

Evidence to the NHS Pay Review Body 2024

January 2024

1. Introduction

About the Royal College of Podiatry

The Royal College of Podiatry is the professional membership body and trade union for podiatrists and podiatry assistants in the UK. The College represents over 10,000 qualified, regulated podiatrists across the UK and supports them to deliver high quality foot and lower limb care and to continue to develop their skills. The Royal College of Podiatry welcomes this opportunity to submit evidence to the Pay Review Body and is happy to give oral evidence if requested. We declined to give evidence on 2022 along with many other staff unions but do so in 2024 with a caveat that we believe the Pay Review Body system will only work if its free from interference and is independent¹

What Podiatrists do

Podiatrists are experts in all aspects of foot and lower limb function and health. They are highly skilled healthcare professionals trained to diagnose, treat, rehabilitate, and prevent anomalies of the feet, ankles, and lower limbs. Our members are autonomous practitioners making clinical decisions. They also prevent, manage and correct foot irregularities, relieve pain, treat infection, and keep people of all ages mobile and active. Podiatry is vital in preventing more debilitating and costly conditions, such as diabetes-related foot disease, ulceration, lower limb amputation and hospitalisation which are estimated to cost the NHS one billion pounds a year.

Podiatrists work in both the NHS and independent practice to ensure that those with complex co-morbidities including diabetes, rheumatic disease, and vascular disease, which can lead to lower limb complications, remain fit, healthy and mobile, through reduction in musculoskeletal pain and prevention of ulceration and amputation. Within the NHS Podiatrists mainly work across Bands 5-8 with some higher-level managers and Podiatric Surgeons in Band 9. They work both in community clinics as well as specialist clinics including MSK, high risk foot i.e., Diabetes, Renal, Rheumatoid, Paediatric and Surgical.

We also have members in the NHS who are Podiatry Assistants, and they are also covered by this evidence.

We believe that Podiatrists in the NHS work within an environment where risk is high, they are highly qualified and operate within a wide and high scope of practice. We do not believe this scope of practice is properly recognised within current Job Descriptions in the NHS.

The evidence we have from our members is pay and conditions in the private sector are better than the NHS. There is more opportunity in the private sector for our members to build careers and therefore, as previous evidence has shown, many Podiatrists spend no time working in the NHS. This is leading to a workforce crisis that must be addressed by fair and competitive salaries being available in the NHS.

2. Economic and other external contexts and Royal College of Podiatry Claim

The UK Economy

The NHS staff side has published its views on the pay position in the UK to which the Royal College of Podiatry has inputted and we would refer the Pay Review Body to that document which can be found at {ENTER LINK}. Despite the current rate of inflation being lower than it has been, 4.00% in December 2023² we have seen within the last 12 months rates nearer to 10% the effects of which are still being felt and will continue to affect the spending power of our members and other NHS staff.

This is on the back of a pattern of below inflation pay rises over the last decade.

The government in its remit letter highlights the need to keep pay rises to 'affordable' levels. We would argue that with the current workforce crisis in the NHS, which is evidenced in our research below, we cannot afford not to give NHS workers a significant pay rise as any damage to the health of the nation and the reduction in the preventive work that our members do will cost far more in the longer term.

The Royal College of Podiatry claim

The formal position of the Royal College of Podiatry is set out below

'The Royal College of Podiatry wants all our members in the NHS and other bodies undertaking NHS work, such as Social Enterprises, to receive a consolidated pay rise exceeding inflation. Ensuring members can navigate the cost-of-living crisis which has affected the UK for some time. We believe our members work to a high standard and furthermore play a critical role in the health of the nation, this needs to be recognised in a substantial pay rise which will also help recruitment and retention into the Podiatry profession and NHS workforce'.

Furthermore we would respectfully point out that a separate pay spine for one group of staff currently covered by Agenda for Change is not the way forward. The Agenda for Change system is however in need of reform and we comment on that in our main evidence.

