



Royal College
of Nursing

Nurses employed by GPs

RCN guidance on good employment practice



Contents

- 3 Introduction
- 4 Agenda for Change and the General Medical Services contract
- 10 Good employment practice
- 13 Professional issues
- 14 References and further reading
- 14 Useful websites
- 15 Appendix A – Specimen contract of employment for practice nurses

Introduction

Primary care is experiencing significant change and development. The Government has a clear agenda to modernise services, challenge sector and professional boundaries and focus resource allocation on activity that is linked to defined outcomes.

Although the General Medical Services (GMS) contract and Agenda for Change (AfC) have been developed independently of each other, both seek to support modernising care delivery, including the development of a modern workforce. They offer a positive response to the current recruitment and retention crisis within health care.

This RCN guidance has been developed with key stakeholders. It provides GPs, practice managers, practice nurses, nurse practitioners, primary care trusts (PCTs) in England and primary care organisations (PCOs) in Northern Ireland, Scotland and Wales with key elements of both the AfC agreement and the GMS contract. It details a framework of best employment practice, advocates that nurses employed by GPs should be employed on AfC terms and conditions, and highlights the benefits of introducing AfC. For full information, refer to the RCN guidance *Agenda for Change: a guide to the new pay, terms and conditions in the NHS* (2004, publication code 002 299).

Agenda for Change and the General Medical Services contract

What is Agenda for Change?

AfC is a radical new pay and conditions package covering more than a million employees working in the National Health Service (NHS). The changes impact on the pay, grading, terms and conditions of all NHS staff, offering greater opportunities for personal development through continuing professional development (CPD) and a framework for developing an enhanced career pathway.

AfC includes:

- a job evaluation system

Job evaluation is a process for systematically and consistently defining the relative worth of jobs within an organisation. Jobs are placed in rank order, according to the demands of the post. In itself, job evaluation does not determine pay, but it enables organisations to allocate posts to pay bands.

- a pay structure

The myriad of pay systems within the NHS – including the clinical grading system – has been replaced by three new pay structures. One for doctors and dentists, one for nursing staff and one for allied health professionals and other staff. Every job within the NHS has been allocated to one of these pay spines.

- harmonised terms and conditions of service

All staff employed by the NHS will have access to the same terms and conditions, including a 37.5 hour week, up to 33 days' annual leave, and overtime arrangements.

- recruitment and retention premia

A recruitment and retention premia can be awarded when market pressures would otherwise prevent the employer from being able to recruit and retain sufficient numbers of staff at the normal salary. Premia can be awarded nationally or locally and can either be paid in the long or short-term.

- an NHS knowledge and skills framework (KSF)

The KSF has been developed to identify the knowledge and skills that individuals need to apply in their post. It helps guide the development of individuals, providing a fair and objective framework on which to base review and development for every member of staff. It also provides the basis of pay progression in the service.

- a continuing role for the Pay Review Body

The Review Body for Nursing Staff, Midwives, Health Visitors and Professions Allied to Medicine will continue to make pay recommendations to government, but its remit has been extended.

Practice nurses and Agenda for Change

The RCN strongly believes that nurses employed by GPs should be employed on AfC terms and conditions. While practice nurses are employed by independent contractors, the reality is that invariably they work closely with their colleagues in the NHS to ensure that the needs of patients are met. Nurses working in general practice are an essential and integral part of the NHS family and therefore should benefit from similar conditions of service as their NHS employed colleagues.

Practice nurse profiles have been developed. The majority of practice nurse jobs have been graded at band 6 of the new pay system, where many specialist nurse skills and knowledge are found. However, some have been graded at band 5 – for example, those who have no post-basic qualifications relevant to general practice, limited experience in the role and who will be part of a larger nursing team, working under the supervision of an experienced practice nurse or nurse practitioner. Others are graded at band 7 or 8 – for example, nurse practitioners or senior practice nurses who manage a team. Nurse consultants employed by the PCT or PCO have been classified within band 8. For more information on practice nurse profiles, visit the RCN's website at: www.rcn.org.uk/agendaforchange

The GMS contract encourages practices to pay staff AfC rates. Within the contract, AfC is described as part of a best practice framework that is linked to financial reward, if implemented by GPs. Paragraph 4.19 of the GMS contract makes reference to AfC and general practice employed staff.

The GMS contract

The key drivers for the GMS contract are a national shortage of GPs and the need for a primary care workforce that is well placed to meet the needs of expanded and improved primary health care services.

The GMS contract is practice-based and incorporates a new formula that is a radical departure from the traditional way GP practices have been funded. The focus has shifted away from the number of patients on a GP list to a framework that takes account of the health needs of patients, the practice workload and the quality of care provision.

