

GRADING, PAY AND CONDITIONS OF EMPLOYMENT

THE ASSOCIATION OF CHARTERED
PHYSIOTHERAPISTS IN
OCCUPATIONAL HEALTH
AND ERGONOMICS
GRADING, PAY AND CONDITIONS
OF EMPLOYMENT **2018**

ACPOHE
PHYSIOSFORWORKANDHEALTH

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Table 1

ACPOHE pay grades up to 2012	ACPOHE pay grades from 2013
Grade A (Clinical Physiotherapist)	Clinical Physiotherapist
Grade B (Clinical Physiotherapist)	Occupational Health Physiotherapist
Grade C (Occupational Health Physiotherapist ESP)	Specialist/Advanced Occupational Health Physiotherapist
Grade D (Occupational Health Physiotherapy Manager ESP)	Occupational Health Physiotherapist Manager/Consultant
Grade E (Consultant Occupational Health Physiotherapist ESP)	Occupational Health Physiotherapist Manager/Consultant

Introduction

ACPOHE is a professional network of the Chartered Society of Physiotherapy (CSP) concerned with the professional interests of physiotherapists working in occupational health and ergonomics.

One priority of ACPOHE is to recommend minimum terms and conditions of employment of its members working in occupational health or ergonomics, be they working on a full or part-time basis. ACPOHE also gives guidance to those members who are self-employed. A review of this document is undertaken annually in conjunction with the CSP.

1 Grading structure

The following grading definitions are intended to provide the basis for determining the most appropriate pay scale for a physiotherapist working in occupational health and/or ergonomics. It is important to note that the grades defined (and role descriptors) relate to the responsibilities and influence of the role and not necessarily to the competency of the post holder. The post holder (and employer) should seek to ensure that competencies match the grade before or within a reasonable period of commencement of employment.

Alternatively, an OH physiotherapist may have competencies beyond the role for which they are employed (overqualified), in these cases payment is likely to be based on the role rather than their expertise. ACPOHE has adopted the Competency Framework (CF) which is supported by the Council for Work and Health and developed in conjunction with the Chartered Society of Physiotherapy. The full document

is available on the ACPOHE website and can be compared with the requirements of a role. Competencies in the framework are graded in an ascending scale from A up to D.

To avoid confusion with the Competency Framework, the role grades in the pay and grading document were renamed in 2013 in Table 1.

Former grades D and E were amalgamated so a wider pay scale reflects this new combination. All physiotherapists in grades above the new Clinical Physiotherapist grade, which have competencies of B or higher in the Competency Framework, are recommended to seek registered membership of ACPOHE.

1.1 Minimum requirements

Physiotherapists in all grades must be full members of the Chartered Society of Physiotherapy and have had a period of broadly-based post qualification experience, in particular demonstrating competency in the assessment

and treatment of musculoskeletal conditions. They should recognise the particular requirements, implications and responsibilities of working in an occupational health and/or commercial environment and must comply with the CSP 2012 Quality Assurance Standards.

In accordance with the HCPC Standards of Proficiency – Physiotherapists (2013), physiotherapists who consider occupational health to be within their scope of practice, should have appropriate training and experience. It is also a requirement under the Health Professional Regulations (April 2002) for any physiotherapist working as an occupational health physiotherapist to either have appropriate competency and experience and/or a commitment to address any gaps in personal scope of practice.

It is the considered opinion of ACPOHE that occupational health is not the ideal arena for newly graduated physiotherapists, partly because appropriate training is generally not included in undergraduate courses. However, it is

recognised that the influences of the employment market may result in new graduates seeking employment outside formerly advised routes. Any new graduate employed within occupational health should work within their scope of practice (primarily in a clinical role) and must have appropriate mentoring, supervision and support. Salary should be aligned with AfC Band 5.

Guidance on pay, grading and conditions of service for new graduates are not covered in this document.

1.2 Grading considerations

There is considerable diversity in the roles of physiotherapists working in the occupational setting. Some provide a clinical out-patient service which happens to be situated in a work environment while others are fully integrated into an occupational health service and are at the forefront of developing this field of physiotherapy in a range of functions. Grades within the ACPOHE structure are differentiated on the basis of the following principles:

- The extent of management received and undertaken.
- The knowledge, experience and appropriate qualifications acquired.
- The extent of contribution to health education/promotion activities.
- The extent of responsibility for advising on fitness for work and work modification, following absence or injury.
- The extent of responsibility for advising on workplace ergonomics, job design and health and safety training.
- The extent of advising on company-wide occupational health policies and protocols.
- The extent of influence on company expenditure.
- The autonomy and responsibility within the employing organisation.

