

NHS Job Evaluation Scheme Agenda for Change

A guide for RCN officers and representatives

What is job evaluation?

Job evaluation (JE) can be defined as:

“A systematic process for defining the relative size of jobs within an organisation in order to establish internal relativities and provide the basis for designing an equitable pay and grading structure.”

Between 1988 and 2004 nurses and health care assistants had their posts evaluated and their pay determined under the Whitley Clinical Grading System – a system specific to nursing. During this time there were a number of ‘functional Councils’ under the General NHS Whitley Council, all of which had different pay systems and differences in some terms and conditions of employment. There was no way of understanding the comparability or relative weight of posts between these Councils and there was a concern that inequalities existed.

The NHS Job Evaluation Scheme (JES) was introduced with the Agenda for Change pay structure and contract in 2004. Under Agenda for Change an analytical job evaluation scheme was designed, by employers and trade unions in partnership, to reflect the complexities of health service jobs and career structures, and the unique nature of the work undertaken by staff. Some organisations are still dealing with the outcomes of those initial evaluations, whereas others are facing new challenges such as service redesign, mergers and band rationalisation. The NHS Staff Council remains ultimately responsible for the design and maintenance of the NHS JES.

However, to go back to basics, the NHS JES is:

- jointly owned and run by employers and trade unions in partnership
- a system for comparing different jobs, applying agreed rules
- a way of establishing an internal rank order of jobs using agreed demand weighting
- an assessment of all significant job demands, but only measures them once
- a measurement of **jobs** and not the people doing those jobs
- free from bias
- transparent and has a review procedure.

JE can give the impression of being a scientific process because there are a lot of boxes to complete and numbers to input. However it is not scientific in the generally accepted view of what science ‘is’, as the process is based on decisions being discussed and agreed by a group of people (employers and trade union representatives) who work together to reach a consensus. This inevitably raises the possibility of subjectivity – giving more weight to your own views rather than the evidence before you. The NHS scheme has reduced this possibility to a minimum by ensuring that all evaluators, analysts and matchers are trained in both the process and avoidance of bias. It has also ensured that the processes are as fair and non-discriminatory as possible and it is logical, consistent and systematic. Care has also been taken to ensure that the processes are transparent and that the basis of assessments can be explained.

People often confuse JE with other forms of job assessment and think that performance is taken into account. It isn’t, as this is covered by the Knowledge and Skills Framework (KSF) and appraisal. The NHS JES only measures the job requirements (for example, it does not take account of activities carried out in an individual’s spare time, such as research for continuing development, if it is not a requirement of the job) and does not consider the way in which it is done. Likewise, the scheme does not assess the volume of demand, just the demand itself.

The NHS JES is an integral part of the wider Agenda for Change package and as such RCN officers and representatives need to continue to be fully engaged in JE in their workplace.



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Equal pay legislation

- A driver for development of the NHS JES.
- Legislation – equal pay for like work or work of equal value.
- JES tested and found to meet equality legislative requirements at national level (Hartley vs. Northumbria Healthcare NHS Foundation Trust).
- Risk of equal pay claims at local level if scheme is incorrectly implemented.
- Facilitates equal pay audits.

Over four decades ago the Equal Pay Act (1970) gave women the right to equal pay with men and that right has been strengthened by subsequent legislation.

Under the Equality Act 2010 (the Act) employees are legally entitled to equal pay with a person of the opposite sex where they are in the same employment and doing equal work.

There are three kinds of equal work:

- **like work.** This is where the work involves similar tasks that require similar skills, and any differences in the work are not of practical importance. For example, a female cook preparing lunches for directors and a male chef cooking breakfast, lunch and tea for employees
- **work rated as equivalent.** This is where the work has been rated under a fair JES as being of equal value in terms of how demanding it is. For example, the work of an occupational health nurse might be rated as equivalent to that of a production supervisor when components of the job such as skill, responsibility and effort are assessed by a fair JES
- **work of equal value.** This is work that is not similar and has not been rated as equivalent, but is of equal value in terms of demands such as effort, skill and decision-making, such as a clerical assistant and a warehouse operative.

