Separate pay spine for nursing – Open call for response
Chartered Society of Physiotherapy
Consultation response – submitted via webform

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?

1.1 The current AfC structure was developed around 20 years ago. It replaced the previous complex Whitely structures with a single harmonised structure, underpinned by a robust JES. It was able to address the concerns around equal pay and provide a more transparent and fair system The CSP supports the continuation of this harmonised structure but also recognises it is currently in need of reform in a number of areas to address issues across the whole workforce.

1.2 Therefore the CSP considers the issue is much wider than just one professional group and barriers to progression and development impact across the workforce, with many staff also reporting working above their current banding, including nursing staff and physiotherapy staff.

1.3 Physiotherapy staff highlight barriers to their own career progression and professional development in a number of areas. In a CSP focus group of physiotherapy staff run this year, 57 per cent of all participants agreed that they regularly have to undertake duties which [they] believe should be carried out by a higher band. Physiotherapists also report a lack of opportunity to move into the higher banded leadership roles that often require a nursing qualification, despite having a multi-disciplinary focus.

1.4 There is a need to reform the current AfC structure, which is not unexpected over time as pay uplifts can impact differentials, and developments in service provision can result in new roles and ways of working. There are particular areas of structural reform that we would identify as requiring work currently. A clear example is the small gap between top of band 7 and bottom of band 8a at a point when responsibilities change significantly and there is a loss of overtime pay.

1.5 The AfC pay structure must also be underpinned by robust job evaluation. The JES requires investment at all levels and recognition of this concern has lead to a specific workstream considering how we can identify and deliver the capacity and resource requirements.

1.6 A key element of on-going maintenance is through the work of the Job Evaluation Group (JEG) to update profiles as roles change and develop. The current review of the Nursing and Midwifery (N&M) profiles has already required significant resource investment and is central to ensuring profiles in nursing reflect current roles. The N&M review has identified the significant issues with job descriptions not being updated for years, and subsequent reviews of job roles and bandings not taking place. Within physiotherapy there are also calls for a review of profiles to reflect the change and development of roles in those services and we anticipate that this will be required at some stage as a normal part of the maintenance. Changes to national profiles will require capacity in the system locally to undertake any review work that is required as a result.

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?

2.1 The NHS is currently operating with staff shortages across most staff groups and therefore recruitment and retention must be addressed across the system. The NHS relies on multi-professional working to deliver the healthcare needs of the population and shortages in one profession will inevitably impact on others. For example therapy services are critical in the discharge of patients and so will impact on nursing and medical colleagues trying to manage bed capacity. Understanding the factors affecting recruitment and retention is more complex as it is likely to be multi-faceted but access to career progression and professional development, as one of those likely factors, will affect all staff groups, not just nursing staff.

2.2 It should be noted that nearly 7% of registered physiotherapists and 8% of physio support workers leave the NHS, a rate on a par with nursing. Among physiotherapists leaving the NHS, 49% do so within the first 5 years of their careers.

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?

3.1 The AfC arrangements were established to provide a robust pay and banding structure, underpinned by a job evaluation scheme that enabled jobs to be banded appropriately, ensuring equal pay and fairness in the system. Over the last 20 years there have inevitably been changes to roles and responsibilities due to developments in the workforce and in healthcare systems. These changes require on-going maintenance of the JES through job description and banding reviews locally, and updating of profiles nationally. It is a continual programme of work and would be required in any structure to ensure equal pay is maintained. Lack of investment and resource has meant that there are issues identified locally that need addressing. There is a lack of trained staff to undertake job matching panels in partnership; difficulty in accessing banding reviews; and job descriptions that are significantly out of date.

3.2 In recognition of the on-going maintenance required a review of the nursing and midwifery profiles is currently taking place. This is a substantial piece of work, taken into account role changes over time and developing new profiles in response. However this national work must be supported by local investment to update job descriptions and review bandings to ensure implementation.

3.3 It is also important to recognise that nursing does not stand alone as a profession that has seen huge change over the last few years.

3.4 Physiotherapists are autonomous practitioners who have increasingly taken on new roles, some of which were previously only provided by medical colleagues. This includes advanced physiotherapy posts with supplementary and /or independent prescribing qualifications, use of injection therapy, providing the first contact at GP surgeries, ability to directly refer for specific scans and tests; and also taking patients on a self-referral basis. These require significant levels of knowledge and skills given the risk of these interventions

for patients, but yet we see differences in banding across healthcare providers for very similar roles. Nonetheless the CSP view is that the current arrangements can accommodate these changes to roles through accuracy of job descriptions, robust local job matching processes and reviews, and ensuring national profiles are reviewed when necessary.

