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20 May 2011

Dear Colleague

GUIDANCE ON THE USE OF ANNEX T: CEL 01 (2010)

I write to advise you that the above document, which provides guidance on the application of Annex T of the NHS Terms and Conditions of Service Handbook, was due for review in December 2010 and has now been considered by the Scottish Terms and Conditions Committee (STAC).

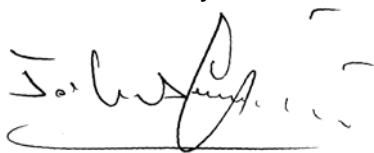
The guidance was intended to enable Boards to consider the wider use of Annex T to improve recruitment and retention of qualified staff and allow them to develop quickly as autonomous practitioners. STAC believes that the correct use of Annex T can assist organisations with service re-design and should be considered when developing and implementing workforce plans.

In reviewing the use of the Annex, STAC noted that its main use was still with Midwifery staff and, although it was encouraging to note that some Boards had also applied the Annex to other staff groups, STAC was disappointed that it had not been applied more widely and consistently.

Having reviewed the guidance, STAC is not of the opinion that this needs to be expanded in any way but has agreed that it should be re-issued and that Boards should be encouraged to make full use of the benefits of applying the Annex to a range of staff groups.

A copy of this Chief Executive Letter (CEL) is attached as an Annex and can also be viewed at www.sehd.scot.nhs.uk.

Yours sincerely



John Cowie
Deputy Director for Health Workforce
Employment and Retention

Health Workforce Directorate
Employment and Retention Division



Dear Colleague

DEVELOPMENT OF PROFESSIONAL ROLES AND ACCELERATED CAREER PROGRESSION - ANNEX T

Summary

1. HDL(2007)2, issued on 11 January 2007, gave background information and guidance on the application of Annex T of the Agenda for Change Terms and Conditions Handbook. Following further discussion within the Scottish Terms and Conditions Committee (STAC), this letter provides an updated version of that guidance.

Background

2. Identifying and advertising posts as Annex T posts will improve recruitment and retention of qualified staff and appropriate development will quickly result in these staff operating as autonomous practitioners. This in turn assists organisations with service re-design required to meet a range of targets.

3. It is hoped that this revised guidance will enable Boards to consider the wider use of Annex T and ensure that it has been implemented in full where appropriate.

4. The updated policy, agreed in partnership by STAC, is set out at Appendix A. STAC will review the policy again in 12 months time.

5. Employers are asked to make their own arrangements for obtaining additional copies of this Chief Executive Letter (CEL) which can be viewed at www.sehd.scot.nhs.uk.

Yours sincerely

Jacqui Jones
Deputy Director of Health Workforce

CEL 01 (2010)

22 January 2010

Addresses

For action

Chief Executives, NHS Boards and Special Health Boards and NHS National Services Scotland (Common Services Agency)
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GUIDANCE ON THE APPLICATION OF ANNEX T OF THE AGENDA FOR CHANGE TERMS AND CONDITIONS

1. AUTHORITY

1.1 This technical guidance note is written in accordance with the conditions laid down in Annex T in the Agenda for Change Terms and Conditions Handbook. For clarification, Annex T states:

- 1 *The NHS Job Evaluation Scheme recognises that all health care professionals who have, as a base level, graduate qualification evaluate at a similar level. Whilst there may be differences these are unlikely to be sufficient to justify a different pay band. This means that it is very likely that they will be placed on pay Band 5. Thereafter most professionals will spend a period of several years in pay Band 5 developing their role.*
- 2 *It is the case thereafter that for a minority of staff there is some divergence as different professions follow different career pathways. There are also often different organisational structures in place to deliver health care.*
- 3 *There are groups of staff (such as midwives) who tend to move quickly to operate in roles that demand a level of autonomous decision making in the overall delivery of care that exceeds that normally associated with jobs allocated to pay Band 5. Typically these roles operate without the influence of other professional groups. Where supervision operates, it is generally management supervision and does not normally impinge upon clinical practice. In such circumstances job size should be reviewed no earlier than one-year and no later than two years from the date of qualification, using the NHS Job Evaluation Scheme. If the evaluation demonstrates that the post holder's job weight is of sufficient size to move to the next pay band (pay band 6) this should be effected without the need for application for a post at a higher level. It is not expected that the review will be widespread practice as the majority of staff will work in circumstances in which there is regular clinical supervision and the delivery of care and treatment is subject to control or influence from other health care professionals. There is no facility for this provision to operate in any other part of the pay structure.*

2. POSTS WHICH MAY BE INCLUDED

2.1 The posts which may be covered by these agreements are posts which have been appropriately graded at Band 6, but organisations have chosen to appoint newly qualified Health Care Professionals on Band 5 in recognition that they require development and supervision before they can function at Band 6.

