Royal College of Nursing

A fresh start for nursing

The RCN's response to the UK government consultation on nursing pay and careers

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Foreword

A fresh start for nursing: valuing our profession

Nursing is not a calling. Or a vocation. Or 'women's work'. We are a profession; we are experts; we are leaders. There is an art and a science to what we do.

In 2024, nursing roles are held in high regard by patients and service users, but politicians are yet to catch up. After campaigning by the RCN, the government opened this consultation on how to value and reward you. And, to inform what we submitted, over 7,000 of you took the time to tell us your hopes and aspirations for our profession – and what's been holding it back.

This document we're sending to government is made much stronger for your powerful voices and views appearing throughout it. Thank you, colleagues.

Nursing needs a seismic shift and a new place in health care. I know that you agree.

It should never be the case that to get on in your nursing career, you are forced to move away from giving hands-on care.

It should never be the case that you finish your nursing career on the same salary band as you started it.

You should never amass decades of experience but see no recognition of it in your salary and your treatment.

Agenda for Change has lost sight of our value. After 20 years, three quarters of our members are on the two lowest pay bands possible for registered professionals. We are weighted to the bottom of the pay and grading structure, without a clear route through.

I want the career pathway for nursing to be smashed wide open. Whether you take on management roles or not, your knowledge and excellence as a nursing professional has to be recognised.

Patients want the experienced nurse as well as the new joiner involved in their care and treatment.

This work is about every nursing role – registrants and support workers; newly qualified and the more senior; and every current grade through to the chief nurse where you work.

Nursing staff are safety critical. Services should not run without us. But today's poor understanding of our value leaves record jobs unfilled. Investment in nursing is investment in our population's health. It is sound economics and what's best for patients.

In this election year, we are opening the biggest public and political conversation about the value of nursing. And we will tell the sceptics why nursing is unique, why patients need us and why we deserve better.

We ask for governments, the NHS and all employers to give nursing roles fair treatment.

Give nursing its fresh start and a new place in health care.

Professor Pat Cullen
RCN General Secretary and Chief Executive
April 2024

"I want the career pathway for nursing to be smashed wide open.Whether you take on management roles or not, your knowledge and excellence as a nursing professional has to be recognised.

2. Our response

1. Is there any evidence to suggest that the current AfC pay structure is creating issues for the career progression and professional development of nursing staff in the NHS?

The RCN is the Voice of Nursing and is the largest health trade union in England representing the greatest number of nurses and the nursing workforce. Therefore, we are best placed to provide evidence on behalf of the NHS nursing workforce who operationally are the most essential part of the Agenda for Change workforce given their safety critical role. This answer must be read alongside question two below.

> In the twenty years since the introduction of Agenda for Change, nursing as a profession and a career has transformed.

In the twenty years since the introduction of Agenda for Change (AfC), nursing as a profession and a career has transformed. In the circumstances, the Job Evaluation Scheme that underpins AfC is no longer reliable in accordance with s.131(6)(b) Equality Act 2010 and as such the contribution of nursing in the NHS is no longer adequately recognised or rewarded and it also lacks any clear career framework. Meaning, AfC no longer provides equal pay for work of equal value.

Underinvestment in the nursing workforce has led to a situation whereby the practice of nursing has advanced since the introduction of AfC, yet neither the pay structure nor workforce development has changed to reflect this. Staff are working at higher levels of education, skills and knowledge. Staff are also working at higher levels of responsibility and risk due to changes in roles and staffing shortages, yet within AfC neither are rewarded through higher pay or by delivering career progression to a higher grade. Furthermore, there is no skill mix analysis in respect of the nursing workforce, Agenda for Change is a 'quantity, not quality' structure particularly in respect of nursing.

Our advancements in clinical, leadership and academic terms are not supported by the current AfC structure. Far worse, nursing staff find the status quo acts as a structural impediment to their further career progression and development. Consequently, it is a barrier to safer levels of staffing and higher standards of patient care.

Continuing professional development (CPD) should be undertaken during work time, particularly courses that are critical for their exact role to ensure better patient outcomes. However, at present staff are expected to do this in their own time, demonstrating the lack of value placed on nursing staff continuing to develop themselves professionally.

To get to the root of the issue, today's AfC must be understood in terms of its component parts – a pay spine, a national collective agreement providing terms and conditions and a Job Evaluation Scheme defining bands – and the impact of each examined.

The terms and conditions are of a good standard, and we have collaborated for many years in the NHS Staff Council to ensure their relevance, development, and application. They are not the major concern, and we call here for those terms to be replicated in full as a base level in the design of any new nursing contract and pay spine.

The current monetary value of every spine point in every band should be higher and should have not fallen some 25 per cent behind inflation. That is not to say that increasing the values of each point would address the current flaws in the design of AfC and the way the nursing profession experiences it.

A career of any kind must offer clear progression for all who want it – greater levels of reward to recognise skills, competence and expertise gained and greater responsibilities assumed. That ambition requires a pay and grading approach that acts as an enabler to the journey. Regrettably, the evidence shows a nursing career trajectory is thwarted by two different parts of the current AfC arrangement.

Reaching the top of bands – the complete 'rate' for a job – acts as a roadblock in a career. Too many, at both the bottom and the top of the AfC pay and grading structure, see their pay and reward stagnate at this spine point despite the continued acquisition of skill, education and expertise. As the largest profession in health care and consequently the largest part of the 'wage bill', three quarters of registered nurses are on the lowest two pay bands possible (5 and 6).

To conclude that it is because roles are not required in greater number at higher bands, is to give unworthy weight to the accuracy of the job evaluation process and the profiles that underpin today's arrangements.

The NHS Job Evaluation Scheme uses generic national profiles to evaluate positions across different disciplines within the AfC workforce. These profiles provide a framework for assessing roles, but given they are now twenty years out of date, do not systematically capture the unique requirements and responsibilities of nursing roles, particularly those involving direct patient care, complex clinical decision-making, and interdisciplinary collaboration in 2024.

