



Royal College
of Nursing

Nurse entrepreneurs

*Turning initiative into
independence*



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Acknowledgements

This version was updated by:

Angela Avis, RCN Complementary Therapies Forum

Angela Thompson, Chair, RCN Nursing and Care
Agency Manager Forum

Chris Cox, RCN Legal Services Assistant Director

Colin Beacock, RCN Policy Adviser

Danielle Holmes, Consultant in Manual Handling

Ian Hulatt, RCN Mental Health Adviser

Margaret Moody, Independent Management and
Health Consultant

Moira Upton, Independent Health Care Consultant
RCN Counselling and Advisory Service

Valerie Smith, RCN Independent Sector Adviser

Yvonne Terry, Independent Health Care Consultant.

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1

Introduction

Thinking about becoming self-employed but not sure where to begin? Already decided to set up your own business but still have lots of unanswered questions?

If you've answered 'yes' to either of these questions, this guide could be the helping hand you need. This document is designed for nurses – especially those in clinical practice, educational or managerial roles – who are thinking about setting up on their own.

The prospect of leaving the NHS or independent sector may be daunting, but there are certainly lots of good reasons for branching out on your own. It may give you the chance to use your personal talents and skills more effectively, provide a way back into work following early retirement or redundancy, or you may simply be looking for a fresh challenge.

Whatever the reason, we hope the following information will point you in the right direction and help you make a success of your new enterprise.

Finally, please note that while every effort has been made to ensure that references are correct at the time of going to press, changes are constantly occurring so be aware that some information may be out-of-date.

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Have you got what it takes to make it alone?

Do you have the skills and tenacity to become self-employed? Setting up your own business is a decision that needs careful consideration. To go it alone you must:

- ◆ be passionate about developing an area of interest
- ◆ be willing to take risks
- ◆ be willing to make a commitment
- ◆ be enthusiastic
- ◆ believe in yourself and your dream
- ◆ have a strong self-image and plenty of self-confidence
- ◆ have the drive to achieve and succeed
- ◆ have a strong 'customer' orientation.

Do your homework

Before you make your decision, talk to other people who have become self-employed. Ask them about the positive and negative aspects of self-employment. As well as gathering information, you'll be developing valuable networking skills. You could also consider asking a successful nurse entrepreneur to act as your mentor, so you can benefit from their experience.

You'll also need to do some thorough research into the business aspects of being self-employed. This guide covers the essentials, but you should also seek professional advice. There is lots of help available; for example, start at your local library, where you should find a wide range of books on setting up a business. It's also worth contacting The British Library Business and IP Centre, plus your local Chamber of Commerce, Business Link or local business club. You'll find more information about sources of help further on in this publication.

Having your own business can be very rewarding, as long as you approach it in a business-like way. The many books which offer guidance on running your own business all start from the same premise – know yourself, identify your strengths and weaknesses, decide on the skills you wish to sell and research the potential market for your services. Don't underestimate your own ability or the effort required to land the first contract.

Find high quality training that suits your need. For example, universities in Wales have been at the forefront of telematic innovation with studios in north and south Wales providing teleconferencing facilities. The Training and Vocational Educational Initiative Centre in Llangefni, Ynys Mon is known for its trailblazing use of satellites and interactive distance learning technologies.

Use all available channels! Successful nurse entrepreneurs seize every opportunity for networking. Many potential customers come through personal recommendation or by spotting an opportunity and pursuing it through the right channels.

Evaluate yourself

Carry out a self-assessment and work on a personal SWOT analysis. This means identifying your:

Strengths	}	an analysis of your internal resources
Weaknesses		
Opportunities	}	an external analysis of political, economic, social and technological (PEST) influences within the environment
Threats		

You could also use a tool like the Myers-Briggs type indicator to carry out a more structured analysis. This enables you to assess your personality type by analysing how you relate to others, how you take in information, how you make decisions, and how you order your life.¹

Think honestly about how committed you are to becoming self-employed. Ask yourself why you want to set up on your own. Think about whether you will need any new skills. If so, how and where will you acquire them?

As health and social care are changing all the time, there is a continual need for re-training and updating of skills. As a nurse entrepreneur, you must take responsibility for maintaining your own skill levels. Fortunately, advances in technology make it easier to access to high quality training and to fit it around your other commitments.

Look at your professional profile

The *ICN guidelines on the nurse entrepreneur providing nursing services* (1994) suggest that you will need the following professional qualifications, skills and experience.

- ◆ Three to five years nursing experience
- ◆ Continuing education relevant to your area of practice
- ◆ Competence in communication, negotiation, marketing, time management, public relations and accounting skills
- ◆ Knowledge of legal, insurance, grants and tax matters.

Exploring the commercial and professional risks

Make sure you consider the risks involved in becoming self-employed. These include:

- ◆ spells without work
- ◆ irregular and unpredictable income
- ◆ having no one else to take the responsibility for mistakes
- ◆ no employer contributions towards sickness, annual leave and pensions.

In addition, you must remember that the success of your business depends on you maintaining your nursing qualification, so you must be careful not to do anything that could compromise your place on the live register. Keep the *Nursing and Midwifery Council's (NMC) code of professional conduct: standards for conduct, performance and ethics* uppermost in your mind at all times, and ensure the work you carry out is well within your level of competence.

¹ Hirsh SK and Kummerour JM (1990) Introduction to type in organisation (2nd ed) Consultancy Psychologist Ltd.

Maintaining standards

To keep the work coming in, you must also maintain the highest possible standards. Think carefully about ways of maintaining and boosting your credibility and competence, and keep evidence of your activities in your professional portfolio.

It's also important to remember the following points.

1. The general public and the NMC expect you to behave 'reasonably' no matter what the circumstances. Consideration is always given to an individual's professional competence and to what can reasonably be expected of you as a nurse in the particular circumstances under review.
2. You are first and foremost a professional nurse with a duty to the public and your profession, and you must safeguard those interests and responsibilities. You must be ready to challenge a would-be employer or to refuse work if there is a possibility that it could bring your professional integrity into question.

Confidentiality

You will be in privileged positions, often party to sensitive commercial information, and must not forget that all information relating to a particular piece of work is the property of the 'employer' unless specifically negotiated otherwise. For example, the use of information, especially databases, for purposes other than for which it was originally intended, is unethical and may be illegal, unless the information is already in the public domain.

The Working Time Regulations

The Working Time Regulations came into force on 1 October 1998 and implemented the European Working Time Directive. The Regulations do not apply to the genuinely self-employed; that is, people who are paid by a client or customer on the basis of an invoice rather than receiving a wage from someone whose relationship to them is that of an employer. Self-employed people decide for themselves whether or not to accept work and how to carry it out.

The Regulations apply where a person has a contract of employment. This includes agency and temporary workers. If a nurse entrepreneur employs other staff, she will be responsible for meeting the requirements of the Regulations. In summary these are:

- ◆ Average weekly working time is limited to 48 hours, unless the individual chooses to sign an agreement stating that they are willing to work longer hours. This cannot be a requirement of getting the job.
- ◆ Night workers' average daily working time is limited to eight hours.
- ◆ Health assessments must be offered to night workers.
- ◆ All workers are entitled to a minimum daily rest period of 11 consecutive hours, and a weekly rest period of 24 hours (or 48 in a fortnight).
- ◆ Workers are entitled to a rest break at work, where the period of work is more than six hours.
- ◆ Workers are entitled to paid annual leave.

Information for nurses with disabilities

All the information in this guide is relevant to nurses who have disabilities, but they may also be interested in the following specific guidance.

The Access to Work scheme

The programme was developed in 1994 by the employment service and designed especially for people with disabilities. It offers practical assistance for people with disabilities and their current or prospective employers and is also available to those who are self-employed.

Disability Employment Advisers (DEA) and Disability Services Teams (previously known as PACT) can be contacted through your local job centre. They offer free expert advice on issues such as workplace planning, equipment and dealing with everyday tasks. This service is particularly helpful if you have difficulty with using standard equipment, such as computers and telephones or office furniture. The choice of specialist equipment is vast and potentially confusing. It is helpful to be able to discuss specific difficulties and to try out equipment for suitability. The service also includes provision for people with visual impairments.

Employers and self-employed people are expected to contribute towards the cost of equipment. However, the contribution required is fairly small. For full information contact your local Jobcentre or employment adviser.

3

Setting up a business – tips for success

During the early stages of your business you may only need your own talents and energies, the help of your family, the use of a telephone, transport and perhaps an office. You may be financing the enterprise with personal savings, a redundancy payment, a bank loan or overdraft. Financing your business is a very important consideration and there is more information on this later. You will also need to seek professional advice. For a list of organisations, see page 43 onwards.

What type of business?

First, you need to decide which type of nurse entrepreneur you wish to be. For example, you may start working on your own, but aim to expand your service in the future.

Develop a business plan

To achieve your goals, you will need to develop a business plan. Your plan is a key management tool, defining your way forward as well as helping you secure funding or support. You can get professional help and advice on developing a business plan (See page 31).

Finding your position in the market

You probably have a clear idea of the services you want to offer, based on your experience, skills and qualifications. The success of your venture will depend mainly on whether those services are attractive enough to make sufficient numbers of clients want to buy them.

Some key areas to focus on include:

- ◆ identifying your clients
- ◆ tailoring services to meet clients' needs
- ◆ market research

- ◆ how you want clients or customers to view you and your service
- ◆ how you can achieve this through marketing and corporate image-building
- ◆ identifying your competitors.

Who are your clients?

This may seem like an obvious question. However, you need to think carefully about who exactly is going to buy your services. It is likely to be a variety of people, for example: trusts, including primary care; GP practices; commercial organisations, for instance, if you are providing occupational health services; insurance companies; and others. In other words, you may be dealing with a 'customer chain', where a client purchases your services on behalf of users, such as patients or managers. All the potential purchasers of your services, as well as the users, are your clients and you have to research and understand the needs of both groups in order to gain and keep their business.

Tailoring your services to clients' needs

First, ask yourself what you have to offer that your potential clients want to buy. To answer this question, you will need to put yourself in your clients' place. Think about what they are buying from you, not what you are offering – in other words your 'unique selling points'.

Case study

Mandy, a community paediatric nurse, thought she was selling home care for children. But when she questioned her patients and their families, she found that for the parents of sick children she provided reassurance, a source of reliable information, a shoulder to cry on and a tension diffuser. None of the parents talked in any detail about the physical care she gave to their sick children.

The response of the patients varied according to their illness. One said, 'You can change dressings without hurting me very much, and you always tell me a nice story when you come', while another commented, 'You make the morning go much quicker and you make sure I don't have to go to hospital.'

This information helped Mandy adapt her service to better meet the needs of her clients, and she is now offering advice for parents as a key part of her business.

So what key benefits are your potential clients looking for? Apart from nursing and management skills, knowledge and expertise of a high standard, they may be looking for less obvious benefits – such as the readiness to work flexible or unusual hours, or the ability to travel to a particular area. Alternatively, they may want someone with language skills, or experience of dealing with a particular ethnic group.

As previously mentioned, the needs of the person purchasing your services may not be the same as the needs of the person you are actually nursing, and you must meet both in order to make a success of your enterprise. Knowing as much as you can about your clients will enable you to target your services well and to identify other clients with similar needs.

Market research

Before you can market your service you will need to carry out some market research. Collecting information is vital for your marketing plan and should be a continuous process.

The better you understand your market, the more you will be able to take advantage of any opportunities that present themselves. If you intend to start your business in an area where you have been based for a number of years, you probably have quite a clear picture of the situation. Nevertheless, you need to make a conscious effort to find out all you can about potential customers and competitors. Be ready to hear the bad news, as well as the good.

If you are setting up your business in a region that is new to you, you may not have an extensive network or much background information, but you are less likely to suffer from a false sense of security. People starting afresh are often more inclined to actively pursue the market information they need to make sound business decisions.

The cost of market research varies greatly according to the method used. Employing specialists to do the research is the most expensive option and although you are likely to receive reliable information, you miss out on the direct experience of talking to people and getting a 'feel for the market'. Direct contact with potential clients – whether face-to-face or by mail, email or phone – will not only give you factual information but also help you to start making contacts

and building networks. Other useful sources of information include journals, research reports, national and local papers, professional directories and telephone books. Many of these are available in local libraries, where staff will also be able to help you find more information.

Critically evaluating your data and basing your decisions on the firm evidence you have gathered is one of the hardest things to do in business, especially when the information runs counter to your intuition. You may have found that your potential client base is much smaller than you anticipated, there is much more competition, or the benefits clients expect from your service are difficult for you to deliver. But remember: ignore the facts in front of you at your peril!

Once you have completed your research, use the information to carry out a SWOT – strengths, weaknesses, opportunities, threats – analysis of your service. You also need to think about how people receiving your service will assess its value. How well will it match their expectations? And how will it compare with the services offered by your competitors? Once you have completed your analysis of the marketplace, you will be ready to develop your marketing strategy.

The complete marketing system



From *Marketing for the expert witness*, by Catherine Bond and John Leppard. Reproduced with the kind permission of Bond Solon Publishing.

Client perceptions

These issues will affect the way clients view your service. Your business plan should address the following points.

- ◆ Where will you deliver your services? Where contact with your clients takes place is a core aspect of your service and may give you an advantage over your competitors
- ◆ Will you be going out to see your clients and service users, or do you expect them to come to you? If people will be coming to you – for example if you are starting a nursing home or a complementary therapy practice – the location, layout, decor and facilities become core aspects of your service
- ◆ Consider whether your practice is easily accessible by public transport. Will people be able to park their cars, and is it accessible for people with disabilities?
- ◆ Providing refreshments, reading materials and toys for children can make a good first impression for clients. If you are using your home as your practice base, think about how your family and your clients will cope with each other's presence and how you will deal with distractions
- ◆ If you are practising in the community, making sure clients can reach you is vital. Mobile phones, voicemail services or answering machines, plus email and the internet, all make it easier for people to keep in touch with you. But you should set yourself response targets and consider how you will make time during the day to pick up messages from daytime-only numbers.

How much will you charge?

We will discuss pricing in more depth, but it is worth mentioning here that your price affects people's perception of your service. For instance, if you are offering an exclusive service targeted at affluent people in a residential suburb, your charge should be higher than if you are pitching for business in a poorer inner city area. Of course you need to cover your costs, but that is only one of many considerations to be taken into account when setting prices.

Naming your business

There are many factors to consider when naming your business but only two basic approaches: you can use your own name, or come up with something new. Both approaches have advantages and disadvantages. Using your own name could make your business sound too small for some clients, while others may be attracted by the idea of a personalised, individual service. Some people add '... and Associates' to their name to keep the personal touch while creating an impression of extended resources.

There are other reasons not to use your own name. You may plan to sell your business one day, in which case you will no longer have any control over something that bears your name. You may be starting the business in your spare time and not wish to advertise the fact, or you may simply prefer a name that reflects the nature of your business. Whatever you decide, check that your chosen name is not already registered with Companies House and therefore someone else's property.

Marketing and promotion

The Chartered Institute of Marketing in the UK defines marketing as: 'The management process responsible for identifying, anticipating and satisfying customer requirements profitably.' Promotion could be summed up as informing, persuading or reminding clients about the services being offered. In order to get your promotion strategy right, it is important to ask yourself the key questions: who, what, how and where?

Who is your target audience?