1.3 Grading criteria Clinical Physiotherapist

- Working under the management of a more senior physiotherapist, preferably within the same department or building, or if based in a remote location, should have ready access to line manager by phone at all times.

- Concerned with clinical treatment, but rarely assesses fitness for work.
- Infrequent role in health education and promotion.
- Minimum experience – some relevant postgraduate clinical experience recommended.

Occupational Health Physiotherapist

- Working independently as the only physiotherapist in the organisation, or not directly managed by another physiotherapist, or managed by an Occupational Health Physiotherapy Manager but provides a specialist service in the following areas.
- Concerned with providing a clinical service, including assessment of patients' fitness for work.
- Occasional contributions to health education and promotion, as appropriate.
- May conduct simple workplace assessments for individuals.
- Likely to be responsible for maintaining and ordering physiotherapy stocks and equipment.
- Significant clinical experience

required – significant relevant postgraduate clinical experience recommended.

Specialist/Advanced Occupational Health Physiotherapist

- Works independently or as part of a team to develop/provide a clinical service in the context of occupational health.
- Regularly contributes to health education/promotion programmes.
- Regularly involved in workplace ergonomics and job design, likely to affect the expenditure of other departments within the company on a small scale.
- Responsible for return to work (RTW)/sickness absence assessments and planning graduated return to work for employees.
- May also contribute to the content and/or the delivery of training on manual handling, DSE and associated subjects.
- Significant postgraduate clinical experience recommended and suitable OH/Ergonomics qualifications.

Occupational Health Physiotherapy Manager/ Consultant

(The term consultant refers to professional status and not contractual status)

- Fulfils all criteria required for Specialist/Advanced Occupational Health Physiotherapist in the competency framework.
- Is either in charge of one or more physiotherapists working within an organisation, or responsible for the administration of physiotherapy units/services throughout an organisation.
- Involved in planning and implementation of occupational health programmes, strategies and research protocols in conjunction with other health professionals and management.
- Gives company-wide advice on selection of suitable ergonomic equipment (seating, workstations, lifting aids, etc), therefore having significant effect on company expenditure.
- Contributes to related policies across an organisation.

and/or

- Expert in occupational health physiotherapy practice and is recognised as making a distinguished contribution to OH physiotherapy, providing expert advice within and external to the organisation.
- Acts as a clinical lead for specialist OH service.
- Dependent on local service requirements, there will be emphasis on one or more of the other supporting functions of a physiotherapist operating at this level, ie service and practice development, education and professional development, research and evaluation, professional leadership.
- Occupational health/ergonomics qualification essential – extensive relevant postgraduate experience.

2 Salary scales

Salary scales are based on other relevant pay scales, both in the private and public sectors and the overall economic market. ACPOHE wishes to ensure that members keep pace with other physiotherapy colleagues but also recognises the need to look at the employment market in

which members may be situated. ACPOHE members work in a wide range of employment sectors including the NHS, other public sector organisations, private industry and services as well as independent practice.

It is often appropriate to negotiate above the minimum recommended rates. For example, where evaluation of the job description, knowledge, experience, budget and impact on business are comparable with other professionals within the same organisation. The minimum scales assume that starting pay for a new employee will depend on experience and qualifications. Movement along the range may be determined by job/performance appraisal.

Further guidance on how to conduct negotiations in the non-NHS sector is listed in the reference section.

2.1 Rationale for ACPOHE pay scheme award 2018

ACPOHE's pay recommendations are reached after assessing pay awards in the public and private sector. Inflationary predictions and financial indicators within

the general economy are also considered. In August 2018, the annual rate of inflation increased from 3.2% in July to 3.5%, the highest rate since February 2018. The annual rate of inflation under the Consumer Prices Index (used by the Bank of England as its inflation target) was up from 2.5% to 2.7% in August 2018.

Average earnings growth for the whole economy, excluding bonuses, increased to 3.1% in the year to July 2018. According to the Office for National Statistics, growth in the July headline rate (the latest three month average) for regular pay, excluding bonuses, was 2.9%, up from 2.7% in June. Headline average earnings growth in the services sector was 2.8%, up from 2.6%; in the private sector as a whole, growth was 3.0%, up from 2.8%; and in the public sector, excluding financial services, growth was up to 2.5%, from 2.3%.