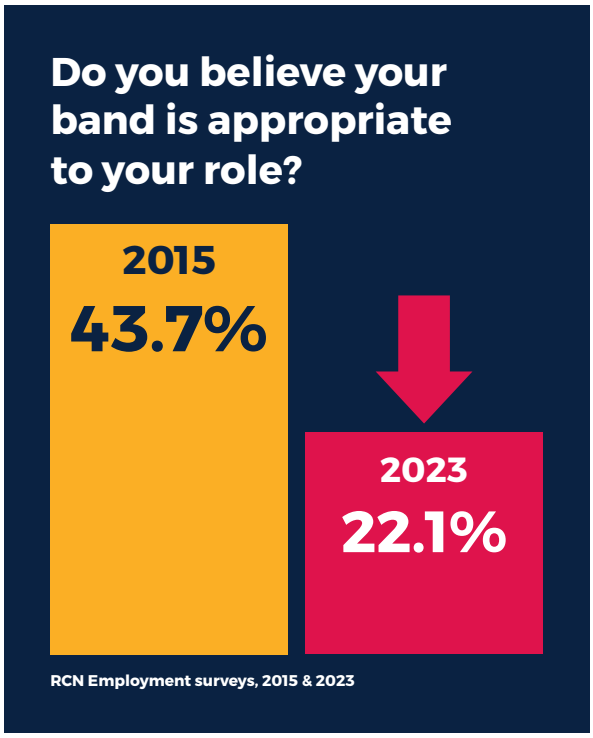
Nursing careers require a professional framework underpinned by clinical expertise, accurate job descriptions and a pay structure to enable and recognise the change over time – both time in an individual's own career and advancements in the science and art of nursing since 2004. Today's AfC and its application locally actively impedes this progress.

Our members recognise that which is why tens of thousands took industrial action for the first time during 2023 and thousands responded to our member engagement consultation in respect of this call for evidence. They need to see a new approach to the nursing workforce with reward and career development at its centre. If action is not taken now, the nursing recruitment and retention crisis will become further entrenched (and potentially irreversible) and patients will suffer.

2. Is there any evidence to demonstrate that issues with career progression and professional development are impacting the recruitment and retention of nursing staff in the NHS?

The separate recruitment and retention crises within the nursing profession have a multitude of causes.

69.9% of members who responded to our employment conditions survey in late 2023 stated the primary reason for intention to leave the NHS was due to feeling undervalued. Career progression and professional development is an important facet in feeling recognised and valued.



Furthermore, 35.8% of our members who responded to our employment survey disagreed or strongly disagreed they would recommend nursing as a career, and the number of student nursing applicants in September 2023 fell by a further 13.1% demonstrating the public no longer view nursing as a career of choice either. The UCAS applications data for the forthcoming intake show a further drop can be expected. These falls are inextricably linked with the lack of career progression and professional development available within the NHS and the current AfC pay and grading structure.

In our employment survey, we also asked members again whether their pay band appropriately matches the 'role and responsibilities' they hold. Two thirds (65.5 per cent) responded that their banding is either inappropriate or very inappropriate. As recently as 2015, 43.7 per cent believed the bands were appropriate or very appropriate for their role. By 2023, this had fallen to 22.1 per cent.

In response to our member engagement survey in respect of this call for evidence, thousands of RCN members responded confirming their job descriptions do not match the reality of their work, but their employer is unwilling to support a regrading application as the AfC Job Evaluation Scheme has not been maintained locally i.e. no job evaluation leads, no panels, no expertise within the employer and therefore, changes in role as with nursing, have gone unaccounted for.

Our findings include:

- 40% report they been employed in their band longer than they should have and 27% state they have been unable to obtain a role at a higher band.
- 87%, disagree/strongly disagree that their current pay band recognises their knowledge, skills, education and current level of responsibility.
- 77% don't think that the difference between bands is significant enough to recognise the increased experience and requirements between roles on different pay bands.

For the vast majority therefore, only by changing their role can they achieve higher reward or 'value'. Even when promotion is achieved, pay restraint has resulted in the squeezing of differentials between pay bands, meaning that the financial benefits associated with promotion have been diminished in both nominal terms and as a proportion of salaries. In 2010, the differential on promotion from band 5 to band 6 was £936 and represented a salary rise of 3.4%. In 2023, the differential was just £811 and an uplift in salary of 2.3%.

The cumulative impact of the recruitment and retentions crises have left a gap of tens of thousands of registered nurse roles in England's NHS staffing establishment and a potentially greater distance from staffing levels we would consider safe and desirable. Today's AfC workforce structure runs contrary to the interests of safe patient care.

In the year 2022/2023, 10.4% of nurses and health visitors left the NHS. The vacancy rate tracks at around the same level or higher (NHS England workforce statistics June 2023 – nurse vacancy rate was 10.9%) demonstrating the NHS cannot recruit to a workforce it is struggling to retain and we say that is demonstrative of the lack of career progression or professional development within the NHS.

Frustration with their working life, the lack of value and reward and the lack of professional fulfilment are drivers of the departure of nursing staff. Particularly concerning are the trends that reveal nursing staff quitting their role in the first five years after qualification – evidently concluding that they cannot see a future in the profession.

Again, in our employment survey 2023, we asked members about their intention to leave their role and 30.3% confirmed they are considering leaving their job.

Finally, the new nursing curriculum introduced in 2018 as a result of the NMC standards of proficiency, delivers nurses (who graduated in 2021/22 onwards) that are educated to a higher standard, i.e. prescriber ready, than those who have come before them. They use those skills to gain employment elsewhere as opposed to utilising them by committing to a career in the NHS as no career framework exists.

3. To what extent could existing AfC arrangements accommodate changes to the nursing profession, including changing responsibilities within roles and the introduction of new nursing roles?

The RCN has recently put forward specific proposals around the reform of AfC to support recognition of the nursing workforce.

However, structural reform of the kind required to create nursing career pathways or to significantly alter the pay and grading structure is not available within the collective bargaining arrangements governed by the Staff Council. That can and has only been achieved by direct negotiations which are not routine.

The RCN has submitted compelling evidence to the Nursing Profile Review through the NHS Staff Council Job Evaluation Group. Although the work has commenced, it is painfully slow to progress, and we anticipate it will retain the current bandings which give rise to the barriers we complain of.

Even when profiles have been amended, as the band 2 and 3 health care support worker profiles were in 2021, employers have simply not acted on those new profiles and reviewed which profile aligns with their workforce. Therefore, many staff are working at band 3 but remain paid at band 2. It could also be said nursing associates who are aligned to band 4 are in fact working at band 5, demonstrating the bands are simply no longer reliable and it is creating a ripple effect through the grades as they currently stand.

