



Royal College
of Nursing

Nurses employed by GPs

RCN guidance on good employment practice





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1

Introduction

General practice is at the centre of primary health care in the United Kingdom and is expected to deliver an ever increasing and often complex range of services for the practice population.

The practice team has expanded and developed to meet the needs of the practice and offers exciting career options for nursing staff who wish to work in general practice. In order to meet practice expectations the nursing skill mix has evolved in recent years and may include health care assistants (HCAs), assistant practitioners (APs), practice nurses, nurse practitioners and nurse partners.

Most general practices are businesses run by self employed practice partners (independent contractors) that have a contract with the NHS to provide medical services. Nurses who work in general practice will usually be employed by, and have a contract with, the practice. Terms and conditions may vary from practice to practice.

The Agenda for Change NHS framework provides best employment practice, although this may not always be adopted in general practice.

This guidance has been developed to provide all nursing staff, practice managers, GPs and other stakeholders with a framework to support nurses employed in general practice. It includes information and links to the essential elements of good employment practice.

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Good employment charter

Job description guidance

A well-researched and detailed job description is the cornerstone of any employment relationship. Clarity is ensured from the beginning by specifying the relevant experience, skills and expertise required to undertake the role. A comprehensive job description helps to avoid problems and provides a means of determining the appropriate pay grade and informs any subsequent performance review.

When formulating a job description consider the following questions.

- What is the current or proposed title for the job?
- What are the post's objectives and purposes? These should be stated unambiguously, detailing what activities are involved and the way in which they should be carried out.
- In addition to clinical services, what other responsibilities does the post cover?
- Who is the post holder accountable to?
- Who does the post holder liaise with? Who are they accountable to?
- What time will be allocated for continuous professional development? What support is in place, for example, study leave, funding.

Further guidance on writing job descriptions is available in Appendix 1 and also available on the RCN website at www.rcn.org.uk/agendaforchange

Employer responsibility

The roles of GPs, practice staff and general practice are going through significant change, driven in part by changes within primary care, demographics and consumer demand, but also from changes within the professions working in primary care. There are also increasing demands being placed on GPs, not only as service providers but also as employers.

The shape of general practice, the range of services available and the way services are accessed are

changing, resulting in new ways of working for nurses and health care support workers (nursing staff). In order to support effective recruitment and retention of staff, the RCN believes that employers need to have transparent and fair reward systems in place, which recognises and rewards the range of responsibilities within a role and individual staff development.

The RCN strongly believes that nursing staff employed in general practice should be employed on national NHS terms and conditions – Agenda for Change (AfC) terms and conditions.

While, the RCN recognises that practice staff are employed by independent contractors, the reality is that they invariably work closely with their colleagues in the NHS. The general medical service contract is funded by the NHS and is written to ensure primary care activity and services to patients are integrated with, and aligned to, wider NHS services and outcomes.

Nursing staff working in general practice are an essential and integral part of the NHS family and therefore should benefit from similar conditions of service as their NHS employed colleagues. In addition to this, AfC provides GP employers with certainty that they are using a robust pay system, which meets equal pay requirements and has been tried and tested by a range of employers both in and outside the NHS. See: www.nhsemployers.org/PayAndContracts/AgendaForChange

Employers also need to ensure that they have modern employment practices and policies. England, Scotland, Wales and Northern Ireland each have individual comprehensive strategies to support healthy working environments in the NHS that are free from discrimination, violence and bullying, while promoting staff engagement within the workplace.

General practices should work with their relevant bodies to ensure they have access to tools that support the introduction of such policies within their workplace. In addition to this, employers should supply employees with a written job description together with a contract of employment. By law, an employee must receive a written statement of the main terms of their employment, including disciplinary and grievance procedures within two months of starting work.

General practice employers should:

- follow the spirit and requirements of the relevant national human resource strategy
- provide an up-to-date written contractual statement and job description for every post
- link salaries to national scales, providing annual increases in line with national pay awards
- offer staff a personal training and development plan to support their continuous professional development
- ensure staff have the right to join and be represented by a trade union of their choice, suffering no disadvantage as a result
- offer health professionals a source of professional advice and support within the local health board (LHB), primary care trust (PCT) or primary care organisation (PCO).
- produce written procedures to handle disciplinary matters and grievances following guidance published by the Advisory, Conciliation and Arbitration Service (ACAS)
- implement the requirements of relevant health and safety laws, and produce a written health and safety policy outlining roles and responsibilities that comply with the requirements of the Working Time Regulations
- have procedures in place for recording and monitoring accidents and injuries to staff at work
- have measures in place to prevent physical and verbal abuse, and systems in place for reporting violent incidents involving staff
- produce a written equal opportunities policy and follow good practice guidelines
- staff management, terms and conditions of employment, training, opportunities and promotion
- produce a written policy on sickness absence, including the sick pay arrangements that apply in the practice.

