

Focus on agenda for change and practice staff

Guidance for GPs



Focus on agenda for change and practice staff

This guidance gives an overview of the aims of Agenda for Change and the implications for GP practices. It also sets out the action that LMCs and practices may wish to take.

What is Agenda for Change?

Agenda for Change is a new NHS pay and terms and conditions system that applies to all directly employed NHS staff, except doctors, dentists and the most senior managers at or just below board level. It has been implemented since December 2004, with the expectation by the Health Department that all such staff will be transferred to the new arrangements by September 2005. The new pay arrangements are being backdated to 1 October 2004.

One of the aims of Agenda for Change (AfC) is fair pay. It is based on the principle of equal pay for work of equal value. The reform is underpinned by a job evaluation scheme specifically designed for the NHS, with staff paid on the basis of the jobs they are doing and the skills and knowledge they apply to these jobs.

Details of the NHS job evaluation scheme can be found at: https://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en

The AfC has a single pay spine which is divided into nine pay bands. There are several pay points within each band. Job posts are allocated to a pay band using the new NHS job evaluation scheme by either matching the post to an appropriate national profile or by local job evaluation. The new pay structure brings together jobs with a similar job evaluation score into common pay bands.

NHS staff can progress within each band and will normally progress through one pay point each year, up to the maximum in the pay band. At two defined "gateway" points in each pay band, progression will be based on demonstrating the agreed knowledge and skills appropriate to that part of the pay band using the NHS Knowledge and Skills Framework (KSF) which can be found at: www.dh.gov.uk/assetRoot/04/09/08/61/04090861.pdf

Table 1: Pay bands, job evaluation points and range from 1 April 2005

Band	Job Evaluation pay points	Pay range
1	0 – 160	£11,494 to £12,539
2	161 – 215	£11,494 to £14,739
3	216 – 270	£12,044 to £16,389
4	271 – 325	£13,914 to £19,248
5	326 – 395	£16,389 to £24,198
6	396 – 465	£19,523 to £30,247
7	466 – 539	£22,768 to £35,527
8 (range A)	540 – 584	£31,127 to £41,246
8 (range B)	585 – 629	£35,527 to £49,496
8 (range C)	630 – 674	£41,246 to £59,395
8 (range D)	675 – 720	£49,496 to £71,494
9	721 - 765	£59,395 to £86,240

These pay rates are based on staff working 37.5 hours a week, excluding meal breaks and receiving the following entitlement to annual leave:

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

As well as pay bands, another part of AfC is standardised terms and conditions. This includes the above annual leave entitlements, as well as recognition of previous NHS services for maternity and sick leave pay and redundancy purposes.

The implications for general practice

GP practices are not generally obliged, as independent contractors, to implement Agenda for Change and the new pay rates for their practice staff. The two exceptions to this rule are:

- where a PMS practice has previously agreed to this in its contract with the PCO
- where a member of staff's contract specifically states that they will receive AfC pay and/or terms and conditions. In addition, if the contract says that the member of staff will be paid according to national terms and conditions, then this may be regarded implicitly as referring to AfC if it is accepted that AfC is recognisable as the national terms and conditions. To eliminate any confusion employment contracts should be explicit and should specify where AfC does not apply.

While they may not be required to do so, GP practices may still choose to use the AfC guidelines (after consultation with their staff), particularly when deciding on staff pay rises, as a recruitment and retention tool and/or to motivate staff.

Funding for practices

The GPC fully recognises the GP practice staff funding issues arising from Agenda for Change. The Department of Health has argued that doctors have had adequate resources for AfC included in the new GMS and PMS contracts. The GPC strongly contests this view.

When the nGMS contract was being negotiated we repeatedly asked for additional funding for 2004-06 AfC increases. The Health Department has always claimed that this funding was factored into the global sum price. However, because money was taken out of the global sum to help fund the Quality and Outcomes Framework, this negated the impact.