3.5 In addition some of the recent changes have seen new roles develop that cross any number of professions. The current AfC structure enables this, but it is unclear how a separate nurse structure would support this next step in MDT working. An example is within some respiratory services across the country. These can be run and or staffed by specialist physiotherapists, specialist nurses, and respiratory physiologists. Jobs may be advertised as open to more than one of these professions. If different pay arrangements were made on a professional basis this would significantly impact on the morale of the team and also could lead to particular issues around equal pay – giving rise to challenge as the same role would potentially be paid at a different rate depending on the profession.

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?

4.1 No

4.2 The CSP does recognise there are issues for nursing staff relating to career progression and professional development but it is our view that these occur across all parts of the workforce. There may be different points in the structure that create particular issues for different groups of staff, but the need for good career pathways, access to professional development, and career progression is common across all groups and solutions need to address the whole workforce.

4.3 Access to CPD opportunities to support professional development is frequently an area of concern for both registered staff and support workers. CSP members often struggle to access both funding and time to undertake further studies to support their development. Physiotherapy courses are often self-funded and undertaken at weekends

4.4 In the 2023 NHS Staff Survey, only 51 per cent of AHP support workers agreed that their employing organisation offered them opportunities to develop their career: compared to 59 per cent of nursing and healthcare assistants; and 61 per cent of all registered nurses and midwives.

4.5 CSP members report the following recurring barriers to career progression.

- “Insufficient funding to enable enough Band 5 rotations to be able to meet competencies. [Staff are] therefore unable to get to Band 6.”
- “No clinical career progression beyond Band 7 - no advance practitioner roles. Leading to a ceiling whereby Band 6s and 7s have no vacancies to move into”, and the”lack of clinical roles above B7”. This requires physiotherapy staff to move into management-focussed roles or move outside the NHS:
- “[There is] nowhere to go if you don’t want to be heavily managerial or non-patient facing.”

- "[There are] Ceiling of bandings within physiotherapy. To move above Band 7 you need to move into what was previously 'nurses roles'"
- A general "Lack of support or supervision… A Lack of CPD time, Poor identification of Advanced Clinical Practice roles outside of MSK, poor visibility of management tasks, very few B8 jobs to move up"
- Lack of funding is a significant recurring barrier.

4.6 A common theme from the physiotherapy workforce is the lack of leadership roles for AHPs. It is reported that often there is a requirement for a nursing degree for roles that include management across the MDT and could be equally open to AHPs. This leads to reduced opportunities at the higher levels and also means the specialist knowledge that AHP leaders could bring to service development and deployment is not available at Trust level.

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

5.1 Career progression and professional development are critical for all staff but any solution must address the problem and ensure it is fair and equitable across the workforce. This is echoed by our members with typical comments such as the following:

5.2 'The issue really is that there is not enough progression through all AHP and nursing roles. What we should be addressing is the ability to progress through pay bands and recognise expertise across all professions.'

5.3 In addition there is no clear evidence that a separate pay spine would improve career progression. The pay and banding structure for staff is only one of the areas that could impact on this. Previous information has highlighted the role for investment in the JES to ensure it is maintained, and also the need for structural reform in key areas between and within bands. Any new structure is likely to divert and overstretch even further any available resource to address existing issues.

5.4 The nursing and midwifery profile review is key in ensuring the current JES is taking into account the roles being undertaken by nursing staff and the next step will be to ensure that where appropriate staff have their roles reviewed locally.

5.5 A separate pay spine will still require a robust system underpinning it to ensure fairness and equity both between nursing roles and with the rest of the workforce – so the need for up to date job descriptions and reviews of roles will still be required. The CSP view is that investment in the current system is the most efficient and the fairest way of ensuring equity.

5.6 Many of the measures that need to be taken cannot be addressed by a pay and banding structure. There is currently a national workstream looking specifically at nursing career progression and it is clear there are significant areas that require consideration beyond the pay structure. The need for access to protected learning time, support for CPD, different models of deployment that enable wider ranging experiences are all part of delivering a better system that supports progression. There is also a need to ensure professional development discussions are held as part of a robust appraisal process – ensuring existing AfC Handbook provisions in Section 6 and Annex 23 are put in place.

5.7 The data also suggests that nursing staff from ethnic minorities remain in band 5 for a disproportionate length of time. This would suggest specific work is required to understand the reasons for this and the interaction with international recruits in order to address this specific equality issue – none of which would be directly addressed by a separate pay spine.

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?