Employment legislation and rights

There is a wide variety of statutory employment rights that protect anyone employed in general practice. Some of these include the right:

- not to be unfairly dismissed
- to receive a redundancy payment
- not to be discriminated against
- not to have an unlawful deduction from salary
- to be accompanied to any disciplinary or grievance hearing
- to a minimum period of paid holiday
- to join and participate in a trade union
- not to be treated to his or her detriment for whistleblowing.

In addition to the above rights, some of which are conditional on the employee satisfying a minimum qualifying period of service, there is implied into all contracts of employment certain terms (for example, the duty of trust and confidence), breach of which may give rise to a legal remedy.

Accountability

Accountability is integral to professional practice and it is the Nursing and Midwifery Council (NMC) that is the main reference for nurses. Practice nurses, by the very nature of their job, have to make judgements in a wide variety of circumstances. They must use their professional knowledge and skills to make a decision based on evidence for best practice and the patient's best interests. Nurses and midwives need to be able to justify the decisions they make.

The NMC is the main reference for nurses to look to for professional direction. They set standards of education, training, conduct and performance for nurses and midwives and hold the register of those who have qualified and meet those standards. They provide guidance to help nurses keep their skills and knowledge up to date and uphold the professional standards. They have clear and transparent processes to investigate and address concerns in relation to nurses and midwives who fall short of the NMC code of standards (NMC, 2008).

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Continuing professional development (CPD)

Nurses are professionally and legally accountable for their actions. The Code makes it clear that it is the individual nurse, regardless of their employment situation or geographical location, who is responsible for their actions. Practice nurses must ensure that they are competent to undertake the duties and tasks under their contract. The Code emphasises that if a nurse is being asked to do work without the relevant skills or qualifications, then they should not carry out that work until they receive appropriate training and proper supervision. Every nurse and employer of nurses should be familiar with the contents of this document, using them to guarantee the best possible care for patients.

Confidentiality

Confidentiality is a fundamental part of professional practice that protects human rights. This is identified in Article 8 (Right to respect for private and family life) of the European Convention of Human Rights.

This is entrenched in the NMC Code where nurses are obliged to respect the confidentiality of patient health information. It is a fundamental part of the nurse and patient relationship. A breach of confidence by a nurse may render them liable to legal action and disciplinary proceedings by the NMC. Every practice should have a practice policy covering confidentiality of health information and patient records, including the procedures in place to maintain security of information and patients' records, and when confidentiality may be breached.

Delegation

Delegation is a common practice within general practice. It is defined as the process by which the delegator (for example, practice nurse) allocates a clinical or non-clinical treatment or care to a competent member of staff, for example, health care assistant (delegatee) but will remain responsible for the overall management of the patient and be accountable for the decision to delegate. However, the delegatee remains accountable for their decisions and actions.

General practice may look for further advice in delegation from the All Wales guidelines for delegation (2010) which gives a comprehensive break down of the principals and a model of delegation.

CPD is fundamental to the role of any nurse and is the mechanism by which high quality patient care is identified, maintained and developed. Six days (45 hours) per year of protected CPD time should be the minimum time granted to support practitioners (above existing statutory and mandatory training and formal study leave arrangements). This is a realistic amount of time and is in keeping with existing professional body regulatory requirements.

Employers have a duty to ensure appropriate staffing is in place to maintain standards of care and service delivery when protected time is taken. This provision should be made available to both qualified health practitioners and health care support workers regardless of individual working patterns, and to ensure that equality policies are implemented.

When defining CPD activities professional bodies advise:

- using a broad definition of CPD, in accordance with existing professional and regulatory body protocols (HPC, 2005; NMC, 2006), which encompasses a mix of formal and informal learning activities appropriate to individual and service needs
- excluding training required under The Health and Safety at Work Act (HMSO, 1974), and other mandatory employer training, from the protected time allocation.

