

# Specialist Community Public Health Nurse Unite/CPHVA members banding meeting

14 & 15 October 2025



# What we will cover today

- Welcome and introductions
- What has changed
- Why this matters
- Next steps
- FAQs
- Questions and answers

# What has changed – Changes to the NMC standards for post-registration programmes



## 5 Qualification to be awarded

Approved education institutions, together with practice learning partners, must:

- 5.1** ensure that the minimum academic level for SCPHN and community nursing SPQ is at postgraduate masters' level

# Why this matters – How jobs are matched/evaluated



**There are 3 routes to arriving at the band outcome for jobs:**

- Matching to a national profile
- Local evaluation via Job Analysis Questionnaire (JAQ)
- Matching/evaluating new jobs

**There were 4 national profiles for health visitors:**

1. Health Visitor (band 6)
2. Health Visitor team manager (band 7)
3. Health Visitor Specialist (band 7)
4. Nursing/Health Visitor Specialist (Community Practice Teacher) (band 7)

[1&2 awarded level 6 in factor 2 and 3&4 awarded level 7 in factor 2]

# Why this matters – How jobs are matched/evaluated

Factor 1. Communications and relationships skills  
Factor 2. Knowledge training and experience  
Factor 3. Analytical and judgemental skills  
Factor 4. Planning and organisational skills  
Factor 5. Physical skills  
Factor 6. Responsibilities for patient client care  
Factor 7. Responsibilities for policy and service development implementation  
Factor 8. Responsibilities for financial and physical resources  
Factor 9. Responsibilities for human resources  
Factor 10. Responsibilities for information resources  
Factor 11. Responsibilities for research and development  
Factor 12. Freedom to act  
Factor 13. Physical effort  
Factor 14. Mental effort  
Factor 15. Emotional effort  
Factor 16. Working conditions



## KTE escalator

### NHS Job evaluation scheme

#### Factor 2 - knowledge, training and experience (KTE)

Level 6 [10] (e.g. honours degree)	<ul style="list-style-type: none"><li>Determine, refine, adapt and use appropriate methods and advanced cognitive and practical skills to address problems that have limited definition and involve many interacting factors.</li><li>Use and, where appropriate, design relevant research and development to inform actions.</li><li>Evaluate actions, methods and results and their implications.</li></ul>
Level 7 [11] (e.g. masters degree)	<ul style="list-style-type: none"><li>Use specialised skills to conceptualise and address problematic situations that involve many interacting factors.</li><li>Determine and use appropriate methodologies and approaches.</li><li>Design and undertake research, development or strategic activities to inform or produce change in the area of work or study.</li><li>Critically evaluate actions, methods and results and their short- and long-term implications.</li></ul>
Level 8 [12] (e.g. doctorate)	<ul style="list-style-type: none"><li>Use advanced and specialised skills and techniques to conceptualise and address problematic situations that involve many complex and interacting factors.</li><li>Formulate and use appropriate methodologies and approaches.</li><li>Initiate, design and undertake research, development or strategic activities that extend or produce significant change in the field of work or study.</li><li>Critically evaluate actions, methods and results and their short- and long-term implications for the field of work or knowledge and its wider context.</li></ul>

# Why this matters – How jobs are matched/evaluated

Factor 1. Communications and relationships skills

→ Factor 2. Knowledge training and experience

Factor 3. Analytical and judgemental skills

Factor 4. Planning and organisational skills

Factor 5. Physical skills

Factor 6. Responsibilities for patient/client care

Factor 7. Responsibilities for policy and service development/implementation

Factor 8. Responsibilities for financial and physical resources

Factor 9. Responsibilities for human resources

Factor 10. Responsibilities for information resources

Factor 11. Responsibilities for research and development

→ Factor 12. Freedom to act

Factor 13. Physical effort

Factor 14. Mental effort

Factor 15. Emotional effort

Factor 16. Working conditions

## Matching procedure (chapter eleven)

1. Aims +

2. Matching panel(s) +

3. Documentation +

4. Step-by-step procedure +

5. Determine the matching outcome +

6. Consistency checking and confirming matching outcomes +

## Local evaluation (chapter twelve)

1. When to evaluate? +

2. Step by step procedure +

3. Job Analysis Questionnaires – further guidance +

## 5. Determine the matching outcome

### 5.1 Possible outcomes are:

- If all factor levels are within the range specified on the profile, this is a (perfect) profile match.
- If most factor levels match, but there are a small number of variations, there may still be a band match, if all the following conditions apply:
  - the variations are of not more than one level above or below the profile level or range, and
  - the variations do not relate to the knowledge or freedom to act factors. Variations in these factors are indicative of a different profile and/or band, and
- the variations do not apply to more than five factors. Multiple variations are indicative of a different profile or the need for a local evaluation, and
- the score variations do not take the job over a grade boundary.