¹ TUC motion passed at Congress 2023

² ONS 17th January 2024

3. Research

During December 2021 and January 2022, the Royal College conducted a survey of its members who work in the NHS and this evidence is largely made up of the responses from that survey.

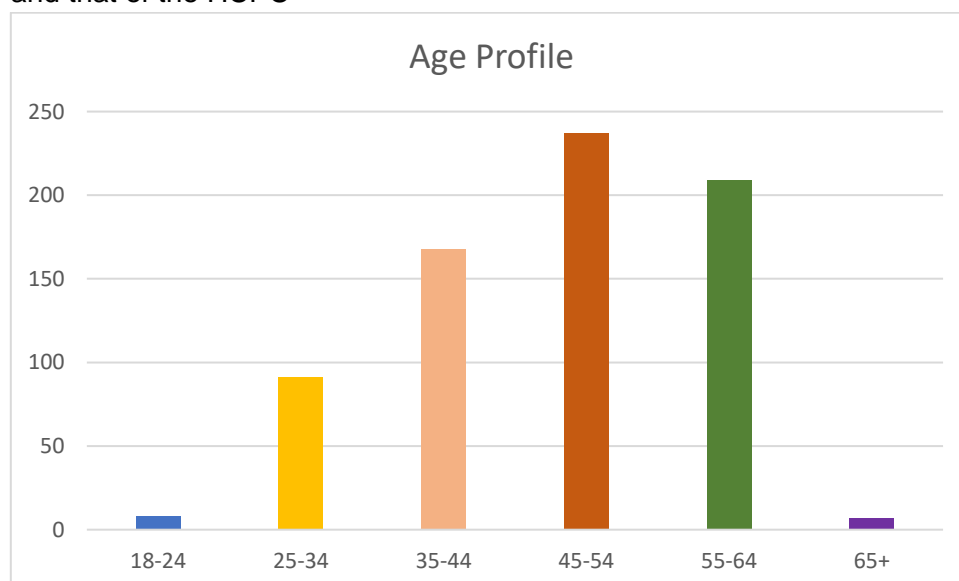
For the 2024 Review we have not repeated that survey due to the uncertainty of what the process would be and the timescales for submission.

However, we believe the data and research we submitted in those years is still relevant and we will refer to it in this submission. For 2024 we have also included details of a survey of our workplace reps who have sought the views of members on the specific areas of the PRB remit that affects our members. Additionally, when giving oral evidence to the PRB in 2022 we were asked to provide data regarding earnings in the Podiatry private sector and we will also refer to that data in this evidence.

From our 2022 evidence we would remind the PRB of the makeup of our membership which we believe has not changed since then but is relevant today.

73% of the respondents in 2022 were female. We are a profession with a pre-dominance of female workers. Flexible working is therefore an important feature to our members as is child and elder care.

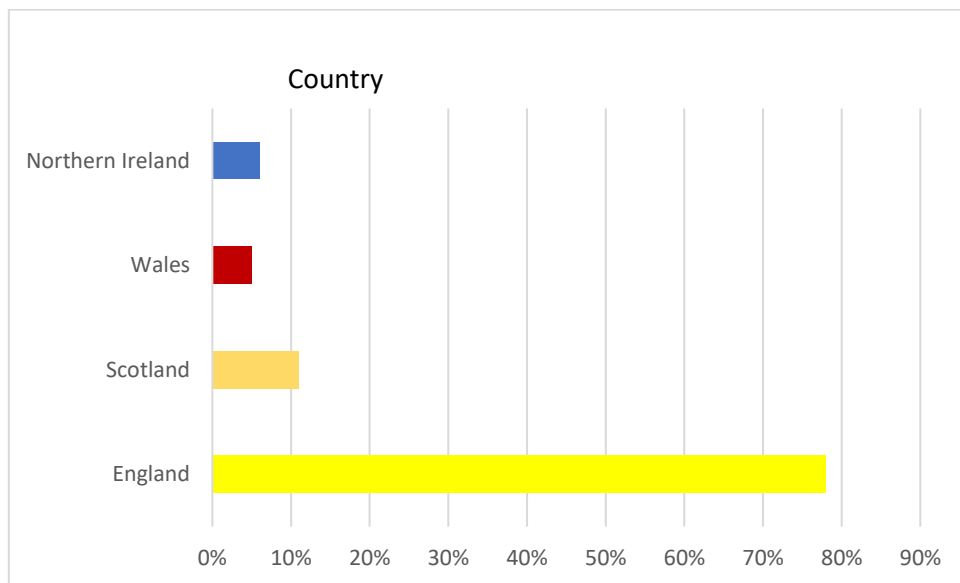
The age breakdown of the respondents is shown below and reflects our membership data and that of the HCPC