> Their vigilance is critical to the safety of people, the prevention of avoidable harm and the management of risks regardless of the location or situation.

A further proposal relates to the use of Annex 20 – development of professional roles of the AfC Handbook, which should be utilised to explicitly accommodate career development of the nursing workforce. In Annex 20, the main factor used to determine eligibility for progression from band 5 to 6 is the level of autonomy in professional practice of the specific professional group.

We believe Annex 20 applies to nursing staff in recognition of the NMC Code which states that:

> *Registered nurses play a vital role in providing, leading and coordinating care that is compassionate, evidence-based, and person-centred. They are accountable for their own actions and must be able to work autonomously, or as an equal partner with a range of other professionals, and in interdisciplinary teams.*

Nursing is a safety critical profession founded on four pillars: clinical practice, education, research, and leadership. Registered nurses use evidence-based knowledge, professional and clinical judgement to assess, plan, implement and evaluate high-quality person-centred nursing care.

The work of registered nurses consists of many specialised and complex interventions: their vigilance is critical to the safety of people, the prevention of avoidable harm and the management of risks regardless of the location or situation.

As soon as nurses are registered, they are responsible for managing nursing care and are accountable for the appropriate delegation and supervision of care provided by others in the team including lay carers.

This means that all registered nurses can be held to account for their actions and using their professional judgement to make decisions, including decisions to delegate aspects of care. Under the Code they are accountable for the decisions made by the people they delegate to.

Annex 20 provides for automatic pay progression after a period of time, akin to preceptorship to other professions, after which they automatically progress from band 5 to band 6. For the reasons stated above, the RCN believes this annex should be utilised in respect of the nursing workforce in recognition of the fact band 5 nurses work autonomously.

Annex 20 is currently applied to other occupational groups and the fact it has not been applied to the nursing workforce suggests inequality of treatment which we say is due to the size of the workforce (and therefore the cost), the gender (88.2% female) and racial profile (39.1% black and minority ethnic) of the nursing workforce.

The NHS Pay Review Body (NHSPRB) also suggested in its 34th report that it is time to review and update the system so far as nursing is concerned. The pay structure reform for nurses was significant in both 1988 (Clinical grading) and 2004 (Agenda or Change) on each occasion delivering change that was required to respond to the challenges of the time. The NMC responded to the changes in nursing in 2018 by introducing the NMC Standards of Proficiency but the system did not respond. Therefore, the system is long overdue a review meaning that only significant reform which a nursing pay spine and career framework can deliver can address the difficulties at this time.

4. Is there any evidence to suggest that issues with career progression and professional development in the NHS are unique to nursing, and would therefore require a solution that is exclusive to nursing?

The evidence is overwhelming that the current system has not kept pace with the development of nursing practice since its implementation 20 years ago as set out in our evidence to the Staff Council Job Evaluation Group nursing and midwifery profile review. Additionally, when groups of nurses apply for re-banding in response to alteration to their roles, they are told that services will be withdrawn rather than employers provide them with the correct rate for their actual work. In short, AfC provides an ability for trusts to 'deliver services on the cheap' by undervaluing the nursing role.

Nursing is central to the response to advances in health care and complexity of care and changes to meet the needs of the population. Nursing as a profession has been subject to the same advances taking on significant developments in nursing practice.

> The majority of additional nursing recruitment in England's NHS since the 2019 political commitment to 50k more, has been met by international recruitment that raised ethical considerations over reliance on 'red list' countries.

The NMC recognised the changes in nursing practice by introducing the Standards of Proficiency for Registered Nurses on 28 March 2018. These were updated to take into account the changes taking place in society and health care, and the implications these changes had for registered nurses. Those standards recognise the role of the nurse in the 21st century and were updated by the NMC to ensure its standards remained fit for purpose. No such review has been undertaken of AfC to assess whether it remains fit for purpose in recognising and rewarding nursing in 2024.

Considering the advances, the additional education required, levels of skills, nursing specialisms, and advanced practice, the absence of a clear and modern career framework or pathway is startling and inhibitory in its impact on recruitment and retention of the nursing workforce. Pharmacists have career development funded and built into their education. They are registered at Masters level and are full prescribers, this supports a service model that they can deliver independently.

The majority of additional nursing recruitment in England's NHS since the 2019 political commitment to 50k more, has been met by international recruitment that raised ethical considerations over reliance on 'red list' countries. The vacancy rate remains high and 10.4% of nurses left the NHS in the year 2022/23.

Recent figures we obtained by FOI from the Nursing and Midwifery Council (NMC) show the number of nurses actively planning to leave England for better pay and conditions abroad has soared in recent years, with the number rising more than four-fold between 2018/19 and 2022/23. It is not only domestically educated nurses that are leaving for better pay overseas but internationally educated are choosing not to settle for longer in England either. Nurses applying for certificates of current professional status (CCPS), which nursing staff must obtain before practising overseas have more than doubled between 2021/22 and 2022/23 from around 4,400 to over 10,000. Between the six months from April to September of last year alone, the number of CCPS' issued neared the total for the previous 12 months, meaning the total for 2023/24 is on course to see another significant rise.

A recent report published by the Organisation for Economic Co-operation and Development (OECD) showed nursing, on average, is a far more highly paid career in most other OECD countries – where full-time nurses working in the hospital sector can expect to earn 20% more than the full-time average wage. In the UK, nurses working in hospitals earn approximately 10% less than the full-time national average. The UK is joint bottom in the OECD's official list of nurse pay in 35 top countries.

A disproportionate number of all NHS vacancies are nursing roles, and the nursing profession displays higher levels of pre-retirement, even early years, resignations. For these reasons, the RCN submits this problem is both unique to nursing and requires a bespoke solution for nursing in order to address it.

5. Do you think the introduction of a separate nursing pay spine would improve the career progression and professional development of nursing staff?

> For registered nurses, we envisage starting salaries in the region £35,000 for their preceptorship period with progress towards £50,000 clearly and credibly marked out

The RCN believes the development of a separate nursing pay spine would significantly improve the career progression and professional development of nursing staff.

In independently carried out research, RCN members in the NHS in England were asked a direct question on levels of support for a separate pay spine for nursing staff. Six in ten (59 per cent) said they were explicitly very or somewhat supportive of the change – with 43 per cent confirming the highest level of support. Only 7 per cent registered a disagreement with the concept, while the others were not yet aware enough and sought further information first.