We have already talked about customer chains, where people purchase services on behalf of users. Your promotional message, and the channels you use to disseminate it, must be appropriate for your audience. For instance, the language you use to address medical and nursing professionals will be quite different from the language you use to address patients and their families.

What is your message and how will you get it across?

Promotional material should focus on the benefits of your service for clients, rather than the features of the service itself. Since different groups of clients are likely to have different interests, your message is likely to vary for each client group. When addressing purchasers such as trusts or GPs you will need to include information about price and conditions, whereas patients may be more interested in aspects of care.

Take great care in formulating the message. The better you know your clients the easier you will find it to establish rapport with them by using the appropriate vocabulary and tone. When communicating with different client groups, you will probably find yourself varying the tone of what you say – but the content should stay the same.

Where – in other words, which channels will give you the best value for money?

When buying a service people tend to rely more on recommendations from other users than when they are buying a product. Reputation and word of mouth is one of the most cost-effective ways of promoting your service. Keeping your current clients happy, checking regularly whether they are still positive about your service, and dealing swiftly with any complaints not only improves the chances of repeat business, it also boosts your reputation on the grapevine. The perceived quality of your service is dependent on whether you meet your client's expectations, so making promises you can't deliver is to be avoided at all costs.

Advertising is expensive so make sure you choose publications that your target clients actually read. Business directories such as Yellow Pages and the Thomson Local Directory are used by both companies and individuals and reach a wide audience. Local newspapers can be a good way of reaching clients in a specific area – and they are also a good source of information about your competitors. Specialist journals attract a specific readership and require succinct, well-targeted adverts. Such adverts can also be inserted into lay/professional publications and newsletters. The cost of this will vary according to whether you write the ads yourself and place them in local newspapers or employ a professional copywriter and place the ads in commercial publications.

Speaking at conferences and publishing articles can both generate income and boost your credibility and reputation. But remember, the time commitment involved can be a large hidden cost and may not be entirely covered by the fee you receive. Always make sure you have business cards and leaflets with you so you don't miss out on any opportunities to promote yourself.

Make sure all your business stationery is high quality, professionally printed and designed. First impressions tend to last. The same applies to your premises – appearance can be a key promotional factor, or a total turn-off!

Attractive leaflets can be cheap to produce, and get more information across than an advert. Leaflets have two main functions: to provide information and to attract and invite the reader to find out more about you and your service. They should be accurate, easy to read and attractively laid out. In addition, a quality finish and friendly tone will serve to build confidence and reassure potential clients. Make sure your leaflet is clear and not over-long, use pictures if possible and don't forget to choose a large enough print size, especially if you are aiming at an older audience. Distribute your leaflets at appropriate locations such as local libraries, health centres, GP practices and hospitals.

You may also wish to consider developing your own website.

Who are your competitors?

Once you are clear about the service your clients are buying from you, you can start to identify and analyse your competitors. Obvious ones include nursing homes, but competition may also come from unexpected sources.

Make sure you find out why your clients buy your services, rather than those of your competitors, by inviting feedback on a regular basis. You also need to keep an eye on whether new competitors are establishing themselves in your market and whether they are changing the services they deliver. Complacency is one of the entrepreneur's worst enemies. Even when you are well established, continue to actively seek your clients' comments and suggestions and always keep in touch with competitive developments. Continue to work on improving your services and tailoring them to your clients' needs: this is the surest way to stay abreast of your competitors.

How to trade: legal form of business

The type of business you choose will depend on commercial needs, financial risk and your tax position.

The main types are:

- ◆ sole traderships where generally only one person funds the business activity
- ◆ partnerships, where two or more people band together to finance or run a venture
- ◆ corporations/limited companies where it is possible for many thousands to subscribe for a share in business ownership and, in theory at least, a say in its governance and direction
- ◆ co-operatives. This is the least common form.

Sole traderships

The vast majority of new businesses setting up each year in the UK choose to do so as sole traderships. This model has the merit of involving few formalities and, with the exception of VAT, there are no rules about the format of records although the law on self-assessment does demand that records are kept. There is no requirement for accounts to be audited, or for financial information on the business to be filed on the Public Register at Companies House. There is a requirement to submit an annual self-assessment to HM Revenue and Customs.

The main disadvantage is that the trader is totally responsible for any debts the business incurs. In the case of bankruptcy, creditors are entitled to seize and sell personal possessions as well as business assets.

Advantages

- ◆ There are relatively simple formalities involved in setting up
- ◆ There is no obligation to submit copies of accounts for public scrutiny
- ◆ There are no limitations on capital, assets and the scope of business as there are with a limited company
- ◆ There is no requirement to share business decisions as sole control is retained.

Disadvantages

- ◆ The individual is personally liable for all business debt
- ◆ The responsibility of being solely charged with all business decisions can be onerous
- ◆ The available business expertise is limited to that of the individual
- ◆ The absence of public accounts can make it difficult to demonstrate the true financial position and may deter larger potential customers.

Partnerships

Partnerships are effectively collections of sole traders and, as such, share the legal problems attached to personal liability. There are very few restrictions to setting up a business with other people in partnership, and several definite advantages. Pooling resources means there is more capital, a wider range of skills, and absences due to illness or holiday can be covered.

There are two serious drawbacks. First, if a partner makes a bad decision, all the partners shoulder the consequences. Under these circumstances, partners could have personal possessions confiscated to pay creditors, whether they were directly involved in making the decision or not. Secondly, if one partner is declared personally bankrupt, creditors can seize the other partner's share of the business. Death does not release anyone from partnership obligations and, in some circumstances, the estate remains liable. Unless someone takes 'public' leave of their partnership, by notifying their business contacts and advertising their retirement in the London Gazette, he or she will remain liable indefinitely.

In the absence of any other agreement, the legal regulations governing partnerships are set out in the Partnership Act 1890. The main provisions are that:

- ◆ all partners contribute capital equally
- ◆ all partners share profits and losses equally
- ◆ no partner shall have interest paid on his or her capital
- ◆ all partners have an equal say in the management of the business.

It is unlikely that all these provisions will suit a partnership and individuals are well advised to get a partnership agreement drawn up in writing by a solicitor at the outset of the venture. The Deed of Partnership should cover various aspects including but not limited to, profit sharing, withdrawing money, time off, voting rights, admitting or expelling a partner, dissolving or rescinding the partnership, getting capital out, notice of withdrawal from a partnership and conflicting interests.

Advantages

- ◆ There are relatively simple formalities involved in setting up, although it is important to get a legal partnership deed drawn up
- ◆ It's less lonely than starting up by yourself
- ◆ There is no obligation to submit copies of accounts for public scrutiny
- ◆ You can start your business with more capital than if you were on your own
- ◆ There are no limitations on capital, assets and the scope of business as there are with a limited company.

Disadvantages

- ◆ Each partner is liable for the debts of the partnership, regardless of who actually incurred the debt
- ◆ There is a risk of personality clashes between partners
- ◆ The death or bankruptcy of any partner automatically dissolves a partnership, but liability remains against the other individuals, unless there is an agreement to the contrary
- ◆ The absence of public accounts can make it difficult to demonstrate the true financial position and may deter larger potential customers.

Limited liability companies (LLCs)

This is a business in which liability is limited to the amount of money paid for the shares. A company registered in accordance with the Companies Act is a separate legal entity, distinct from both its shareholders and directors. The directors are charged with the responsibility of making the business decisions and the shareholders are the owners of the company. A company has unlimited life and no limit is placed on the number of shareholders. It must keep accounts, appoint an accountant and file an annual return with the Registrar of Companies, which includes accounts as well as details of directors, shareholders and charges.

A minimum of one shareholder and one director is required to form a company. Companies pay corporation tax on their taxable profits.

Advantages

- ◆ Financial liability of directors and shareholders is limited to the amount of money they have paid for shares, providing there has been no fraud or negligence
- ◆ The management structure makes it easy to appoint, retire or remove directors
- ◆ Extra capital can be raised by selling more shares privately, making it simple to admit more members
- ◆ The death, bankruptcy or withdrawal of capital by one member does not affect the company's ability to trade
- ◆ The disposal of the whole or part of the business is easily arranged
- ◆ The company may have higher status with potential customers.

Disadvantages

- ◆ The company has to be registered with Companies House and must provide audited annual returns and accounts, which involves extra administration work. There are legal penalties for failing to make returns
- ◆ Limited Company statutory details must be available for public inspection at its appointed 'Registered Office', which negates some business confidentiality
- ◆ LLCs can be more expensive to set up, and you may need professional help

- ◆ Directors – if salaried - are treated as employees and must pay tax through PAYE and Class 1 National Insurance contributions, both as an employee and as an employer
- ◆ The advantages of limited liability status are increasingly being undermined by banks, finance houses, landlords and suppliers who require personal guarantees from the directors before they will do business.

Co-operatives

A co-operative is owned and controlled by the people working in it. Co-operatives are governed by the Industrial and Provident Societies Act 1965. This states that each member has equal control through the principle of 'one person one vote'. Profits can be retained in the business or distributed in proportion to members' involvement, for example the number of hours worked.

At the outset, there must be at least seven members for a co-operative to work and a fee is payable to the Chief Registrar of the Friendly Society. These seven members do not have to be full-time workers at first. In common with a limited company, a registered co-operative has limited liability for its members and must file annual accounts, but there is no charge for this. Not all co-operatives bother to register, as it is not mandatory. In this case they are treated in law as a partnership unlimited liability.

Advantages

- ◆ They are a good way of setting up with a large group of people
- ◆ Co-operatives are democratic
- ◆ Liability is more limited than with a partnership.

Disadvantages

- ◆ Setting up may require professional help
- ◆ The seven-member minimum may be difficult to sustain.

Franchises

Starting your own business can be daunting. Fear of failure is inevitable. You will probably need plenty of advice and assistance on a wide range of subjects, including getting started, growing your business, common pitfalls and how to avoid them. Wouldn't it be good if you could talk to someone who knows your business extremely well, who wants you to succeed and who could advise you both initially and in the longer term?

'Being in business for yourself but not by yourself' is how franchising is often described. Franchising, where services or products are distributed under licence, can be looked upon as the best of both worlds: you run your own business under the 'umbrella' of a parent company. The parent provides you with a blueprint for how to successfully run a business and the training you need to get started, and will also offer assistance and support on a continuing basis. Working within a proven business system will dramatically reduce your risk of failure.

Business format franchising

Business format franchising involves licensing a complete business format. One party – the franchisor – sells to the other party – the franchisee – a blueprint of how to successfully start and run a copy of the franchisor's business, with their continuing support.

Through this format, you could own your own business trading as the local branch of a well-known company. The franchisee pays to acquire the franchisor's special knowledge, to receive guidance and services from the franchisor and to trade under the franchisor's trade name. In effect, the franchisor 'leases' its name and system to the franchisee, while the franchisee duplicates or clones the business the franchisor has developed.

At best, this is a 'win-win' situation. The franchisor wins because it has opened another outlet under its brand name at minimal cost, and the franchisee wins because they have started a business that stands a far greater chance of success.

The essentials of business format franchising are:

- ◆ the franchisor will own the trademark and trade name and the associated goodwill

- ◆ the franchisor will have developed and proved a successful business format, prior to franchising the business
- ◆ the franchisor passes on the rights to operate the format, including the use of the trademark and trade name, through a contract known as the franchise agreement. This will define the geographic area in which the business may be operated, if it is territory-based, together with all the other terms and conditions under which the business must be operated. It will also define the length of the contract
- ◆ each franchisee owns their own business
- ◆ the franchisee must follow the business format exactly, as this allows the franchisor to protect the trade name and provide consistent quality of service
- ◆ before starting, the franchisor will train the franchisee in how to run the business to the franchisor's standards. Depending on the nature of the business, ongoing training should also be provided
- ◆ the franchisor should help and support the franchisee on an ongoing basis. The level of support and assistance will depend on the nature of the business and the level of fees paid by the franchisee the franchisee pays the franchisor the following:
 - an initial franchise package fee which covers the cost of the licence and the initial business start-up. This could be anywhere between £5,000 and £500,000 plus
 - ongoing fees, often called management service fees. These are usually based on a percentage of the franchisee's business turnover, although it could be a fixed monthly fee. If they are based on the franchisee's turnover then, obviously, the franchisor will retain a strong interest in assisting the franchisee to grow and develop their business.

Self-employment as a franchisee

Self-employment means just what it says. You are the boss and often the main worker, and you will stand or fall on your own efforts. If you buy a franchise you will have the support of the franchisor, but you will still be responsible for the success of the business. Before buying a franchise you need to assess your suitability to be self-employed, just as you would if you were starting a non-franchised business.

Franchising is often described as 'a sort of marriage'. Like any marriage, both parties involved must work to make it successful.

The franchisor should provide:

- ◆ a proven, successful business format
- ◆ skill and expertise in running the business
- ◆ training at the outset, and as and when required
- ◆ control over the franchisee – ensuring consistency and quality will benefit both parties
- ◆ bulk buying power
- ◆ research and development to ensure a long-term future for the business
- ◆ other central services depending on the nature of the business.

The franchisee should provide:

- ◆ motivation and enthusiasm to run their own business
- ◆ hard work
- ◆ money to set up the business
- ◆ dedication to the franchise
- ◆ excellent customer care.

The advantages of buying a franchise...

- ◆ The format should have been tested elsewhere and proved to be successful. There will be a track record to check out and other franchisees to consult
- ◆ Trading with a well-known name and reputation can help the new business to grow faster
- ◆ The franchisee is not on their own. The franchisor's know-how and support provide a lifeline, and the franchisee's business should grow quicker and with fewer mistakes than a totally independent one. Mistakes can be expensive!
- ◆ It is usually not necessary for the franchisee to have prior experience in the particular industry of the franchisor
- ◆ It is easier to raise finance to purchase an established franchise than to start an independent business. Banks, who now have their own franchise departments, will usually lend up to 70 per cent of the total cost of buying a franchise, as opposed to a maximum of 50 per cent for a non-franchised business

- ◆ In some franchises, the franchisor undertakes many of the franchisee's management functions, for example management accounts or credit control
- ◆ Good franchisors invest in research so they can improve their products and services to meet changing customer needs and ensure the future of the business. This allows the franchisee to concentrate on the business today, confident that the future is secure
- ◆ The franchisor has done it all before and knows how to succeed. The franchisee gains from this experience, saving time and money by making fewer mistakes.

In summary, there is far less risk involved in starting a business by buying a franchise.

...and the disadvantages

- ◆ A franchisee does not have the freedom to do things their own way. They must follow the system they have bought into
- ◆ A franchisee's success depends partly on the performance of the franchisor. If the franchisor's business fails, the franchisee's business may no longer be viable
- ◆ The franchisee may have to buy products or services from the franchisor at prices fixed by the franchisor
- ◆ A franchisee can usually only sell their business to persons acceptable to the franchisor. Any purchaser must meet the franchisee recruitment criteria of the franchisor
- ◆ The franchisor may sell their business to someone else so the franchisee could end up with a completely different franchisor
- ◆ The franchisor has to make decisions that benefit the whole franchise network, not just individual franchisees. Equally, a franchisee may wish to change the business format but not be permitted to by the franchisor.

The franchisee will pay the franchisor ongoing fees, usually based upon turnover.

Finding, choosing and evaluating a franchise

The UK franchise market continues to grow in size and variety. The choice for anyone wanting to own a franchise is enormous.