As this shows we are not a young profession, this is reflected later in data regarding pay scales. As a result, Podiatrists are very likely to have families, mortgages and other financial commitments.

Of those responding 9% have a disability.

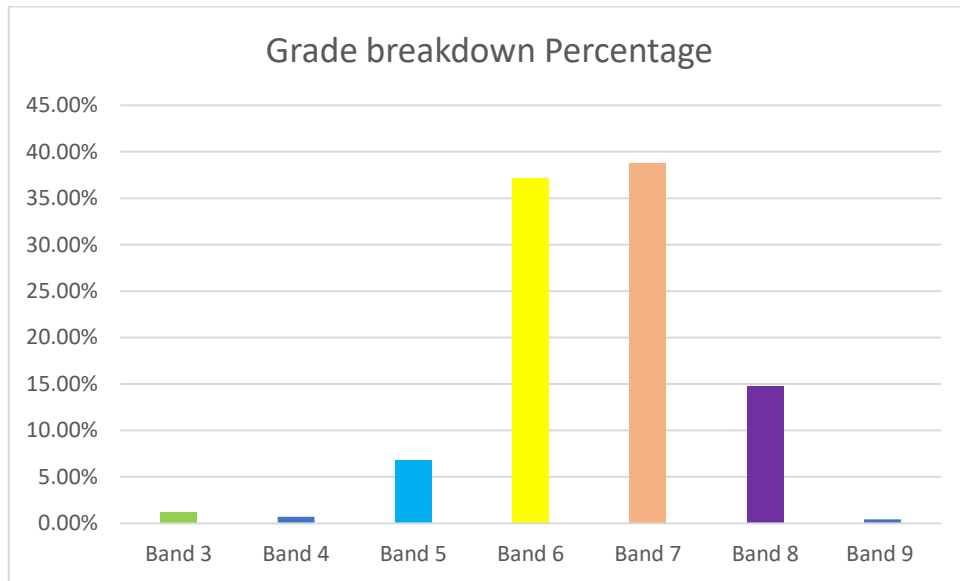
The respondents were from all parts of the UK – again this spread matches the data available from the HCPC as the regulator



Our previous evidence pointed out that Podiatrists work predominantly in the Community (78%) compared to 28% in hospitals. Podiatrists often work a mixture of acute and Community care which is why the above figures exceed 100%.

Turning to AFC Pay Bands and our members position in them.

As the chart below shows most Podiatrists are in Bands 6 and 7



Additionally, our members are more likely to find themselves at the top of these pay scales and have been there for some time with little opportunity for further pay growth.

Of those responding to our previous survey 66% had been in the same Pay Band for over 5 years with a further 13% for between 3 and 5 years.

Furthermore, 70% of Podiatrists were at the maximum pay rate for their grade and this will only have increased since our original survey.

2023/4 survey

Turning to our recent survey we asked members a series of questions based on the areas outlined in the correspondence from the Pay Review Body and we will lay out the results below.

The survey showed that 66% of those we surveyed for this evidence are the primary income providers in their households. Just under 40% of them have taken on secondary employment to support their and their family's standard of living. This is reflected in the figures below regarding burnout and reveals the financial pressure on these households.