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Indemnity insurance legislation

Background to the legislation

With effect from July 2014 it is a legal and NMC professional requirement for all registered nurses and midwives to certify that they have an appropriate indemnity arrangement in place for their practice.

What does this mean for nurses and midwives in general practice?

- They will be required to complete a self-declaration that they either have in place an appropriate indemnity arrangement or will have an appropriate indemnity arrangement in place.
- When applying to join the register, renewing registration or seeking readmission to the register, they will be required to complete the self declaration.
- Nurses and midwives who are not able to complete the self-declaration will not be eligible for registration, renewal of registration or readmission to the register.

As part of an audit of the new requirement, the NMC may ask nurses and midwives to provide evidence that they have in place an indemnity arrangement in order to confirm the accuracy of the self-declaration that they have previously made. A fitness to practise action may be taken by the NMC, particularly where there is cause to believe that dishonesty has occurred as part of the self declaration. What will this mean for nurses working in general practice? It is anticipated that most nurses will already satisfy the new requirement through their employer's indemnity/insurance arrangements.

A GP employer has vicarious liability for the negligent actions or omissions of employees during the course of their work. The practice will address this legal responsibility by arranging appropriate indemnity insurance, covering all staff employed in the practice. If the GPs' indemnifiers require the practice to have additional cover, perhaps because the nurse is working at an advanced level, then it is the responsibility of the practice to organise this, and to pay any additional costs related to this.

The practice cover will ordinarily be sufficient to enable the nurse to certify to the NMC that they have 'an appropriate indemnity arrangement in place for their practice'. The GP employer may arrange additional cover through a medical defence organisation (MDO), even if this means that the nurse is afforded personal membership of the MDO, which membership shall of course satisfy the NMC requirements.

It is the RCN's view that the GP employer should arrange and pay for the cover for nurses employed in the practice. This is what happens in the NHS and among independent health care sector employers. There is generally no legal requirement under the contract of employment for an employee to pay for personal cover for his or her practice.

The RCN recommends that every nurse and midwife checks the indemnity arrangements of their employer to ensure that they hold an appropriate arrangement for all parts of the nurse's practice.

Where a nurse is working on a genuinely self-employed basis with a practice then they will have to arrange their own personal cover for their practice, unless the GP is prepared to do this.

Maintaining your registration

A person cannot work using the title 'nurse' if they are not currently registered with the NMC. It is vital that this registration is checked before an individual is employed. Currently, there are four elements required for a nurse to maintain their professional registration.

These are:

- completing a 'notification to practice' form every three years or, if your area of professional practice changes, requiring a different registerable qualification
- a minimum of five days or its equivalent of study activity, every three years
- maintaining a professional profile that contains details of your professional development
- completing a 'return to practice' programme if you have not practised for a minimum of 750 hours or 100 working days in the five-year period leading up

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Nurses employed by general practitioners

Developing the role of practice nurses, nurse practitioners and health care assistants

Nurses can extend their interest within general practice in a variety of ways:

- delegate and supervise the work of HCAs
- take a strategic role within primary care creating links with other community health providers
- become involved in the management of general practice in the workplace and within their local community care group (CCG)
- become a partner within the practice
- set up an independent nurse led service.

Funding for general practice now depends on the services the practice provides, some of which are considered essential, others being additional. The role of nurses within general practice is dependent on their skills. They can include routine health screening, sexual health, management of long-term conditions, immunisation and vaccination programmes as well as first contact care.

Further information on practice nursing and CPD online resources are available at: www.rcn.org.uk

Workforce development

A survey of practice nurses in 2008 indicated that the largest percentage of employees were aged 50 and above and, although some nurses continue to work beyond retirement age, the demographic has not changed from a similar survey in 2002. Strategies are needed to encourage recruitment into this specialty. General practice should consider:

- encouraging mentorship training for practice nurses in association with local education providers. Supporting student nurse placements should lead to recruitment into primary care
- providing preceptorship for registered nurses new to general practice nursing
- applications from new registrants to the general practice setting.

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General medical services contracts and Agenda for Change

Contracts for the provision of general medical services by general practitioners and their staff ensure financial security for the provision of certain basic services. It also provides the opportunity to generate additional income through meeting standards in the Quality and Outcomes Framework (QOF) and by providing additional and enhanced services which can be negotiated at local level.