Finding the business you want can be exciting, but don't get carried away. Because of the clear advantages offered by business format franchising, it is easy to fall into the trap of thinking that every franchise opportunity will guarantee success. Although the failure rate in franchising is much lower than for independent businesses, not all franchises succeed. Choosing the right one is vital, and you should undertake a systematic, objective and detailed assessment of yourself and the opportunities on offer. Take your time and don't rush! Listen to as much advice as you can, look at a variety of opportunities and don't take anything on face value.

Finding a franchise

Exhibitions

Four franchise exhibitions are held at different locations in the UK each year. Exhibitions offer potential franchisees the opportunity to look at a large range of franchises and to speak to franchisors face to face.

Exhibitions also provide the opportunity to meet others involved in franchising such as the banks, solicitors who specialise in franchising and franchise consultants who can advise on evaluating franchise businesses.

For the potential franchisee, a visit to an exhibition will offer an excellent base from which to start their search for the right business. Exhibition dates and venues are widely advertised in the press, and admission fees are usually £10 per show. However, if you pre-book your tickets through the organisers, admission is discounted. Better still, find out which exhibitors are at the show and ring them for an information pack and complimentary tickets!

Franchise magazines

The main publications are The Franchise Magazine, which is published eight times a year, and Business Franchise, which is published 10 times a year. Both are available through newsagents. Both publications contain articles on general business start-ups and general advice, as well as advertisements for and articles on specific franchises.

Directories of franchising opportunities

All the franchise magazines produce directories listing the opportunities available in different industry sectors. They also contain articles about franchising. While they are expensive to purchase, they can often be found in the reference sections of public libraries and job centres.

Newspapers

Both the Express and the Daily Mail sponsor franchise exhibitions. Each Monday, in their business sections, both papers run articles and advertisements on franchising. On the Monday prior to the exhibition they are sponsoring, the papers run an extended franchise section.

The Internet

The franchise industry is making increasing use of the internet. Most exhibition organisers will have their own web page, with links to exhibitors' websites.

Choosing a franchise

Once you have researched the opportunities available and rejected those that do not fit your criteria, you can move on to the next stage: meeting your chosen franchisors for an initial discussion and presentation of the opportunity. Prepare for this meeting so that you get what you want from it.

Remember, a franchise is a long-term commitment and you need to know that the franchisors are:

- ◆ the sort of people you can work with
- ◆ clear about their business objectives
- ◆ competent business people
- ◆ trustworthy and solvent.

When the meeting is over, carry out your own review.

- ◆ Did the franchisor answer your questions honestly?
- ◆ What were your initial impressions of the people and the business?
- ◆ Were all your questions answered to your satisfaction?
- ◆ Did they appear selective or were they simply 'selling' franchises?
- ◆ Were they willing to let you speak to their existing franchisees?
- ◆ Were their claims realistic and what were they based on?

You need to carry out detailed research in the following areas.

- ◆ The franchise agreement – take advice from a solicitor with experience in the area.
- ◆ Financial analysis – seek advice from an accountant on your forecast.
- ◆ Business analysis – does your own research in your area match what the franchisor told you? Is there a sufficient track record to make you confident the business will work in your area?
- ◆ Other franchisees – a valuable source of research and information. Speak to them and visit them, and remember that they are not part of the franchisor's recruitment team; they are independent business owners. Would they do it again?

Franchising is a proven method of starting your own business with less risk. However, finding the right business partner is up to you. As with any business, you need a strong desire to succeed. Be realistic, get as much advice as you can – and go into franchising with your eyes open.

Choosing the right equipment

Choosing the right equipment from the vast range of available options can make a tremendous difference to the success of your business. You will need to consider how you intend to work now and in the future.

Information technology

It is important that you are computer-literate, able to do business on the internet and have access to email. The RCN Information Nursing (IN) Group offers advice on using information technology and membership is open to any RCN member. Contact RCN Direct.

You'll need a phone line, a computer, software and a modem. You must also sign up with an Internet Service Provider (ISP), such as AOL, MSN or Virgin.

While costs are coming down, a word of caution – it is advisable to check the cost of all aspects of the service. Most computer magazines now include detailed evaluations and comparisons of the different ISP companies. These cover quality of service, including the helpdesk, and costs.

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Money matters

You will need virus protection and other security, such as a firewall. You will also need to identify how you plan to 'back up' your data.

Choosing computer equipment

You can use a computer for word-processing, managing your finances and accounts, billing and invoicing, scheduling your work, developing your own promotional material, and building a database of information. If you are not computer literate, you will need some training.

Choosing a computer will depend on your needs. Before making a purchase, take the following steps:

- ◆ Decide exactly what you want the computer to do, then plan to purchase something that will do more than you currently need. Your requirements will inevitably change as your business grows and develops
- ◆ Find out what help you can get. Contact your local Business Link or in Scotland, your local Business Shop
- ◆ Contact a supplier and explain what you want the computer to do. Ask for a detailed proposal and installation plan. Remember to ask about breakdowns and repairs
- ◆ Don't be overwhelmed by jargon. Get the supplier to explain what the system can do for your business in language that you can understand. Ask the supplier for a customer list so that you can check for yourself the quality of the service they provide
- ◆ Ask to see everything working
- ◆ Be prepared to spend more now to make sure your computer has enough memory to cope with your future needs. Otherwise you may need to upgrade the system in a short time.

Accountants, tax, insurance and pensions

Accountants

Whatever your business, an accountant is vital. They will help prepare your first cash flow forecast, handle your income tax and VAT and provide financial advice. Your local enterprise agency can recommend accountants suitable for your needs. You could also ask colleagues, your local business club or your bank manager for a personal recommendation. Make sure you know how much the accountant charges at the outset.

Tax

Keeping records is of utmost importance. You will need to produce complete financial records for income tax, VAT and national insurance. You need to keep all receipts to support your business expenditure when preparing your tax returns. Your accountant or HM Revenue and Customs can advise you on registering for VAT, as the regulations change fairly frequently. They take a firm line if you do not register when you should or if payment is late. You will need to tell your local tax inspector and the Jobcentre Plus office that you are becoming self-employed. This will ensure that you continue to pay National Insurance contributions and that you have a Schedule D number for tax purposes.

National Insurance

While you are setting up your business, you can be classed as both employed and self-employed. This means you can defer your National Insurance payments until your earnings reach a certain level. Ask your accountant for advice. If you regularly employ people, you will normally be responsible for deducting their income tax and National Insurance contributions – your local tax office will send you information on how to do this and advise you on the legal issues.

Business insurance

If you are employing people, you must obtain employer's liability cover in case an employee is injured or becomes ill as a result of working for you. It is also recommended that you take out:

- ◆ motor insurance for business use
- ◆ insurance for contracts, for example, if you are committed to a lease or hire purchase agreement
- ◆ equipment insurance, maintenance and safety cover against risk of accident or breakdown
- ◆ insurance that covers fire and damage to buildings
- ◆ insurance against theft
- ◆ insurance against loss of money, cheques, stamps, etc.
- ◆ professional indemnity – available free to all RCN members – see section 4.2
- ◆ public liability and occasional product liability
- ◆ life and health insurance to cover yourself and your family
- ◆ cover for loss of earnings through, for example, sudden illness.

Your pension

Pensions can be a minefield and you must take professional, independent advice before leaving one scheme and joining another. As a nurse entrepreneur you will probably no longer be eligible for the NHS scheme. You need to consider how many years you have already paid into your existing scheme and look carefully at the options available for the future. In addition, you may now find yourself giving advice on pensions to your own employees or you may want to set up your own company scheme for you and your colleagues. RCN members can obtain independent financial advice through Liverpool Victoria IFA Limited, whose advisers are qualified to give impartial advice that is tailored for individual members. You can get no obligation advice direct over the phone, or you can arrange to make a face-to-face appointment with an adviser.

Working abroad

If you are going to be working abroad either independently or as a company, there are a number of financial implications in the areas of tax, insurance, licenses and VAT. How you tackle these will depend on the length of time you intend to spend working abroad. You should seek professional advice, as not all tax-free options are as advantageous as they may first appear.

RCN indemnity insurance cover

The RCN currently provides indemnity insurance cover for members in respect of both clinical negligence and public liability claims arising from the performance of a 'professional nursing service acceptable to the RCN'. Whether the role or task being performed by the member is acceptable to the RCN is determined by the RCN's Professional Nursing Department. Any enquiries should be addressed to the relevant advisers in that department.

The scheme applies to members generally, irrespective of their employment status. In other words, the member is protected whether she works under a contract of employment for another (that is, as an employee), or is self-employed.

However, in relation to the self-employed RCN member there are certain restrictions:

- ◆ The self-employed member is covered when working for herself, whether as independent contractor, the sole proprietor of her business, or behind the device of a limited company
- ◆ She is also covered when working in partnership with other nurses who are all members of the RCN
- ◆ Where the self-employed member employs (that is, under a contract of employment), or otherwise engages with (that is, as independent contractors) health care workers in delivering her service, she remains covered only so long as all of those other health care workers are also members of the RCN
- ◆ The self-employed member remains covered when she employs or otherwise engages with other non-health care workers, such as a secretary, receptionist or administrator.

The RCN scheme is generally limited to clinical negligence or public liability claims, arising from the performance of a professional nursing service acceptable to the RCN, where the harm/damage/loss caused to the patient/client is associated with either personal injury or damage to property. For example, a self-employed nurse who, during the course of a training session held at a client's premises, accidentally damages property belonging to the client is covered by the RCN scheme. Where, however, the member's negligence causes only a financial loss not associated with any personal injury or damage to property (a 'pure economic loss' claim), the scheme generally does not apply, and the member should take out her own insurance cover, if this is a risk.

There are nevertheless two exceptions in relation to pure economic loss claims, where the RCN scheme still applies:

- ◆ occupational health nurses are covered for such claims
- ◆ if the member is on the RCN's expert witness database, providing the criteria listed below are fulfilled:
 - The expert should have a written contract with the instructing party once an agreement has been reached that the expert is appropriate. The contract will set out the terms and conditions of the arrangements for payment, including preparation of reports and court appearance.
 - The expert should have undertaken relevant training, including report writing, courtroom skills and procedure.
 - The expert must be able to demonstrate a level of expertise appropriate to the time the incident occurred.
 - The expert must adhere to court guidance in acting responsibly as an expert.

The risk of such a claim arising from acting as an expert witness is remote, providing the above criteria are adhered to. For details on the limits of indemnity, see the RCN website and leaflet on indemnity insurance. Please ensure that you regularly check the RCN website www.rcn.org.uk as the benefits of the scheme may change over time.

Financing your business

At its simplest, the function of a business is 'to sell something you have (whether it is a product or a service), to someone who wants it for more than it costs you to provide it.'

Whatever business proposal you have in mind, it is important to draw up your business plan, work out a budget – including profit forecasts – and then decide whether you need to raise start-up capital, and if so, how much. Money can be raised from a number of sources including banks, private individuals and companies, venture capital funds, charities or local authorities, as well as using your own money.

You will need professional advice but before proceeding, think about the following questions.

- ◆ How much do you want to spend on your business - both in terms of time and money - and how long do you plan to continue?
- ◆ What equipment do you need?
- ◆ Where will your business be based? Will you need to rent an office or is there room to run it from home?
- ◆ What help will you need? For example, will you need a secretarial service?
- ◆ How much do you need to earn?
- ◆ What are your short, medium and long-term goals?

Using your own money

There are only two ways to finance a business: with your own money or with someone else's.

You can obtain money by selling an interest in the company; for example, you could form a partnership with a friend, colleague or family member, or raise money by issuing shares. Your money is known as equity or share capital.

Borrowing money

Money that you borrow to set up a business is called loan capital.

The flow of money

Running a business involves receiving money (income) and paying it out (expenditure). If your business does well you should have some money left over after paying yourself, your staff and the bills. This is your profit. You may choose to:

- ◆ share it out (to your shareholders)
- ◆ keep it in the bank
- ◆ invest it elsewhere
- ◆ plough it back into the business, creating reserves.

You will also need to spend money on:

- ◆ items you are going to keep, such as your desk, car, telephone, fax and computer. These are called fixed assets. It is normal to spread the cost of these over several years depending on their anticipated useful life
- ◆ materials you will need for your work, such as stationery. These are called current assets.

Assets are things you own that have a cash value. You need to know the value of your assets in money terms. Your assets, together with your capital, your reserves and your investments, make up the monetary value of your business.

The simple balance sheet below illustrates this point:

Share capital	£500	Fixed assets	£500
Loan capital	£500	Current assets	£500
Reserves	£500	Investments	£500
	£1500		£1500

This is a very simple balance sheet. What it does not illustrate is that in the course of running your business you will probably owe money to suppliers of materials, such as stationery, dressings, syringes and needles. You may also owe money to staff working for you.

Suppliers to whom you owe money are called your creditors, and the money you owe is your liabilities. Clients or customers who owe you money are your debtors.

You should presume that your fee will be recovered from your debtors and include this outstanding sum as part of your current assets.

Taking account of what you are owed by your debtors and what you owe your creditors, your new balance sheet will look like this:

Share capital	£500	Fixed assets	£600
Loan capital	£500	Current assets	£750
Reserves	£500		
Creditors			
Current liabilities	£250	Investments	£400
	£1750		£1750

The difference between your assets and your liabilities is known as working capital or net assets. Your balance sheet demonstrates that:

$$\text{Current assets (£750)} - \text{liabilities (£250)} = \text{Working capital (£500)}$$

Controlling the business

You can control the operation of your business by careful budgeting. There are two main types of financial budget: revenue or income budgets, usually referred to as forecasts; and expenditure budgets. When you look at income and expenditure in your budget, they become estimates of how much you expect to earn.

Here is an example of how expenditure affects income: a self-employed community nurse caring for a caseload of patients would incur travelling costs in the course of visiting those patients. She would therefore incur expenditure in the course of earning her income.

It goes without saying that expenditure must be less than income and should be based on your business plan.

The budgeting process

Start by establishing your income budget. The process by which you forecast the level of income your business will generate during the year is known as your 'revenue forecast' or 'revenue budget'.

The amount of income you generate will generally depend upon how productive you are. Your productivity will sometimes be limited by outside factors – for example, you are less likely to generate income by caring for clients with pneumonia or bronchitis in summer, than you are in winter. Therefore the income you generate may be seasonal, which means you need to consider the profile of your revenue.

The profile of your income will be a mix of the terms and conditions of your business, the market environment and the marketing plan. These factors set the limit on your earnings. They need to be taken into account when forecasting how much income your business is likely to generate and when. This will determine the limiting factor.

There are a number of potential limiting factors, including:

- ◆ sales – there may be no or a fluctuating demand upon your services
- ◆ resources – there may be more demand for your services than you can deal with
- ◆ finance – you may not have enough working capital to buy the resources you need to meet the demand.

By knowing your limiting factor, as well as having market information and using your own judgement, you should be able to determine the profile of your income and expenditure over the coming year.

The accuracy of your revenue budget is vital to the success of your business. Being over-optimistic may lead you to take unnecessary risks, while being over-cautious may mean opportunities go begging.

Revenue budgets are usually costed in gross figures: that is, the invoice value of what you charge for your nursing services. This revenue will not of course be equal to your profit, because you will need to subtract your costs. Working out your costs is known as calculating your expenditure budget. This will usually be made up of two parts, the capital budget and the revenue budget.