The NHS needs to ensure that it meets its equal pay obligations and that all its staff are paid on a fair and non-discriminatory basis. It has a tailor-made JES to cover the full range of jobs employed within the health service. Such a fair and non-discriminatory JES can also contribute towards fairness and equity within an organisation, which in turn enables the organisation to be recognised as a good employer.

The NHS JES has been tested in the courts and the scheme was found to meet equality legislative requirements (Hartley vs. Northumbria NHS Foundation Trust). However, it is important that it is implemented in accordance with agreed procedures because otherwise there could be legal challenges claiming unfair implementation.



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Equal pay audits

The NHS Staff Council has published an equal pay audit tool, where employers can analyse whether jobs have been banded in accordance with equal pay legislation. The toolkit aims to guide employers and their local staff-side organisations through their legal responsibilities in relation to equal pay audits. NHS Employers believes that, whilst equal pay audits are not a stated legal requirement under the Equality Act 2010, NHS organisations would find it very difficult to fully comply with their responsibilities under the Act without undertaking them. The toolkit has therefore been designed and produced for these purposes. The toolkit will also help NHS organisations across England as part of their evidence gathering for Equality Delivery System 2, which is now mandatory (see www.england.nhs.uk/about/gov/equality-hub/eds/).

The toolkit builds on the work of the Equality and Human Rights Commission (EHRC) but recognises that the NHS has a national pay structure and JES in place under the Agenda for Change agreement. It is important to stress that the toolkit can be used to audit the pay arrangements for all NHS staff, including medical staff and senior managers.

The EHRC model includes a five-step toolkit. The NHS toolkit has been condensed to three steps as the service benefits from having information systems on pay already in place, including a robust JES and a single staff records system in the Electronic Staff Record (ESR).

To benefit fully from this toolkit, organisations will require access to the ESR system NHS iView, the data warehouse site designed by the NHS Information Centre that enables comparison of data within and between organisations with information taken from the ESR.

www.nhsemployers.org/your-workforce/plan/building-a-diverse-workforce/tools-and-resources/nhs-equal-pay-toolkit

Organisations in the devolved countries not using the ESR can still follow the principles of the audit but may not have the same access to the report generator.

NHS Staff Council advises that pay audits should be analysed in partnership and that there should be joint scrutiny of the process, the results and any subsequent action planning. The RCN believes this is a matter for consideration by Partnership Forums and should be on their agendas at least annually.

Gender pay gap reporting

NHS Trusts and employers with 250 or more staff are required by law to publish details of their gender pay gap each year. For more details on the gender pay gap, see <https://gender-pay-gap.service.gov.uk/>



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Fundamentals of the NHS JES

The NHS JES was designed to cover all NHS employees. However, it was later decided that medical doctors and dentists and very senior managers (such as those reporting directly to the Chief Executive) would not be evaluated under this scheme. The scheme is quite different to other off-the-shelf schemes, in that it considers environmental factors and patient care responsibilities rather than just focusing on management remit or budget responsibilities.

The NHS JES is comprised of 16 factors, which are grouped into three sets:

1. Knowledge and skill factors What skills, training, experience does the job require?	2. Responsibilities factors How you employ those skills (freedom to act is included in this group although it is not strictly a responsibility).	3. Effort and environment factors What effort is needed to carry out the responsibilities?
<ul style="list-style-type: none"> • Communication and relationship skills • Knowledge, training and experience • Analytical and judgemental skills • Planning and organisational skills • Physical skills 	<ul style="list-style-type: none"> • Patient/client care • Policy and service development implementation • Financial and physical resources • Human resources • Information resources • Research and development • Freedom to act 	<ul style="list-style-type: none"> • Physical effort • Mental effort • Emotional effort • Working conditions

The demands of every job covered by the scheme are considered against each of these 16 factors. Each factor comprises between 4 and 8 factor levels, which are defined. Every post scores at least level 1 for every factor. The definitions and levels of each factor can be found in the *NHS Job Evaluation Handbook*.