Agenda for Change has not been generally adopted by general practice employers, so terms and conditions remain variable throughout the country and nurses continue to be responsible for negotiating their own contracts of employment. Nurses need to make sure they have a signed contract with terms agreed regarding rates of pay, sickness policy, holiday entitlement and indemnity insurance.

Provision of an annual appraisal and CPD must be confirmed at the time of appointment and be included in the contract of employment.

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Health and safety

Under both legislation and the contract of employment, the employer has a legal duty to take reasonable care for the health, safety and welfare of their employees while at work. The Health and Safety at Work Act 1974 places broad duties on employers to provide a safe working environment. There are also duties on employees.

Where there are five or more employees the employer must have a written health and safety policy detailing organisational responsibilities and arrangements to ensure the health and safety of employees.

While members of staff have a responsibility to perform their duties in a safe and timely manner, ultimately it is the employer who is liable for their employees' actions. For example, employers must ensure that individuals are competent to carry out their jobs safely, based on what is expected from an average practitioner in the role.

A large number of health and safety laws require the employer to assess the health and safety risks in the working environment and put measures in place to reduce the risk of injury and ill health.

Consultation on health and safety issues

The regulations state that consultation must take place in good time following the introduction of any measures that may substantially affect the health and safety of employees. Under the 1974 Health and Safety at Work Act and associated regulations, an employer is required to give their employees access to any relevant health and safety information, for example, providing information to staff on risk assessments.

Employers must ensure that each member of staff is consulted about the planning and organisation of health and safety training, providing individuals with information, instruction and supervision. For example, employers must make certain that all staff are fully aware of the health and safety implications of using new technology/equipment.

Health and safety training

There are many frameworks under which employers should be delivering mandatory training. Frameworks will vary depending on the risks encountered in the working environment, the needs of the workforce, insurers' standards, and the governance and legal frameworks in place and country-specific requirements. However, an overarching requirement in all countries is health and safety legislation.

Statutory training

Statutory training is that which an organisation is **legally** required to provide as defined by law or where a statutory body has instructed organisations to provide training on the basis of legislation.

Mandatory training

Mandatory training is that determined essential by an organisation for its safe and efficient running and in order to reduce organisational risks and comply with policies and government guidelines. The Health and Safety Executive describe mandatory training as an essential principle that influences safety behaviour, promotes a positive health and safety culture and leads to good health and safety performance

Essential or compulsory are also terms used to describe mandatory training. Some organisations use mandatory training as a 'catch all' to cover mandatory and statutory.

The Health and Safety at Work etc Act 1974 requires employers to provide whatever information, instruction, training and supervision as is necessary to ensure, so far as is reasonably practicable, the health and safety at work of employees. This is expanded by the Management of Health and Safety at Work Regulations 1999, which identify situations where health and safety training is particularly important, for example, when people start work, on exposure to new or increased risks and where existing skills may have become rusty or need updating.

The Health and Safety Executive require employers to provide health and safety training during working hours and not at the expense of employees. Special arrangements may be needed for part time or shift workers. See the Health and Safety Executive's (HSE) website for further information: www.hse.gov.uk/pubns/indg345.pdf

Key health and safety laws

The following are some of the key health and safety laws that place duties on employers.

The Management of Health and Safety at Work Regulations 2002 are overarching regulations which require employers to manage the health and safety risks in their business, known as risk assessment. This includes the requirement to assess the risks of violence and work-related stress and put measures in place to reduce the risks of harm.

The Health and Safety (Sharps injuries in Healthcare) Regulations 2013 require employers to reduce the risk of sharps injuries in health care environments. Employers must have effective arrangements in place for safe use and disposal of sharps including using safer sharps, restricting the practice of recapping needles and placing sharps bins close to the point of use.

The Control of Substances Hazardous to Health Regulations 1998 require employers to protect employees from the risk of exposure to hazardous and harmful substances including blood-borne viruses. Hazardous substances in use in general practice environments may include latex gloves, nitrous oxide and cleaning chemicals.

Moving and handling activities also require assessment under the *Manual Handling Operations Regulations 1992*. Again, employers are required to assess the risks of injury from moving and handling activities and put measures in place to minimise the risk.