We created a further detailed survey to unearth the specific details in the lived experience of nursing staff. In excess of 7,000 individual RCN members gave detailed feedback on the issues concerning AfC and their careers in January/February 2024 for this consultation response. Their personal career histories, journeys and qualifications, contrasted with their current banding, details the frustration experienced.

"I manage complexity and acuity in a high stress environment, I am a highly skilled nurse with 14 years experience, DipHE, BSc and now MSc. In any other profession my salary would track my extended skills – this simply hasn't happened. I get paid the same grade as a 1-year post midwife or other HCP." (top of band 6).

"Specialist nurse autonomous practitioner and prescriber with 40+ years experience- don't think top of band 7 is adequate remuneration for level of practice." (top of band 7).

"Big responsibility managing a service – pay does not reflect this and certainly does not reflect this being my 40th year in nursing." (band 8a).

"...My qualifications include RGN, a further university honours degree, a post graduate diploma in my speciality, nationally recognised competencies in my speciality, and a V300 Independent Prescribing qualification. Earning 46k per year, I am most definitely cheap labour!" (middle of band 7).

"I've progressed in the last five years experientially and educationally and my level in my view does not represent my experience and level of practice. I'm doing a PhD and have been told by one leader 8a roles don't need a PhD it's my choice I'm self funding for that reason ... I'm near breaking point to be fair and may actually have to give up the PhD despite being over half way through" (band 8a).

A new pay structure must be aligned to a new nursing career framework to enable professional development of nursing staff similar to the medical workforce in the UK and the nursing workforces in the US, Australia and the Republic of Ireland.

For nursing support workers we envisage a starting salary of at least £27,500 and for registered nurses, we envisage starting salaries in the region £35,000 for their preceptorship period with progress towards £50,000 clearly and credibly marked out as they head towards 'enhanced' levels of their career (detailed below). Fixed financial sums should be attributed to the acquisition of specific qualifications and/or specialist practice.

At present, patient-facing professionals in current band 2 are paid just a single penny more than the national living wage of £11.44p/h. As valued members of the nursing team, they deserve far greater recognition.

Opportunities for movement through clearly defined career pathways and the enrichment of knowledge and skills have been found to contribute to overall job satisfaction and intention to stay. However, at present nursing staff do not have access to clearly defined career pathways and are often faced with long periods at one pay band (as demonstrated by the numbers at band 5 and 6), without the opportunity for a promotion or any recognition of further education or development of skills and expertise. Nursing has more professionals at band 5 than any other despite nurses in all settings being the individuals closest to the patients and requiring key skills in clinical vigilance, ready to escalate and intervene with patient deterioration. These are safety critical skills that must be recognised and are the unique skills of the registered nurse.

The Department has already taken evidence on these exact matters under the auspices of the Nursing Career Progression Non-Pay Working Group, with oversight from Dame Ruth May as CNO for England. The DHSC has summarised some of its own findings as:

"AfC resulted in a loss of distinction between newly qualified and experienced staff nurses"

"Ethnicity, gender, geography and specialty of nursing all seem to have an impact [on career progression]."

"The pay structure creates disincentive for promotion."

"Data shows that nurses progress more slowly to band 6 and above compared to similar professions."

> **A new career framework would properly recognise, reward and regenerate the nursing workforce that is currently in decline.**

We support these views and provide further detail on them in this submission.

In information held and previously distributed by the DHSC, it cites NHS England Workforce Statistics 'Numbers per Staff Group and AfC band by Age' and summarises the experience of our members as "For midwives and ambulance staff, the proportion of employees in band 5 decreases as age increases. The same is not true of nurses and health visitors." In other words, nursing staff spend too long in their career 'trapped' at band 5 – for some it is the entirety of their working life and not of their choosing.

On ethnicity, the same DHSC slidedeck and NHSE dataset confirms "White Nurses & Health visitors are more likely to be in band 6+ than those in any other ethnic group". One third (31 per cent) of white nurses are in band 5 but two-thirds (66 per cent) of Asian or Asian British nurses are in that band. For Black or Black British, it is a similar 57 per

cent. This series also suggest you are three times more likely to reach band 7 as a white nurse than an Asian nurse, with 23 per cent and 8 per cent of the respective distribution in that band.

The RCN believes a separate pay spine must be aligned to a new nursing career framework which recognises nursing requires specialised skills and knowledge. That progress within the profession requires ongoing learning and development, and opportunities for advancement aligned to experience in clinical practice must be provided. A new career framework would properly recognise, reward and regenerate the nursing workforce that is currently in decline.

The RCN believes a new nursing career framework should be developed around the distinct levels of nursing practice which are:

- Supportive (nursing support workers)
- Assistive (registered nursing associate)
- Registered nurses
- Enhanced
- Advanced
- Consultant

See answer 17 for further information.

The pay structure would align with those levels and gateways would be available in order to progress to the next level based on knowledge, skills, competencies, specialities or experience. Utilising the NHS Deaneries model in place for the medical workforce would enable nurses to acquire post graduate education and training to ensure those who want to continue their professional development can do so and to allow nurses to reach their full potential. As a result, patients will receive the best possible care from nurses.

By providing career progression and development, this would improve recruitment and retention of the nursing workforce and as such patient outcomes. In-depth studies led by eminent nursing academics show that adequate staffing and managerial support for nursing are key to improving the quality of patient care and reducing job dissatisfaction.

6. Do you think there are any additional benefits to introducing a separate nursing pay spine that are not directly related to career progression and professional development?

Yes, there are significant benefits to investing in the nursing workforce by fully recognising their skills and expertise properly. Again, the primary benefit would be in retaining the workforce and recruiting to it when it is currently in crisis. Also, and equally important, the nursing workforce would feel valued.

Also, evidence from the UK and international settings e.g. Australia, Canada and the US demonstrates the impact of experienced specialist staff and advanced nursing staff on patient care. Specialist and advanced nurses hold advanced clinical skills and contribute

to care co-ordination and case management. They serve as patient educators and advocates, empowering patients and their families with knowledge about their health conditions, treatment options and self-care strategies, as well as advocating for patients within the health care system. Advanced and specialist nurses contribute to quality and safety improvements through developing evidence-based practice and quality improvement initiatives.