Jobs can be evaluated under one of two processes:

- **Job matching.** This is the most commonly used method, where a job is matched to a national profile (developed by the Job Evaluation Group (JEG) and agreed by NHS Staff Council) by a trained partnership panel using agreed job descriptions (JDs) and additional information.
- **Job evaluation.** This is where a post holder completes a job analysis questionnaire (JAQ), which is then analysed by a partnership pair of trained job analysts and evaluated by a trained partnership panel.

Both processes, including reviews and consistency checking of outcomes, must be carried out by trained and up-to-date practitioners.

Bias-free

The NHS JES requires that all procedures be completed and conducted free from bias and discrimination. This is ensured by both partnership working and consistency checking. It is also important that staff with a vested interest in or direct knowledge of posts do not undertake their matching or evaluation.



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Fundamentals of the NHS JES

Partnership working

It is generally recognised that the successful development and implementation of the NHS JES was a result of successful partnership working throughout the process. JE processes and outcomes need to be jointly owned by management and staff side to be acceptable. This can only happen where there is active partnership working.

Partnership working between trade union members and management has been important in every aspect of the NHS JES, including:

- design and development of the scheme
- collection of job information and analysis of job questionnaires
- matching, evaluating and scoring of posts
- training
- ongoing maintenance and review of the scheme to ensure it remains fit for purpose by the NHS Staff Council Job Evaluation Group (JEG). This group provides technical advice on JE issues on behalf of the Staff Council.

JE procedures have been developed in partnership and must continue to be carried out in partnership. Any deviation from the agreed procedures could result in accusations of unfair implementation.

The benefits of partnership working can be seen across the organisation, for example:

- Decisions are more robust. More likely to be seen as fair. More transparent and defensible.
- The JES maintains credibility because of the participation of managers and staff side in all aspects of the scheme.
- A tribunal will take into consideration situations where robust decisions have been taken in partnership.

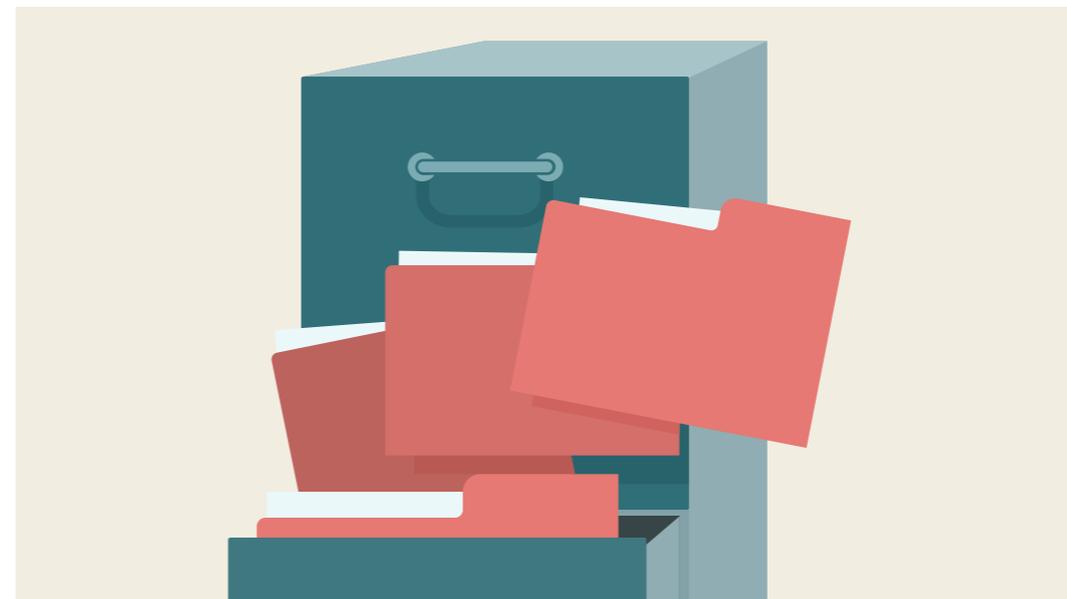
Transparency and the importance of record keeping

The NHS JES is designed to take into account the main aspects of every job. Keeping good records of the evaluation process demonstrates to each post holder that all aspects of their job have been taken into account in the evaluation.