6.1 The CSP view is that any benefits that might be realised for nursing staff are unclear, but additionally are considerably outweighed by the risks. A move away from the harmonised AfC structure has to be considered in the context of the whole workforce, including the importance of multi-disciplinary team-working and the current recruitment and retention problems across all groups. The CSP concern is that it could actually exacerbate existing problems – both for nurses and other staff, create division and further undermine morale at a time when it is critical for the workforce to come together.

6.2 A concern from our members is the possibility that a separate pay spine will lead to higher pay overall for nursing staff. This is seen as divisive, undermining of working relationships and MDTs, and fundamentally unfair.

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

7.1 Yes

7.2 There are considerable risks and potential unintended consequences of separating nursing from the current harmonised AfC arrangements.

7.3 Firstly a separate pay spine risks challenges around pay equity. AfC was established to ensure pay, terms and conditions were harmonised across the workforce (with the exception of medical and dental staff). The current job evaluation scheme meets the requirements of equal pay for work of equal value. A separate pay spine may see divergence of pay rates for nursing staff leading to legal challenges. This risk is likely to require at the very least an on-going system, developed to monitor pay equity, considering pay and earnings distribution across protected characteristics.

7.4 There would be considerable additional resource required nationally and locally to maintain two systems. This will lead to a complex employment relations landscape with resources being squeezed for both systems, or funnelled into one at the expense of the other. It could lead to a two tier workforce with numerous individual and collective claims relating to contractual issues and/or equal pay. This would be a particular risk if a separate pay spine resulted in different pay rates and different terms and conditions.

7.5 Another key area of concern is the impact on the MDT. It is not clear how the scope of a separate pay spine will be determined. Developments in healthcare require the system to adapt and respond flexibility, with staff undertaking new and expanded roles across professions and within MDTs. How will this be managed now and in the future? Separating nursing arrangements could create barriers to future innovation and will impact negatively on team morale now. Situations could arise with team members working alongside in broadly similar levels of role but on different rates of pay and different terms

and conditions. These concerns are borne out by the member responses we have received.

7.6 CSP member view: The CSP has sought the views of its local representatives and members on this proposal. There has been significant engagement on the topic with representatives exploring the views of members and reporting back directly on their behalf. CSP reps, activists, and service leads had workplace conversations within 95+ NHS workplaces and employers concerning the proposals laid out in this consultation, with their views and experiences used to inform our response.

7.7 Over 95% are clearly oppose to any move to have a separate pay spine for nursing staff. Of those that thought it might be a positive move it was on the basis that physiotherapists should also have a separate pay spine as the current system does not sufficiently recognise their role.

7.8 The concerns from members centred around inequity and the impact on morale within teams. It is seen as a divisive move that would lead to feelings of elitism. It would reduce transparency and place further barriers to career progression as roles that could be opened up across nursing and other professions are more likely to be closed.

7.9 Many CSP members recognise that there are issues of banding for nursing colleagues, but also report that within physiotherapy services many are working beyond their banding. In a CSP focus group of physiotherapy staff run to support our 2024/25 Pay Review Body evidence, 57 per cent of all focus group participants agreed that they regularly have to undertake duties which [they] believe should be carried out by a higher band.

7.10 This supports the need to invest in the current system for all staff. Many members also mentioned the resources that would be required to set up a system that negatively impacted on team-work, morale and would potentially leave significant numbers of staff feeling de-valued and second-class. Members also indicated they were more likely to leave the NHS if this was brought in and in particular if it led to different and higher pay rates.

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

8.1 Disagree

9. What would be the benefits, if any, of option 1 [proposed by government consultation – 'introduce a separate nursing spine within the existing AfC contract']?

9.1 The CSP view is that any benefits that might be achieved for one group of staff as a result of Option 1 would be outweighed by the disadvantages and risks to the workforce as a whole. In addition there are other options that would address issues of career progression and professional development across the whole workforce, providing better opportunities for all, whilst maintaining equity and fairness across staff groups and not undermining morale.

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

10.1 There would be significant challenges with both options and wider implications, many of which have already been highlighted.

10.2 In particular we would reiterate the following:

- Impact on employment relations: introducing a pay spine for nursing staff will risk industrial unrest and legal challenge. The CSP would certainly oppose any introduction and we know from member responses that it would cause significant concern.

- Resources: significant resource is likely to be required that could be better used to address the structural and JES issues that have already been identified as requiring investment.

- JES; the proposal for this option is to use the same structure and JES, with staff remaining on the same terms and conditions. It is therefore unclear what changes it could deliver that are not available within the current system.

- Pay mechanisms: If a separate pay spine led to differences in pay for jobs that had been evaluated at the same level this would undoubtedly impact morale and motivation and staff would feel strongly the lack of fairness and equity in the system. It is also likely to lead to equal value challenges.