The Labour Research Department keeps a database of pay agreements for more than 2,000 small and large employers in both the private and public sectors. For the three months from January to March 2018,

the median standard increase in pay settlements was 3.0%, and 2.5% for the previous three months to August 2018.

ACPOHE has delayed its publication of the 2018 Pay and Grading document and formed a Pay and Grading subgroup in 2018 in order to discuss its recommended annual pay uplift, and to review its salary scales and grades in light of the NHS Pay reforms for Agenda for Change staff. The aim of the NHS Pay Reform is to improve productivity, retention and recruitment of staff. It takes account of annual inflationary rises and includes pay uplifts ranging from 6% to 29% across three years. It was accepted by NHS staff and employers in England, Wales and Scotland in 2018. Reviewing ACPOHE's current 2017 pay scale against the 2017 NHS pay equivalents, revealed that 26% of ACPOHE's current pay points are behind the NHS equivalents. It was agreed by ACPOHE that its pay awards should be above the NHS equivalents in order to improve recruitment and retention of physiotherapists working in occupational health and to reflect the specialist knowledge

2018 pay scales incorporating ACPOHE salary uplift

Grade	Point 1	Point 2	Point 3	Point 4	Point 5	Point 6
Clinical Physio	31,872 (3%)	32,996 (3%)	34,077 (3%)	35,247 (3%)	36,688 (4%)	37,496 (3%)
OH Physio	36,603 (3%)	37,893 (3%)	39,185 (3%)	40,481 (3%)	41,772 (3%)	43,058 (3%)
Specialist/Adv OH Physio	41,521 (3%)	43,047 (3%)	44,516 (3%)	45,980 (3%)	47,909 (4%)	49,986 (5.25%)
OH Physio Manager/ Consultant	45,519 (3%)	47,125 (3%)	49,848 (3%)	50,335 (3%)	51,939 (3%)	55,551 (3%)

Grade	Point 7	Point 8	Point 9
OH Physio Manager/ Consultant (cont.)	56,716 (3%)	58,144 (3%)	59,565 (3%)

and skill set of occupational health physiotherapists.

The minimum percentage increase for NHS staff awarded by the NHS Pay Review Body was 3% for 2018, therefore, ACPOHE felt a 3% pay uplift to the 2018 pay scale would reflect at least the equivalent value of physiotherapists working in occupational health. However, applying a 3% uplift to ACPOHE's 2017 pay scale resulted in 3 of the 27 pay points lagging behind the NHS pay equivalents. Therefore, it was agreed by ACPOHE that a 3% pay uplift would be awarded to the ACPOHE pay points which

raises them above the NHS equivalents, and that the following percentage increases to the following ACPOHE grades / pay points are required in order to ensure that they are above the NHS equivalents:

- 4% increase to ACPOHE's Clinical Physio pay point 5 (NHS equivalent Band 6, increment 9)
- 4% increase to ACPOHE's Specialist Advanced Occupational Health Physio, pay point 5 (NHS equivalent Band 8a, increment 5)
- 5.25% increase to ACPOHE's Specialist Advanced Occupational Health Physio,

pay point 6 (NHS equivalent Band 8a, increment 6)

Due to the major changes to the NHS pay structure resulting in the condensing of increments within paybands and the removal of overlaps between the pay bandings, ACPOHE will review its grading structure and paypoints in early 2019.

2.2 2018 salary scales

The 2018 pay scale has been amended from the 2017 salary scale in order to reflect the 3% increase across all grades, which will bring the ACPOHE pay scales above their NHS equivalents. This scale is considered the **minimum** expected rates for physiotherapists employed in Occupational Health and working a 36-hour week, and

continues to be effective from **1 April 2018** on a national basis. It is intended that the current salary scale is used as a basis for negotiation on pay and grading and will be adjusted to reflect any additional individual pay award. Where a normal full time working week is greater or less than 36 hours, the salary should be adjusted to compensate the hours required which the employer defines as full time.

Where "in-house" or NHS weighting applies in London and other specified geographical areas corresponding additions should be made to ACPOHE scales. The following are the links to the high cost area supplements and high cost area payment zones:

- www.nhsemployers.org/tchandbook/annex-4-to-10/annex-9-high-cost-area-supplements
- www.nhsemployers.org/tchandbook/annex-4-to-10/annex-8-high-cost-area-payment-zones

Where there are no "in-house" arrangements, current London weighting should be applied. The provision of these minimum rates should not prevent negotiation

for additional enhancement or bonuses where this is normal practice. If market rates in the local area or employment sector are significantly higher, negotiation above the minimum rates is encouraged.