JE is a systematic process where the agreed procedures have to be rigorously applied. Good record keeping at each stage of the process ensures that the basis for evaluation can be traced from the JAQ or JD through to the final outcome.

JE schemes are coming under increasing legal scrutiny. It is essential that all JE outcomes can be objectively justified and shown to meet equality guidelines. Records should be kept from the beginning of the evaluation process to ensure a robust audit trail.

A robust system should be used for storing job information such as JDs, person specifications, JAQs and any other additional information. It enables consistency checking to be carried out nationally and assists organisations to follow agreed procedures and have fair JE and matching outcomes.



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Job matching involves assessing posts using JDs against national profiles. National profiles have been developed by the JEG from evaluated roles using agreed JAQs. It is therefore an analytical process which breaks a job down into its constituent parts and assesses them. This reduces the number of jobs which need to be locally evaluated.

Similar jobs can be clustered together for matching.

Most nursing jobs can be matched to one of the profiles in the nursing suite.

www.nhsemployers.org/your-workforce/pay-and-reward/pay/job-evaluation/national-job-profiles/nursing-and-midwifery

The recently published combined profiles are a useful entry point, however there are also NHS Direct profiles and other management ones that may be appropriate.

A word on profiles

Profile labels **are not** job titles. They were designed to show staff where they fitted into the new structure and to show a career progression, but they are not prescriptive and could just as easily have been a numeric code.

Profiles **are not** JDs. Some organisations have started writing JDs that mirror profiles or the NHS JE factor plan and use JE language incorrectly – this is unnecessary and potentially misleading.

There are over 480 nationally agreed profiles so it would be a very unusual job that couldn't match to one of them.

Job matching is where jobs are matched against an appropriate national profile, using local JDs, person specifications and additional written and verbal evidence.

The post holder and manager agree the local JD and person specification and other information (for example, a pro forma requesting information on weights lifted or other points of information). The documentary information is then submitted to a trained matching panel, which will compare it to a suitable national profile. It is important that the JDs are up to date, clear and sufficiently detailed to enable the matching panel to make appropriate decisions.

The panel must agree on all the matching decisions, which may involve a detailed discussion. The matching rationale form is completed to ensure that the rationale for matching decisions is clear in the event of a review. Every stage of the process must be transparent in order to meet equality requirements.

A word on panels

Panels must be formed of both management and staff-side representatives who have been trained to undertake such work. The *NHS Job Evaluation Handbook* recommends that a panel is made up of between three and five people.

The JEG is aware that some organisations do not encourage staff side to engage in JE work, do not offer training and/or do not allow time off to attend panels. This must be challenged. Organisations make themselves vulnerable to challenge if they do not operate the JES properly. Officers can help by promoting the need for staff-side involvement with employers and by encouraging reps and members to get involved. Staff-side panel members do not have to be accredited representatives, but must be nominated by staff side to undertake the work. Some employers have been known to contract with outside firms that say they are able to offer an employee view on matching. These arrangements must be resisted – only genuine trade union representatives should be involved in matching.

The majority of jobs can be matched to a profile, however some jobs may not be able to be matched. This may be because they have an unusual combination of responsibility or skill requirements or because there are insufficient numbers of people carrying out that job for there to be a national profile.

If the post holder is dissatisfied with the outcome of the matching panel, they have three months from the date they were notified of the result to request a review (click **here** to see Reviews).