We are not aware of any money having been made available nationally for AfC in PMS, and continue to raise this with the Health Department.

The GPC negotiators are trying to ensure that appropriate levels of funding for practice staff are properly factored into the review of nGMS funding and PCO-administered funds for 2006 and beyond. The only option before then is for practices to try to seek extra funds from the PCO via the PCO-administered stream, although we recognise that most PCOs will argue that they are not in a position to do this.

Joint letter by the GPC and RCN

In November 2004 the GPC and RCN issued a joint letter to GP practices. This highlighted that practices have the choice on whether or not they implement AfC, while at the same time noting that the benefits of doing so in terms of recruiting and retaining experienced nurses into general practice should be seriously considered. This joint letter can be found at www.bma.org.uk/ap.nsf/Content/lettergpcrcn1104

Benefits of implementing AfC

Many practices are currently experiencing difficulties in recruiting appropriately skilled and knowledgeable practice nurses. In the near future the recruitment and retention of experienced nurses into general practice may prove to be challenging as a result of demographic trends. The nursing population as a whole is ageing, but practice nurses in particular have an older profile with 46% of practice nurses currently over the age of 45. It will therefore be essential to recruit and retain nurses of all ages if a staffing crisis is to be avoided. A key element to solving this problem will be to provide practice nurses with a pay, conditions and career package which is competitive with their NHS colleagues.

Similarly, in order to recruit and retain other experienced and valued practice staff (such as practice managers and receptionists) who may be tempted to work elsewhere in the NHS or for a private organisation, the pay and conditions offered to these staff should be competitive.

Practices may want, regardless of AfC, to consider the type of roles that it needs staff to undertake, and the knowledge and skills needed in the practice team. For example, a practice may decide that certain tasks could be undertaken by an experienced practice nurse and also look at ways of developing its staff to allow them to have more responsibility. While there may be increased costs associated with AfC, these should be weighed against the benefits of retaining skilled and knowledgeable staff who can undertake specific tasks, contribute to delivering the Quality and Outcomes Framework successfully, and therefore help to increase the practice's overall income.

It should be noted that using AfC will not necessarily result in an immediate pay increase for practice staff. The job evaluation exercise may reveal that staff are already paid above the recommended point in their band or paid above their AfC band. It will depend, of course, on how your staff currently are rewarded.

Costs of implementing AfC

Practices should consider the following:

- 1. The likely immediate costs to the practice of using the AfC pay bands for all existing and new practice staff, including the superannuation and taxation implications.
- 2. The terms and conditions changes, in particular the implications of recognising previous NHS service on maternity and sick leave pay and redundancy payments.
- 3. The time involved in evaluating job descriptions (especially if these cannot be agreed), and the process for changing a job description.
- 4. The time involved in formulating the NHS knowledge and skills framework (KSF).

Job profiles and job evaluation for practice staff

The Department of Health's Agenda for Change team has developed national job profiles for practice nurses, practice managers and GP receptionists (see appendix).

The RCN has also produced a model job profile for practice nurses which can be found at www.rcn.org.uk/agendaforchange/payconditions/jobprofile/. The RCN estimate that the majority of practice nurses will fall within band 6 of the new pay system, but that there may be some practice nurses that fall within bands 5 or 7. The BMA's Health Policy and Economic Research Unit (HPERU) have estimated that this could result in a pay uplift of about 2.5% nationally and nearly 8% in inner London.

We are currently awaiting confirmation from the DH's workforce directorate on how practices can formally evaluate the jobs that their staff are undertaking. It is likely that the evaluation exercise will require several practices in a region to agree to take part in this process as well as PCO involvement and support. The GPC is working with the DH to ensure that, for those practices who wish to take part, the process is clear and properly supported.

What action can LMCs take?

It would be helpful if LMCs could draw this guidance to the attention of their local GP practices and then to gauge their views on AfC.