Capital budget

This is your estimate of what you will spend on fixed assets – in other words, the things you will keep using.

Revenue budget

This is funded from current earnings. In creating the expenditure budget you will need to consider two different types of costs arising from different sources – fixed costs – or overheads – and variable costs.

Fixed costs

These costs are fixed in that they are there all the time. However, they are not necessarily constant throughout the year – for example, heating and lighting for your office space will vary throughout the year.

Examples of fixed costs include:

- ◆ office equipment
- ◆ rent
- ◆ rates
- ◆ power – heating, lighting
- ◆ bank loan interest
- ◆ salaries and wages.

Variable costs

These are costs that vary according to the productivity of the business, for example dressings. The variation is not always in proportion to the level of productivity. For example, if a self-employed nurse is contracted to care for 20 elderly clients, all of whom live in the same retirement complex, the travelling costs associated with visiting those clients will be 95 per cent less than that of visiting 20 clients at different locations. This step function increase in costs is often referred to as a marginal cost.

Unforeseen costs

Sometimes, you may have to commit yourself to expenditure before you've earned the revenue to pay for it. For example, a car or a computer that you rely on for your business might break down unexpectedly and need replacing.

Cash flow statement

Preparing a cash flow statement will help you avoid running out of money. You could use this pro forma outline:

Opening cash and bank balance	
Add	
Cash received from clients/customers	£x
Bank interest or other income	£x
Less	
Cash payments	£x
To suppliers for goods	£x
To staff for salaries	£x
Government for NI, tax	£x
Financing for business	£x
Money received from bank loans	£x
Less	
Loans repaid	£x
Closing cash and bank balance	£x

Using your budget

Your budget is your main management tool. It is a route map for guiding your business throughout the financial year. As such, it is essential that you consult it regularly. To gain maximum benefit from budget setting you need to compare your actual income and expenditure with your planned income and expenditure. This difference is known as the variance. Variance can be zero, positive or negative. Usual practice is to create a monthly variance report and a cumulative variance figure.

Monitoring this will help you find out the reason for any positive or negative variance. The size of the variance will determine whether or not you need to make changes in order to bring your business back on line. This may involve a strategic change in your marketing, or creating a new set of budgets.

Forecasting

Forecasting needs to be done with care. If your forecast of income turns out to be inaccurate, the consequences could be devastating.

There are a number of forecasting techniques, many of which come in the form of computer programmes. Some methods use the previous year's results as the basis for the forecast year, but this does not allow for changes in the marketplace. Anyone setting up a business will use the results of their market research as the basis of their forecast.

Charges and fees

The appropriate level of fees is a matter for negotiation and agreement between you and your client but it must always be documented. It is not an area for prescriptive recommendation. The key factors to bear in mind when calculating fees are set out here.

Quality and range of work

You will need to consider the quality of the service you will be providing and the range of work involved. You should also consider whether you need enhanced nursing skills and clinical expertise.

If you decide that the services you provide equate in terms of expertise to NHS posts – for example, clinical nurse specialist – you can use NHS salary scales as the basis for calculation. To achieve an hourly rate:

- ◆ take the appropriate annual salary point, but do not undervalue yourself
- ◆ add National Insurance contributions, pension and insurance
- ◆ add in your other overheads
- ◆ divide by the number of working weeks (52 minus five weeks' annual leave and 10 bank holidays and statutory days)
- ◆ divide by 37.5 – weekly working hours for nurses employed in the NHS.

If the level of expertise you offer is greater than the basic examples quoted or very much in demand you may wish to increase the fee. There are no hard and fast rules about how to do this. It is a matter for individual negotiation and for you to justify to your client. It may be that you use the basic NHS rates while you are testing the market.

Expenses

Take your 'overheads' into account. Your fee should normally include an appropriate proportion of the following costs:

- ◆ essential equipment, including maintenance
- ◆ office facilities
- ◆ secretarial or other staff costs
- ◆ communication costs – telephone, internet charges, postage, etc
- ◆ use of a vehicle

- ◆ advertising
- ◆ stationery and office equipment
- ◆ professional subscriptions and your own professional development and training
- ◆ travel time.

You should add reasonable 'out of pocket' expenses including travel, accommodation and meals. These should be itemised individually and normally should not exceed 10 per cent of the fee. You may decide that you can spread the cost of equipment over several years.

The market

You will need to assess the market for your service. This includes knowing what your competitors are charging. As increasing numbers of nurses begin to work in a self-employed capacity, advice can be sought from the RCN Nurse Entrepreneurs Group (INFORM). Developing a 'feel' for what is an acceptable fee is an important skill.

Similarly, you will need to find out about the demand for the service you can provide. You will have picked up vital intelligence through your professional networks and should be able to gauge both the current demand for the service you wish to offer and likely future demand, in the light of clinical developments or social trends.

Negotiating payment

One of the most difficult areas for self-employed nurses is negotiating payment for the services they are offering. It is a skill that can be learnt easily and there are a number of books available, as well as advice from local agencies. The most common initial mistake is charging too little. To a large extent the price you charge will depend on your market and the costs you incur. Do some detective work first and try to find out what others are charging for a similar service. Never sell yourself short and be prepared to change your prices as you discover the true costs in your particular market.

Job proposals

Written outline specifications are often used as the basis for verbal agreements on price. However, these should be formalised before a contract is signed or a letter of acceptance sent. Working 'on trust' is not businesslike!

Poorly negotiated contracts have been the financial and professional undoing of many enterprises. Make sure you have a written specification and signed agreement in which:

- ◆ the job remit is clearly stated, including lines of authority, if appropriate
- ◆ deadlines for reports and targets are stated, allowing a degree of leeway for unpredictable events such as personal sickness
- ◆ compensation is agreed on either side for failure to complete
- ◆ outcomes are clearly identified and measured
- ◆ timescales for invoices to be submitted and paid are stated
- ◆ the fee is documented.

You may decide to appoint your own solicitor if you feel uncomfortable with the negotiations or terminology used.

Payment and invoicing

You should consider what method of payment is best for your own cash flow. The nature of the work you undertake may lend itself to one of the following payment methods.

- ◆ Fees based on an hourly rate
- ◆ Fees based on a sessional or daily rate
- ◆ A fixed fee. In this case make sure you make an accurate estimate of your time, including preparation, travelling and any follow-up required
- ◆ Lump sum payment.

It is important to consider the way you intend to invoice, as this will have a critical impact on cash flow. Invoices may be submitted immediately after the service has been delivered or on a weekly or monthly basis. Some organisations may insist that you quote their official order numbers to enable your invoice to be prepared. Following up unpaid invoices requires time and this needs to be planned.

When you submit your invoice, you need to ensure that you have stated your terms, including when you expect to get paid.

Some large companies only pay at the end of the month or by BACS (Bankers' Automated Clearing Services). This is a simple and cost effective way to make payments directly from one bank account to another. You can try to resist this form of payment, but it is becoming increasingly difficult.

The normal trade term is usually 30 days. Your invoice should carry the words 'Payment is required within 30 days of the date of this invoice unless specifically agreed otherwise.' If payment is not received by the due date you are legally entitled to claim interest on the debt. Of course you will not do this on every small debt, but if you need to seek help from solicitors to recover the money owed, they will automatically add this interest.

Getting paid

You have sent out your invoice and await to be paid. Nothing seems to be happening what can you do?

– Telephone call

Sometimes the best thing to do is to call the person to whom you sent the invoice. Ensure that you have sent the invoice to the correct person and department for paying. Ask if there is a problem. If this is not successful you will need to take further action – for example, enlisting the help of a solicitor or the small claims court.

– Solicitors

The thought of going to solicitors sounds like it will be expensive. But don't worry, if it is a genuine debt owed on an invoice and has not been contested, it's very cheap.

There are several firms of 'business debt collection' solicitors. They will do all the work for you. The costs are moderate and you normally get a good result. The system is fully automated to keep costs down. The first step is to fill in a form and they will send what is called a 'letter before action' to the person who has not paid you. This costs £2 plus VAT. If you are still not paid within seven working days, they will take the case to court and even send in the bailiffs to recover your funds. Even for a debt of £100,000 the charges should not exceed £100.

Two words of warning. Firstly, at these prices, you don't get advice! Secondly, be certain that the person you are suing for the debt exists and has assets. If it is an individual who has moved on, it may be best to give up after the letter before action – that's always worth the £2.

– Small claims court

Where there is an element of dispute, such as seeking redress for unsatisfactory work, you will need to go to the small claims court. This allows you to obtain compensation without recourse to expensive legal advisors.

Firstly you need to fill in a form, which is available online. It's easy to follow. You write down the essence of the case and send the court fee.

The defendant can then admit the claim and pay you in full; pay you in part or in instalments; or dispute your claim in its entirety. If the claim or part of the claim is disputed, the matter will then be set down for a court hearing.

Once at court, you will get a decision immediately. However there is no formal right of appeal. If you are unable to attend through no fault of your own, you can ask for the judgement to be set aside.

In summary, you should expect to be paid for your work. If you are not, there are people and mechanisms to help you get what you are owed.

A note for anyone wanting to work as a nurse expert witness

Fees payable to nurses practising as expert witnesses in legal cases justify special consideration because of the potential risks. For more detailed advice see the RCN leaflet *Guidance for nurse expert witnesses*, but note the following.

- ◆ Legally aided clients – make sure the Legal Aid Board has approved their claim before the work is undertaken
- ◆ Criminal Compensation Injuries Board – agree and confirm payment arrangements in writing with the instructing solicitors beforehand, as payment may not be made until the case is settled

5

Some business opportunities

- ◆ Taxation of costs – fees charged may be scrutinised by the court as part of the legal process of assessing costs, and may be reduced if deemed to be too high. This will not affect the fees that you have agreed with the instructing solicitor unless he/she has reserved the right to adjust them
- ◆ Working through a consultancy – some consultancies do not pay until they have received payment themselves.

Remember...

A key point to remember when undertaking any work for a client is to agree the fee – including expenses and VAT - the method of invoicing and the payment terms beforehand, confirming the agreement in writing.

Aero-medical/in-flight nursing

This is a possibility for nurses keen to maintain clinical practice and who have relevant experience in A&E, ITU, etc. Many insurance companies and tour operators need nurse escorts to bring holidaymakers back from foreign locations. The RCN Institute runs an in-flight nursing course that is highly recommended for people considering this option.

Education and training

There are many opportunities for nurses with a background in training and education to work as self-employed trainers or consultants giving advice on training needs. You may wish to set up your own training business or work with other training organisations, either locally or nationally. This will allow you to be self-employed, while working with existing companies.

Working in education and training presents an enormous range of opportunities, and the following lists are not intended to be exhaustive. Think hard about other possible avenues, perhaps in unusual or unexpected areas.

Possible areas of work include:

- ◆ care homes – offering training for carers, updates for trained nurses and management training
- ◆ GP surgeries, where training could be offered in intravenous cannulation, triage, taking smears and other areas where you have expertise
- ◆ health authorities and trusts – offering nurse-led facilities, clinical supervision, clinical governance and management skills
- ◆ primary care trusts - or the equivalent in Wales, Scotland or Northern Ireland - where nurses need training to carry out their roles
- ◆ social services training departments that need carer and management training
- ◆ higher education, working with those who commission and contract with trainers on a sessional basis

- ◆ vocational qualifications – trainers can work with organisations to help them and their staff obtain SVQ/NVQs; with the colleges offering these awards; or with the awarding bodies themselves
- ◆ management training – if you have skills in this area, there is scope for using them outside as well as within the health and social services arena
- ◆ quality – a lot of companies are looking at quality and need training in various issues, such as auditing or help towards obtaining quality awards.

The development of electronic institutions has created a number of further opportunities for nurses with a background in education and training. These include:

- ◆ providing information on education and training needs and opportunities
- ◆ developing coherent curricula
- ◆ brokering and validating courses and materials from various educational providers
- ◆ creating high quality educational multimedia materials in an easily accessible form
- ◆ conducting research into education and training needs
- ◆ developing health education materials for learners confined to the home, for example people with a disability, or carers who cannot travel to their local centre of learning.

The opportunities for trainers are vast – the world is your oyster!

Obtaining finance for training

Once you have decided on the line of business you wish to go into, you may decide you need more training in order to do it. Or you may have a brilliant idea that you believe will develop your practice and enhance your career prospects – perhaps a research project, or a new service which will dramatically improve the delivery of care.

So what stops you from pressing ahead? All too often the answer is ‘money’. Funding yourself can be expensive, and there are alternatives.

– Career development loans

These are financed by three major banks and provide funding for study aimed at improving job prospects. You can borrow between £300 and £8,000 to cover up to 80 per cent of the course fees. The Government pays the interest while you are studying, and repayments don’t start for up to a month after the end of the course. For more details contact the National Career Development Loans Helpline Freephone: 0800 585 505.

– Sponsorship and bursaries

The RCN’s Professional Nursing Department offers bursaries and scholarships for post-registration nurses, the most well-known being the Trevor Clay Scholarship. Smaller more specialised awards, such as the RCN Cancer Nursing Society Smith-Kline Beecham Award, are run in association with the RCN national forums. For details contact the:
Awards Officer, PND, RCN HQ, 20 Cavendish Square, London W1G 0RN.

The RCN also publishes a concise list of scholarships, bursaries and awards for courses and research that is reproduced from page 45 onwards.

– Grant aid

Charitable trust funds provide bursaries or grants for educational purposes. Local funds benefit those who reside in a specific parish, town or city while national charities are open to all, provided the applicant meets the criteria. Details can be found in a number of directories available from main libraries. See page 45 of this document for a full list.

Members of the RCN’s Work Injured Nurses Group (WING) may apply for a grant from the Discretionary Fund for education and retraining. For details contact: RCN Direct on 0845 772 6100.

For further information, contact:
Member Support Services on 020 7647 3463.

Management

Some consultancies offer nursing expertise and if you have a management background this could be an avenue for you. In addition, because the NHS and the independent sector are subject to such constant change, many trusts use external agents to review services or offer advice, as well as to assist with managing discrete projects. Opportunities exist for people with both focused or generalist expertise.

Primary health care

There are a lot of opportunities here. Many general practices employ nurses on a part-time basis and often need additional help at times of high demand – for example to give ‘flu vaccinations in October – or to support clinics run on a sessional basis. General practices may also need extra staff to cover for sick or annual leave. Nurses with experience of practice nursing – in particular specialist knowledge of chronic disease management, such as asthma, diabetes and hypertension – are a valuable commodity and should be able to negotiate employment, either through an agency or directly with a GP.

Podiatry

The need for foot specialists is another area of growth: the nursing press features adverts inviting people to qualify in podiatry/chiropractic every week. This could prove a useful source of income for those with training in this area.

Research

There are increasing numbers of advertisements in health and social care journals seeking tenders from people with research skills to undertake funded projects. These are open to individuals, as well as recognised institutions, so if research is your interest, there are opportunities for you.

Specialist nurses

Nurses with specialist skills and experience are in increasing demand. For example, infection control, wound care and continence advisers are employed to provide both direct patient care and consultancy advice to health care organisations. Anyone considering this type of work should contact the relevant RCN forum. Contact RCN Direct on 0845 772 6100 for details.