If any factor is recorded as a no match this must be recorded and the process repeated with another profile. If there is no other possible profile, refer the job for local evaluation (see chapter 12).

**5.2 When a profile or band match has been achieved**, complete the score column and remaining sections of the matching form. All documentation should be submitted for consistency review (see chapter 14).

# Why this matters – archival of health visiting job profiles



News

## Archived job profiles for health visiting roles

Statement from the Job Evaluation Group (JEG) about archiving the national job matching profiles for health visitors at band 6 and 7.

29 July 2025

Therefore, there were 4 national profiles for health visitors. Now there are 2:

1. Health Visitor (band 6)
2. Health Visitor Team manager (band 7)
3. Health Visitor Specialist (band 7)
4. Nursing/Health Visitor Specialist (Community Practice Teacher) (band 7)

# Why this matters – guidance from JEG



**29 July 2025**

**NHS Staff Council Job Evaluation Group statement on archiving the health visitor profiles.**

In light of changes to the educational standards required for entry onto part three of the Nursing and Midwifery Council's register, JEG is archiving the following national job matching profiles from the [Health Visiting profile suite](#):

- Health Visitor - band 6
- Health Visitor team manager – band 7

Both these profiles score level 6 for factor 2. The change in educational requirement for these roles sees them requiring a masters-level qualification which would mean level 7 for this factor. As it is not possible to vary factor 2, panels will no longer be able to match to the profiles as they are currently written.

Profiles are compiled from evidence from jobs in the NHS – they are not written hypothetically – therefore JEG is not able to alter profile factor scores without job evidence and is not able, therefore, to simply change factor level scores to define what a job role might look like. For example, if factor 2 for the band 6 health visitor was simply increased to level 7 to account for the increase in educational requirements, the profile score would no longer sit solely in the band 6 scoring range. JEG cannot change other factor scores to keep it in the band boundary without evidence that jobs are actually deployed in that way.

It is essential therefore, that health visitor roles are prioritised in local work on job descriptions for nursing and midwifery (as per [NHS Staff Council guidance](#) published recently). During this work, should any roles not match to the remaining profiles, a full local evaluation must be undertaken. This process is outlined in Chapter 12 of the [NHS Job Evaluation Handbook](#).

Employers and staff are reminded of the following from the NHS Job Evaluation Handbook in the description of Factor 2, Knowledge, Training and Experience which says the following:

“Where the training, qualifications and / or experience requirements for a job have changed overtime, the current requirements should be taken as the necessary standard to be achieved as it is the work that is carried out that is evaluated. Existing jobholders with the previously required qualification should be deemed to have achieved the current qualification through on-the-job learning and experience. ”

Rewrites to health visitor job descriptions must therefore take into account the increase in qualification requirements.

In order to determine the need for replacement profiles, JEG asks all employers that complete local evaluations for health visiting roles that achieve a band 6 outcome and



health visitor team leader roles that achieve a band 7 outcome to send through job descriptions, completed JAQs and evaluation reports to [jobevaluation@nhsemployers.org](mailto:jobevaluation@nhsemployers.org)

Organisations with a digital system for recording JE outcomes will need to retain the archived profiles on their systems but they must be noted as being “archived” and therefore not available for panels to use from 29 July 2025.



# Some extra background – Unite campaigning success

## Health visitors in Cwm Taf Morgannwg Health Board to take historic industrial action over unsustainable workloads

Wednesday 21 February 2024

Share



### Unite the union has today (21 February) announced its health visitor members at Cwm Taf Morgannwg Health Board will take industrial action.

The health visitors at the Cwm Taf Morgannwg Health Board (CTM), have had their request for accurate job descriptions denied on multiple occasions and are faced with increasing and unsustainable demands for their specialist knowledge and expertise. The service is struggling under a tsunami of demands post-Covid alongside the impact of the ongoing economic crisis on families.