Where there is no appropriate national JE profile, the post must be evaluated and post holders will need to complete a JAQ, which requires them to give examples of their job duties under different headings. This only applies to a minority of jobs.

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Organisations must attempt to match to profiles before embarking on a full evaluation of a post, no matter how unique it may seem to be.

A different skill set is required for JE and analysis and consequently the process should only be undertaken by suitably trained practitioners.

After completing a JAQ, post holders will be interviewed by two trained job analysts (one management and one staff representative). Their role is to make sure that all necessary job information has been provided and that the information is accurate. The JAQ will then be evaluated against the NHS JES by a joint panel of trained local evaluators. This involves assessing the job against the 16 factors of the JES and attributing a level for each. The scores for the levels are then calculated and a total given. This will dictate the banding given to the post.

The job will then be consistency checked and once this has been carried out, the job will be placed in the appropriate pay band and the post holder notified.

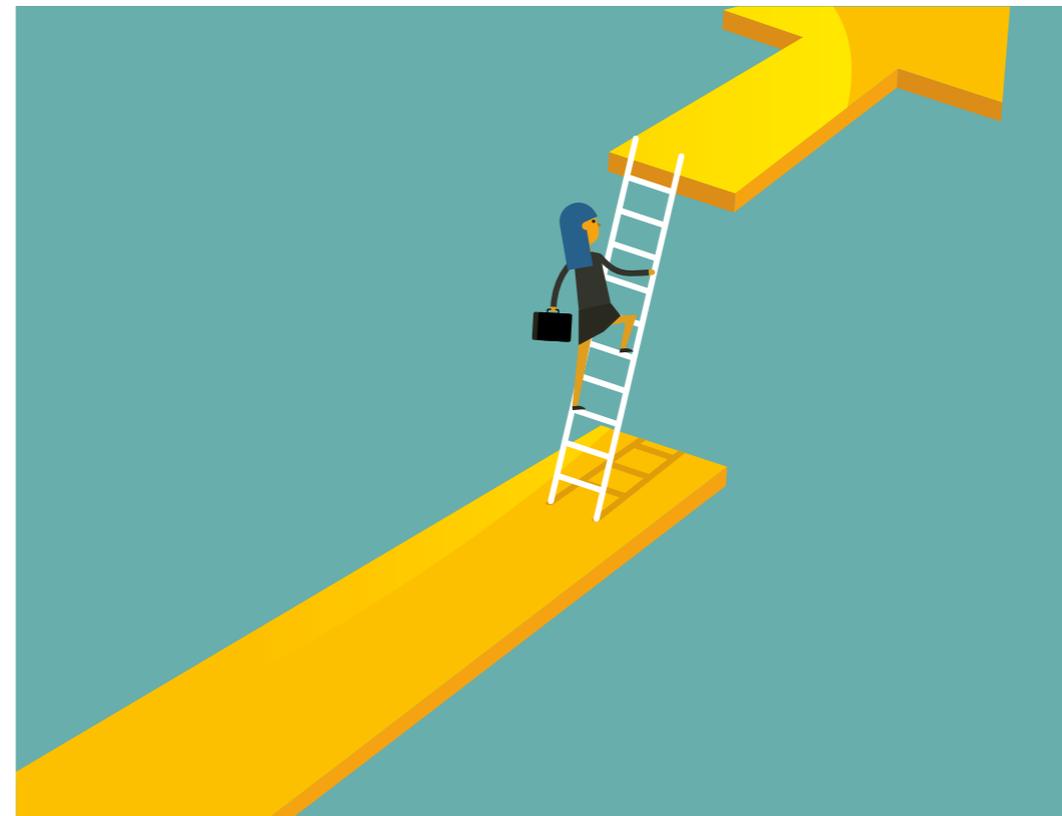
If the post holder is dissatisfied with the outcome of the evaluation panel, they have three months from the date they were notified of the result to request a review (click [here](#) to see Reviews).