This is not a comprehensive list. For further information on health and safety laws and health and safety issues in health care environments visit the HSE at www.hse.gov.uk/healthservices/index.htm

Working hours

The Working Time Regulations 1998 are health and safety related regulations that place controls on working hours and place a duty on employers to provide rest breaks during working hours and rest periods between shifts. It also places a duty on employers to provide paid annual leave.

The main requirements of the regulations are a:

- limit of an average working week of 48 hours
- right to 11 consecutive hours rest a day
- right to 35 hours off each week
- right to a 20 minute work rest break if the working day is longer than six hours
- right to 5.6 weeks (28 days) paid annual leave each year for full time staff (pro-rata for part time staff).

There are additional requirements for those who regularly work nights and requirements to provide compensatory rest for those working on-call.

Employees can opt out of the 48 hour week restrictions but this must be voluntary and put in writing.

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References

- Health Professions Council (2005) *Standards for continuing professional development*. London: HPC
- Health and Safety Executive (1974) *The Health and Safety at Work etc. Act 1974*. London: The Stationery Office
- Health & Safety Executive (1998) *Control of Substances Hazardous to Health: Approved Code of Practice and Guidance (5th edition)*, London: HSE Books
- Health and Safety Executive (2002) *Management of Health and Safety at Work Regulations*, London: HSE
- Health and Safety Executive (2004) *The Manual Handling Operations Regulations 1992*, London: HSE
- Health and Safety Executive (2013) *The Health and Safety (Sharp instruments in healthcare) Regulations 2013*, London: HSE
- Nursing and Midwifery Council (2006) *PREP handbook*. London: NMC
- Nursing and Midwifery Council (2008) *The Code: Standards of conduct, performance and ethics for nurses and midwives*. London: NMC
- National Leadership and Innovation Agency for Healthcare (2010) *All Wales guidelines for delegation*. Llanharan: NLIAH

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Useful resources

Further reading

- Department of Health (1999) *A first class service: quality in the new NHS*. London: The Stationery Office
- Department of Health (2000) *Improving working lives standard*. London: The Stationery Office
- Department of Health (2000) *The NHS plan: a plan for investment a plan for reform*. London: The Stationery Office
- Department of Health (2004) *NHS Knowledge and Skills Framework (NHS KSF) and the development review process*. London: The Stationery Office
- Scottish Executive Health Department (1999) *Learning together: a strategy for education training and lifelong learning for the NHS in Scotland*. Scottish Government
- Welsh Assembly Government (2006) *Designed for life: quality requirements in adult critical care*. Cardiff: Health and Social Care Department

Websites

Allied Health Professions Federation

www.ahpf.org.uk

British Academy of Audiology

www.baaudiology.org

The British Association of Dramatherapists

www.badth.org.uk

British Association of Occupational Therapists and College of Occupational Therapists

www.cot.org.uk

The British Association of Prosthetists and Orthotists

www.bapo.com

The British Dietetic Association

www.bda.uk.com

The Care Quality Commission

www.cqc.org.uk

College of Paramedics

www.collegeofparamedics.co.uk

The Chartered Society of Physiotherapy

www.csp.org.uk

Diabetes UK

www.diabetes.org.uk

The National Association of Primary Care

www.napc.co.uk

The National Institute for Health and Care Excellence

www.nice.org.uk

The Royal College of Midwives

www.rcm.org.uk

The Royal College of Nursing

www.rcn.org.uk

RCN continuing professional development online

www.rcn.org.uk/development/practice/cpd_online_learning

RCN Direct online advice on practice nursing

www.rcn.org.uk/support/rcn_direct_online_advice/a-z2/practice_nursing (Please note, you must have an RCN membership number to access this page.)

The Royal College of Speech and Language Therapists

www.rcslt.org

The Society of Podiatrists

www.feetforlife.org

The Society of Radiographers

www.sor.org

Website links

Standard general medical services contract:

www.gov.uk/government/publications/standard-general-medical-services-contract

Pay circulars Agenda for Change:

www.nhsemployers.org/your-workforce/pay-and-reward/pay/pay-and-conditions-circular/agenda-for-change-pay-and-conditions-circulars

Appendix 1

A guide to writing and updating job descriptions

Each job should have a written job description and person specification. These should be reviewed every time a vacancy occurs to ensure that they remain relevant and are flexible, including making reasonable adjustments should people with disabilities apply.