The 67 workers, who are members of Unite, the UK's leading union recorded a 100 per cent yes vote in favour of industrial action. This action short of a strike, includes no unpaid overtime, no statistical reporting for the Welsh government and no covering for vacant caseloads. Action will begin on 26th February and continue until late July. This is the first time health visitors have taken industrial action as a distinct group of workers in Wales.

The health visitors in CTM are facing greatly increased demand in terms of the complexity of caseloads which together with unfilled vacancies and above average sickness rates is making their caseloads unsustainable.

The health visitors believe that their job descriptions are outdated and want it replaced with an accurate reflection of the role they now undertake. CTM's management has failed to address this issue due to the likely increase in pay that would accompany it.

Unite General Secretary Sharon Graham said: "Our health visitor members at CTM have seen a massive increase in the complexity of their caseloads. Chronic vacancy rates and increased demands means they are prevented from doing their jobs effectively.

"Unite has a laser-like focus on the jobs, pay and conditions of its members and our health visitors will receive the union's complete support."

Health visitors are central to delivering the Welsh Government's public health agenda relating to children, young people, their families and carers. They provide vital care and support during the antenatal to school age period. In socially deprived areas, such as the South Wales valleys, the service they have provided has delivered untold benefits to children and their families.

Unite Regional Officer Paul Seppman said: "Our members are disillusioned with the tactics employed by their management and the total lack of recognition of their legitimate concerns.

"Unite has made numerous attempts to resolve this with the employer, all of which have been ignored. This is shocking behaviour from the health board which now needs to engage with us and treat their employees with the respect they very much deserve."

# Some extra background – Scotland



Health Visitors in Scotland were awarded an AfC band 7 in 2017 due to the following reasons, all being part of the Scottish Health Visiting Implementation plan that Unite had campaigned in favour of for several years previously.

- Scottish Government had legislative plans to place Health Visitors in a “named person” role, but this legislation and the legal role was never carried through but by the time this clause was dropped the band 7 role and function was in place.
- The Scottish HV service was enhanced through workload tools and an improved contact pathway.
- SCPHN courses evolved to a Masters level qualification, (level 11 in the Scottish educational framework), PG certificate top up modules were offered to the existing HV workforce.
- A new job description was written to reflect the practice and educational changes, and this was ultimately matched to an AFC band 7.
- Scottish Government invested £42 million in the HV service as a non-recurring amount to finance the changes.
- Work was also done on improving the offer to School Nurses with a SCPHN qualification but the job role as recommended by the partnership advisory group was not adopted and therefore the SN practitioner and a revamped job description was held back as a result.

# Next steps

1. Members review their current job evaluation outcome
2. If your role was matched to the archived health visitor – band 6 profile or health visitor team manager (band 7) and/or your role was awarded level 6 (or below) in factor 2, the next step will be to request that your current role is re-evaluated (as per NHS Job evaluation handbook, 'Re-evaluation of changed jobs' section 3.4)
  - Before making this request, contact your local Unite workplace representative or Unite regional officer. or if you don't know who this is, the health sector nationally via email at [healthsector@unitetheunion.org](mailto:healthsector@unitetheunion.org)

## Maintaining good job evaluation practice (chapter three)

4. **Re-evaluation of changed jobs**
  - 4.1 Where a post holder and their manager agree that the demands of the post have changed significantly, then a re-match or re-evaluation of the post needs to be carried out.
  - 4.2 To make a request for re-evaluation or re-match the post holder must submit either an amended agreed JD, or agreed evidence showing which skills and responsibilities applicable to the post have changed. They should also provide details of the changed job demands that have led them to believe there is a change in factor levels. (NB it is advised that job descriptions are kept up to date with all changes whether they are deemed "significant" or not)
  - 4.3 Postholders must be advised that the outcome of the re-evaluation or rematch could be to remain in the same band; or go up or down a band.
  - 4.4 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.
  - 4.5 If the banding outcome changes as a result of re-evaluation, that change should be backdated to when the postholder and manager agreed the job has changed. Disputes about back-dating should be resolved through local procedures.

