
Royal College
of Nurs ng

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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

BACK TO CONTENTS

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 (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.

BACK TO CONTENTS

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,

BACK TO CONTENTS

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

BACK TO CONTENTS

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.

BACK TO CONTENTS

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

BACK TO CONTENTS

BACK TO CONTENTS

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 expertre ribu c60 4 (l)(

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

to care co-ordination and case management.

BACK TO CONTENTS

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 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

BACK TO CONTENTS

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 bee5cld.d[e u0chs tchertias tcht 4needngd-y ra6(en)19.5 (i)8.4 (86 (s t)5)8.4 (86i)8.2

By placing emphasis on progression through experience and competencies tied to clinical expertise this would encourage recruitment, retention and morale. It would also

BACK TO CONTENTS

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

BACK TO CONTENTS

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.

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]

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BACK TO CONTENTS

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.

BACK TO CONTENTS

BACK TO CONTENTS

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.

BACK TO CONTENTS

BACK TO CONTENTS

BACK TO CONTENTS

"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.

BACK TO CONTENTS

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

BACK TO CONTENTS

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.

BACK TO CONTENTS