Consistency checking

Consistency checking – like all other activities in the JE process – should be carried out in partnership, with both trained management and staff-side representatives participating.

Consistency checking ensures the quality of decision making and reviews the scores of jobs against those of other similar jobs in different job families and within the same job family to assess internal relativities. This helps to ensure that the JE results accurately reflect the demands of each job. It is an essential element of a fair implementation process, and without rigorous consistency checking organisations run the risk of a legal challenge. Any anomalies found during this process should be referred back to a panel comprising some members of the original panel, for reconsideration.

Consistency checking does not involve re-matching or evaluating the job – it is an essential checking process that looks at both the consistency and the quality of the scoring and rationales. It is about asking the right questions of the process and ensuring that everything has been done as it should.



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If a post holder is dissatisfied with the outcome of their matching or evaluation, they have three months from the time they were notified of the outcome to request a review. A request for review should be accompanied by supporting information and evidence detailing and explaining where the post holder considers there are errors. It need not cover all 16 factors, only the ones the member wishes to be looked at again. Most organisations give post holders a copy of the matching outcome log, which shows the levels and scores for each factor and gives the rationale for the decision made. Members need to use this to formulate their review request. However, any additional information has to be agreed by the line manager to ensure accuracy.

If a review changes the banding of the post, the outcome must be consistency checked before being given to the post holder.

There is no further right of appeal once a review has been undertaken.

If a member believes that an incorrect process has been used to band their job, they should submit a grievance to the organisation. This may not change the banding outcome but may result in a new panel being convened to look at the matter again using the correct procedure.



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The process for new jobs

There is a defined process for new jobs that should be undertaken before recruitment.

1. The likely job demands of a new post, which should be agreed and documented in the form of a JD, person specification and organisation chart.
2. A JE panel will use this material to undertake a match or evaluation of the post, depending on whether there is a suitable national profile available. The management and staff-side representatives may be able to provide further advice to the panel in the event of any missing information.
3. The outcome will need to go through consistency checking as usual and will then form the pay band for recruitment to the post.
4. Once the full demands of the post are clear, after an appropriate period of “bedding down”*, the post holder should work with their manager to review and update the JD and if necessary seek a review of the JE outcome. The standard procedure for this reassessment, either by job matching or evaluation panel, should be followed. This includes checking that the outcome is consistent with other similar jobs on a factor-by-factor basis.
5. Outcomes should be consistency checked as outlined above.
6. The application of the reassessed JE outcome would normally be backdated to the start date of the new job. Note that the outcome can go up or down from the original provisional banding.

This process is outlined in the new 7th edition of the *NHS Job Evaluation Handbook* and replaces the previous one, whereby recruitment could only happen with a provisional pay band that had to be confirmed after a bedding down period.

* It is necessary to allow a reasonable period of time for the job to bed down, and this may vary according to the nature of the job. Some posts may need a period of a few months, while others may be subject to seasonal variations requiring a full year to determine the full job demands.

The process for changed jobs

Where a job has changed, the post holder should agree the changes with their manager and the date these will apply from and record them in a revised JD. These changes will only be relevant for JE purposes if they require additional skills, knowledge, responsibility or environmental and effort demands. Where this is the case, a request for a review of the JE outcome should be made. It will then be matched or evaluated by a trained partnership panel in the usual way, followed by consistency checking.

The *NHS Job Evaluation Handbook* states:

“A re-match or re-evaluation should assess the whole job, albeit with a reference back to the original match or evaluation. Just dealing with some of the factors could lead to inconsistencies.”

NB – remember that JE does not take into account volume of work, so just because a member is asked to do more of a certain task does not mean their banding must be reviewed.



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JE can be an effective tool for managing or implementing organisational change and should underpin any such processes, not just be considered as an inconvenient afterthought.

Annex X of the *NHS Terms and Conditions of Service Handbook* gives guidance on workforce re-profiling for England and Wales. It states that:

“the principles and processes of the NHS Job Evaluation (JE) Scheme can assist organisations in developing and implementing new ways of working and revised job structures.”