While the contract provides financial security, in the form of a minimum practice income guarantee (MPIG), it also provides practices with the opportunity to generate additional income through meeting standards in the quality framework and providing enhanced and additional services. In addition, there are financial rewards for

introducing information technology, improving premises and seniority. Approximately half of a practice's income will be achieved through quality payments. The quality and outcomes framework has four domains: clinical standards, organisational standards, additional service standards and patient experience.

The GMS contract offers GPs and practice staff significant opportunities for reconfiguring the skills base of the workforce, managing workloads, improving quality and improving the working lives of all staff within the practice. In the contract, paragraphs 4.21 – 4.22 outline issues for practice staff and practice management, while paragraph 4.20 refers to the role of nurses in general practice and in decision-making.

Pay bands 2005/06

Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8	Band 9			
							Range A	Range B	Range C	Range D	
11,494	11,494*	12,044*	13,914*	16,389*	19,523*	22,768*	31,127*	35,527*	41,246*	49,496*	59,395*
11,879	11,879	12,539*	14,739*	17,049*	20,458*	24,198*	32,117*	36,957*	43,336*	51,695*	61,870*
12,209	12,209	13,144*	15,289*	17,598*	21,448*	25,628*	33,217*	38,387*	45,756*	54,115*	64,894*
12,539	12,539	13,694	16,004	18,698	22,328	26,948	34,372	40,036	48,176	57,745	68,194
	12,924	14,189	16,389	19,248	23,208	27,828	35,527	41,246	49,496	59,395	71,925
	13,309	14,739	16,994	19,798	24,198	28,817	36,957	43,336	51,695	61,870	74,925
	13,694	15,069	17,598	20,458	25,188	30,247	38,387	45,756	54,115	64,894	78,521
	14,189	15,509	18,148	21,118	26,068	31,127	40,036	48,176	57,745	68,194	82,291
	14,739	16,004	18,698	21,723	26,948	32,117	41,246	49,496	59,395	71,494	86,240
		16,389	19,248	22,328	27,828	33,217					
				23,208	28,817	34,372					
				24,198	30,247	35,527					

* Pay rates in italics are special transitional points, which apply only during assimilation to the new system.

Adding value – developing the role of practice nurses and nurse practitioners

The GMS contract provides for resources to support role development and higher quality services. The role of nurses is critical in terms of delivering these key elements of the contract.

Nurses can extend their interest within general practice in a variety of ways, for instance by:

- becoming more involved in the business aspects of the practice
- taking a strategic role within primary care
- becoming partners within the practice.

Within clinical practice, nurses are able to become sub or specialist providers of services, such as sexual health, minor surgery, vaccinations and immunisations.

The ‘needs-based’ formula has been developed to ensure that funding is no longer based simply on the number of GPs within a practice. Instead, allocation is founded upon local patient needs and practice workload. There are also cash payments for essential and additional services and staff, and the costs of career development. Resources are made available whether or not a GP is in post, as long as the agreed range of services continues to be provided. In essence, the contract emphasises the general practice team and rewards more effective skill-mix within the practice. Nursing teams are able to access resources that will help to provide more integrated and effective patient care.

The GMS contract generates new opportunities for nurses to work in different ways, taking on extended roles such as proactive chronic disease management and minor surgery. As a result, the profession will play an important role in helping the practice to expand its services, reaching more patients and meeting targets. In order to achieve this vision, nurses need to be competent and confident in taking on these new roles. They need to be supported and trained and have access to ‘professional advice and continuous professional development and to information management and technology’ as paragraph 4.20 of the GMS contract states.

Nurses need to be kept informed of contract discussions, as any proposals to alter roles and responsibilities needs their involvement in planning and implementation. Indeed, nurses may be able to identify areas that might best be served by such changes.

Labour market pressures

According to the RCN’s membership survey of 2002, while the nursing population as a whole is ageing, practice nurses in particular have an older profile, with almost half aged 45 or more. Increasingly, nurses are considering alternative careers, with the RCN membership survey of 2003 indicating that more than a quarter of practice nurses plan to leave their employer in the next two years.

General practice must respond to these labour market pressures, formulating strategies to both recruit and retain staff. It may be difficult to recruit nurses to general practice in the future if job advertisements fail to offer AfC terms and conditions.

Using AfC as a basis for evaluating and rewarding roles ensures that the practice is paying the correct market rate for nursing posts. It will enable practices to be better placed to compete for staff within a tightening nurse labour market.