Working with new technology

Working from home

Several million people in the UK are telecommuters. Home computers, laptops, modems, faxes and mobile phones can help those who want to carry on a nursing career but need a more flexible way of working. Opportunities for home-based health care consultants are expanding rapidly. They include audit for both the health service and related industries; and report writing, for example, expert witness work.

Working in information technology

Many IT companies employ nurses to help them develop software, and much of this work can be done at home. For the nurse with aptitude, the financial rewards can be good. You can either approach companies directly, or look for adverts that appear in national newspapers, usually on Thursdays.

Video conferencing

Preparing presentations for industry and educational institutions is another area of work for the nurse entrepreneur, and video conferencing allows nurses to present their work from home. Video conferencing is already widely used in business, to promote the exchange of knowledge and ideas, while saving money on travel. Usually the employer provides equipment, but if not, it is important to consider the costs associated with either hiring or purchasing the necessary kit.

Teleworking

Providing advice by phone to both patients and their carers is a growing specialism. It is an area that requires training, as well as competent clinical skills. Charities and industry may approach self-employed nurses to help set up 24-hour telephone services for their patient groups. This can be both rewarding and lucrative.

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Opportunities for work – setting up a care home

Setting up and running a care home depends on a number of quite different factors:

- ◆ The client group to be cared for
- ◆ The specific requirements of Acts of Parliament, supporting legislation and the registration authority
- ◆ The care philosophy and management of the home
- ◆ The changing needs of the client group.

In this limited space, detailed analysis of every potential model is impossible. But whether you are a new starter, considering expansion, or revamping existing facilities within your home, what is certain is the need for clear thought and proper planning.

The key areas for consideration include:

- ◆ registration and inspection requirements
- ◆ the requirements of the purchasing authority
- ◆ the National Minimum Standards for Care Homes
- ◆ Food Standards Agency guidance and regulations on food hygiene, waste disposal, etc
- ◆ Health and Safety Executive regulations on safe moving and handling, lifting, electrical safety and testing
- ◆ pharmacy, including medication, control of drugs, storage, administration, disposal and record-keeping
- ◆ fire safety precautions, drills, tests and record-keeping.

Getting started

Start building up your knowledge and understanding of what is required by reading the CSCI publication, *Inspecting for Better Lives Delivering Change* (CSCI, 2005). It is available on the Commission for Social Care and Inspection website at www.csci.gov.uk

Make sure you have a set of the Minimum Standards and regulations pertinent to both your proposed user group and the country in which the home will be registered. These set out the basic standards required and include: acceptable room sizes; the number of toilets and bathrooms needed; the area required for dining and lounge facilities; plus the amount of recreational space needed outside (for contact details of the commission please see page 43.) Your submission to the appropriate commission must be in writing and follow the agreed format. Advice on submitting an application is available from the relevant Commission. This enables the Commission to assess both your needs and the needs of your future clients, when registering your premises. This information may well form the basis of your Statement of Purpose (see 'Marketing your home' on page 27).

Choosing a solicitor

Buying or selling a business is a specialist area, so choose a solicitor that has experience of corporate law, otherwise this may lead to a major cause of delay in the transaction. Preferably the corporate lawyer should have some care home experience to deal with the aspects of the sale that are particular to the care home sector.

Anybody new to purchasing a business should prepare themselves for a substantial amount of paperwork.

Planning ahead

Key stages of the process of purchasing a care home

Head of terms – it is usual for the lawyer to draw up a 'head of terms'. This is a summary of the key points that have been agreed in relation to the sale.

The transaction process – this begins once the head of terms has been agreed. There is no way of predicting how long the transaction process will take but a guide is six – eight weeks.

Due diligence – this is the first stage of the transaction process and is also called ‘pre-contract enquiries’. It involves a list of questions about the business, sent by the buyer’s solicitor to the seller’s solicitor, on a wide variety of topics. From the buyer’s perspective, the due diligence exercise is essential to try and get a full picture of the business and to make sure there are no skeletons in the cupboard.

Acquisition agreement – this is the main document in the transaction and may run to more than 100 pages. Agreements will usually follow a similar structure, and are difficult for non-lawyers to understand, as much of the wording is legal jargon.

Warranties – typically, warranties will cover every aspect of the business – from contracts and employees to property and environmental issues. The length of the warranty period may vary from 18 months to three years. The warranties are for the benefit of the buyer, in order to cover any problems that arise after completion. They cover issues about which you were not aware, and that relate to the period before completion.

Completion meeting – these have a reputation for being drawn-out and tedious, as there are often last minute issues to be negotiated and documents may need to be re-drafted and processed.

Whether you are planning to set up a home, or to purchase, extend or alter an existing one, you need to consider the following.

- ◆ Lots of good homes currently have vacancies. New providers should not necessarily be dissuaded, but it is important to establish whether there is a need in the area for the sort of care you wish to provide. For example, a growth area at the moment is specialist care for both frail and elderly people, rather than nursing or residential care. These specialist homes are providing care for the mentally ill, people with learning disabilities and elderly clients with mental illnesses, such as senile dementia or Alzheimer’s
- ◆ How will you be different?
- ◆ Does the location lend itself to providing special facilities, for example hydrotherapy, a gymnasium, music and movement, occupational therapy, rehabilitation or assessment? Also, is there access to public transport, shops, libraries and open space?
- ◆ Is planning permission required either for proposed change of use or planned changes in the structure? It is worth noting that many old buildings are in conservation areas or are listed, restricting the changes that can be made
- ◆ Will parking arrangements be adequate?
- ◆ Can you meet the requirements of the Food Standards Agency?
- ◆ Double check with the appropriate Commission to ensure that what you are proposing will meet the registration requirements. This includes the standard of care provided to clients and the standard of management control
- ◆ The registered manager will need to undertake the appropriate management training – an SVQ/NVQ level 4 in care home management – or hold an appropriate equivalent qualification.

It is difficult to give generalised advice on whether a home is a viable proposition because it depends on so many different factors. These range from the amount of borrowing needed, to whether it is a new venture or a going concern. Any advice is influenced by who the prospective clients are and their needs; the standards to be maintained; and the running costs. Broadly, assessment of viability must be based on 85 per cent bed occupancy and whether the overheads and running costs can be met from that income. Opinion as to the optimum size for a home has changed over the years, and it is now believed that a home needs to accommodate at least 30 users in order to be cost-effective.

Equipment

It is natural to want to make the atmosphere as homely as possible. However, this does not mean the home can be run using domestic equipment. Domestic machinery should only be used in areas where clients do their own washing or make their own beverages. In all other cases, you are strongly urged to use hotel/industrial standard equipment that will stand up to heavy usage, proving more reliable and cost-effective in the longer term.

At the same time, you should steer clear of institutional-style plastic beakers, etc. These may be practical, but they are not compatible with treating clients as individuals. The same principle applies to linoleum floors in living rooms/bedrooms. Where a client has continence problems, it is better to establish a regular toileting programme than to install utilitarian flooring. Capital expenditure on equipment can be high and many owners are tempted into leasing arrangements. These may ease short-term cash flow problems but they can prove very expensive. It is worth investigating buying on hire purchase so you can spread the payments.

For items such as carpets, furnishing and crockery your first consideration should be suitability for the clients. Buy the best quality you can afford and make sure the items conform to the latest safety standards. It is particularly important to ensure furnishings are fire retardant, while qualified personnel must install mechanical and electrical goods. Set up regular maintenance contracts for servicing lifts, gas supply, water chlorination, hoists, etc.

Warning: clients may want to bring their own furnishings and equipment into a home. Beware! Soft furnishings, particularly chairs and bedding, must meet fire safety standards. Likewise, a competent person must check all electrical equipment before it can be used in the home. Failure to do this could well invalidate your insurance cover, leading to prosecution under health and safety law and jeopardising your registration.

For general supplies, many companies will offer lower prices for bulk purchases and it is well worth shopping around. The same applies to utilities such as gas and telephone. It is also important to think about how you will arrange medical supplies; how you will control stocks and goods; and whether you will go to the cash and carry yourself or pay to have goods delivered. All frozen goods and meat products must be transported in temperature-controlled vehicles.

Banking and finance

The main reason why care homes fail is finance – or the lack of it. Problems are nearly always the result of poor planning, bad management and unrealistic expectations.

The cost of borrowing is one of the main drains on income and charges can vary significantly according to which institution you use. Competition is intense between banks and building societies, so it's worth shopping around. Check transaction fees and other charges and prepare well before consulting any potential bankers. Take along your business plan and remember it is better to slightly overestimate your needs, and find that you don't need all the money you've requested, rather than have to go back and ask for more.

Marketing

It is well recognised that personal recommendation from clients' relatives and other visitors to the home is one of the best forms of advertising – and it's free! However, you also need to make other professionals aware of your existence. This includes local GPs, community nurses, social workers – both field and hospital – the local primary health care trusts, the gerontology department – and other relevant departments – of your local hospital, and local clergy.

Many homeowners make an effort to make their home a part of the local community and this can be achieved in a number of ways. Open days, fetes and sponsored sporting events will raise your profile and may lead to media publicity. Another idea is to produce a leaflet about the home and distribute it as an insert in the local paper.

Homeowners are required to have in place a 'statement of purpose' giving full details of the service offered. As well as giving information, the statement of purpose should inspire confidence in the quality of your business so it needs to look 'professional'. Clients sometimes show statements of purpose to neighbours and friends, so you may wish to consider putting information about fees on a separate sheet.

Quality and training

The commitment, dedication and sheer hard work required from homeowners and their staff has probably never been greater. Contract managers are constantly sharpening their 'value for money' criteria. At the same time there is an increasing emphasis on enhancing quality of life by promoting independence among those who are cared for, as well as maintaining their personal dignity and the right to privacy. Relatives and clients are better informed, have higher expectations and are more likely to shop around to ensure they receive the sort of service they require.

Meanwhile the number of people scrutinising the sector continues to rise, with lay people drafted in to provide the consumer viewpoint now joining official inspectors. The National Minimum Standards require care staff to undertake training, including NVQ/SVQ qualifications for both management and care. The National Minimum Standards require quality assurance systems and indicators to be in place as evidence of ongoing quality care. As part of the quality initiative and in an attempt to protect vulnerable people from abuse, employers are required to carry out criminal records checks on all staff prior to their employment.

Useful contacts offering further information in this area include:

- ◆ The RCN Forum for Independent Nurse Managers (INFORM)
- ◆ The RCN Forum for Nurses Working with Older People
- ◆ The Registered Nursing Homes Association
- ◆ The National Care Homes Association
- ◆ The British Federation of Care Home Owners
- ◆ Local universities.

Many staff working in homes expect their employer to provide them with a career structure as well as a salary. In addition to NVQ/SVQ training there are a number of ways you can demonstrate a commitment to achieving this, including Investors in People accreditation, ISO9002 and the Health Quality Service (previously King's Fund) organisation audit.

Legislation

There is a whole raft of legislation related to the care home sector. As discussed earlier, there are National Minimum Standards for each client group. Although not enforceable by law, these are recognised as the minimum standards for care. Additionally, there are codes of practice and guidelines which again are not enforceable in law, but which can be used by the courts to determine whether those accused of wrong doing can truthfully claim that they exercised 'due diligence' in running their business. Copies of Acts of Parliament can be obtained from The Stationery Office Ltd (formerly HMSO). You can order publications online at www.hmso.gov.uk ; by email at customer.services@tso.co.uk ; by post from TSO, PO Box 29, Norwich NR3 1GN, by phone on 0870 600 5522 or fax 0870 600 5533.

Relevant legislation includes:

- ◆ Abortion Act 1967 – amended 1990
- ◆ Care Home Regulations 2002
- ◆ Care Standards Act 2000
- ◆ Children Act 1989
- ◆ Community Care Act 1990
- ◆ Cremation Act 1902 Regulations 1981
- ◆ Dangerous Pathogens Regulations 1981
- ◆ Data Protection Act 1984/1999
- ◆ Disability Discrimination Act 1995
- ◆ Employment Act 2002
- ◆ Equality Act 2006
- ◆ Food Safety Act 1990.
- ◆ Furniture and Furnishing Fire Safety Regulations 1988.
- ◆ Human Fertilisation and Embryology Act 1991.
- ◆ Human Rights Act 2000.
- ◆ Mental Capacity Act 2005
- ◆ Mental Health Act – Code of Practice 1983
- ◆ Mental Health (Hospital Guardianship and Consent to Treatment) Regulations 1983
- ◆ Misuse of Drugs Act 1973 and Regulations
- ◆ Misuse of Drugs Act (Safe Custody) Regulations 1973

- ◆ National Care Standards Commission (Fees and Frequency of Inspections) Regulations 2001
- ◆ National Care Standards Commission (Registration) Regulations 2001
- ◆ Nurses, Midwives and Health Visitors Act 1979
- ◆ Private and Voluntary Health Care (England) Regulations 2001
- ◆ Protection of Children Act 1999
- ◆ Public Health and Control of Diseases Act 1981
- ◆ Public Interest Disclosure Act 1998
- ◆ Regulatory Reform (Fire Safety) Order 2005
- ◆ Rehabilitation of Offenders Act 1974 (Exception Order 1975)
- ◆ Work and Families Act 2006.
- ◆ Noise at Work Regulations 1989
- ◆ Offices, Shops and Railways Premises (Hoist and Lift) Regulations 1968
- ◆ Personal Protective Equipment at Work Regulations 1992
- ◆ Prescribed Dangerous Machines Order 1964
- ◆ Provision and Use of Equipment at Work Regulations 1992
- ◆ Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985
- ◆ Safety Signs Regulations 1980
- ◆ Sanitary Conveniences Regulations 1964
- ◆ Washing Facilities Regulations 1964
- ◆ Working Time Regulations 1998
- ◆ Workplace (Health, Safety and Welfare) Regulations 1992.

England, Wales, Scotland and Northern Ireland each have different legislation and regulations relating to care homes and the health care industry. Contact the appropriate regulating authority for your area for further information.

General regulations relating to care homes

- ◆ Collection and Disposal of Waste Regulations 1988
- ◆ Control of Asbestos at Work Regulations 1987
- ◆ Control of Substances Hazardous to Health Regulations 1988
- ◆ Electricity at Work Regulations 1989
- ◆ Health and Safety (Display Screen Equipment) Regulations 1992
- ◆ Health and Safety (First Aid) Regulations 1981
- ◆ Health and Safety (Information for Employees) Regulations 1989
- ◆ Highly Flammable Liquids and Liquid Petroleum Gases Regulations 1972
- ◆ Lifting Plant and Equipment Records of Test and Examination Regulations 1992
- ◆ Management of Health and Safety at Work Regulations 1992
- ◆ Manual Handling Operations Regulations 1992
- ◆ National Minimum Wage Regulations 1999

7

Opportunities for work – complementary therapies

Complementary therapies can be used alongside orthodox medical treatments or by themselves. Increasing numbers of GP clinics and hospital departments around the country are offering complementary therapies, with some choosing to employ independent practitioners.

Many nurses feel that their clinical background, when combined with appropriate training and education in a complementary therapy, enables them to offer a service based on sound principles and experience.

The Nursing and Midwifery Council's position on complementary therapies is outlined in its *Code of professional conduct* (NMC, 2004, 3.11) and *Guidelines for the administration of medicines* (NMC, 2004, p9). Applying the principles in these documents should mean that nurses, midwives and health visitors can provide these therapies safely, demonstrating that they have been acting in an appropriate manner should they be called to account by the Council. This applies equally when working independently.