Over reliance on agency staff cost the NHS

£10bn

during the last three years

Despite these benefits there is no impetus currently to develop nursing staff to work at specialist or advanced levels as the workforce planning model in the NHS is to place the least experienced closest to patients and not the most experienced. This creates risk which in turn results in harm which is reflected in clinical negligence claims of which £2.6 billion pounds in damages was paid during 2023. This could be reduced if the nursing workforce was developed.

We believe over reliance on agency staff which cost the NHS £10 billion during the last three years would also decrease if a separate nursing pay spine and a new nursing career framework were enacted as that may entice those who saw no opportunity for professional development within the NHS not to resign and work either in private health care, for agencies or leave the profession entirely.

7. Do you think there would be risks or potential unintended consequences of separating nursing staff from the current AfC pay arrangements?

As the representatives of the NHS trusts in England, NHS Providers surveyed trust leaders on the question of a separate nursing pay spine. Their full and formal submission to this consultation, which is in the public domain, highlights several concerning themes.

Only 39 per cent of senior leaders responding (a combination of nursing, medical and HR directors) believe AfC is 'appropriate to support the development of nursing careers'. Nursing directors were the most certain it is not suitable (69 per cent) and even a third of HR directors agreed it was not.

Some respondents noted that "for nursing specifically, there is a lack of clinical roles at more senior levels, which results in nursing staff moving away from patient facing roles as they become more senior. A medical director responding to our survey noted that this is not the case for medical directors and other senior clinical leaders."

Trust leaders support the creation of opportunities for nursing staff to increase their seniority without having to step back from direct patient care. They quote a nursing director saying, "the issue is lack of clinical roles at senior bands rather than the AfC structure in itself – too often the only route to more senior bands is to move into management roles rather than remaining clinical and using expertise in [a] clinical role."

In a separate survey of HR directors, NHS Providers found "the structure of AfC is too rigid, with a disproportionate focus on time in service rather than experience and

competencies developed in a role". They also note "a lack of flexibility saw staff moving across NHS trusts to accelerate pay progression.... staff should be able to progress more easily within one organisation."

NHS Providers, who instead call for AfC to be reviewed and strengthened for all staff groups, raise the issue of the place of nursing within modern multi-disciplinary teams and workforces.

The RCN acknowledges that many nursing staff work within multi-disciplinary teams. These team members include doctors, who are employed on a separate pay spine and agency workers paid entirely different rates. This has not given rise to industrial unrest nor their ability to act as 'one team' in terms of patient care.

Multi-disciplinary teamworking depends on effective communication, collaboration, and valuing the expertise of each member based on their respective professional roles, regardless of difference in pay or grading mechanisms.

By taking the steps we have identified to ensure a more realistic recognition of nursing skills, knowledge, qualifications and contribution as well as clear career development opportunities, this would provide the positive consequence of facilitating the nursing workforce to work at their full potential meaning they can make an even more effective contribution to multi-disciplinary teamworking notwithstanding the introduction of a separate nursing pay spine.

8. Do you agree or disagree with the principle of introducing a separate pay spine exclusively for nursing staff?

> The acuteness of the nursing workforce crisis demands a unique solution ... Nursing has simply outgrown Agenda for Change.

The RCN agrees with the principle of introducing a separate pay spine exclusively for nursing staff. The acuteness of the nursing workforce crisis demands a unique solution as we laid out to the Pay Review Body in our evidence in respect of the pay year 2024/25. The current pay & grading structure has not been maintained to keep pace with the advances in nursing and is no longer reliable in accordance with s.131(6)(b) Equality Act 2010. Nursing is unique within the context of the current Agenda for Change workforce in terms of its size, the intersectionality of gender and race and the contribution it makes to the NHS. To suggest it is capable of being comparable to other roles not delivering frontline clinical care is naïve as nursing is not capable of substitution. It is an unreasonable or unfeasible ask for the same pay spine to find equivalence between clinical, safety-critical nursing roles and others in the running of the NHS. For that reason, the nursing workforce is deserving of a separate pay spine akin to the medical workforce to recognise and reward its skills, experience, education and contribution. Nursing has simply outgrown Agenda for Change.

9. What would be the benefits, if any, of option 1?

There would be advantages to nursing staff retaining their current terms and conditions but there is no barrier to their existing terms and conditions being aligned with option 2.

However, the RCN believes the risks associated with option 1 are far greater than any potential benefits. The 'halfway' option 1 would not deliver the career enhancements foreseen from a wholly new structure and approach that allows for clear movement along a career trajectory.

10. What would be the challenges and wider implications, if any, of option 1?

The greatest risk of option 1 (with potentially different pay rates) within AfC presents is that it could give rise to potential equal pay claims given the AfC workforce would all remain tied to the current Job Evaluation Scheme and grading structure. For that reason, the RCN believes option 2 is the only viable option.

11. What practical steps and decisions would be needed to implement option 1?

The practical steps would be the negotiation of different pay rates for the nursing workforce with the relevant stakeholders and consultation with the workforce.

12. What would be the benefits, if any, of option 2?

The RCN believes option 2 presents far wider-ranging benefits and fewer risks than option 1.

A separate nursing pay spine as part of a new contract for nursing staff would provide the unique solution required to address the acute nursing workforce crisis. It would also improve patient outcomes by recruiting and retaining the nursing workforce.

Option 2 could be delivered in the short-term using RRPs, which have been denied locally and nationally to date, utilisation of annex 20 in the medium term while the new structure was negotiated and implemented in the longer term. This roadmap would deliver pay justice and recognition for the nursing workforce.

> A separate nursing pay spine as part of a new contract for nursing staff would provide the unique solution required to address the acute nursing workforce crisis

A new separate nursing pay spine would recognise and value the contribution of nursing to the NHS and facilitate a nursing career framework that is currently unclear. It would draw a distinction between the newly qualified registrants and more experienced staff who are still actively involved in clinical care as opposed to having to take on management responsibility of those administering nursing care in order to achieve a higher grade.

By placing emphasis on progression through experience and competencies tied to clinical expertise this would encourage recruitment, retention and morale. It would also provide a new pay structure to support service reform to provide better patient outcomes and consequently would reduce complaints.

Option 2 would also reduce the risks of potential equal pay claims as separate collective bargaining for the nursing workforce could give rise to a defence against any such claims and as our members would no longer be tied to the AfC Job Evaluation Scheme with the rest of the AfC workforce, they would no longer be graded the same as them such that a comparison was possible.