In probably the least surprising outcome to the survey 100%, every respondent, reported that over the past year, they had noticed an increase in their living expenses, and specifically for energy, fuel, and groceries.

We next asked our members if the difference in pay between UK countries impacts on where NHS staff choose to live and work and 80% of respondents reported that it does. The survey was UK wide with 10% of them being from Scotland where NHS salaries are higher.

We would argue that the results of this question show this is having a debilitating effect on the NHS in the rest of the UK. We support the higher salaries in Scotland and the way that the Scottish government approaches its discussions with its trade unions. However, this shows that the differences in pay rates is having an effect across the rest of the UK and needs to be addressed.

Given the number of our members at or near the top of their pay bands we also asked what reasonable measures could be put in place to recognise and reward the expertise of staff, particularly those at the top of their band.

There was a very large number of comments and common themes where more financial and non-financial rewards were needed. Below are some comments that sum up the views of members. We would be happy to make more of these comments available to the Pay Review Body as long as confidentiality can be maintained. These comments are in response to the question 'What reasonable measures could be put in place to recognise and reward the expertise of staff, particularly those at the top of their band'.

- *NHS needs to recognise that as a team we have upskilled in order to treat high risk patients. We are called tissue viability for feet by our nursing and GP colleagues which is a specialist band 7 post. I have been at the top of my band 6 for 15yrs.*
- *Change the payscale for those of us sitting on the top with nowhere to go.., or offer a bonus*
- *Pay rise. More support to progress further up the bands & it will encourage recruitment & retention of staff also. Working laterally as well to develop more links between departments. Take into account that the job has changed dramatically in the last few years.*
- *A framework that validates skills knowledge and experience rewarding pay in line with the increasing cost of living. The gap between the private and public sector pay continues to widen making the public sector less and less attractive to work in*
- *All NHS banding should be THE EXACT SAME as the counterparts. In NI we are drastically underpaid compared to our counterparts in England. How is that fair?*
- *Organisations should be obliged to offer some form of career progression for those at the top of their bands who show evidence of continuing to expand and improve their levels of expertise. Possibly through temporary secondment roles in the organisation?*
- *Allow us to continue to get an increase of pay to recognise our specialist skills and treatment. It seems the more senior, and with that the more complicated and vulnerable patients you are treating and responsible for, the less you are rewarded. It is a lot of responsibility, time and energy that we put into our clinics and patient care, and yet for why? No extra recognition but an expectation to continue to care for very vulnerable patients.*

- *As a specialist Podiatrist at the top of B7 in the NHS I feel that the continuing development I do and paid for by myself, that we should be rewarded with further incentives*
- *We have a lot of very, almost over, qualified band 6s with nowhere to go who will leave the NHS and profession if this is not recognised in pay. used to have discretionary points but once they are obtained there is still nowhere to go*

These are a selection, but the same theme was repeated over and over again.

Given the above it is not surprising that when we asked do you believe there are sufficient opportunities for career progression within your workplace 69% said no.

We also asked members what specific actions could be taken to develop additional avenues for career advancement and progression and some of the comments are reported below.;

- *Investment into the Podiatry Services. Financial constraints/aging population with complex needs is affecting patient care and staff morale.*
- *Working in a smaller trust with few band 7's with no other clinical scope for progression to higher bands When a member of staff has been in the position(B7) and is basically blocking any movement for other staff which is demoralising. transferable skills to other positions in the trust. progression is very linear, and Physiotherapist appear to take up a lot of the managerial positions along with nursing staff.*
- *Ongoing support with CPD, further experience in complex clinical settings, recognition of working levels.*
- *More jobs and more money from government to employ more people*
- *More pay for specialised podiatrists - band 6 who are doing a more complex job than they've ever done*
- *Agenda for change bandings have brought about barriers /working to banding level and is not doing anything for staff progression*

- *Recognise specialist clinicians do not always want to progress into management, but there comes a point where that is the only way to increase pay scale. Not everyone is a manager and why are specialist clinicians not seen as the same level as managers? Surely you want these skills and experiences kept with the patient, that is primarily what the NHS is about, treating patients. It seems that to stay patient facing and clinical, is not seen as senior role and something to be rewarded or recognised, just to be leapt over by people who are not necessarily great at managing, or clinical? You are not recognised at all past mainly band 7, which is where I have been at the top of the scale for the last 10-12 years.*

92% of the respondents said yes when asked if recruitment and retention challenges pose a significant concern within their department or wider workplace. This only adds to the evidence that the system is at breaking point, and this is caused by an underpaid and overwhelmed profession.