Person specifications should outline the genuine minimum requirement and, where appropriate, any genuine occupational qualification (GOQ) necessary for the job to be done effectively including prescribing qualifications or specialist practice qualifications. Emphasis should be placed on quality, rather than length of experience, and consideration should be given to experience gained outside paid employment.

What are job descriptions?

Job descriptions describe an employee's role, what is required to do the job and not how they do it or their personal contribution. Accurate job descriptions provide the basic building blocks on which the recruitment process is built. They act as:

- a tool in recruitment – to assist in the writing of job advertisements
- a tool in selection – to help make decisions about who to employ
- a basis of employment contracts. Frequently, employers make reference to the job description in their contracts of employment
- part of an employer's defence in cases of unfair discrimination
- a means by which the employer's expectations, priorities and values are communicated to new members of staff.

In most cases a job description will include some kind of generic statement indicating that the jobholder from time to time may carry out other duties.

Creating and updating job descriptions

When creating and updating job descriptions consider:

- identifying the tasks involved in the job
- how, when and why tasks are performed
- the main duties and responsibilities of the job
- the physical, social and environmental conditions of the job

- study leave if applicable.

Job descriptions should be clear, concise, and accurate. They should be accessible for all staff. Make explicit to jobholders the implications of other human resource policies, for example, compliance with the organisation's equal opportunities policy.

Consider what is essential and desirable for the job role. The following categories may be useful when identifying tasks, duties and responsibilities:

- autonomy – what level?
- communication – who/how/what?
- computer literacy?
- counselling skills – who? what?
- clinical skills – what?
- leadership skills – what?
- management skills – what?
Organising, planning, etc?
- negotiating skills – to do what?
- qualifications – required for the role and not what you may have?
- relevant experience
- teaching/training – what and who?

Writing a job description

Job descriptions should be based on an analysis of the job and should be as brief and factual as possible. The typical headings to consider are:

- job title – should indicate as clearly as possible the function in which the job is carried out and the level of the job within that function
- grade/rate of pay
- main location; where the job will be based
- reporting to a manager; the job title of the manager or supervisor to whom the jobholder is directly responsible
- reporting to jobholder; the job titles of the posts directly reporting to the jobholder.
- access to CPD.

Job descriptions should summarise the overall purpose and nature of the job. The aim should be to convey a

broad picture of the job, which will clearly distinguish it from other jobs and establish the role of the jobholder and the contribution they should make towards achieving the objectives of the organisation. When preparing the job description, it is often best to defer writing down a definition of overall responsibilities until the activities have been analysed and described.

Principal job duties or main tasks should cover the following areas:

- identify and produce an initial list of main activities or tasks carried out by the jobholder
- analyse the initial list of tasks and group them together, so that no more than about 10 main activity areas remain. Most jobs can be analysed into seven or eight areas and if the number is extended much beyond that, the job description will become over complex and it will be difficult to be specific about accountabilities or tasks
- define each activity as a statement of accountability, for example, what the jobholder is expected to achieve (outputs). The emphasis should be on 'what gets done' rather than 'what workers do', as this provides a far more effective description and gives less room for ambiguity. Give a more precise meaning to the activity being described by using terms such 'communicates with', 'explains', 'clarifies', 'discusses' or 'inform'.

Appendix 2

Specimen contract of employment for practice nursing staff

Statement of terms of employment

Outlines the details of the terms and conditions of employment as a:

Job title

This is a statement (which satisfies the requirements of the Employment Rights Act 1996) to set out the terms and conditions of employment agreed between:

1 Dr/s

of

and you, Mr/Mrs/Miss/Ms

of

2 Your job title is

[the duties of this job are set out in the job description attached to this statement of terms of employment].

Work address

3 Your employment starts on

Any previous periods of employment are not deemed to be continuous with this post. In the event of a partnership change your employment will be regarded as continuous.

4 Your salary is £ _____ payable in arrears of (one week/month) on the date/day each month/week.

The hourly rate is £ _____ [in accordance with those recommended for nursing staff employed on national conditions of service in the NHS – Agenda for Change].

Your salary band is £ _____ to £ _____ and is based on the NHS pay band for _____.

Your salary will be reviewed annually and adjusted in line with changes in the pay scales of NHS nursing staff – Agenda for Change.

5 The incremental date for your salary is:

with your first incremental date on: _____

6 Your basic hours of work are _____ per week, and your normal hours of attendance are _____

In addition to your normal hours of work, occasional Saturday morning surgeries need to be covered. This will be done on a rota basis with nursing and medical staff and is an arrangement that all members of staff are required to participate in.

