What price diabetes nursing expertise?

As nurses working in diabetes care, we are all aware of how much money we are paid each month. We understand (as far as possible!) the clinical grading structure — we may debate whether our posts are graded appropriately, but recognise that we are paid according to the system.

When it comes to non-NHS work, however, such as advisory panel membership, opinion-seeking workshops on new products or working party membership for national bodies, the payment system can be unclear. As nurses, we may feel privileged and flattered to take part in such activities, and gain a sense of satisfaction to be involved in moving diabetes care forward.

Payments: current situation

We accept that payment is generally not forthcoming, other than expenses, from organisations such as the British Diabetic Association and the diabetes nursing groups. However, we need to consider payment from others wishing to access our expertise in diabetes, e.g, the pharmaceutical industry, companies making diabetes care products and statutory bodies. Questions such as 'Do we request or accept payment for our services?' and 'Is the rate of pay for nurses equitable with that of our fellow professionals?' are stimulated by the following examples:

A nursing colleague was recently involved in an initiative supporting work being undertaken by a pharmaceutical company and realised, by accident, that she was being paid considerably less than the doctors doing the same type of work. This suggests that the nursing input was not equally valued, but on questioning the company, she received the explanation that actually her input was valued more than that of the doctors, but the payment was based on the 'normal rate for nurses' which the company did not want to increase for fear of setting a 'precedent'. In a rather bizarre flip side to this, a second company noticed that a nurse was being paid more than a doctor for greater input to a project and consequently bumped up the doctor's fees! Another example is the sometimes confusing issue of corporate hospitality for conferences and meetings, when the extent of the sponsorship can be different for different professionals for no obvious reason. The issue is not just an inter-professional one either. A recent diabetes nursing conference saw some nurses being paid more than others for their contribution, and payments for commissioned articles in some nursing journals are notoriously poor, not to mention less than prompt in arriving!

Expectations of payment are clearly an issue here. Some professionals are simply used to being paid a fee for attendance at meetings, regardless of their input. This is a relatively new experience for nurses, so who can blame the companies for paying a variety of rates, despite the value they attach to the various contributions? Also, rates of pay for some work may be more easily determined than for other tasks, e.g. a day's teaching, a workshop or a written article is easier to cost than an opinion-seeking panel meeting which involves accommodation, meals, etc. It also has to be said that rates of pay outside the NHS are market driven, and 'expectation' and 'value' are two very different things. The 'going rate' of payment can also vary according to the availability of the expertise required.

Which way forward?

So, what do we think about all this? Could there be a cynical, cultural exploitation because, historically, companies and even publishers know that nurses won't expect to be paid, or even know they could be? On the other hand, are nurses really being undervalued or simply being paid the 'going rate' which is different from that of other professionals, in the same way our NHS pay is different? On the action front, should we, along with academic standards and role definition, be setting 'recommended' consultancy fees in order to end any confusion?

There is no doubt that the input of nurses' expertise and perceptions can be of huge benefit to diabetes-related companies and their marketing strategies. It is clear that many of them thoroughly appreciate this, but the inequality remains. We are not scared of seeking our rightful important place in the multidisciplinary care team; shouldn't we also be making explicit our worth in influencing diabetes care beyond it? ■

Jill Rodgers

Rosemary Walker

Jill Rodgers is a Diabetes Specialist Nurse (Primary Care), Portsmouth. Rosemary Walker is a Diabetes Specialist Nurse, Romford.