NHS Job evaluation handbook

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# FAQs

**I completed my SCPHN university qualification before the most recent update to the Standards for post-registration programmes and therefore did not complete studies at a master's level, does this change therefore apply to me?**

**Yes. The NHS job evaluation handbook (section 5.2) states:**

**“Where the training, qualifications and/or experience requirements for a job have changed over time, the current requirements should be taken as the necessary standard to be achieved, as it is the work carried out which is evaluated. Existing job holders with the previously required qualifications should be deemed to have achieved the current qualification level through on-the-job learning and experience.”**

# FAQs

## I completed a PG Dip rather than a masters. Does that mean I cannot ask for a re-evaluation?

No. As we've already highlighted, the NMC has made it clear that the minimum academic qualification to be able to qualify and register as a SCPHN is at post graduate master's level.

Further, in the factor definitions and factor levels guidance in the NHS Job Evaluation Handbook, it points people to further JEG advice on how to consider what experience is equivalent to a qualification. In this guidance it recommends panellists to consider qualifications frameworks and descriptors. In each of the 4 frameworks (1-England, 2-Northern Ireland, 3-Scotland, 4-Wales) it makes clear that PGDip's are equivalent to master's degrees.

Master's degrees (eg MPhil, MLitt, MRes, MA, MSc)			Second-cycle (end of cycle) qualifications
Integrated master's degrees (eg MEng, MChem, MPhys, MPharm) <sup>b</sup>			
Primary qualifications (or first degrees) in medicine, dentistry and veterinary science (eg MB ChB, MB BS, BM BS <sup>c</sup> ; BDS; BVSc, BVMS) <sup>d</sup>	7	11	
Postgraduate diplomas			
Postgraduate Certificate in Education (PGCE)/Postgraduate Diploma in Education (PGDE)			
Postgraduate certificates			(1)

Sev

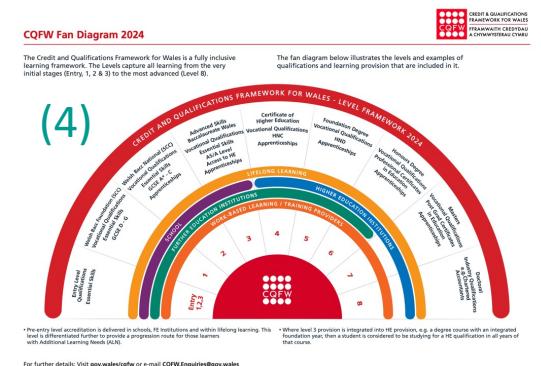
Master's degrees	• highly developed and complex levels of knowledge, enabling you to develop original responses to complicated and unpredictable problems and situations
Postgraduate Certificate in Education	• suitable for senior professionals and managers
BTEC Advanced Professional diplomas, certificates and awards	(2)

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## Professional Development Award

development Integrated Masters Degree, Masters Degree, Post Graduate Certificate, Post Graduate Diploma

Graduate Apprenticeship,  
Professional Apprenticeship,  
SVQ



# FAQs

**The archived national profiles were health visitor profiles. Does this mean this information is not relevant to school nurses?**

Whilst the archival of the national profiles by JEG only relates to two of the four national health visitor profiles, the reason for that was predicated on the change made by the NMC when they updated their Standards for post-registration programmes. This update equally applied to our SCPHN school nurse members. Therefore, SCPHN school nurses should follow the guidance that we've offered here today as equally as our health visitor members.

# FAQs

## **My manager/employer is not willing to agree that my job has changed, what should I do next?**

Whilst the NHS Job evaluation handbook states that there needs to be agreement that the demands for the job have changed, in situations where your manager/employer is refusing to recognise this, you will need to consider how this can be challenged locally. There are several routes to do this, and we would encourage that you discuss these with your local Unite workplace representatives.

# FAQs

**My manager/employer says they don't need to respond to this change as they don't recognise the authority of the organisations making the change?**

**The changes we've been talking about in today's session came about by decisions taken by the Nursing & Midwifery Council and the NHS Staff Council.**



## Our role in education

### What we do

- We set education standards, which shape the content and design of programmes and state the competences of a nurse, midwife or nursing associate.
- We approve education institutions and programmes and maintain a database of approved programmes (courses).
- We deliver **quality assurance** of our approved programmes.
- We register nurses, midwives and nursing associates when they have successfully completed their courses.
- We assess and ensure the quality of practice placements for students.



