

Separate pay spine for nursing: Call for evidence

Royal Pharmaceutical Society response

Question 5: Do you think there would be risks or potential unintended consequences of separating nursing staff from the current AfC pay arrangements?

- **Yes**
- No
- Don't know

We believe that having a separate pay spine for nursing could cause serious problems for the ongoing continuation of AfC for other staff included in this pay spine. A separate pay spine would dilute the current AfC, where medics are already excluded. AfC harmonises across professions and enables professionals to move across roles, maybe not traditionally seen as 'their profession's role' due to having the right skills and knowledge for that particular role. Agenda for Change is seen as a way to ensure equal pay for equal work.

If nurses have a separate pay spine there is a potential negative impact from this on multidisciplinary team working. In addition, if nurses negotiate a separate pay spine, then other professions currently within AfC are likely to also want that privilege.

A separate pay spine for nursing may lead to increasing number of negotiations or strikes with other professional groups if pay differences aren't felt to be justified. Other professional groups may feel that nurses are favoured if they are bigger in number, or more emotive and have a louder voice.

This consultation only applies to England, as an organisation that represents the whole of GB we have concerns about cross border issues.

Question 6: Do you agree or disagree with the principle of introducing a separate pay spine exclusively for nursing staff?

- Agree
- Neither agree nor disagree
- **Disagree**
- Don't know

Question 9: Are there any adjustments that could be made to the existing AfC pay structure to better support any issues you have identified in the 'Understanding the problems' section?

- **Yes**
- No
- Don't know

Please provide your views,

We believe that the AfC structure does need a complete review. Since its inception, roles have modernised so AfC also needs to modernise, it currently doesn't take into account clinical complexity and autonomy as part of defining roles. Roles are mapped in terms of responsibilities and accountabilities rather than title and professions and AfC should be based on scope of practice.

AfC should be across all sectors including social prescribers and care co-ordinators within GP practices as all impact on utilisation of services across a system as well as patient outcomes.

The current AfC does not incorporate clear pathways for Advanced Clinical Practitioners across all professions.