Those interested in pursuing an independent career in complementary therapies, either full or part-time, should ask themselves the following questions:

Are you:

- ◆ comfortable working by yourself?
- ◆ able to establish and maintain boundaries?
- ◆ resilient? Able to take the rough with the smooth?

Do you have a realistic view of what it will be like to work for yourself?

What are the possibilities for independent employment?

In the NHS:

- ◆ Does the therapy have a 'therapeutic fit' with the philosophy and physical environment of a particular clinical area?
- ◆ What support can the multi-professional team provide?
- ◆ How robust is the evidence of therapeutic value?
- ◆ Is the commissioning authority prepared to purchase the therapy from an independent practitioner?
- ◆ Does the employer have a policy regarding complementary therapies?
- ◆ Is there demand from patients?
- ◆ What resources will be provided?

In independent practice:

- ◆ Have you done some market research? Are you sure there is client demand in your local area?
- ◆ Where will you practice?
- ◆ How will you advertise?
- ◆ Do you have a leaflet?
- ◆ How much will you charge?
- ◆ How will you organise appointments and payment?
- ◆ What capital outlay will there be?
- ◆ Can you get a bank loan to finance this?
- ◆ Will you be able to earn enough not to need another form of income?
- ◆ Will you have to offer the complementary therapy as a part-time service, at least initially?
- ◆ Do you belong to a professional body that represents the therapy you are offering?
- ◆ Have you got adequate insurance? Information about the RCN Indemnity Insurance can be found at www.rcn.org.uk
- ◆ What kind of system will you use to keep notes, and how will you keep them confidential and secure?
- ◆ How will you handle complaints?
- ◆ How will you access supervision?
- ◆ Do European Community regulations affect the therapy in question?

Do you have a business plan?

The following books are useful sources of information:

Bishop P (2004) *Setting up and running a complementary health practice: an insider guide to making a living from running a complementary health practice*. How to Books Ltd. ISBN 1857039238.

Harold S (2005) *Marketing tips for complementary therapists: 101 tried and tested ways to attract and retain clients*. How to Books Ltd. ISBN 1845280768.

Jenkins N (2003) *Business practice for therapists*. Hodder Arnold. ISBN 0340876794.

Johnson C (2003) *How to be a successful therapist*. Book Guild Ltd. ISBN 1857766245.

Tyler R (2003) *Money matters for therapists: a financial guide for self-employed therapists and counsellors*. Worth Publishing. ISBN 1903269075.

Before you can set up in independent practice you must have undertaken education and training that will ensure you are a safe and effective practitioner. It is important to undertake education and training that is supported by a professional organisation, which stipulates the scope and level of knowledge and skills needed to be registered as a competent practitioner. That organisation should also have a well-defined programme of continuing professional development in order to maintain standards of care.

What level and type of education will meet your needs?

- ◆ Do you want a professional qualification?
- ◆ Do you want academic development?
- ◆ Does the course focus on beauty, well-being or clinical care?

A range of organisations offer training, including:

- ◆ private and/or charitable colleges
- ◆ community education programmes
- ◆ colleges of further education
- ◆ universities – whether foundation courses, degrees or masters.

Visit the UCAS website to find a course in your area, taking place in a college of further education or university: www.ucas.com

When choosing a course, it is recommended that you ask the following questions?

- ◆ What are the entry criteria?
- ◆ What qualifications do the lecturers have?
- ◆ Have the lecturers had substantial clinical experience in the therapy?
- ◆ How long is the course?
- ◆ Is it full-time or part-time?
- ◆ Is it run over weekends or will you need to take time off work?
- ◆ Will you have to attend in person, or is there scope for distance learning?
- ◆ How much does the course cost, and does it represent good value for money?
- ◆ Does the institution provide you with an adequate prospectus and information on which to base your choice?
- ◆ Is there an appropriate student to teacher ratio?
- ◆ Does the curriculum cover the right range of topics at the appropriate level to meet your needs?
- ◆ Are the teaching and learning strategies based on principles of adult learning?
- ◆ Are the learning outcomes clearly defined?
- ◆ Will the assessments test your knowledge, skills and aptitude?
- ◆ Does the course use a wide range of assessment methods and do they fit the learning outcomes?
- ◆ Does the course include a clinical placement?
- ◆ What form of supervision is provided?
- ◆ What is the policy on disrobing and where might this be an issue?
- ◆ Is the teaching environment suitable and are there adequate resources?
- ◆ Is a professional qualification integral to the course or will you have to do extra assessments?
- ◆ If yes, will you have to pay extra money to do them?
- ◆ Will the institution arrange any extra sessions or will you have to do this yourself?

What financial support can you get?

- ◆ Will you have to pay for yourself?
- ◆ Are there scholarships or bursaries available?
- ◆ Are you eligible for a grant if the course is full-time?

The Princes Foundation for Integrated Health has produced a very helpful booklet, *Choosing a course in complementary healthcare: a student guide*. This is available to download at www.fih.org.uk/Resources/

If you have already qualified as a therapist, the Foundation also has information on post-registrations courses:

www.fih.org.uk/Resources/educationresource/

Here are some useful contact details:

Aromatherapy Consortium
PO Box 6522, Desborough, Kettering, NN14 2YX
www.aromatherapy-regulation.org.uk

British Academy of Western Medical Acupuncture
(for nurses, doctors & physiotherapists who practise acupuncture)
12 Poulton Green close, Spital, Wirral, CH63 9FS
www.westernacupuncture.co.uk

British Acupuncture Council
(for practitioners of traditional acupuncture)
63 Jeddo Road, London, W12 9HQ
www.acupuncture.org.uk

The British Society of Medical and Dental Hypnosis
www.bsmdh.org

Council of Organisations Registering Homeopaths
11 Wingle Tye Road, Burgess Hill, West Sussex,
RH15 9HR
www.corh.org.uk

European Herbal Practitioners Association
45a Corsica Street, London, N5 1JT
www.euroherb.com

General Council for Massage Therapy
Whiteway House, Blundells Lane, Rainhill, Prescot,
L35 6NB
www.gcmt.org.uk

General Naturopathic Council
15b Warrington Avenue, Slough, Berkshire, SL1 3BG
Email: A.Morris-Paxton@tvu.ac.uk

General Shiatsu Council
Glebe Cottage, Holywell Road, Castle Bytham,
Grantham, NG33 4SL
www.generalshiatsucouncil.org

RCN Complementary Therapies and Nursing Forum
RCN, 20 Cavendish Square, London W1G 0RN
www.rcn.org.uk

Reflexology Forum
Dalton House, 60 Windsor Avenue, London, SW19 2RR
www.reflexologyforum.org

Research Council for Complementary Therapies
27a Devonshire Street, London, W1G 6PN
www.rccm.org.uk

UK Healers
PO Box 207, Leeds, LS16 5WX
www.ukhealers.info

8

Opportunities for work – counselling

This section is intended to give nurses who are thinking about a career in counselling a broad outline of the profession and the key issues they need to consider.

The British Association for Counselling and Psychotherapy's (BACP) *Code of ethics and practice for counsellors* defines the aim of counselling as:

“...to provide an opportunity for the client to work towards living in a more satisfying and resourceful way... Counselling may be concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, working through feelings of inner conflict or improving relationships with others. The counsellor's role is to facilitate the client's work in ways which respect the client's values, personal resources and capacity for self-determination.”

Behind this simple definition lies a bewildering array of different schools, models, theories, philosophical approaches, techniques and skills. With some 450 'brand name' therapies on offer, how is a prospective trainee counsellor to make an appropriate choice? It is beyond the scope of this publication to provide an analysis of the different models of counselling. Readers wanting further information will find a useful analysis of 12 key therapeutic approaches to individual therapy in Windy Dryden's (ed) *Handbook of individual therapy* (4th ed) (2002, Sage Publications).

This section will focus on counselling rather than psychotherapy. BACP's booklet, *Counselling and psychotherapy – is it for me?* outlines some of the similarities and differences between the disciplines. For further information on psychotherapy and training, contact the United Kingdom Council on Psychotherapy on 020 7436 3002 or visit www.psychotherapy.org.uk.

A developing profession

Recent years have seen a growth in the number of counsellors in private practice, in voluntary and educational settings and, latterly, a greater emphasis on counselling in medical – particularly general practice – and workplace settings.

There has also been an enormous growth in the provision of counselling courses in the UK – from basic skills to more substantial training – and this has been followed by a corresponding increase in the number of counsellors in the marketplace. It may well be that there will come a point in the not too distant future where there are more qualified counsellors than can be supported by the potential market.

Alongside this growth there are also increasing requirements, particularly from funders and corporate purchasers of counselling services, for counselling to justify its claims to effectiveness, and to demonstrate its value alongside other forms of intervention. Given this pressure, we cannot assume that the profession will continue to grow at the same rate, even if it does succeed in demonstrating its value.

This will tend to favour those counsellors who have a competitive edge, whether in terms of qualifications, length of experience or areas of expertise, or perceived value. It is no longer possible to undertake professional training and assume that this will be sufficient to secure a paid post or adequate income from private practice.

Competence, accreditation and registration

BACP is the largest, but by no means the only, membership organisation for counselling in the UK, with approximately 15,000 members. For many years BACP has been concerned with the issue of standards in counselling. To this end, it has established schemes for the accreditation of individual counsellors and the recognition of counselling courses that meet specified criteria. In Scotland, the Confederation of Scottish Counselling Agencies (COSCA) operates a similar accreditation scheme for individual counsellors.

Individual BACP accreditation is open to counsellors who have met the necessary requirements for training, supervised practice and other professional requirements. While not a guarantee of quality nor a requirement for practice, the introduction of accreditation represents an attempt to raise professional standards through assessment and formal recognition of those meeting the requirements.

Together with COSCA, BACP has been involved in developing a national register of counsellors that will further attempt to raise standards, providing a recognisable benchmark for counsellors and consumers of counselling services alike. Anyone considering counselling as a career should be aware of what they need to do – particularly in the areas of training and supervised practice – in order to achieve accreditation and registration. For the reasons outlined above, this is likely to be increasingly important in the future.

Counselling versus counselling skills

Many 'helping' professionals, including nurses, routinely use counselling skills in the course of their work with clients or patients, with many receiving some training in counselling as part of their basic or post-basic training.

However, proper counselling occurs only when the practitioner and client voluntarily enter into an explicit counselling relationship, clearly establishing its purpose and boundaries. The nature of the relationship is in no doubt and no one can be 'sent' for counselling.

The roles of many helping professionals involve providing direct care, advice, or assistance with practical problem-solving. Most counselling approaches involve a much more facilitative and non-directive approach, and trainees can sometimes find it difficult to move away from their customary 'hands-on', action-oriented approach.

The transition from using counselling skills to practising as a counsellor is not always straightforward. It is therefore worth considering a short 'taster' course before embarking on lengthy and costly professional training.

What's the attraction?

For most nurses helping patients to voice their concerns and feelings is a natural and satisfying part of the role. A common complaint is that this area is increasingly under pressure, reducing nursing to a series of physical tasks. Given the distinction between counselling and using counselling skills highlighted earlier, it is important to think carefully about whether the desire to become a counsellor is part of an overall professional development plan or an attempt to compensate for the loss of the emotional, caring element of nursing.

People are drawn to caring roles for a variety of reasons, not all of them conscious. Many nurses will be familiar with the concept of the 'wounded healer' – helpers who care for others at the expense of their own emotional needs. Counselling requires a high level of self-awareness and a constant willingness to address one's own emotional needs. People who are unable to do this for themselves are unlikely to be able to facilitate this process in others.

Counsellors also need to be able to help clients express and explore sometimes very powerful feelings. They also need to resist the urge to 'make it better' for their clients, which ultimately can only disempower them, as it leads to avoiding difficult issues and decisions that the client needs to be supported in facing.

A good way of gaining a feel for how counselling works in practice is to try it for yourself and have a session or several sessions with a counsellor. Among other things, this can be a useful opportunity to explore your own motivation for this career choice.

Training

Counselling is not currently subject to statutory regulation, and therefore would-be practitioners are not required to complete a specified level of training to practice. However, the profession itself and the counselling marketplace are increasingly requiring that professional counsellors have substantial training and qualifications. In the future, these requirements are likely to be underpinned by statutory regulation.

For those who are mainly interested in further developing their counselling skills within an existing role, a shorter course, perhaps up to certificate level, is likely to be sufficient. There is a range of introductory, foundation and certificate courses throughout the UK, lasting for anything between one and two days and a year. Most have few if any entry requirements. A range of national organisations such as Relate and Cruse, as well as numerous local voluntary organisations also offer training in counselling or counselling skills. While such courses do not in themselves provide a passport into the counselling profession, they are a useful way of developing skills and knowledge and can help you decide whether to embark on a longer professional training course.

If you are intending to practice as a counsellor, more substantial training is both highly advisable and increasingly necessary. As well as providing a framework for the development of the necessary skills, knowledge and qualities required to practice ethically and safely, lengthier training is increasingly being required by both clients and employers alike. Typically, employers are asking for qualification to diploma level or above, and many also require professional accreditation or evidence of eligibility for accreditation.

With this in mind, and given that training in counselling is a complex area, it is important to consider all the options before choosing a training course. This is a decision that could have serious implications for future career opportunities. A range of references is provided at the end of this chapter that will help readers to explore these issues in more detail.

Longer training in the form of diploma and degree courses generally requires prior relevant training or experience. This may be in the form of a social work or education qualification, experience in another caring profession or completion of an introductory, foundation or certificate counselling course.

Open and distance learning courses are also available. While the flexibility this offers can be attractive, opportunities for the practical development of counselling skills are sometimes restricted, and it is unlikely that these courses would go far towards meeting the criteria for BACP accreditation.

The length of training required to achieve qualification varies between institutions. It also depends on whether the course is full or part-time. Most longer courses are still part-time - often one day or equivalent per week - but an increasing number of providers are offering full-time options. As a guide, training to diploma level on a part-time basis, with no prior experience or training, is likely to take three to four years. It is these longer courses that are addressed in the rest of this section.

Diploma courses

These courses vary enormously in their philosophy, structure and content. Care is needed in choosing a suitable course. It may be helpful to begin by making a thorough assessment of your current levels of knowledge and skills in order to identify your learning needs. You can then judge how well various courses will meet them. Courses will contain a number of components, usually including some or all of the following:

- ◆ A theoretical component, which may focus on one model of counselling, or cover a number of different approaches.
- ◆ A skills development component, giving opportunities to develop core counselling skills and skills relating to the specific model or models in the theoretical element. This usually involves some role-play, with students assuming the roles of both counsellor and client.
- ◆ A requirement for a certain number of hours of supervised client contact that may involve placements.
- ◆ A requirement for personal therapy.
- ◆ A group-work component. This may involve support groups, learning groups or large 'learning community' activities.
- ◆ Assessment or examination, or both. This can take various forms, including continuous assessment, final examinations, portfolios or dissertations and the production of video or audio-taped examples of practice. Some courses, particularly those that are self-directed, may involve peer assessment.

Individual courses will give different weight to different course elements. Talking to course tutors and participants, past and present, will help you assess the merits and suitability of a particular course.