To encourage practices' interest in and implementation of AfC, LMCs might also wish to work jointly with their PCOs and SHAs to secure the resources and expertise needed to enable the required job evaluations to be carried out. Where such discussions are positive, please could you report this to the GPC office.

What action can practices take?

Taking into account all the points above, if practices wish to consider realigning pay and terms and conditions with AfC then, in the first instance, they should look at the details on the websites and discuss this with their LMC. If they wish to make this more official, then they can contact their PCO to register their interest. Practices must also consult their staff on possible changes, particularly as any change to their contract (particularly those concerning their salary and terms of employment) must be with their agreement.

If practices do not wish to undertake a job evaluation or use the AfC pay and terms and conditions, then they may want to consider other ways of recruiting and retaining staff. For example when setting pay, practices should consider local market forces both in the NHS and in the private arena, and may want to use the AfC payscale as a general guideline. In addition, we are aware that some practices have used some of the payments arising from their QOF achievements to reward staff for their work in this area. Again, of course, there is no obligation on practices to do this.

Further information

BMA members may contact AskBMA (email: <u>askbma@bma.org.uk</u>; telephone 0870 6060828) for employment advice, and in particular before changing contractual terms and conditions for staff.

Appendix

DH National Job Profiles: Practice Staff

Profile Title	Band	Sub-job family	Page
Clerical Officer (Reception)	2	AS-PS	2
Clerical Officer (Data Entry)	2	AS-PS	3
Nurse (GP Practice)	5	NM-CS	4
Practice Manager (Small	5	AS-PS	5
Practice)			
Nurse Specialist (GP Practice)	6	NM-CS	6
Practice Manager (Group	6	AS-PS	7
Practice)			

Job Title: Job **S**tatement:

Clerical Officer (Reception)

1 Provides reception service in designated areas
2 Records natient information area and makes and

	2 Records patient information area and makes appointments	
Factor	Relevant Job Information	JE Level
1. Communication &	Provide and receive routine information requiring tact or	3 (a)
Relationship Skills	persuasive skills; barriers to understanding	
	Communicates tactfully with patients, staff about appointments,	
	deals with enquiries where there may be barriers to understanding	
2. Knowledge, Training	Range of routine work procedures requiring job training	2
& Experience	Knowledge of patient administrative system, knowledge of hospital	
	departments & clerical procedures, acquired through job training	
3. Analytical &	Judgements involving facts or situations, some requiring	2
Judgemental Skills	analysis	
	Resolving issues relating to e.g. appointment issues	
4. Planning &	Organise own day to day work tasks or activities/ plan and	1-2
Organisational Skills	organise straightforward activities, some ongoing	
· ·	Organises own work load/ co-ordinates and adjusts ongoing clinic	
	appointments	
5. Physical Skills	Physical skills obtained through practice	2
_	Standard keyboard skills, manoeuvring trollies with case notes	
6. Responsibility for	Provide non-clinical advice, information to	2
Patient/Client Care	patients/clients/relatives	_
· anone onone	Provides advice and information to patients	
7. Responsibility for	Follows policies in own role, may be required to comment	1
Policy/Service	Follows departmental policies	· .
Development	Total asperantial penales	
8. Responsibility for	Personal duty of care in relation to equipment, resources/	1/2 (c)
Financial & Physical	Maintain stock control	(0)
Resources	Careful use of office equipment/ maintain department's stationery	
71000411000	stock	
9. Responsibility for	Demonstrates own activities to new or less experienced	1
Human Resources	employees	· .
	Demonstrates activities to new starters	
10. Responsibility for	Data entry, text processing, storage of data	2 (a)
Information Resources	Process and store patient information	2 (0)
11. Responsibility for	Undertakes surveys or audits, as necessary to own work	1
Research &	Completes e.g. staff surveys	· .
Development	Completes e.g. stair surveys	
12. Freedom to Act	Standard operating procedures, someone available for	2
12.11 Toodoill to Act	reference	_
	Uses initiative, advice available	
13. Physical Effort	Frequent light effort for short periods/ Occasional moderate	2 (b)/
15. T Hysical Ellore	effort for several short periods	2 (d)
	Moves case notes	2 (u)
14. Mental Effort	Frequent concentration; work pattern predictable	2 (a)
1-1. Montai Elloit	Concentration required for taking patient details	2 (a)
15. Emotional Effort	Occasional/frequent distressing or emotional circumstances	2-3
15. Emotional Emort	Deals with distressed patients, bereaved relatives	2-3
16. Working Conditions	Occasional/frequent unpleasant conditions/ occasional highly	2/01/2/01/4/
16. Working Conditions		2(a)/3(a)/4(
	unpleasant conditions/ some exposure to hazards	a)
IF Coors Don't	Occasional/frequent verbal, physical aggression JE Score 175 –209	Dond 2
JE Score Band	JE 30016 173 -209	Band 2