13. What would be the challenges and wider implications, if any, of option 2?

The AfC workforce already work alongside the medical workforce who have a separate pay spine and we do not believe introducing a third pay spine outside AfC would impact on day-to-day delivery.

Consultation of the workforce will be required.

New functionality for pay roll will be required, along with the design of the new pay spine and negotiation of the rates for each nursing role within the structure.

Option 2 would represent an important public acknowledgment of investment in nursing and recognition of their expertise, contribution and value to the NHS

14. What practical steps and decisions would be needed to implement option 2?

There would have to be early discussions with all stakeholders to design and develop the new pay arrangements for nursing within the NHS. Including the development of a professional framework for nursing. The nursing workforce would be integral to its development and need to be consulted on the new arrangements.

New bargaining arrangements would need to be agreed as well as the process for pay determination going forward.

Finally, the budget that is currently attached to the nursing AfC workforce would need to be repurposed and enhanced in order to implement option 2.

15. If a separate nursing pay spine were introduced, which of the following would you prefer?

- **Introduce a separate nursing pay spine within the AfC contract (option 1)**
- **Introduce a separate nursing pay spine as part of a new contract for nursing staff (option 2)**
- **No preference – both options would work**
- **No preference – neither option would work**
- **Don't know**

The RCN's preference is for option 2 for the reasons outlined above and this has been informed by the 7,000 responses from our members. The AfC Job Evaluation Scheme has not been maintained as it should and is now otherwise unreliable due to the advances in nursing and the weight of responsibility required of the entirety of the nursing workforce.

Despite a number of stakeholders indicating the need for review and change of the current AfC structure in recent years, there has been neither consensus nor urgency to progress change. Our suggestions and evidence have been routinely ignored, especially by those who have not experienced the negative impact of the current system.

Although some changes may be possible, and even if they were agreed, they would not meet the breadth and scope of the seismic changes required to recruit, retain and motivate the nursing workforce. Change of this level is only provided for in option 2.

16. If you have any views on which members of the nursing workforce should be in scope of a separate nursing pay spine, please outline them.

A separate nursing pay spine would need to be inclusive of all nursing roles within the nursing workforce from the nursing support workforce to senior nursing directors and top leadership roles encompassing all levels and specialisms.

17. If you have any views on how nursing roles should be assessed against a separate nursing pay spine, please outline them. Please include how your suggested approach would best support the recruitment, retention and development of nursing staff in the NHS.

> Clear and objective competency criteria should be developed for evaluating nursing roles, reflecting such factors as qualifications, clinical expertise, leadership responsibilities, scope of practice and experience

The RCN believes that any new pay structure should be developed around a distinct framework describing levels of nursing practice which are:

- Supportive (nursing support workers)
- Assistive (registered nursing associates)
- Registered nurses
- Enhanced
- Advanced
- Consultant

Within these levels of practice, clear and objective competency criteria should be developed for evaluating nursing roles, reflecting such factors as qualifications, clinical expertise, leadership responsibilities, scope of practice and experience similar to the medical workforce pay spines.

A career framework should be embedded for the whole of the nursing workforce, encompassing all levels and specialisms within nursing. This includes those conducting clinical, education, research and leadership as well as those in developmental and supportive roles.

In particular, we see the need for improved recognition and support for the nursing support workforce. Evidence shows that while this workforce often has the most direct contact with patients and service users, they have long experienced a range of barriers to their effective deployment and development. These include a lack of standardised entry requirements, inconsistent task deployment and career progression pathways. This has a detrimental impact on service delivery and patient satisfaction[1].

In-depth studies such as those led by Professor Linda Aiken of the University of Pennsylvania School of Nursing, show that adequate staffing and managerial support for nursing are key to improving the quality of patient care and reducing job dissatisfaction. Opportunities for movement through clearly defined career pathways and the enrichment of knowledge and skills have also been found to contribute to overall job satisfaction and intention to stay.[2]

1 Griffin, R. (2023). How did we get here? Explaining the persistent barriers NHS clinical support workers can face in England. British Journal of Healthcare Assistants, 17(1), 012-019.

2 Duffield, Christine et al. "Job Enrichment: Creating Meaningful Career Development Opportunities for Nurses." Journal of nursing management 22.6 (2014): 697–706.

However, the reality is that many nursing staff do not have access to clearly define career pathways and are often faced with long periods at one pay band, without the opportunity for a promotion.

This new professional career framework is needed and to encompasses the levels of practice from supportive to consultant.

The nursing support workforce provides patient care under the direction of the registered nursing staff. They play a crucial and essential role in the delivery of health and care services across all settings, delivering clinical support and working collaboratively with registered nurses as part of wider multidisciplinary team, which is critical to the delivery of high-quality care.

The nursing support workforce are accountable for their practice, to their employer, patients, and the law. Their work is guided by direct supervision of the registered nurse in addition to local policies and parameters. They work across two levels, supportive and assistive/associate registered nursing associate levels.

The Nursing and Midwifery Council defines the registered nurse and sets the standards of proficiency that represent the skills, knowledge and attributes all nurses must demonstrate.

Enhanced level nursing describes a level that can only be delivered by registered nurses who have gained additional post-registration education and experiential learning in a relevant subject area. The enhanced level is differentiated from other levels by a registered nurse's expertise in applying specific knowledge and skills to a designated area, for example, a client group, skill set or in an organisational context.

Registered nurses working at an enhanced level are expected to be able to manage discrete activities in complex, challenging and changing situations and environments, seeking further guidance when needed.

The advanced level is differentiated from other levels by a registered nurse's expertise in applying highly-developed theoretical and practical knowledge to complex, unpredictable, and sometimes unfamiliar situations. This involves use of critical thinking, high-level decision making and exercising professional judgement.

The concept of consultant level can be applied to the full range of registered nurses' careers, and not particular roles or specific organisational contexts. It is differentiated from other levels by registered nurses':

- expertise, aided by credibility in the consultant's own professional practice
- strategic and enabling leadership, embracing the key skillset for systems leadership and systems transformation
- learning, developing, and improving across the system
- research and innovation as an embedded researcher
- underpinning consultancy as the foundations of putting expertise in place across systems of health and social care to sustain quality.