As mentioned earlier, BACP has a system for recognising courses that fulfil a set of specific criteria, and a small but increasing number of courses are now BACP-recognised. Successful completion of a BACP recognised counsellor training course meets the training requirement for individual BACP accreditation. If your chosen course is not recognised, it is worth asking how the training contributes towards the BACP training requirement for accreditation. This is 450 hours of training, comprising 200 hours of skills development and 250 hours of theory, over three years.

Think carefully before deciding to specialise in a particular area of counselling at an early stage of your training. While specialist courses offer more in-depth training, it could be argued that specialisation is best left to a later stage when choices can be made in the light of a thorough basic grounding.

A common difficulty faced by many students is in meeting the course requirement for client contact hours. Organisations that provide counselling or psychotherapy as well as training may offer a ready-made opportunity for students to practice, but they are relatively rare. Other routes to gaining the required hours include:

- ◆ opportunities for gaining counselling experience within the current work environment, particularly if this is already an acknowledged part of the individual's role
- ◆ working with independent sector providers, including voluntary organisations. Many voluntary organisations provide their own training, and are likely to require a guaranteed level of commitment. Being part of an organisational structure offers considerable benefits in terms of training, supervision and opportunities for development, particularly for counsellors in the early stages of their practice
- ◆ private practice. Trainee counsellors may offer their services free of charge or for a nominal fee in order to gain experience.

It is rare that students are able to meet BACP accreditation requirements – see page 33 – during the period of their training. Given the difficulty of achieving this, the earlier the issue of practice opportunities can be addressed the better.

BACP produces a directory of training courses at various levels throughout the UK. This can be purchased from BACP, and some larger libraries will hold a reference copy. Locally, universities, colleges of further and higher education and adult education providers may offer a range of courses. There are also numerous independent providers, some of which are included in the BACP directory, and who also advertise in counselling and psychotherapy journals.

The cost of training

A short course of two or three days may range in price between £50 and £250, depending on the provider, though a higher price does not guarantee higher quality. A year's certificate course, entailing perhaps 100–120 hours over 12 months, may cost from £400 to £800 plus.

Many diploma or degree level qualifications require some external supervision of client work and personal therapy, which need to be factored into the overall cost. Courses vary enormously in their initial fees and their requirements for supervision and therapy, and consequently in the overall cost of training. As a rough guide, training to diploma level, on the basis of three years part-time study, might cost anything between £3,000 and £6,500. Even this level of investment may not provide sufficient training and supervised practice hours to meet BACP accreditation requirements.

Though most students on counselling courses are self-financing, BACP offers a small number of annual bursaries that make a limited contribution towards training costs. Nurses with disabilities that prevent them from practising and those suffering financial hardship may be able to get some financial assistance, but this is the exception rather than the rule. Member Support Services can offer advice in this area.

Opportunities to practice

Counsellors operate in variety of settings and work both full and part-time. Typical settings include:

- ◆ private practice
- ◆ general practice and medical settings
- ◆ workplace counselling services and employee assistance programmes
- ◆ voluntary sector organisations such as Relate, Cruse and MIND

- ◆ educational settings and student support services
- ◆ youth counselling services
- ◆ church-based services
- ◆ specialist counselling services, for example for people living with HIV/AIDS or those with drug or alcohol problems.

Full-time counselling posts are less common, and tend to attract fierce competition. In practice, many counsellors mix counselling itself with other activities such as training or consultancy (see below for relevant organisations and further reading).

How to succeed in counselling

Clearly, there are many areas to be considered if the transition from nursing to counselling is to be managed successfully. Typically, there are likely to be a number of steps, each of which requires careful planning. Particular care is needed in selecting a training course, especially if you are aiming for accreditation and registration. Training may mean rearranging your existing working arrangements and a realistic assessment of the financial impact of a career change.

Increasingly, it is those counsellors with substantial post-qualification experience who are in a position to compete for prime salaried positions. On completion of training, many individuals choose to reduce their current work commitments so that they can take advantage of any opportunities for counselling work that may arise. For some, a combination of counselling and nursing may provide an ideal balance of roles, while others may wish to become full-time counsellors.

Practicing as a counsellor requires not only a commitment to ethical practice, as exemplified by bodies such as BACP, but also protecting your clients by means of clinical supervision. You will need to ensure that your counselling work is subject to a supervisor with whom you can work. You will need to pay for this supervision as a self-employed counsellor, although some employers of counsellors may assist in this. You will also find it helpful to contact BACP for a list of supervisors in your area.

You will need to secure indemnity insurance, which promotes cover for clinical negligence and public liability. You cannot assume that your RCN indemnity insurance will protect you. In fact, if you make the transition to working as a counsellor in private practice or with an employer, you will no longer be subject to cover by the RCN scheme, as you are no longer providing a 'professional nursing service'.

Useful contact details

Association for Counselling at Work (part of BACP)

Tel: 0870 443 5252

www.counsellingatwork.org.uk

British Association for Counselling and Psychotherapy (BACP)

BACP House, 15 St John's Business Park, Lutterworth, Leicestershire, LE17 4HB, United Kingdom

Tel: 0870 443 5252

www.bacp.co.uk

Confederation of Scottish Counselling Agencies (COSCA)

18 Viewfield Street, Stirling, FK8 1UA

Tel: 01786 475140

www.cosca.org.uk

Couple Counselling Scotland (formerly Marriage Counselling Scotland)

18 York Place, Edinburgh, EH1 3EP

Tel: 0845 119 6088

www.couplecounselling.org.uk

Cruse Bereavement Care

PO Box 800, Richmond, Surrey TW9 1RG

Helpline: 0844 477 9400

Central Office: 020 8939 9530

Northern Ireland office: 02890 792419

www.crusebereavementcare.org.uk

Cruse Bereavement Care Cymru

Tel: 029 2088 6913

Cruse Bereavement Care Scotland

Riverview House, Friarton Road, Perth, PH2 8DF

Tel: 01738 444178

www.crusescotland.org.uk

RCN Counselling Service

RCN Copse Walk, Cardiff Gate Business Park,
Cardiff, CF23 8XG
Tel: 02920 546 407

Relate

Tel: 0845 456 1310
www.relate.org.uk

UK Council for Psychotherapy

2nd Floor Edward House, 2 Wakley Street, London,
EC1V 7LT
Tel: 020 7014 9955
www.psychotherapy.org.uk

9

Opportunities for work – the nurse as an expert witness

In recent years an increasing number of nurses have expressed an interest in becoming expert witnesses. The RCN provides nurse expert witnesses with information, guidance and support in health care litigation when they act as independent experts throughout the UK.

Since 26 April 1999, the reshaping of civil litigation has changed the role of the expert witness within England and Wales. The relationship of the expert witness towards the instructing party is different. The main purpose of the following guidance is to provide information that will enable nurse experts to give an expert testimony in civil or criminal cases and at inquests or fatal accident inquiries. Although this guidance does not cover the legal systems outside England and Wales, the general principles of writing a report and giving evidence will be relevant to all nurses in the UK. For more detailed guidance, see the *RCN Guidance for nurse expert witnesses* (RCN publication code 001 084). This can be ordered through RCN Direct on: 0845 772 6100.

Definitions

A nurse expert is an independent person unconnected with the events or persons leading to the litigation, inquest or fatal accident inquiry, who has both relevant experience and expertise in a particular field of nursing. The two should not be confused. Merely being experienced in a field of nursing is not enough to be an expert. A nurse expert should only advise on cases that fall within their own field of knowledge. Collaboration between the instructing party and the expert will identify those areas of expert knowledge that are relevant to the case.

A witness of fact is a person who was involved directly or indirectly with the case that has given rise to the litigation. A witness of fact may be able to offer an explanation of the circumstances in which the incident occurred. A witness of fact will provide information to courts and solicitors about incidents at work that they observed or were involved with as part of the clinical team.

Why become an expert witness?

An expert witness can enhance the proceedings for both parties. The use of an expert may lead to a quicker and more satisfactory outcome in any court or inquest/fatal accident inquiry proceedings. Using a nurse expert will enable lawyers to conduct a more thorough assessment of the strengths and weaknesses of a case, making the nurse expert a valued member of the legal team.

The nurse as expert witness

There is no guarantee of work for a potential new nurse expert witness. A fledgling nurse expert will need to ensure that lawyers are aware of their existence by using marketing tools, such as registration with a recognised database.

Experience and credibility within a clinical area are the prime factors to consider when undertaking work as an expert witness. Nurse experts will need to have evidence-based knowledge and be innovative within their clinical area. They will be required to be knowledgeable about clinical practice at the time of the incident.

Credibility of the nurse expert witness

To be a credible expert witness you must:

- ◆ have expertise in your field of practice and also within the country in question
- ◆ be able to act and think independently about your field of practice
- ◆ be familiar with generally accepted nursing practice in your area of expertise at the time of the incident that led to the case
- ◆ be aware of your duties to the court and to your instructing solicitor
- ◆ be prepared to take on cases from both claimants and defendants
- ◆ retain objective impartiality at all times
- ◆ have specialist knowledge relevant to the subject matter of the case.

Skills required to act as a nurse expert witness

You should:

- ◆ be able to examine and identify relevant facts and issues
- ◆ be able to make a critical appraisal leading to an independent opinion
- ◆ be able to express your opinion clearly, both in writing and orally
- ◆ understand the need for confidentiality regarding information obtained during the case
- ◆ give an opinion that is objective and acknowledges the limits of your expertise
- ◆ give an opinion relevant to the time the incident occurred
- ◆ be aware of court etiquette in the country in which you are working
- ◆ have the ability to form opinions on what happened in the context of nursing practice
- ◆ recognise the limits of your expertise and advise the instructing solicitors at any stage where the case appears to have elements outside your expertise
- ◆ have a written contract with the instructing solicitor when you first agree to take on the case
- ◆ be trained in presenting evidence
- ◆ be trained in report writing, and always present a typed report
- ◆ provide reference material to substantiate assertions in the written report.

Accountability

The prime duty of the expert witness is to be accountable to the court. The secondary line of accountability is to the instructing solicitor. Registered nurses are also accountable to their regulatory body. Any expert witness who is unsure of their role or their duty of accountability should seek clarification from the instructing solicitor. Where there are matters outstanding, experts in England and Wales now have the authority to approach the court directly for clarification. The expert witness should have comprehensive knowledge of the issues at hand, and be conversant with current practice applicable to the case at the time the incident occurred in the relevant country.

Training

There are several companies and organisations offering training on the role of the nurse expert witness. These courses include report writing and courtroom skills. Most last between one and two days and cost from £300 to £500 per day. The importance of attending a recognised course cannot be over-emphasised.

The RCN nurse expert database and indemnity cover

Professional indemnity insurance is provided for full members of the RCN on the nurse expert database, providing they meet the following criteria.

- ◆ The expert has a written contract with the instructing solicitor once agreement is reached that the expert is appropriate. The contract will set out the terms and conditions of the arrangements for payment, including preparation of reports and court appearances
- ◆ The expert has undertaken relevant training including report writing, courtroom skills and procedure
- ◆ The expert must be able to demonstrate a level of expertise appropriate to the time the incident occurred
- ◆ The expert must adhere to court guidance in acting responsibly as an expert.

If formal training has not been undertaken, the member applying to go on the database will need to provide at least two references from instructing solicitors or provide evidence that they are members of one of the following organisations: the Law Society; the Institute of Expert Witnesses; the Society of Expert Witnesses; or the Academy of Experts.

Nurses who are accepted on the RCN database as expert witnesses are provided with cover in the event of any claim made by the instructing solicitor or the client that the evidence provided by the nurse expert was negligent. In other words, the nurse expert witness is covered for any claim arising from a third party for financial loss caused by the negligent act or omission of a member in connection with the conduct of business as a nurse expert witness. The indemnity cover does not extend to any action against an expert for contempt of court proceedings, insolvency, copyright infringement, libel or slander. The limit of indemnity cover is £1 million. Nurses who are not on the RCN database may wish to consider obtaining separate insurance against potential negligence claims.

Instructing solicitors who contact the RCN looking for a nurse expert are asked to provide details of the specific area of nursing expertise required. This is then matched against the database and relevant contact names are sent to the solicitors, along with a one-page career synopsis. The solicitors then make their own arrangements to check with the nurse on the database whether they are appropriate and able to take on the case. There may be scope for the database to be used to provide the courts with access to experts in the future. To be included on the database, call RCN Direct on 0845 772 6100.

10

Opportunities for work – setting up and running a nursing agency

Five steps to success

There are some key stages in setting up a nursing agency and these are outlined below. You should tackle them in the order they appear here, completing each step successfully before moving on to the next.

Step 1 – Market research

You need to establish that there is sufficient demand for agency nurses and a sufficient supply of nurses wishing to work through an agency in the area where you are planning to work. If – as may be the case – other nursing agencies are already covering the area, then you need to think about whether there is sufficient extra demand and supply. You will need to speak to those who use or may use agencies – for example, hospitals, nursing homes, factories, schools, GPs, etc. – and those nurses or ex-nurses who might join the agency. If either side of the supply and demand equation does not add up, the agency is unlikely to become a viable venture.

Step 2 – Ensuring sufficient financial resources

Not only will you need capital for office accommodation, furnishings and equipment, council tax, insurance and stationery stocks, you also need to pay wages. You will have to pay nurses working for you on a regular basis throughout their placement, even though it may be several weeks, or even months, before the agency itself is paid by the client. Before setting up your agency, you must decide whether it will act as principal or agent. This decision affects the agency's relationship with its clients and nurses and has financial implications for the employer/employee relationship and VAT position. You are therefore strongly advised to consult a financial advisor and a solicitor, as well as HM Revenue and Customs.

Step 3 – Obtaining the licence to operate

The Care Standards Act 2000 and the pursuant Nursing Agency regulations and National Minimum Standards is the current legislation that you are required to comply with to operate a nursing agency. To register as a nursing agency you must apply to the regulators in the country where you intend to provide the service. These are Commission for Social Care Inspection (England), Care Commission (Scotland) and Care Inspectorate (Wales). The standards and requirements themselves differ from country to country and readers are advised to check with the appropriate commission (see page 43 onwards for contact details.)

Step 4 – Provision of office accommodation

Accommodation must meet the requirements set out by the licensing agency (see next step) as well as those of the Town and Country Planning 1990 (England) 1997 (Scotland) & 2007 (Wales) and Offices, Shops and Railway Premises Act 1963. The Planning Act aims to ensure that premises are appropriate for the use being made of them and that use is appropriate to the area in which the premises are located, for example to prevent commercial encroachment into residential areas. The Offices Shops and Railway Premises Act aims to ensure the welfare and safety of employees. Ask your local authority planning officer or environmental health officer how the Acts apply to your particular premises. If the office space to be used is within the owner's home, there may be tax implications and advice should be sought.

Step 5 – Key points in operating a nursing agency

Managers should be encouraged to join the RCN Nursing and Care Agencies Managers Forum. As well as offering up-to-date information, the Forum provides an opportunity to share information and discuss solutions to common problems. The agency should also stay abreast of the relevant legislation, particularly in respect of National Insurance and income tax.