Job Title: Job Statement:

Clerical Officer (Data Entry)

1 Enters patient/client records in to patient information systems

2 Generates standard reports

Factor	Relevant Job Information	JE Level
1. Communication	Provide and receive routine information, to inform work	2
& Relationship	colleagues, patients, clients	
Skills	Checks with clerical and administrative staff the accuracy of patient	
	information	
2. Knowledge,	Range of routine work procedures requiring job training	2
Training &	Knowledge of data coding and input procedures acquired through job	
Experience	training	
3. Analytical &	Judgements involving facts or situations, some requiring	2
Judgemental Skills	analysis	
	Solves problems relating to patient records, checks for accuracy	
4. Planning &	Organise own day to day work tasks or activities	1
Organisational	Prioritises own work	
Skills	Dhariad akilla aktainad tharanta anatinat Davidanad akaninal	2.2/-1
5. Physical Skills	Physical skills obtained through practice/ Developed physical	2-3(a)
	skills; advanced keyboard use Input patient/client information into computer	
6. Responsibility for	Assist patients/clients during incidental contacts/ provides non-	1-2
Patient/Client Care	clinical advice, information to patients/clients/relatives	1-2
Patient/Client Care	Incidental patient/ client contact/ provides advice e.g. on appointments	
7. Responsibility for	Follows policies in own role, may be required to comment	1
Policy/Service	Follows departmental policies	'
Development	Follows departmental policies	
8. Responsibility for	Personal duty of care in relation to equipment, resources	1
Financial &	Careful use of office equipment	' ∣
Physical Resources	Caleful use of office equipment	
Responsibility for	Demonstrate own activities to new or less experienced	1
Human Resources	employees	i i
Transar resocursos	Demonstrates own tasks to new starters	
10. Responsibility	Data entry, text processing, storage of data	2 (a)
for Information	Process patient/client records; generate standard reports	_ ()
Resources	, 3	
11. Responsibility	Undertake surveys or audits, as necessary to own work	1
for Research &	Completes e.g. staff surveys	
Development	, , ,	
12. Freedom to Act	Standard operating procedures, someone available for reference	2
	Works within standard data entry procedures	
13. Physical Effort	Frequent sitting or standing in a restricted position	2(a)
	Inputting into computer for a substantial proportion of working time	
14. Mental Effort	Frequent requirement for prolonged concentration	4(a)
	Prolonged concentration is required when inputting into computer;	
	need to ensure accuracy	
15. Emotional Effort	Occasional indirect exposure to distressing or emotional	1(b)
	circumstances	
	Inputs distressing case notes	
16. Working	Use VDU equipment more or less continuously	2(e)
Conditions	Uses computer for most of working day	_,_,
JE Score/Band	JE Score 166 – 183	Band 2

Profile label:

Nurse (GP Practice)

1. Delivers nursing care, including running clinics
2. Provides health promotion advice
3. Carries out immunisations and smear tests Job Statement:

	Carries out immunisations and smear tests	
Factor	Relevant Job Information	JE Level
1.Communication & Relationship Skills	Provide and receive complex and sensitive information; barriers to understanding; persuasive, motivational, negotiating, training skills are required Communicates sensitive condition related information to patients, relatives,	4(a)
2.Knowledge, Training & Experience	requiring empathy, reassurance Expertise within a specialism underpinned by theory Professional knowledge acquired through training to degree/ diploma level	5
3.Analytical & Judgemental Skills	Range of facts or situations, requiring analysis Judgements on problems requiring investigation, analysis e.g. assessment of patient condition	3
4.Planning & Organisational Skills	Plan and organise straightforward activities, some ongoing Organise clinics	2
5.Physical Skills	Highly developed physical skills, accuracy important; manipulation of fine tools, materials Dexterity and accuracy required for e.g. Intravenous injections, syringe pumps and infusions	3(b)
6.Responsibility for Patient/Client Care	Develops programmes of care, care packages Assesses, plans, implements & evaluates clinical care of patients	5(a)
7.Responsibility for Policy/Service Development	Follow policies in own role, may be required to comment Professionally responsible for adherence to policies and procedures	1
8.Responsibility for Financial & Physical Resources	Maintain stock control Responsible for ordering supplies	2(c)
9.Responsibility for Human Resources	Demonstrate own activities to new or less experienced employees / professional/ clinical supervision Demonstrate own duties/ supervise students	1-2(b)
10.Responsibility for Information Resources	Record personally generated information Updates client records	1
11.Responsibility for Research & Development	Undertake surveys or audits, as necessary to own work; regularly undertake R & D activity; clinical trials Occasionally participates in R&D activity /undertakes R & D activity; clinical trials	1-2 (a) (b)
12.Freedom to Act	Clearly defined occupational procedures, someone available close by Works within codes of practice & professional guidelines	3
13.Physical Effort	Combination of sitting, standing, walking/ frequent light effort for several short periods Light physical effort/ Push lightweight trolleys	1-2 (b)
14.Mental Effort	Frequent concentration, work pattern predictable Concentration for implementing care plans, taking smear tests, analysing ECG printout	2 (a)
15.Emotional Effort	Occasional / frequent distressing or emotional circumstances Care of the terminally ill, care of distressed patients	2(a)-3 (a)
16.Working Conditions	Frequent unpleasant conditions; occasional /frequent highly unpleasant conditions Body odours/ Body fluids, infectious material	3 (a)/ 3 (b)/ 4 (b)
JE Score/Band	JE Score: 336-367	Band 5

JOB TITLE: PRACTICE MANAGER (SMALL PRACTICE) JOB STATEMENT:

To manage non clinical aspects of a medical practice and the practice staff
 To ensure the practice operates as an effective organisation