- Impact on the workforce: it is clear from our membership that the introduction of a separate pay spine would have a negative impact on MDT working and lead to feeling of inequity and unfairness. It would create issues around the roles that could be carried out by different professions – determining what is in or out of scope. This would be an on-going challenge and could lead to further unintended consequences around recruitment and retention across the workforce and act as a barrier to future development and innovation of roles.

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

11.1 The current AfC agreement is maintained by the NHS Staff Council. The CSP is one of the health unions recognised nationally and locally within the NHS and takes an active role on the Staff Council. We would not support a position to separate one staff group from the harmonised AfC structure. If there was no national agreement through the Staff Council to support a change then it would need to be imposed, with all the risks of industrial unrest that it would bring.

11.2 A decision would need to be made on which jobs were in scope of the new pay spine and how this would be managed on an on-going basis as roles change and develop.

11.3 Funding and resource would need to be set aside to develop the new structure as well as maintain and deal with any unintended consequences to the existing structure – including challenges to equal pay or contractual challenges.

11.4 NHS Staff Council would need to consider its structures and how it maintained both pay spines and ensured fair pay and equity across all staff groups. This would need to be replicated locally in joint partnership arrangements. It is also unclear how Staff Council would manage the impact on the other countries where nursing staff would remain on Agenda for Change.

11.5 Agreement would need to be reached on the pay determination mechanism for the new pay spine and how this would interact with existing pay determination mechanisms. Different pay awards could lead to significant industrial unrest and possible legal challenge.

12. What would be the benefits, if any, of option 2 [proposed by government consultation – 'introduce a separate nursing pay spine as part of a new contract for nursing staff']?

12.1 The CSP view is that any benefits that might be achieved for one group of staff as a result of Option 2 would be outweighed by the disadvantages and risks to the workforce as a whole. In addition there are other options that would address issues of career progression and professional development across the whole workforce, providing better opportunities for all whilst maintaining equity and fairness across staff groups and not undermining morale.

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

13.1 Many of the challenges and implications would be similar to those identified in the first option. However it is likely that these would be further exacerbated with this option.

13.2 Resources: this would require significant time, resource and funding to deliver a new structure with new terms and conditions. It is likely to span years, with resources tied up in its development and implementation, with the risk that the existing AfC structure, that needs investment and resource, would lose out. Or capacity would be further stretched meaning both systems suffered – with the needs of AfC remaining undelivered.

13.3 Employment Relations: As with option 1 – there would be challenges in its introduction with the potential for widespread industrial unrest. The CSP would not support this change nationally. It would require changes in national and local machinery, that would require more resource not just in development but also in maintenance of two systems.

13.4 Developing supporting structures: it is not clear what the structures would be underpinning any new separate pay spine but it would need to be able to deliver equal pay both for staff on the pay spine and across the workforce, and on an on-going basis. There is a risk of individual and collective challenge on both contractual matters and equal pay.

13.5 Impact on the workforce: as with option 1 it is clear from our membership that the introduction of a separate pay spine would have a negative impact on MDT working and lead to a feeling of inequity and unfairness. It would create issues around roles that could be carried out by different professions – determining what is in or out of scope. This would be an on-going challenge and could lead to further unintended consequences around recruitment and retention across the workforce and difficulties in workforce planning.

13.6 This option is also likely to lead to a call for separate pay spines for other groups of staff.

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

14.1 The current AfC agreement is maintained by the NHS Staff Council. The CSP is one of the health unions recognised nationally and locally within the NHS and takes an active role on the Staff Council. We would not support a position to separate one staff group from the harmonised AfC structure. If there was no national agreement through the Staff Council to support a change then it would need to be imposed, with all the risks of industrial unrest that it would bring.

14.2 A decision would be required on the pay determination mechanism for a new pay spine and how it would operate. The impact for staff of two different systems running alongside each

other, with the potential for different levels of award should not be underestimated. This could have a considerable impact on morale, motivation and therefore recruitment and retention if either AfC or the new pay spine were seen to be getting higher rates of pay.

14.3 A decision would need to be made on which jobs were in scope of the new pay spine and an on-going mechanism would be required for this to ensure there was future proofing as jobs change and develop.

14.4 Funding and resource would need to be set aside to develop the new structure as well as maintain and deal with any unintended consequences to the existing structure – including challenges to equal pay or contractual challenges.