Meeting the quality framework for employing staff

As part of the quality framework, 'organisational standards' will reward practices that ensure their employment standards comply with good human resource practice, including the working environment. The intention is to bring practices in line with those policies and standards found within the rest of the NHS. It includes:

- facilitating a new career structure for staff, through access to skills development
- supporting a process of appraisal, which will be time-protected
- delivering a family-friendly working environment for all staff, including GPs
- encouraging the development of a recruitment and retention strategy
- supporting the development of practice staff.

AfC is a key element in meeting the requirements of this standard. Successful implementation of AfC offers practices a mechanism for fairly rewarding practice staff. This is via a job evaluation system that ensures salary is based on job weight and responsibility and is competitive with those salaries paid within the NHS. The terms and conditions package within AfC also provides members of staff with access to policies and procedures that are founded upon best practice. Practices that comply with AfC are better placed to recruit and retain staff for the delivery of a greater range and quality of services.

Good employment practice

Any employment strategy includes more than just pay and terms and conditions – it also needs to consider the working environment. England, Scotland, Wales and Northern Ireland have comprehensive strategies to support healthy working environments in the NHS that are free from violence, bullying, and discrimination, while promoting staff involvement. General practice must work with the relevant bodies to ensure that they have access to tools that support the introduction of such policies within their workplace.

An employment charter for practice staff

Practices should:

- follow the spirit and requirements of the relevant national human resource strategy
- provide an up-to-date written contractual statement and job description for every post
- link salaries to national scales, providing annual increases in line with national pay awards
- offer staff a personal training and development plan
- ensure staff have the right to join and be represented by a trade union of their choice, suffering no disadvantage as a result
- offer health professionals a source of professional advice and support within the PCT or PCO
- have written procedures to handle disciplinary matters and grievances, following guidance published by the Advisory, Conciliation and Arbitration Service (ACAS)
- have a written health and safety policy, based on the concept of risk assessment
- observe the requirements of the Working Time Regulations
- have a system for recording accidents and violent incidents involving staff, including verbal and other abuse
- have a written equal opportunities policy and follow good practice in making appointments, staff management, terms and conditions of employment, training opportunities and promotion
- have a written policy on sickness absence, including the sick pay arrangements that apply in the practice.

A job description

A well-researched, comprehensive job description is the cornerstone of any employment relationship. Clarity is ensured from the beginning by identifying the activities and skills required and specifying relevant experience and expertise. A good job description helps to avoid problems and provides a means of determining the appropriate pay band and performance review. It is important to remember that it is the job that is evaluated, and not the individual post holder.

Consider these questions in formulating a job description.

- What is the current or proposed title for the job?
- What are the post's objectives and purposes? These should be stated unambiguously, detailing activities involved and the way in which they should be carried out.
- In addition to clinical services, what other responsibilities does the post entail?
- Who does the post holder liaise with? And who are they accountable to?
- Who is responsible for training? What time will be allocated for continuing professional development?

Further guidance on writing job descriptions is available on the RCN website at www.rcn.org.uk/agendaforchange

The contract of employment starts as soon as the nurse begins work. The employer may make a verbal declaration of terms and conditions at an interview. If the nurse accepts the post, the employer may be bound by these terms. An employer should supply the employee with a written job description, together with a model contract of employment. By law, an employee must receive a written statement of the main terms of employment – including disciplinary and grievance procedures – within two months of starting work. Part-time nurses have exactly the same employment rights as nurses working full-time. See Appendix A – Specimen contract of employment for practice nurses.

Employment relations legislation

The Employment Relations Act 1999 introduced a significant package of employee and trade union rights. Specifically, nurses employed within general practice gained employee-friendly working conditions and rights of trade union representation, for example, at grievance and disciplinary hearings.

Health and safety

Under both legislation and the contract of employment, the employer has a legal duty to take reasonable care for the health, safety and welfare of their employees at work. This includes a duty to consult with employees on all matters relating to their health, safety and welfare in the workplace. The regulations state that consultation must take place in good time and provides examples of when these obligations occur. For example, following the introduction of any measures that may substantially affect the health and safety of employees.

Under the 1974 Health and Safety at Work Act and associated regulations, an employer is required to give their employees access to any relevant health and safety information, for example, providing information to staff on risk assessments.

Employers must ensure that each member of staff is consulted about the planning and organisation of health and safety training, providing individuals with information, instruction and supervision. For example, employers must make certain that all staff are fully aware of the health and safety implications of using new technology.

While members of staff have a responsibility to perform their duties in a safe manner, ultimately it is the employer who is liable for their employees' actions. For example, employers must ensure that individuals are competent to carry out their jobs safely, based on what is expected from an average practitioner in the role.

