Milestones on the road to equal pay

Nurses could receive huge pay increases if current anti-discrimination cases are successful in the courts

By Joy Ogden

A RESOLUTION on equal pay is high on the RCN's Congress agenda. It is a reflection of growing legal moves to fight for equal pay in female dominated professions.

The RCN has said that it will be announcing a number of cases shortly where it believes nurses can show they are doing work of equal value to that of higher paid doctors and other health professionals.

The College is also developing its own system of job evaluation, RCN Equity, which will enable employers to check whether their pay structure is gender biased. A working party is due to meet in early May to consider job evaluation and equal pay in the context of the NHS White Paper and the government's pay strategy.

Recent developments could deliver a bombshell to NHS finances: the Unison-led action at Carlisle Hospitals NHS Trust; the case where speech therapist Pamela Enderby won a landmark equal pay case; as well as advice published recently by Lord Lester for the MSF union, are all likely to have far reaching effects.

Karen Easton, chair of the RCN gynaecology forum, will introduce the discussion at RCN Congress. She says: 'We feel some members are taking on vastly extended roles - and doctors' roles, yet are being paid D and E grades. We don't feel it is right. We know of one particular nurse, a colposcopist, who is treating patients' cervixes as would a doctor, and is being paid on a D grade. She is not the only one, and I am sure this is happening in other spheres of nursing.

'We need to really look at what we are doing and what the health service is getting out of us, because as we take on more and more, and become increasingly accountable, there will come a time when we won't be able to pay our insurance.' Meanwhile, Unison's regional office in Carlisle has submitted 270 applications to an industrial tribunal, which makes it the biggest equal pay claim ever lodged in the NHS. The first applications include claims from C grade and D grade nurses, nursing auxiliaries, nursing assistants, medical laboratory assistants, TSSU (theatre sterile supplies unit) staff, administrative and clerical and OT helpers.

The RCN locally is talking with Unison and may lodge claims from RCN members.

The action, which will take about two years, follows the successful outcome of a speech and language therapist Pam Enderby's 11-year pay battle, fought on her behalf by the health union MSF. In a landmark victory last April, the government conceded that Ms Enderby's work was of equal value to that of a male clinical psychologist or male hospital pharmacist. Her victory only applied to speech and language therapists, but Lord Lester, the QC who won her case, has argued in a paper published this month, that nurses could legitimately compare their pay with colleagues throughout the NHS. The current battle in Carlisle concerns the salaries of just about everyone on lower or middle grade salaries in the NHS. It could leave hundreds of nurses and other staff at the trust with a sizeable pay increase. It could have a knock-on effect for the rest of the NHS and land the government with a tab running into billions of pounds.

Unison regional officer Peter Doyle says the Carlisle case explains: 'With the 270 claims so far submitted we believe we will affect somewhere in the region of 1,800 staff. Although I was very pleased about the equal value claim on behalf of the speech therapists, I was also appalled that it only affected them and no-one else, so I designed a claim that would affect everybody in the health service.'

For example, the work of a D grade nurse is compared with that of a man employed as a technician or a craftsman supervisor in the works department. Both train for three years, but the nurse must wait five years before she reaches the £13,700 maximum of her scale, while her comparator emerges on the basic salary of £19,100 with no incremental scale. The nurse might have to supervise up to 20 people, while her comparator supervises a maximum of seven and gets better pay for working at weekends. Mr Doyle says: 'When we win these cases, and we have no reason at all to believe we are not going to, the D grade nurse ends up on a salary of £19,100 plus enhancements. She is now earning more than E, F and G grade nurses, and her earnings are halfway up the incremental scale of the H grade so E, F, G and H grade will have to be regraded.'

The same principle applies to the other applicants. The union estimates it will cost the Carlisle trust up to £5.5 million a year extra in wage bills. If you multiply that by 480 healthcare trusts it could represent a time bomb for the NHS.

Karen Easton would like to hear from others who have experienced similar problems, so their experiences can be part of the broader picture at the RCN Congress debate.

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