Further information can be found in the NHS Employers Handbook.

The amalgamation of the former Grades D and E in 2013 resulted in the removal of the lower three points on the former E grade as these overlapped with the former D grade. Members in this position should not be disadvantaged in their progression through the increments; however, local negotiation may be required to plan their route to alignment with Point 6 on their new grade level.

3 Part-time employment

Part-time employees (less than 36 hours a week) must be eligible to participate in all benefits, including pension, bonus and sick pay arrangements.

A part-time employee should not be treated less favourably than comparable full-time workers as regards the terms of their contract unless the

employer can justify such less favourable treatment on wholly objective grounds. Pay calculations should be made on a pro-rata basis at the corresponding point on the pay scale for a normal 36-hour working week (or adjusted figure where full-time hours are greater or less than 36 hours a week).

4 Temporary/fixed-term/agency employment

Physiotherapists employed through an agency or on a temporary or fixed-term contract should refer to the appropriate employment regulations for guidance on entitlements to equal treatment.

ACPOHE therefore recommends a percentage enhancement above the established point on the corresponding ACPOHE scale, in order to reflect non-participation in benefits, normally afforded to permanent employees.

5 Self employment

Many physiotherapists are self-employed rather than an employee and sign a contract of service with customers or intermediate bodies rather than

a contract of employment. In these cases, advice on self-employed status should be sought from the Inland Revenue to ensure that self employment is recognized for tax and national insurance.

Where a physiotherapist is paid on a self-employed basis, rates of pay to the individual should reflect those outlined on page 5. Some employers may choose to meet the requirements for the services of an occupational health physiotherapist by contracting them out on a self-employed basis.

For physiotherapists, each contract may represent only a small portion of their work. Such contracts normally exclude features such as paid holidays, employer's pension fund, National Insurance contributions and paid sick leave, as well as payment for training and various forms of employment protection, such as unfair dismissal provisions and redundancy pay. It is therefore recommended that the fees charged must reflect both the absence of benefits, which are available to an employee, and the overhead cost of running a business, where appropriate. The value of these

elements will vary from employer to employer, but most employers include a substantial "employment add-on cost" in their budgets. A percentage should be included in the hourly or sessional rates to reflect the risk placed on physiotherapists working without the security that an employee would have. Add-on costs may also include some or all of the following examples: room rental, supply of equipment, travel costs (mileage/time) CPD and insurance.

6 Other terms and conditions

Occupational health physiotherapists should be accorded professional status within the organisation in line with that of correspondingly graded staff, or those undertaking duties of equal value, and receive such benefits as status justifies.

All other terms and conditions should be no less favourable than for other comparably graded staff within the organisation. This may include:

- Hours of work
- Overtime
- Holidays – normally a

minimum of five weeks for full-time staff plus statutory and national holidays

- Sickness absence and payment
- Pensions – participation in employer's scheme on equal terms or option to make alternative arrangements
- Allowances – such as "in-house" weighting, London weighting and laundry
- Training and development
- Travel and mileage rates
- Bonus arrangements

Useful references

References available on the CSP website:

Quality Assurance Standards for physiotherapy service delivery (2012)

CSP Physiotherapy Framework (updated 2013)

Scope of Practice – CSP online question tool

Negotiating Pay – A guide to negotiating pay and terms and conditions in the Non NHS sectors. IP49 ERUS (June 2009)

Reference available on the HCPC website:

Standards of Proficiency – Physiotherapists (2013)

Documents also available from ACPOHE website:

Guidance for Practice
Scope of Practice Information for Physiotherapists Working in Occupational Health and Ergonomics

Occupational Health Competency Framework, Physiotherapists Version

Other sources:

nhsemployers.org. 2018. *NHS Employers Handbook*. [online] Available at:

www.nhsemployers.org/tchandbook

(Annex 8 provides details on geographical areas covered by the high cost supplements. Annex 9 provides details on the levels of pay supplements.)

Fixed-term Employees (Prevention of Less Favourable Treatment) Regulations 2002

Part-time Workers (Prevention of Less Favourable Treatment) Regulations 2000 (SI 2000/1551)

Directive on Part-time Work (97/81/EC)

Agency Workers Regulation 2010

www.legislation.gov.uk/uksi/2010/93/contents/made

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