Worryingly 72% of respondents stated that they did not feel that staffing levels in their workplaces are safe.

We asked our members if they have experienced symptoms of burnout in the last year and 89% said they had. This should ring alarm bells for everyone with the welfare of NHS staff being paramount in providing a safe and reliable health service, burnout of staff could lead to a negative impact on patient safety. We fundamentally support the proposition that higher rates of pay are a major part of fixing these problems.

The issue is exasperated in Podiatry where there is a thriving private sector. We have recently conducted a separate survey³ of all our members to measure how many of them are in the private sector as opposed to the NHS and, of relevance to this evidence, how salaries compare. Most of our members, nearly 70% do not work in the NHS yet we are aware of the large number of vacancies that exist in the NHS including Podiatry. We would argue that this is because careers in the Private Sector are more attractive.

Whilst approximately 44% of those working in the Private sector work part time this is not that different for the 39% of NHS workers who worked part time which we reported in our last evidence – so flexibility may not be the driver that many claim. However, when allowing for tax our survey shows that 65% of Podiatrists in the private sector earned more than the top of band 5 and most of them earned above the intermediate step point of Band 6. In other words, take home pay is demonstrably more on the Private sector. This imbalance needs to be addressed to recruit and retain staff in Podiatry in the NHS.

Returning to the survey recently conducted only 55% would recommend the career path that they have taken to friends or colleagues. The NHS needs more Podiatrists, and Podiatry is a wonderful and rewarding profession, but unless staff in the NHS are properly rewarded, especially when compared to others in the same profession, this negativity will continue to persuade newcomers that NHS is not for them.

Finally in the remit letter we were asked two specific questions regarding Pensions.

Pension Communications

It is vital that members get the Total Reward Statement on a regular basis as this is the main communication members want. Members should also receive any notification to any changes in scheme written in plain English on a timely basis. The method of communication should be set by the member of staff (mail, email).

Pension Flexibilities.

In order to encourage new staff to join, we should be looking at a gradual phasing in of their pension contributions over a short period of time. This would benefit all new staff, particularly those on lower bands, we would also urge the NHS to look at “pension holidays” for staff. A lot of members of the scheme who leave cite the main reason as being financial, so allowing for a break in contributions may help. This does of course have an effect on the funding position but we feel that the benefits to members would outweigh that and also ensure that the scheme stays healthy and a holiday would have less impact than a member leaving permanently.

4. Conclusions

The conclusion of the above evidence is that the Royal College of Podiatry fully supports the claim made above.

Our members in the NHS are burnt out, undervalued and underpaid. The work they do is vital for the nation especially the work members do on prevention of more serious conditions such as ulceration and reduction of lower limb amputations, peripheral arterial disease, management of the rheumatoid foot and keeping people mobile and at work by treating biomechanical and foot function conditions.

Many students on graduation (and courses are to some degree funded by the public purse) are by-passing the NHS and going straight into the private sector. Whilst there are non-pay issues that would make the NHS more attractive it is clear from our research the time has come for a significant investment into NHS Pay. In Podiatry there is a real need to make a career in the NHS as attractive, if not more, than in the private practice.

It is time to value the skills and expertise of our NHS staff by paying a salary which recognises the role they play in the economy and the health of the nation.

Our ask of the Pay Review Body is to start recognising this valuable workforce and keep the NHS viable.

³ As yet unpublished IPR survey 2023 conducted by the Royal College of Podiatry