These dimensions, together with critical reflection, enable the consultant level registered nurse to function to their full potential and the highest degree of autonomy possible within their roles.

18. Are there any adjustments that could be made to the existing AfC pay structure, or any existing flexibilities within AfC that could be used more effectively, to address any issues you have identified in the 'Understanding the problems' section?

> IENs are automatically employed at the bottom of band 5, regardless of their experience

The RCN believes previous experience of Internationally Educated Nurses should be recognised as happens in the medical workforce. IENs are automatically employed at the bottom of band 5, regardless of their experience in different countries. One member explains this phenomenon particularly well:

"...Other countries like Australia considers overseas experience and start newly arrived nurses on a higher pay band accordingly. Meanwhile, in the UK, constantly recruiting nurses abroad with more than 5-10 years of experience and placing them as band 4-5 upon arrival. I think that is one of the reasons why overseas nurses are starting to leave the country and migrating again to countries like US, NZ, and Australia."

More broadly, the RCN has tried to utilise the existing mechanism for reform with AfC without success. RRPs and Annex 20 should be utilised to address the acute nursing workforce crisis but have not been. RRPs are routinely rejected locally by employers who have a stereotypically negative view of whether they can be utilised but when they are used, it appears to the RCN this is to recruit to those occupational groups that are predominantly male such as tech support. We again have in our evidence to the NHS Pay Review Body (NHSPRB) 2024-25 called for an immediate national premia for nursing to be applied.

Although annex 20 has been used to facilitate career progression and development from band 5 to 6 for midwives and paramedics, again there appears to be resistance against this in respect of the nursing workforce and we can only assume that is because of its size, gender and racial make-up and the costs associated with this option.

At the lowest band there is a spot salary that is only 1 penny above the legal national living wage and at the higher bands, specifically 8 & 9, nurses must wait five years in order to receive the rate for the role, in the RCN's opinion both are unacceptable and result in dissatisfaction – disincentivising the workforce and increasing leaver rates.

19. Are there other measures that could be considered to support any issues you have identified in the 'Understanding the problems' section?

Nursing has significantly changed during the two decades since AfC was introduced. Nursing staff in 2024 work at a higher level of autonomy, specialisation and responsibility, and the system has not kept pace with these changes, and this is aligned with the poor job evaluation infrastructure across the NHS.

There are too few trained job evaluators, and this has undermined the job evaluation approach. There is a lack of consistency of job titles, which causes confusion regarding the meaning, scope of practice, preparation for, and expectations of nursing roles, particularly among specialist and advanced roles and evidences the system is no longer reliable or fit for purpose for nursing[3] [4].

The RCN has set out its frustrations with the Pay Review Body process, particularly with the way the PRB is unable to exercise its independence due to financial constraints placed by the government. Also, the routine slippage in the timetable, means cost of living rises due to be received on 1 April are often delayed by at least 6 months, and this is simply unacceptable.

Our evidence shows that levels of satisfaction related to pay are driven by different factors, including annual pay uplifts, as well as perceptions related to whether the current pay structure produces outcomes that fairly recognise contribution, workload and skills.

The RCN would therefore wish to see fundamental reform of the pay setting and bargaining processes to ensure that all pay, terms and conditions affecting nursing staff allow for meaningful bargaining over levels and structures of pay that are absent at present.

20. Is there evidence of effective solutions that are currently in place within the NHS to support the issues you have identified in the 'Understanding the problems' section?

The partial solutions we have suggested have effectively been blocked locally, nationally and by the department and therefore we are unable to point to any evidence of effectiveness.

3 Daly, William M., and Ros Carnwell. "Nursing Roles and Levels of Practice: A Framework for Differentiating between Elementary, Specialist and Advancing Nursing Practice." Journal of clinical nursing 12.2 (2003): 158–167.

4 Leary, Alison et al. "Variation in Job Titles within the Nursing Workforce." Journal of clinical nursing 26.23–24 (2017): 4945–4950. Web.

Appendix: A summary of RCN member engagement and supporting evidence

The Department of Health and Social Care (DHSC) opened a consultation on a 'Separate pay spine for nursing: Call for evidence', which ran for 12 weeks from 11 January to 4 April 2024.

As part of the evidence gathering process to support our formal consultation response, we invited RCN members to complete an online survey from 31 January – 12 February 2024. This allowed members to provide their views of their own experiences around their pay banding and career progression.

We received over 7,000 responses from nursing staff, with the majority employed in the NHS.

Alongside an engagement exercise open to all members, we undertook deep dive sessions with RCN regional board members in England, as well as the RCN's Professional Nursing Committee and the RCN Stewards Committee.

The following is an illustrative summary of the responses, themes and views of RCN members which informed our response to the consultation.

Nursing staff consistently report to the RCN that they can only progress to higher bands if they take on managerial positions and move away from clinical practice. Current AfC arrangements mean that employers determine which roles they require at each band.

For some our members, who do not wish to go into management, there may be limited opportunities for career progression if trusts do not offer more senior nursing roles, without management responsibility, at band 6 and above.

In the context of a DHSC call for evidence on a nursing pay spine, we undertook a rapid consultation process with our members. We received responses from nearly 7,000 members working in the NHS, of which 88% hold roles from band 5 to band 8a within Agenda for Change.

Of these responses:

- 40% indicate they've stayed in their band longer than they should have. While 27% claim they've been unable to obtain a role at a higher band.
- 87%, disagree/strongly disagree that their current pay band recognises their knowledge, skills, education and current level of responsibility.
- 77%, don't think that the difference between bands is significant enough to recognise the increased experience and requirements between roles on different pay bands.
- Half of the sample have been in their current band for 1-2 years (26%) or 3-5 years (26%). Of the remainder, 17% have been in their current band for 6-10 years, and another 11% have been in their current band for over 15 years.

Qualitative responses

The findings from our qualitative analysis identified several themes which suggest the AfC pay & grading structure as well as the practices in place to develop and promote nurses are largely not effective.

- While it is true that some nurses have experienced relatively few challenges in climbing the pay bands and therefore talk positively about their experiences, they are very much in the minority.
- Only the most senior banded nurses (and some NQNs), appear to be more satisfied that the NHS pay bands recognises their knowledge, skills, education, and levels of responsibility. For others, issues around not being at the right band and pay level dominate. Reasons for this fell into the following themes:

Heavy responsibilities

Members report feeling as though they have far too much responsibility for their band (even at the more junior bands). This includes some duties they feel stray into the role of doctors, and that they are accountable for human life – something they feel other professions/trades in industry simply do not have but who get similar, if not higher levels of pay.