14.5 NHS Staff Council would need to consider its structures and the impact of removing a significant group of staff from AfC. It would still require investment and resource to maintain AfC structures and should not be disadvantaged. The need to review structures would need to be replicated locally in joint partnership arrangements. This would increase the resource needed locally to deliver partnership working. It is also unclear how Staff council would manage the impact on the other countries where nursing staff would remain on Agenda for Change.

15. If a separate nursing pay spine were introduced, which of the following would you prefer - [Option 1 or 2 as outlined above]?

15.1 No preference - neither option would work

15.2 The CSP has set out the considerable concerns we have regarding a separate pay spine. Both the proposed options have considerable risks that outweigh any benefits and it is not clear that either is the solution to the problems that have been identified in nursing.

15.3 The CSP fully supports investment in the current AfC structures to address issues for the whole workforce. In addition we support wider measures that seek to support career progression and professional development opportunities for nursing and other staff, such as protected learning time. The overwhelming feedback from our members highlights the divisiveness and negative impact that a separate pay spine would have on a healthcare system that relies on multi-professional team work.

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.

16.1 The CSP does not support a separate pay spine and has highlighted the scope of the proposal as a significant area of concern. Members report having limited access to some leadership roles that are advertised requiring a nursing qualification when they could equally be delivered by an AHP, for example leading MDT services. A separate pay spine could exacerbate this issue further if all roles that could be carried out by a nurse are in scope, creating further barriers to others.

16.2 There are also many other examples, as roles have developed and changed, of jobs being open across professions and this is likely to expand in the future. These could span leadership roles, advanced practice roles, through to support worker roles. Separate structures could create barriers to both individual career progression and service development.

16.3 A focus on investment in the current harmonised system will enable development across the service and the workforce, remove barriers between and within professions.

17. If you have any views on how nursing roles should be assessed against a separate nursing pay spine, please outline them.

17.1 The CSP supports the continued use of the job evaluation scheme that is applied across all AfC staff. Investment and maintenance of this scheme is crucial to ensuring it is applied fairly across staff.

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?

18.1 Yes

18.2 There are current flexibilities within AfC that could be used more widely to support all staff. There are also clear areas for structural reform.

18.3 Structural Reform: there are issues within the current structure that can be a disincentive to career progression that need to be addressed. For example the gaps between bands can be very small – and this is exacerbated where other terms change leading to a potential loss of pay. A key area reported by our members is the band 7 – 8a differential which is now very small, but yet at band 8a overtime pay is no longer payable, leading to a potential loss of pay. In addition these roles aften come with a significant increase in responsibility and with a five year wait to the top pay point – which is the rate for the job.

18.4 Recruitment and retention premia – at a local level there is very limited use of RRPs, but these could be used to address particular local problems, as a planned temporary response.

18.5 Flexible working – this is a very important area for our members. Whilst work has taken place through the provision of AfC handbook changes to support an increase in flexible working opportunities, more still needs to be done to embed this within the NHS.

18.6 Development of Professional roles – Annex 20 – at present this has fairly limited use, mostly to specific groups of staff, but this could be applied more widely where appropriate for nursing and AHP staff who meet the criteria.

18.7 Job Evaluation Scheme – investment and support is required to ensure banding reflects the job staff are being required to deliver.

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

19.1 Yes

19.2 The CSP fully supports and is committed to the work being undertaken within the workstreams established as part of the pay deal last year. There are a number of areas of work that, once concluded, are likely to make recommendations that will support the issues raised for both nursing staff and others. In particular the following:

- Job evaluation
- Safe staffing
- Support for newly qualified registrants

- Nursing career progression
- Apprenticeships
- Pay setting process

19.3 We would support the full consideration of any measures put forward by these groups.

19.4 We would also support specific measures to address the need for access to protected learning time and CPD for all staff. Alongside this is the need for development opportunities utilising advanced skills, enabling progression that recognises the importance of these clinical skills. Currently our members report very limited opportunities to progress without taking on managerial responsibility – and therefore resulting in both a lack of recognition and potentially a loss of advanced clinical skills from the service.

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?

20.1 There are examples of good practice throughout the system where career progression and professional development are well-supported. This may be through robust appraisal systems, opportunities for CPD and/or different approaches to delivering services enabling innovation of roles. There are also good practice examples of increasing flexibilities being offered to staff, improving the culture, leading to more choice and better retention.

20.2 The increasing use of apprenticeships is another area that could help to expand the workforce and meet the demand, as well as offering career progression and development opportunities. It is recognised as a key element in the NHS workforce plan.

20.3 We would support ways of creating better awareness of the good practice between employers and leaders, and greater sharing of innovative approaches to support not just nursing staff but the whole workforce in its progression and development.

- ends -

04/04/2024