Guide to the use of profiles (chapter nine)

### 3. The development of profiles

3.1 The NHS Staff Council Job Evaluation Group (JEG) develops and reviews profiles by working in partnership with relevant stakeholders, e.g. professional groups, trade unions, considering and analysing relevant job information and guidance from third parties (e.g. career frameworks and competency standards). Where significant changes to existing profiles are made, or new profiles developed, these are distributed for consultation via the Executive of the NHS Staff Council. Comments received are considered by JEG and the revised profile and/or explanation of response to comments is submitted to the Executive of NHS Staff Council for agreement to publish.

# FAQs

**My employer has warned me that if I try to get paid the correct rate for the job that I'm doing it will lead to cuts in the service that are commissioned. What should I do?**

**Agenda for Change was specifically brought in to ensure that employees who work in the NHS get equal pay for work of equal value for the roles that they perform. All staff covered by the agreement deserve equal access to a fair process and to argue against this not only undermines this but opens employing organisations to claims against them that could potentially have much greater financial implications. Alongside the efforts that members will be making locally, Unite will continue to advocate for fair funding for public health services nationally.**

Statement made by



Wes Streeting  
Secretary of State for Health and Social Care  
Labour  
Ilford North  
Commons

“I wanted to take this opportunity to particularly highlight the importance of accurate and consistent application of the NHS Job Evaluation Scheme (JES). Staff should expect to be paid correctly for the work that they are asked to deliver by their employer, as is their contractual right...”

“I want to be clear that my expectation is that the NHS JES is applied correctly and robustly throughout the whole of the NHS, underpinned by partnership working between employers and trade unions at a local level, to ensure that all staff are paid correctly for the work they are asked to deliver.”

Statement UIN HCWS597 – 23 April 2025

# FAQs

## **I do not work for an NHS employer, does this change apply to me?**

The information that we have discussed today relates to those employees who are covered by the Agenda for Change agreement in their contract of employment. If you have different terms and conditions (for example if you work in a local authority, third sector or private employer with different terms and conditions) it is unlikely that this information is directly relevant. That isn't to say that you shouldn't think about whether you can use the updated standards from the NMC to argue for an improvement to your pay. We encourage members in this situation to get together and discuss potential next steps that you could take.

# FAQs

**If (SCPHN) health visitors and school nurses get re-evaluated to band 7 following this change, does this mean that current band 7 staff working in health visiting/school nursing should be re-evaluated to band 8a?**

Today's session is focused on those members who have the SCPHN qualification and currently have a below level 7 outcome on their job evaluation outcome in factor 2. This may include health visitors or school nurses that either matched to the archived health visitor team manager (band 7) or 'senior/specialist/lead' SCPHNs that had their role locally evaluated or matched to a profile outside of the health visitor suite. These individuals should also consider whether this could lead to them asking for a re-evaluation of their current roles.

For any members that currently score level 7 (or above) on factor 2, a different conversation is needed, which we would like to have with members as well.

# FAQs

**There are no local Unite workplace representatives in my employer, what should I do?**

It is important that we have representatives for Unite in your workplace. If there isn't a rep currently in place, come together as a group of members and elect at least one, but preferably at least two, representatives.

# FAQs

## How do I get more information or support?

Members should talk to their local Unite workplace representatives who in turn should speak to their Unite regional officer. They will be able to access further support from officials in the national health sector.

We will also be running several workshops at the upcoming Unite/CPHVA conference in Bristol on 5 & 6 November 2025. You can find out more detail about this event via:  
<https://bit.ly/CPHVA25>.

# Summary

- 1 – Due to the change in educational level a request for a re evaluation is a reasonable request. Those with a SCPHN qualification cannot match to the profile they were previously matched to.
- 2 – We believe that a match is possible to the ‘health visitor specialist - band 7’ national profile and even if not, local evaluation via Job Analysis Questionnaire (JAQ) will be required
- 3 – Your employer may oppose
- 4 – It is crucial to be organised in preparation
- 5 – Initial actions:
  - Invite a Unite Regional Officer / senior rep to a members meeting to discuss
  - Request current job evaluation outcome

# Q&A

**Thanks for joining us  
for today's session...**