Professional issues

Accountability

The main reference for nurses' professional accountability is the code of professional conduct, issued by the profession's governing body, the Nursing and Midwifery Council (NMC).

Nurses are professionally and legally accountable for their actions. The code makes it apparent that it is the individual nurse – regardless of their employment situation or geographical location – who is responsible for their actions. In other words, you must ensure that you are competent to undertake the duties and tasks under your contract. The code stresses that if a nurse feels they are being asked to undertake work that they have not been trained to do properly, they should not carry out that work until they receive appropriate training and proper supervision.

Every nurse and employer of nurses should be familiar with the contents of this document, using them to guarantee the best possible care for patients.

Confidentiality

As a part of their code of conduct nurses are obliged to respect the confidentiality of patient health information. It is a fundamental part of the nurse and patient relationship. A breach of confidence by a nurse may render them liable to legal action and disciplinary proceedings by the NMC. Every practice should have a policy covering confidentiality of health information and patient records, including maintaining security.

Maintaining your registration

A person cannot work using the title 'nurse' if they are not currently registered with the NMC. It is vital that this registration is checked before an individual is employed.

Currently there are four elements required for a nurse to maintain their professional registration. These are:

- completing a 'notification to practice' form every three years or, if your area of professional practice changes, requiring a different registerable qualification
- a minimum of five days or its equivalent of study activity, every three years
- maintaining a professional profile that contains details of your professional development
- completing a 'return to practice' programme if you have not practiced for a minimum of 750 hours or 100 working days in the five-year period leading up to the renewal of your registration.

References

Nursing and Midwifery Council (2002) *Code of professional conduct*. London: NMC.

Royal College of Nursing (2002) *Valued equally? Results from the RCN membership survey 2002*. London: RCN. Available at www.rcn.org.uk

Royal College of Nursing (2004) *Stepping stones. Results from the RCN membership survey 2003*. London: RCN. Available at www.rcn.org.uk

Royal College of Nursing (2004) *Agenda for Change: a guide to the new pay, terms and conditions in the NHS*. London: RCN. Publication code 002 299

Royal College of Nursing (2004) *Fragile future. A review of the UK nursing labour market in 2003*. London: RCN. Publication code 002 468

Royal College of Nursing (2005) *Nurses' pay card 2005-6*. London: RCN. Publication code 002 515.

Useful websites

British Medical Association: www.bma.org.uk

Department of Health: www.dh.gov.uk

National Assembly for Wales: www.wales.gov.uk

National Primary and Care Trust Development Programme: www.natpact.nhs.uk

NHS Confederation: www.nhsconfed.org

Northern Ireland Office: www.nio.gov.uk

Nursing and Midwifery Council: www.nmc-uk.org

Royal College of General Practitioners: www.rcgp.org.uk

Scottish Executive: www.scotland.gov.uk

Appendix A

Specimen contract of employment for practice nurses

Statement of terms of employment

Outlines the details of the terms and conditions of employment as a practice nurse.

This is a statement (which satisfies the requirements of the Employment Rights Act 1996) to set out the terms and conditions of employment agreed between:

1.1 Dr/s
of

and you, Mr/Mrs/Miss/Ms
of

1.2 Your job title is _____ [the duties of this job are set out in the job description attached to this statement].

Work address

1.3 Your employment starts on

Any previous periods of employment are not deemed to be continuous with this post. In the event of a partnership change your employment will be regarded as continuous.

1.4 Your salary is £ _____ payable in arrears of (one week/month) on the date/day each month/week.

The hourly rate is £ _____ .

[in accordance with those recommended for nursing staff employed on national conditions of service in the NHS].

Your salary band is £ _____ to £ _____ and is based on the NHS pay band for _____ .

Your salary will be reviewed annually and adjusted in line with changes in the pay scales of NHS nursing staff.

1.5 The incremental date for your salary is _____ with your first incremental date on _____ .

1.6 Your basic hours of work are _____ per week, and your normal hours of attendance are _____ .

In addition to your normal hours of work, occasional Saturday morning surgeries need to be covered. This will be done on a rota basis with nursing and medical staff and is an arrangement that all members of staff are required to participate in.

1.6.1 The hourly rate payable for Saturday morning surgeries is at the normal*/overtime* rate paid for an hour's work.

1.6.2 From time to time, staff will be asked by the practice to work overtime to cover for colleagues who are, for example, on holiday/ill/absent. This will be remunerated at the normal overtime rate, calculated as the normal hourly rate plus a half/two thirds/one/ _____ * of normal rate.