2.2 The posts which may be included must comply with the following:

- The profession must be degree-qualified and be state registered;
- Newly qualified entrants are appointed to Band 5 as new starts in the NHS;
- Skills to perform the Band 6 level must be developed within 12 months and 24 months after starting employment in Band 5;
- The employee on moving to Band 6 must be able to work autonomously with limited supervision of their clinical work.

3. TYPES OF POSTS

3.1 Annex T does not enable every new graduate appointed to Band 5 to move automatically to Band 6 within 24 months. However, it should be applied to new graduates who are appointed to a Band 5 post and who are given an undertaking that within 24 months and through agreed development they should be able to fulfil the duties at band 6 and that they would operate as autonomous practitioners.

3.2 There are examples in NHS Scotland of Annex T being successfully applied to a range of posts including:

Midwifery
Radiography
Podiatry.

This list is not exhaustive and Annex T may be applied to other posts deemed to be appropriate for accelerated progression.

3.3 **Midwifery** - The guidance is quite clear that it will apply to newly qualified midwives, who will be appointed on the basis that after they complete a period of preceptorship they will be working autonomously and be able to function at a Band 6 level. There is an expectation that this preceptorship will normally be for 12 months.

3.4 **Other Staff** – Further guidance from the NHS Executive of the UK Staff Council states that this provision is not restricted to midwives. It applies to all staff groups meeting the criteria in paragraph 3 of the Annex. Therefore, Annex T will apply in circumstances where newly qualified Health Care Professionals are appointed and organisations have chosen to appoint on Band 5 in recognition that they require development and supervision before they can function at Band 6.

4. PROCESS FOR MOVING TO BAND 6

4.1 All organisations need to ensure that there are processes and procedures in place to “sign-off” the fact that an individual employee is able to work autonomously. These processes and procedures must meet the standards established by clinical governance arrangements within local health board areas.

4.2 The competence which the newly appointed postholder must achieve before they transfer to Band 6 must be clearly identified at the commencement of employment as part of the induction process for the individual. This will then be

incorporated into structured KSF outlines, KSF reviews and the Personal Development Plans for the individual.

4.3 The process must clearly timetable and detail the competencies which require to be achieved to allow the postholder to operate at the higher Band, and the skills that the postholder will need to acquire in order to work autonomously.

4.4 The KSF outline for Annex T posts should be the band 6 outline and fulfilling the foundation outline will provide evidence to the review panel of the individual's ability to undertake additional responsibilities and greater autonomy sufficient to meet the full job requirements of the higher level post.

4.5 The review process will be undertaken in accordance with the KSF guidance by the employee's supervisor.

4.6 If no review process takes place within the agreed timescale, organisations must implement this as soon as practical and the effective date of acceleration would be backdated to 24 months following commencement of appointment. An employee should not be disadvantaged if a manager fails to conduct a review meeting timeously.

4.7 If there are any issues of performance or capability these will be dealt with in accordance with agreed Human Resources policies and procedures on such matters.

5. EFFECTIVE DATE OF APPLICATION

5.1 Annex T became effective on 01 October 2004 and any member of staff in a post agreed as an Annex T post should have had this applied on a retrospective basis following assimilation provided they had been in post on Agenda for Change terms and conditions for the required 12-24 months.

5.2 Where there were previous linked grade agreements in place based on Whitley grades, discussions on whether these posts should have become Annex T should take place to ensure that the Annex is being implemented to all appropriate posts.

5.3 Where posts have not been agreed as Annex T posts and Band 5 staff feel they have progressed and are working in Band 6 posts, the local regrading policy should apply.

6. REVIEW DATE

6.1 The Scottish Terms and Conditions Committee will review this policy again in December 2010.