



## Consistency Checking

Amicus is now receiving numerous reports expressing concern about abuses of consistency checking. This is updated guidance and advice which was first issued in November 2005.

The procedure for consistency checking is detailed on pages 66-68 of the printed version of the Job Evaluation Handbook (2<sup>nd</sup> Edition). This has been supplemented by a Consistency Checking Checklist produced by the Job Evaluation Group (JEG) which is attached with this Reps Direct.

“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 have come to appreciate this common sense is sometimes in short supply in a worrying number of NHS organisations.

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, the old pay regime. 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.

All consistency checking should be undertaken on an informed and partnership basis.

Matching panels should be resolute on this and reject applications from consistency checking where a legitimate “test” is not being sought to be applied or staff side has not been involved in highlighting a claimed inconsistency.

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 previously 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.

### **“Retro” consistency checking or managerial “star chambers”**

We are now accumulating documentary evidence that managers at employer or SHA level have formed themselves into groups on a non-partnership basis to so-called consistency check outcomes across areas of work.

There are a number of reasons for this:

- Outcomes have come out higher than the subjective assessments of the senior managerial team.
- Service managers seeking to maintain previous Whitley based pay hierarchies when Agenda for Change has highlighted that these were not robust or equality proofed.
- General managers seeking to insert a pay hierarchy based on managerial skills despite moves to create clinical career pathways which are supported by Agenda for Change.
- Subjective assessment of inter-occupational relativities, sometimes bordering on professional envy, not sustained by Agenda for Change.
- Simple managerial interference outside agreed national procedures and processes.

Apart from bad practice this often has poor methodology associated. The team undertaking the consistency checking often works solely from data generated from the national CAJE system. Therefore this is not an informed process. Job information which informed the outcome and may justify the apparent inconsistency is noticeable by its absence from some employers undertaking consistency checking in this manner. It does beg the question if consistency checking is going to be undertaken in this way why bother going to matching in the first place?

This is why Amicus alleges that this is not consistency checking but managers acting as a “star chamber” determining the pay bands of staff. This will mean Agenda for Change as implemented in this way may open itself up to equal pay challenges. It would also not be impertinent to ask under this approach who consistency checks the consistency checkers and are the same methods adopted?

We should benchmark best practice:

- 1) Consistency checking must be carried out in accordance with best practice procedures as laid down nationally to ensure equal pay for work of equal value.
- 2) It is a “must do” that it is undertaken in partnership.
- 3) Any claimed inconsistencies are not amended by the consistency checking group but referred back to a matching panel for verification of the original outcome or re-matching.
- 4) Communication and the involvement of postholders must be maintained through this process to maintain confidence.

So how do we respond to retro-consistency checking or star chambers?

- 1) The matter should be raised with the senior Amicus workplace representative and/or regional officer.
- 2) Amicus should table via the joint staff side committee a collective grievance on process issues calling in Union full time officers.
- 3) All affected postholders should file a grievance and seek a review of outcomes.
- 4) If you have been notified of one outcome and possibly paid at this level and as a result of retro consistency checking you have been notified of a poorer

outcome you should seek advice from your Amicus regional officer on whether you have a case for filing a claim for a breach of contract/illegal deductions from earnings under the Wages Act. However no claims will be filed until local dispute procedures have been thoroughly exhausted.

### **Seizing the initiative**

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 trust level or ensure consistency of outcomes at SHA level in England and on country wide forums in the other countries. 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](mailto:colin.adkins@amicustheunion.org).

**June 2006**