6.1 The hourly rate payable for Saturday morning surgeries is at the normal*/overtime* rate paid for an hour's work.

6.2 From time to time, staff will be asked by the practice to work overtime to cover for colleagues who are, for example, on holiday/ill/absent. This will be remunerated at the normal overtime rate, calculated as the normal hourly rate plus a half/two thirds/one/ * of normal rate.

7 In addition to the normal public holidays, you are entitled to take _____ working days in each holiday year, which runs from _____ to _____. You will be paid your normal average remuneration during such holidays.

Holiday pay is also accrued during sick leave. Reasonable notice should be given of your intention to take leave, and it should be arranged in conjunction with your colleagues and the practice manager or GP.

7.1 If your employment starts or ends part way through your holiday year, your entitlement to

- holidays during that year will be assessed on a pro rata basis. Leave must be taken by the end of the calendar year. It may not be carried forward from one year to the next unless by prior arrangement.
- 7.2 You will be entitled to payment in lieu of holidays accrued but not taken by the date of termination of employment.
- 7.3 On bank and statutory holidays, the surgery will normally be closed.
- 7.4 A day's holiday pay for the purpose of clause 7 (above) is _____.
- 8 Statutory sick pay (SSP) will be paid by the employer to all employees who meet the eligibility criteria for SSP.
- 8.1 You will be paid your normal average remuneration (less the amount of any statutory sick pay or social security sickness benefit to which you may be entitled) for _____ working days in total in any one sick pay year.
- This runs from _____ to _____. Entitlement to payment is subject to notification of absence and production of medical certificates as required below.
- 8.2 Notification of absence due to sickness must be made as soon as possible on the first day of absence, with medical certification submitted if it continues beyond seven working days. The usual procedures for self-certified leave apply for sick leave under seven days.
- 8.3 Any accident or injury to a member of staff or the public must be reported immediately to the doctor in charge, and entered in the accident book.
- 9 In the event of a dependant falling ill, giving birth or being injured or other extraordinary circumstances compassionate paid leave may be granted. Paid leave should not generally exceed three days, but may be extended in cases of exceptional hardship by up to a further three days. This right is independent of your statutory entitlement to unpaid time-off for domestic emergencies provided in Section 57A Employment Rights Act 1996
- 10 You will be entitled to parental and maternity leave in accordance with the relevant statutory provisions.
- 11 You are eligible to join the NHS pension scheme. Ask your employer for details.
- 12 The length of notice that you are obliged to give _____ to terminate your employment is _____.
The length of notice that you are entitled to receive from _____ to terminate your employment is _____ until you have been continuously employed for _____, and thereafter notice entitlement increases by _____.
- 13 It is the practice's policy to provide a safe and healthy workplace, and to enlist the support of all employees towards achieving this end. It is recognised that overall responsibility for health and safety rests with the employer. However, employees should be fully aware of the potential health and safety hazards in the practice environment. Staff should be aware of:
- the employer's health and safety policy including health and safety responsibilities and consultation arrangements within the practice
 - requirements for health and safety training e.g. induction training and fire safety and how to access
 - risk assessments and the employer's procedures for maintaining a safe working environment e.g. use of liquid nitrogen, prevention of sharps injuries, preventing slips and trips, spillage procedures, latex allergy, violence and aggression, working alone and work related stress
 - inspection and maintenance of equipment such as autoclaves, oxygen cylinders
 - free provision and use of protective clothing and work-related immunisations e.g. hepatitis B and flu
 - emergency arrangements e.g. fire and evacuation procedures, first aid and follow-up support following a needlestick/sharps injury
 - accident and incident reporting procedures
 - procedures for the protection of new and expectant mothers including hazards to the

health and safety of pregnant or breast feeding employees and procedures in place to protect employees from hazards.

- 14 If you have a grievance regarding your employment you should refer to the grievance procedure where the disciplinary rules and disciplinary procedure are set out.

Please acknowledge receipt of this statement by completing the tear-off slip below and returning it to _____.

I _____
acknowledge that I have received a statement of the details of my employment as required by the Employment Rights Act 1996 Section 1. I confirm my agreement that these constitute my contract of employment with _____.

Signed

Dated



Royal College
of Nursing

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