> *"There is a huge level of responsibility for peoples lives that is not reflected in the pay. A nursing degree is hugely challenging and the pay does not match that of other professions when someone leaves university." (bottom of band 5, 1108).*

Experience not appreciated: a sense that many years' experience or specialist skills amount to very little in terms of recognition on pay and banding, and there can be a big variation in how valued nursing staff are by different trusts.

> *"...Other countries like Australia considers overseas experience and start newly arrived nurses on a higher pay band accordingly. Meanwhile, in the UK, constantly recruiting nurses abroad with more than 5-10 years of experience and placing them as band 4-5 upon arrival. I think that is one of the reasons why overseas nurses are starting to leave the country and migrating again to countries like US, NZ, and Australia." (bottom of band 6, 249).*

Education not fully recognised

Nurses feel it unfair, again comparing themselves against other professions/trades where a degree is not needed to secure higher levels of pay. While those with advanced nursing skills and further degrees can feel they don't make much difference to their career/pay progression, which does not incentivise continued professional development.

> *"Masters educated, 30 years' experience in health care. If this was in finance or politics salary would be doubled." (middle of band 7, 998).*

A desire to remain patient facing

In wanting to remain in a patient-facing role, staff are discouraged to advance pay bands/ seniority given more senior roles are managerial and less clinical;

"I enjoy the hands on with patients .. I did not do nursing to sit in an office to do audits and office work like the band 6s in Scotland who unfortunately are only on the floor when there is staff absence to make up numbers to an already understaffed area." (top of band 5, 517).

"Only if you go into management can you move to band 6 then only a little pay rise for a lot more work, why bother." (top of band 5, 316).

Pay differentials

This can happen between bands can result in lower pay after moving band – due to losing out on opportunity to work unsocial hours;

"I am presently topping up to band 5 and honestly wish I had stayed at band 2. The level of responsibility, pressure and abuse for band 4 and above is insane. Frequently taking 8 or 9 patients, leaving an hour late (unpaid) and not getting full breaks. Also, come April, band 2's will be on minimum wage. I am so annoyed for all the hardworking teams, trying their best and being completely exploited and abused. I'd honestly be better off on the dole, at least dentist and opticians would be covered." (bottom of band 4, 175).

Some nurses shared that they had ended up seeking a lower band due to the unmanageable levels of responsibility/work pressure and stress at higher bands.

There were also comments about inconsistent or unfair promotional practices, e.g. nepotism, or active discrimination.

Intensification of workload in the NHS over the years not reflected in nursing pay.

In terms of nursing staff wanting to leave the NHS, inadequate pay is a key reason. Staff shortages/high workload/high stress are also reasons which are pushing nursing staff to leave. Some want to move to a different nursing setting where they perceive the demands to be lower, move into agency nursing or the private sector, or simply leave nursing altogether.

"I'm leaving NHS in June I can work part time at a coffee shop for better pay. 21 years in NHS!" (top of band 2, 3293).

"NHS nurses are paid very low equivalent to other support workers who work in the private sector. Aldi workers are paid more that NHS nurses. The pay do not reflect the value and not show respect of the profession. Nurses were the backbone of the country when COVID hit us. Shortage of nurses is because many are leaving to Australia and New Zealand among other countries who value and pay nurses better." (bottom of band 5, 2754)

Finally, not all band 3 and 4s want to progress to a nurse (e.g. no ability to, or not wanting the added responsibility). This suggests there should be some other career pathway that recognises their experience.

Below inflation pay rises

Pay has not kept pace with inflation, meaning that people who may be satisfied with their role and band are increasingly unhappy with their pay, particularly within the context of a cost-of-living crisis.

Slow progression to band 6

Other allied health professionals progress to band 6 at a quicker rate, along with midwives and paramedics. This comparison can be the source of some frustration and low morale amongst the nursing workforce.

Lack of promotional opportunities in clinical settings

There is a lack of opportunity for promotion and career development, which is caused by a number of factors. This includes austerity, lack of understanding of roles, the responsibilities that nurses have taken from doctors, lots of changes from COVID-19. These factors are combined with individual factors; increasing stress levels, higher rates of anxiety, low morale, bullying and harassment, student debt.

Together, this leads to a scenario where nurses who wish to remain patient facing, without management responsibilities, have very few roles options available. There is a need to understand expectations, transparency, develop an understanding of how to progress through bands. Board members were broadly supportive of opening up bands 5, 6, 7 and basing pay on competencies, skills, abilities and appraisals rather than time served.

Job profiles are not reflective of modern nursing

The job profiles for Band 5 Nurses, which have not been updated for two decades, fail to acknowledge the daily responsibilities they bear, including their expertise, education, complex decision-making, and autonomy.

There's a consensus on the necessity to re-evaluate these band 5 profiles. This review aims to address the disparities in career advancement opportunities between Band 5 Nurses and their AHP counterparts, particularly the obstacles that prevent nurses from progressing to band 6.

Progression to Band 6 clinical roles

Not all Registered Nurses want to be managers – recognition of non-management progression required as well as opportunities for management development if that is desired career pathway. For those who do not wish to progress through the management route, more band 6 roles need to be created and more support given to those who develop clinical expertise.

There was a common suggestion that Registered Nurses should be made band 6 on progression of preceptorship, and that the current "junior sister" title at band 6 be removed and replaced with a Senior Staff nurse to differentiate from the band 5 in preceptorship.

Career framework

Although more senior roles become more management focussed, there was a suggestion that instead of having 'protected time ' for office or management activities there could be protected time for managers to do clinical work at least one shift per week to keep them current in practice. This will also give managers the chance to connect with what goes on at grass roots level in their department by working with all colleagues. This might help greater understanding and team bonding.

Board members typically supported the notion to reward and remunerate the experts by the bedside. Currently this does not happen, but, a nurse on the same ward undertaking specialist courses for their area of practice to improve the patient experience should be recognised and rewarded. Progressing up the pay band should not mean that Nurses are not clinical. It should work in a way to recognise and reward their skills and experience. For example, time spent on a ward should come with outstanding expertise and serve to reward an individual, and not limit their progression options to management roles, if they do not want to.

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

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