handbook (2nd Edition). This has been supplemented by a Consistency Checking Checklist produced by the Job Evaluation Group (JEG) which is attached with this Reps Direct. These documents are available on www.nhsemployers.org.

“The aim is to achieve consistency of local matching and evaluations:

- Internally, against one other local matching and evaluations, in order to avoid local grading anomalies and consequent review requests.
- Externally, against national benchmark evaluations, in order to avoid locally matched or evaluated jobs getting ‘out of line’ with similar jobs elsewhere”.

In addition, “the failure to carry out rigorous consistency checking is likely to increase the number of requests for review in the medium term and grievances and possible equal pay claims in the longer term”.

Reading of the procedure for consistency checking reveals that it is an analytical and methodical process which relies on this to be undertaken based on the application of common sense on testing whether outcomes across factors, and between and within professions are consistent, fair and robust. As we come to appreciate this common sense is sometimes in short supply in many employers.

The procedure illustrates three common sense tests to identify possible inconsistency:

- (1) Do manager and supervisor jobs match or evaluate higher than the jobs they manage or supervise on those factors where this is to be expected?
- (2) Do Specialist jobs match higher than the relevant practitioner jobs on those factors where this is expected?
- (3) Do practical manual jobs match or evaluate higher than managerial or other jobs where hands-on activity is limited on those factors where this is to be expected?

These questions do not constitute an “iron rule” of how jobs should be ranked nor are they exclusive. All three questions are in turn qualified by the question: “If not is there good reason for this?” The answers very much depend on how services are configured and organised on a day to day basis.

Alleged abuses are taking place because some employers are seeking to subject posts which have come out higher than their expectations to constant consistency checking until they come up with an answer they will accept. Whilst we are striving for a new pay system for the NHS many perceptions about the pay hierarchy “norm” were established under Whitley. This has been shown conclusively to be imbued with gender bias. In addition, this “norm” had not kept pace with changes in work or practice, which was again, was more often than not a function of gender bias.

Equally it has been claimed than Senior Managerial roles have been re-submitted for matching following consistency checking in order to deliver acceptable pay outcomes.

Consistency checking should not be the unofficial appeal panel for Senior Managers.

Matching panels should be resolute on this and reject applications from consistency checking where a legitimate “test” is not being sought to be applied.

Let us try and illustrate:

REJECT This has come out “too high”/”too low”. Why? By what consistency criteria are they making this assertion?

ACCEPT This role has come out higher / lower than another role for factor x where the demands of the roles are the same. Why? Because this is a consistency issue.

REJECT This role has come out higher / lower than another role which was on the same Whitley grade. Why? Whitley grade is not a benchmark for consistency, what factors do they want the panel to look at again?

ACCEPT This role has come out higher / lower than another role and this is due to factor x (probably knowledge) being higher / lower when under Whitley grading criteria the knowledge requirement was the same. Why? Because this is a consistency issue.

REJECT The Manager wanted this on Band x. Why? The matching panel can only match on the information supplied not to prescription.

ACCEPT The Manager has highlighted that roles at the same level of practice and/or responsibility have come out on different Bands. Why? Because this is a consistency issue.

Responding in this way is quite defensive and we need to consider how we need to use consistency as a means to achieve fair and robust outcomes.

In order to achieve this and make the best use of consistency we need to work collaboratively across the occupations that we organise particularly where they work together in the same service areas. Obviously some factors will be easy wins e.g. consistency of working conditions between community nursing disciplines or between biomedical scientists and biochemists. But as you know from our guidance on reviews such factors will not affect the pay band. We need to focus on the key factors and particularly knowledge.

Just because we may not have people on the relevant consistency panels it does not mean we cannot raise concerns about consistency issues. This can either be focusing on particular factors between comparative occupations at employer level or ensure consistency of outcomes at SHA level in England and on country wide forums. Amicus is also raising our concerns about particular occupations at a national level.

Let us illustrate again:

You are a **maintenance craft worker** and you have come at Band 3 despite Amicus advice that all time served craft workers should be Band 4. Why not ask what roles got higher factor levels for Knowledge and Freedom to Act resulting in a Band 4 outcome and what was the nature of the job demands which merited these higher levels?

You are in a **clinical technical role** and you have come out at Band 5. Why not ask what clinical technical roles have come out in Band 6, what factors were higher and what was the nature of the job demands which merited these higher levels?

You are a **Health Visitor** and you have come out at Band 6. Why not ask what community nursing or AHP roles have come out in Band 7, what factors were higher and what was the nature of the job demands which merited these higher levels?

You are a **psychotherapist** and you have come out at Band 7. Why not ask what clinical psychology roles have come out in Band 8, what factors were higher and what was the nature of the job demands which merited these higher levels?

This information should be available for accredited Union reps for collective bargaining purposes. Or it may be simpler to ask for the information from a colleague undertaking the role with which you are seeking to make a comparison.

So your routes to obtain consistency information should be as follows.

Inconsistent factor levels at employer level: via an accredited Amicus rep at employer level.

Inconsistent outcomes between people doing the same job in your region: via your Amicus Regional Officer.

Inconsistent outcomes between people doing the same job across the country: via Amicus nationally through occupational advisory committees and/or partner professional associations.

For technical advice on this guidance please contact Colin Adkins at colin.adkins@amicustheunion.org.

30 November 2005