1.7 In addition to the normal public holidays, you are entitled to take _____ working days in each holiday year, which runs from _____ to _____. You will be paid your normal basic remuneration during such holidays.

Reasonable notice should be given of your intention to take leave, and it should be arranged in conjunction with your colleagues and the practice manager or GP.

1.7.1 If your employment starts or ends part way through your holiday year, your entitlement to holidays during that year will be assessed on a pro rata basis. Leave must be taken by the end of the calendar year. It may not be carried forward from one year to the next unless by prior arrangement.

1.7.2 You will be entitled to payment in lieu of holidays accrued but not taken by the date of termination of employment.

1.7.3 On bank and statutory holidays, the surgery will normally be closed.

1.7.4 A day's holiday pay for the purpose of clause 1.7 (above) is _____ .

1.8 Statutory sick pay (SSP) will be paid by the employer to all employees who meet the eligibility criteria for SSP.

1.8.1 You will be paid your normal basic remuneration (less the amount of any statutory sick pay or social security sickness benefit to which you may be entitled) for _____ working days in total in any one sick pay year. This runs from _____ to _____. Entitlement to payment is subject to notification of absence and production of medical certificates as required below.

- 1.8.2 Notification of absence due to sickness must be made as soon as possible on the first day of absence, with medical certification submitted if it continues beyond seven working days. The usual procedures for self-certified leave apply for sick leave under seven days.
- 1.8.3 Any accident or injury to a member of staff or the public must be reported immediately to the doctor in charge, and entered in the accident book.
- 1.9 In the event of a dependant falling ill, giving birth or being injured (as defined in Section 57A Employment Rights Act 1996, as amended by the Employment Relations Act 1999), compassionate paid leave may be granted. Paid leave should not generally exceed three days, but may be extended in cases of exceptional hardship by up to a further three days. This right is independent of your statutory entitlement to unpaid time-off for domestic emergencies provided in Section 57A Employment Rights Act 1996.
- 1.10 You will be entitled to parental and maternity leave in accordance with the relevant statutory provisions.
- 1.11 You are eligible to join the NHS pension scheme. Ask your employer for details.
- 1.12 The length of notice that you are obliged to give _____ to terminate your employment is _____ .

The length of notice that you are entitled to receive from _____ to terminate your employment is _____ until you have been continuously employed for _____, and thereafter notice entitlement increases by _____ .

- 1.13 It is the practice's policy to provide a safe and healthy workplace, and to enlist the support of all employees towards achieving this end. It is recognised that overall responsibility for health and safety rests with the employer. However, employees should be fully aware of the potential health and safety hazards in the practice environment. Staff should be aware of:
- a safe working environment: for example, trailing leads or exposure to chemicals such as glutaraldehyde; high workloads; poor communication; long hours; fire precautions; heating; lighting; ventilation; and regulations for workstations, screens and keyboards
 - safe equipment: slides, autoclaves, and electrical equipment must be adequate for the job and properly maintained
 - safe systems of work: procedures for the safe disposal of clinical waste, and for spillages of substances such as mercury or body fluids. In dispensing practices, dispensers must be trained in health and safety aspects of formulation and special handling precautions

- free use of personal protective equipment: for example, powder free latex gloves with a protein level lower than 50ug/g
- information: written employer's safety policy where there are more than five employees
- immediate first aid: arrangements must be in place for first aid in the event of an accident, and a trained staff first aider, and a first aid box
- welfare: exposure to passive smoking, access to immunisation such as hepatitis B, and access to occupational health advice
- consultation: nurse are entitled to be consulted about anything in the practice that has an impact on health and safety
- accidents: if an accident occurs a record must be made in an accident book. Certain categories of accident must be reported to the Health and Safety Executive and these are defined in the Reporting of injuries and dangerous occurrences regulations (1995) (4).

1.14 If you have a grievance regarding your employment you should refer to the grievance procedure where the disciplinary rules and disciplinary procedure are set out.

Please acknowledge receipt of this statement by completing the tear-off slip below and returning it to _____ .

I _____ acknowledge that I have received a statement of the details of my employment as required by the Employment Rights Act 1996 Section 1. I confirm my agreement that these constitute my contract of employment with _____ .

Signed _____

Dated _____

For more information visit www.rcn.org.uk/agendaforchange

RCNDIRECT

www.rcn.org.uk/direct

0845 772 6100

August 2004, revised March 2005

Published by the Royal College of Nursing

20 Cavendish Square, London W1G 0RN

020 7409 3333

www.rcn.org.uk

*The RCN represents nurses and nursing, promotes excellence
in practice and shapes health policies*

Publication code 002 435