	practice operates as an effective organisation	
Factor	Relevant Job Information	JE level
1.Communicati	Complex information, requires negotiating, persuasive skills tact and	4
on &	diplomacy	
Relationship	Negotiates on behalf of Practice for budgets and with suppliers; Communicates	
Skills	re. staff issues & patient complaints	
2.Knowledge,	A range of non routine work procedures & practices	4
Training &	Diploma level knowledge required (12-18 months study) + detailed knowledge of	
Experience	range of legislative requirements	
3.Analytical &	A range of facts & situations which require analysis & comparison of a	3
Judgemental	range of options	
Skills	Judgements on a variety of staff &administrative problems	
4.Planning &	Number of complex activities which, require formulation & adjustment of	3
Organisational	plans	
Skills	Administrative & business planning, staff planning.	
5.Physical	Standard keyboard skills	2
Skills		
6.Responsibilit	Provides general non-clinical advice	2
y for	Informing patients of new initiatives/clinics/legislation	
Patient/Client		
Care		
7.Responsibilit	Implements policies within determined parameters	2
y for	Implements changes to working practices following approval	
Policy/Service		
Development		
8.Responsibilit	Authorised signatory for cash/financial payments; Procurement of	3(a)
y for Financial	equipment & supplies	(b) /
& Physical	Authorised signatory; procures some/all clinical & office equipment for Practice;	4(c)
Resources		
9.Responsibilit	Responsible for day to day management of a group of staff	3(a)
y for Human	Responsible for discipline, workload planning & appraisals	
Resources		
10.Responsibili	Responsible for adapting information systems to meet the specifications of	4
ty for	others	
Information	Responsible for introducing & adapting computer systems and new software, also	
Resources	information security	
11.Responsibili	Undertakes surveys/audits	1
ty for Research		
& Development	Cuided by principles 8 based economics of policies which may need	
12.Freedom to Act	Guided by principles & broad occupational policies which may need interpretation	4
ACI		
12 Dhysical	Works within Codes of Practice, occupational standards & policies & procedures A combination of sitting, standing & walking with little requirement for	1
13.Physical Effort	physical effort	'
14.Mental Effort	. ,	2/0)
14.Wentar Enort	Frequent concentration, unpredictable work	3(a)
4F Emotional	Concentration during report writing & business planning	1
15.Emotional Effort	Exposure to distressing circumstances is rare	
16.Working	Exposure to unpleasant working conditions is rare	1
Conditions		
JE Score/Band	JE Score 336-347	Band 5

Profile label:

Nurse Specialist (GP Practice)

1. Delivers nursing care, including running specialist clinics

2. Provides Health Education

3. Carries out immunisations and smear tests Job Statement:

Factor	Relevant Job Information	JE Level
10	B	
1.Communication & Relationship Skills	Provide and receive complex and sensitive information; barriers to	4(a)
Relationship Skills	understanding; persuasive, motivational, negotiating, training skills required	
	Communicates sensitive condition related information to patients, relatives,	
	requiring empathy, reassurance	
2.Knowledge, Training &	Specialist knowledge across range of procedures underpinned by	6
Experience	theory	
	Professional knowledge acquired through degree/ diploma, supplemented by	
	diploma level specialist training, experience, short courses	
3.Analytical & Judgemental Skills	Complex facts or situations requiring comparison of a range of options Skills for assessing and interpreting specialist clinical conditions	4
4.Planning &	Plan and organise straightforward activities, some ongoing	2
Organisational Skills	Organises clinics	-
5.Physical Skills	Developed physical skills, accuracy important; manipulation of fine	3(b)
	tools, materials	
	Dexterity and accuracy required for e.g. Intravenous injections, syringe pumps and infusion pumps	
6.Responsibility for	Develop programmes of care/ care packages; provide specialist advice	5(a)
Patient/Client Care	concerning care	(c)
	Assesses, plans, implements & evaluates clinical care of patients; provides	
	advice on specialist conditions e.g. diabetes	
7.Responsibility for	Implement policies and propose changes to practices, procedures for	2
Policy/Service	own area	
Development	Implements clinical policies; readjusts protocols to meet need	
8.Responsibility for	Maintain security of stock	2(c)
Financial & Physical	Orders supplies	
Resources		
9.Responsibility for	Professional/ clinical supervision	2(b)
Human Resources	Supervises students	
10.Responsibility for Information Resources	Record personally generated information Updates client records	1
11.Responsibility for	Undertake surveys or audits, as necessary to own work/ regularly	1-
Research &	undertake R & D activity/ clinical trials	2(a)/2
Development	Occasionally participates in R&D activity /undertakes R & D activity; clinical	p(b)
	trials	
12.Freedom to Act	Clearly defined occupational policies, work is managed, rather than	3-4
	supervised/ broad occupational polices	
	Accountable for own professional actions, not directly supervised/lead	
40 Db	specialist	4.0%
13.Physical Effort	Combination of sitting, standing, walking/ frequent light effort for	1-2(b)
	several short periods Light physical effort/ Push lightweight trolleys	
14.Mental Effort	Frequent concentration, work pattern predictable	2/2)
14.Wental Enort	Concentration for implementing care plans, taking tests	2(a)
15.Emotional Effort	Occasional/ frequent distressing or emotional circumstances	2(a)-
13.Emotional Enoit	Care of the terminally ill; care of distressed patients	2(a)- 3(a)
16.Working Conditions	Frequent unpleasant conditions: occasional/ frequent highly unpleasant	3(a)(b)
19.4VOIKING Conditions	conditions	3(a)(b) 4(b)
	Body odours/ body fluids, infectious material	7(0)
JE Score/Band	JE Score: 401-436	Band
JE GOOFFBAIR	0L 0001E. 401-400	6