And that:

“the re-profiling exercise should be supported by and comply with the processes and guidance contained in the NHS Job Evaluation Scheme (or the appropriate system for staff outside Agenda for Change groups”.

www.nhsemployers.org/employershandbook/afc_tc_of_service_handbook_fb.pdf

A mapping exercise of existing jobs in the organisation should be carried out to assess their job content and pay band. Where there are anomalies in pay banding for similar jobs within the merging organisations, action plans for re-banding or re-matching/evaluating these jobs can be developed.

In relation to mergers, it is essential to maintain and be able to access the archived JE records from legacy organisations to inform future reviews and consistency checking.

JE is also an effective tool for managing service re-design following merger. Any new or changed jobs should be matched/evaluated using agreed procedures.

Harmonisation

Where two or more organisations merge or are joined together there are often staff undertaking similar roles that have been banded differently by their legacy organisation. This can pose equal pay problems for the receiver organisation. However, harmonisation does not automatically mean all staff move to the lowest of the bands – a full JE assessment should be undertaken and posts reviewed in the usual manner.

Downbanding

Cost-saving pressures have led many employers to seek to lower their pay bill by restricting posts at higher grades. This has led to all kinds of poor JE practice (or no JE practice at all). For example, some organisations have foolishly taken the decision just to change any band 7 to a 6 but not change the duties of the posts affected, and others have contrived JE outcomes and tweaked JDs to fit a certain band regardless of the duties that are actually undertaken or the responsibilities held by the post holder. Needless to say, such practices should be challenged and members encouraged to seek a review of their banding if they feel they are being asked to undertake work above the band they are paid at.



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Training JE practitioners

It is essential that JE is undertaken by trained practitioners. The responsibility for training lies with the organisation and they can commission training from the JEG or another provider (not recommended, as they don't have access to the agreed materials nor the same connection with the national scheme) or offer it themselves if they feel equipped to do so. It is not the RCN's responsibility to train reps and/or members to undertake this work, although we do of course want to encourage them to get involved.

JE training can be commissioned by organisations individually or in groups (to reduce costs). Training on consistency checking is offered regionally as organisations do not need to have a large bank of staff trained in this process at any one time. Refresher training is also available on request.



Maintaining good practice

At local level the JES requires ongoing maintenance, which involves:

- commitment by the organisation in partnership
- joint JE leads to manage robust and transparent JE processes
- regular review of new/changed jobs
- trained matching and evaluation panel personnel – and succession planning
- equality checks (consistency checks; equal pay audits) on outcomes.

At national level, the JEG's remit includes ensuring the scheme remains fit for purpose. This covers remodelling training to meet service requirements, refreshing and reviewing profiles to ensure they reflect the ways in which staff work, and providing advice and guidance on the scheme where repeated challenges emerge. The JEG hosts an online discussion forum for local JE leads.

The JEG also takes requests for the development of new profiles where there is a perceived gap in the current profile list.

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Assessment checklist for local good practice

The RCN has produced a self-assessment checklist regarding good governance of JE at local level. It can be found [here](#):

The NHS Staff Council JEG has also produced a governance checklist, which can be found [here](#). In summary:

- 1 The organisation should have an agreed JE policy, agreed in partnership, that outlines all process and practices in line with the national *NHS Job Evaluation Handbook*.
- 2 The organisation should have enough trained JE practitioners and a JE lead from both management and staff sides. Staff-side JE practitioners should be released from their duties to undertake JE work outside of any agreed facilities time agreed.

3 All JE processes should be undertaken in partnership – including consistency checking.

4 There should be a robust system in place for recording JE outcomes, consistency checking and reviews.

5 JE should be reported on at partnership forum meetings and concerns/actions taken forward accordingly.

More information

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Glossary

- JAQ** job analysis questionnaire
- JD** job description
- JE** job evaluation
- JEG** Job Evaluation Group
- JES** Job Evaluation Scheme

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