Job Title:

Practice Manager (Group Practice)

1. Manages non-clinical aspects of group medical practice and practice staff.

2. Ensures the practice operates as an effective organisation.

3. Develops, monitors and maintains business initiatives Job Statement:

Develops non-clinical policies, practices and procedures

	Develops non-clinical policies, practices and procedures	
Factor	Relevant Job Information	JE Level
1.Communication & Relationship Skills	Communicates complex information requiring negotiating, persuasive skills Negotiates with PCT on services to be provided by practice; advises partners	4(a)
	& staff on external initiatives	
2.Knowledge, Training &	Expertise within specialism underpinned by theoretical knowledge or	5
Experience	practical experience	
-	Knowledge of admin/ business management policies, procedures, practices:	
	acquired through degree level education, professional qualification or	
	equivalent	
3.Analytical &	Complex facts or situations requiring analysis, interpretation,	4
Judgemental Skills	comparison of options	
	Practice contract decisions, management issues, how to deal with	
	complaints, implement national regulations, policies	
4.Planning &	Complex activities requiring formulation, adjustments	3
Organisational Skills	Administrative & business planning, staff planning, seminars, co-ordination	
	with other agencies	
5.Physical Skills	Skills obtained through practice	2
	Standard keyboard, driving skills	
6.Responsibility for	Provides general non-clinical advice	2
Patient/Client Care	Informs patients of new initiatives/ services	
7.Responsibility for	Implements policies, proposes changes to policies, impact beyond own	3
Policy/Service	area	
Development	Responsible for implementing policies, government initiatives; develops	
	policies with impact on clinical staff & other agencies e.g. risk management,	
0 Danasasibilitatas	health & safety Budget setting for service; procurement of all supplies for service	4 (6)
8.Responsibility for Financial & Physical		4 (b) (c)
Resources	Responsible for budget setting for practice; procurement of equipment &	(C)
9.Responsibility for	supplies Day to day management/ line manager for service	3(a)/
Human Resources	Allocates work, supervises, recruits, provides training for practice non-clinical	4(a)
numan Resources	staff/ line manager for admin staff, including workload planning	7(a)
10.Responsibility for	Responsible for adapting information systems to meet specifications of	4(a)
Information Resources	others	7(a)
illionillation Resources	Responsible for introduction, adaptation, maintenance of computer systems	
11.Responsibility for	Undertakes surveys/audits	1
Research &	Undertakes patient surveys, audit review of patients	Ι΄.
Development	orideranes pateric surveys, addit review or patients	
12.Freedom to Act	Broad occupational policies	4
12.11ccdom to 7tot	Lead for non-clinical business/ administration; manages non-clinical aspects	
	of practice	
13.Physical Effort	Combination of sitting, standing, walking	1
14.Mental Effort	Frequent concentration, unpredictable work	3(a)
	Concentration for business plans, reports, stats; frequent interruptions	-,,
15.Emotional E	Occasional exposure to distressing circumstances	2
	Patient complaints, staffing issues	
16.Working Conditions	Exposure to unpleasant conditions is rare/occasional	1-2
	Verbal aggression from patients	
JE Score/Band	JE Score: 409-424	Band
		6