Social enterprise

Here are some useful references:

- ◆ The Care Standards Act 2000
- ◆ The Contracts of Employment Act 1972
- ◆ The Department of Work and Pensions leaflets on employment protection legislation.
www.dwp.gov.uk
- ◆ The Jobcentre Plus customer leaflets & guides on National Insurance etc. (and other leaflets).
www.jobcentreplus.gov.uk
- ◆ The Employment Protection (Consolidated) Act 1976
- ◆ The Employment Rights Act 1999
- ◆ The Finance Act (No.2) 1975
- ◆ HM Revenue and Customs guide to PAYE
- ◆ The Nurses (Amendment) Act 1961
- ◆ The Nurses (Scotland) Act 1951
- ◆ The Offices, Shops and Railways Premises Act 1963
- ◆ The Police Act 1997
- ◆ The VAT General Guide Notice 700
- ◆ The VAT Scope and Coverage Notice 701
- ◆ The Working Times Regulations 1998.

The way in which health and social care are delivered is changing. The Government is committed to modernising and reforming the way services are provided. The current focus is on care that is tailored to the needs of people, which is delivered closer to home. The pace of change varies between the four countries, with England taking the lead in relation to introducing new providers and new models of care. It is against this background that there has been a growing interest in the potential for social enterprise to play an increasingly important role in delivering health and social care. This presents an opportunity for nurse entrepreneurs to develop new and innovative ways of providing a range of health and social care.

What are social enterprises (SEs)?

Social enterprises are businesses that trade for a social or environmental purpose. The former Department of Trade and Industry defined them as: “Businesses with a primarily social objective whose surpluses are principally reinvested for that purpose in the business or in the community, rather than being driven by the need to maximise profit for shareholders and owners.”

Well-known examples of social enterprise include the Big Issue, Cafedirect and Jamie Oliver’s restaurant, Fifteen.

Why are nurses interested in social enterprise?

Social enterprises tackle a wide range of social and environmental issues and operate in all parts of the economy. By using business solutions to achieve public good, the Government believes that SEs have a distinct and valuable role to play in helping create a strong, sustainable and socially inclusive economy.

Understanding social enterprise is about identifying key characteristics common to such businesses, rather than defining specific organisational forms. Such characteristics could be:

- ◆ a strong drive for financial autonomy
- ◆ a flexible, non-bureaucratic way of working
- ◆ a willingness to take risks and adapt to changing need
- ◆ a close understanding of, and commitment to, their client groups

- ◆ a commitment to staff development
- ◆ re-investing profits in the social aims of the business or local community
- ◆ the ability to deliver on social objectives, while delivering services.

Since the publication of *The NHS Plan*, nurses have become increasingly aware of the effects of introducing contestability and increasing the plurality of providers, as part of the introduction of a market in health care services. Social enterprise has been promoted as a means by which nurses can engage more actively in the reform programme and establish their own provider organisations.

What do social enterprises in health and social care look like? And what do they offer?

All social enterprises have defined social or environmental objectives. While many private businesses also consider themselves to have social objectives, SEs are distinct because their social or environmental objectives are central to what they do. For example, while the Big Issue is a business, its overriding purpose is to address the problems of homelessness.

There are a number of examples of delivering health care via a social enterprise these include providing community services, for example, Central Surrey Health or Principia. Examples in social care include Sandwell Community Caring Trust and Turning Point.

In England, a range of measures has been introduced to encourage the wider use of social enterprise. These include:

- ◆ A Social Enterprise Unit in the Department of Health.
- ◆ A programme of support for 26 Pathfinder social enterprises, whose learning and experience can be shared across health and social care.
- ◆ A Social Enterprise Fund for existing and emergent social enterprise, of £73 million over four years from 2006.

Social Enterprise offers the prospect of a new partnership between professionals, patients and the public. This presents nurses with an opportunity to reshape the way health and social care is delivered.

Further information

The Social Enterprise Coalition has an informative website that can assist nurses with their further enquiries on SE. In addition, the Cabinet Office has published guidance for people with an interest in developing social enterprise models of service. The RCN has published briefings on the 'Policy' section of its website, while the Department of Health has a resource centre in their Social Enterprise Unit, which can be accessed via their website. Regional Development Agencies also have advice and guidance for aspiring social entrepreneurs on their websites. Many have established teams whose principal task is to promote SE in the provision of public sector services.

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Useful organisations

British Venture Capital Association

Tel: 020 7025 2950

www.bvca.co.uk

Care Commission (Scotland)

Tel: 01382 207100

www.carecommission.com

Care Standards Inspectorate for Wales

Tel: 01443 848450

www.wales.gov.uk/subisocialpolicystandards/index

Commission for Social Care and Inspection (England)

Tel: 0845 015 0120

www.csci.org.uk

Companies House, the official UK Government register of UK companies

Tel: 0870 33 33 636

www.companieshouse.gov.uk

Department for Business, Enterprise and Regulatory Reform – formerly the Department for Trade and Industry

www.berr.gov.uk

Directory of Social Change

Tel: 08450 77 77 07

www.dsc.org.uk

A national charity promoting better management of charities and more effective use of resources through training.

Federation of Small Businesses

Tel: 0151 346 9000

www.fsb.org.uk

Health and Safety Executive

Tel: 020 7717 6000

www.hse.gov.uk

Health and Safety Executive (Scotland)

Tel: 0131 247 2000

www.hse.gov.uk/scotland

Healthcare Commission (England)

Tel: 0207 448 9200

www.healthcarecommission.org.uk

HM Revenue and Customs

Provides information on a variety of topics, including guidance for individuals, employees and employers; self-assessment; and VAT.

www.hmrc.gov.uk

The Information Commissioner's Office

Tel: 08456 30 60 60

www.ico.gov.uk

Insolvency Service

www.insolvency.gov.uk

Institute of Chartered Accountants of England and Wales

www.icaew.co.uk

Institute of Chartered Accountants in Ireland

Tel: 028 9032 1600

www.icaei.ie

Institute of Chartered Accountants of Scotland

Tel: 0131 347 0100

www.icas.org.uk

The Pensions Advisory Service

www.pensionsadvisoryservice.org.uk

Sources of funding

Always check out the RCN website for information on research funding. There is a detailed database listing more than 800 funding sources, plus in excess of 2,000 awards for health care staff in the UK.

The British Franchise Association

Tel: 01491 578050

www.thebfa.org.uk

Business Link

Local offices working under the Department for Business, Enterprise and Regulatory Reform offering advice on all areas of business.

www.businesslink.gov.uk

The Charity Commission

Tel: 0845 3000 218

www.charity-commission.gov.uk

Co-operatives UK

Tel: 0161 246 2959

www.cooperatives-uk.coop

Central organisation for the co-operative movement in the UK.

The Learning and Skills Council

Tel: 0870 900 6800

www.lsc.gov.uk

The Prince's Scottish Youth Business Trust

Tel: 0141 248 4999

Freephone: 0345 771177

www.psybt.org.uk

For young people in Scotland aged between 18 and 26.

The Prince's Youth Business Trust

Tel: 0800 842 842

www.princes-trust.org.uk

Business advice, grants and loans to young people, aged 18–29, to start their own businesses.

Shell Livewire

Tel: 0845 757 3252

www.shell-livewire.org

Helps 16 to 30 year-olds to start and develop their own business and hosts a national competition for new business start-ups.

Scholarships and grants

The RCN administers awards, bursaries and scholarships for nurses for study, research, travel, and conferences, etc. For more information contact the RCN Awards Officer on: 020 7647 3731 or RCN Direct on: 0845 772 6100.

Alun Islwyn Giles Memorial Nursing Scholarship

RCN Welsh Board, Ty Maeth, King George V Drive East, Cardiff, CF14 4XZ.

Tel: 029 2075 1373

For RCN members nursing in Wales to pursue projects or courses that promote the advancement of the art and science of nursing. Closing date: 31 May each year.

The Barbers Company Clinical Nursing Scholarship

The Administrator, The Barbers Company Scholarship, RCN Institute, Whichford House Building 1400, Parkway Court, Oxford Business Park, Cowley, OX4 2JY. Tel: 01865 741166

To enable those pursuing a career in clinical nursing to undertake further education, research or a clinical project. Fees or subsistence are offered to nurses undertaking a masters degree or research in an academic setting in the UK or overseas.

George Hood Book Awards

Royal College of Nursing, PND (Awards), 20 Cavendish Square, London, W1G 0RN. Tel: 020 7647 3731

You must have been a member of RCN Association of Nursing Students for at least six months. A limited number of awards are available.

Hettie C Hopkins Care of the Elderly Nursing Scholarship

RCN Welsh Board, Ty Maeth, King George V Drive East, Cardiff, CF14 4XZ.

Tel: 02920751373

Open to nurses in Wales who hold statutory qualifications in nursing and wish to pursue a project associated with the care of the elderly. Closing date: 31 March each year.

Hospital Saving Association Charitable Trust Scholarships for Nurses and Midwives

RCN PND (HSA Awards), 20 Cavendish Square, London, W1G 0RN. Tel: 020 7647 3731

Scholarships for nurses and midwives in clinical practice entering post-registration study or research. Awarded annually. Send SAE to Awards Officer for details (available August – October).

Johnson & Johnson/Ethicon Nurses Education Trust Fund

RCN Institute, 20 Cavendish Square, London, W1G ORN.

Tel: Moira Lambert on 020 7647 3731

For members of the RCN or ICNA wishing to further their education and enhance their expertise in their chosen field of nursing. Closing date: 1 May each year.

Mair Scholarship

RCN Scottish Board, 42 South Oswald Road, Edinburgh, EH9 2HH.

Tel: Contact Jan Gorman on 0131 662 6160

Funding for occupational health nurses in Scotland for courses, study tours and research. Closing date: end of February each year.

Margaret Parkinson Scholarship Awards for Pre-registration Graduates.

RCN PND (Awards), 20 Cavendish Square, London, W1G ORN. Tel: 020 7647 3731

Tel: Awards Officer on 0207 409 3333

Scholarship(s) offering £1,000 to £4,000 per annum for graduates with a non-nursing degree who wish to take up nursing.

Margaret Parkinson Scholarship, Awards for Post-registration Nurses

RCN PND (Awards), 20 Cavendish Square, London, W1G ORN. Tel: 020 7647 3731

Tel: Awards Officer on 0207 409 3333

Scholarship(s) offering £1,000 to £5,000 per annum for registered nurses to undertake courses or obtain experience in advanced nursing practice.

Mary Seacole Leadership Award

RCN (Awards), 20 Cavendish Square, London, W1G ORN. Tel: 020 7647 3731

Annual bursary to promote the professional development of nursing in relation to the health service needs of black and minority ethnic communities. One award of £25,000. Closing date: May each year.

Peter Holgate Scholarship

RCN PND (Awards), 20 Cavendish Square, London, W1G ORN. Tel: 020 7647 3731

Tel: Moira Lambert on 0207 647 3731

Funding for RCN Institute occupational health course; book grants for other courses in the UK; and conference grants to assist occupational health nurses wishing to present papers at occupational health conferences.

RCN Educational Scholarships

RCN PND (Awards), 20 Cavendish Square, London, W1G ORN. Tel: 020 7647 3731

Tel: Awards Officer on 020 7647 3731

Up to £10,000 to fund projects, research or travel specifically related to nurse education. No courses can be funded.

Rea Bequest Training Fund

RCN Northern Ireland Board, 17 Windsor Avenue, Belfast, Northern Ireland, BT9 6EE.

Tel: 028 9066 8236

For RCN members working in Northern Ireland undertaking further education.

The Trevor Clay Scholarship Fund

RCN PND (Awards), 20 Cavendish Square, London, W1G ORN. Tel: 020 7647 3731

Tel: Awards Officer on 020 7647 3731

Funding for a project, study visit or course to develop a leadership /management role in health care.

RCN National Forum Awards

Awards similar to those listed below are available to RCN forum members and are advertised in the relevant forum's newsletter. To speak to the contacts listed below, call 020 7409 3333 unless otherwise specified. To join an RCN national forum, visit www.rcn.org.uk or contact RCN Direct on 0845 772 6100.

The RCN Accident and Emergency Nursing Association 3M Award for Innovation in Practice

For further details, contact Mike Haywood on: 020 7647 3753.

£2,500 available to assist A&E nurses wishing to undertake a project of benefit to A&E nursing.

Barbara Saunders Award – stoma care

For further details, contact Anne Elliott, Royal College of Nursing, 20 Cavendish Square, London, W1G ORN.

Tel: 020 7647 3731

Funding to attend professional meetings and courses, or undertake research or study to improve stoma care. Eligibility: members of the RCN Stoma Care Nursing Forum. Closing date: applications are considered at each committee meeting.

RCN Cancer Nursing Society – Novartis Award

For further details, contact Celia Manson, Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN. Tel: 020 7647 3731

Funding for an RCN member to attend an oncology conference of their choice.

RCN Cancer Nursing Society – SKB Award

For further details, contact Celia Manson, Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN. Tel: 020 7647 3731

For further study or education related to cancer.

Cow & Gate/RCN Paediatric Nursing Scholarship

For further details, contact Jackie Seales, Cow & Gate Ltd, Newmarket Avenue, White Horse Business Park, Trowbridge, Wiltshire, BA14 0XQ. Tel: 01225 768381.

A £2,000 scholarship to encourage submission of detailed proposals whose outcomes benefit individual patients and enhance any area of paediatric nursing. Eligibility: paediatric nurses in RCN membership.

RCN Critical Care Forum Study Award

For further details visit www.rcn.org.uk

A £250 award to promote innovative and effective practice in critical care nursing. Eligibility: members of the RCN Critical Care Nursing Forum.

RCN Fertility Nurses Group Study Awards

For further details, contact Sandra Hall on: 0131 662 6160.

Up to £200 to fund courses/attend conferences on fertility. Applications will be assessed on the extent to which they will benefit work in this area.

Eligibility: members of the RCN Fertility Nurses Group who are working in fertility or related areas.

Monica Baly Bursary

For further details, contact Ana Champou, Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN. Tel: 020 7647 3731

Funding for study or conference attendance related to nursing history.

Eligibility: members of the RCN History of Nursing Society. Closing date: 31 August each year.

Ophthalmic Nursing Award

For further details, contact Bernie Cottam, Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN. Tel: 020 7647 3731

Funding to undertake a project or professional visit to enhance ophthalmic nursing care or develop ophthalmic nursing. Applications will be assessed on written proposals, which should outline the personal and professional benefits to the candidate. Eligibility: RCN or Irish Nurses Organisation members currently involved in ophthalmic nursing.

RCN Rheumatology Nursing Forum – Pharmacia and Upjohn travel bursaries

For further details, contact Sue Thomas on: 020 7647 3740.

Funding to attend rheumatology meetings or courses, or to visit a rheumatology centre.

RCN Nursing Transplant Forum

For further details, contact Mike Hayward on: 020 77647 3753.

Financial support for research and projects related to the care of transplant patient groups. Support is also available for those wishing to attend conferences. Applications will be assessed on the basis of a written proposal. Eligibility: members of the RCN Transplant Forum.

RCN Society of Occupational Health Nursing – scholarships and bursaries

For further details, contact Beverley Willie.

Assistance to attend conferences. Eligibility: members of the RCN Society of Occupational Health.

RCN Society of Occupational Health Nursing – Colt Foundation scholarships

For further details, contact Beverley Willie, Royal College of Nursing, 20 Cavendish Square, London, W1G 0RN. Tel: 020 7647 3731

Wyeth Awards

For further details, contact Judith Golleman at Wyeth on: 01628 604377.

Funding to enable family planning nurses to undertake further study or attend conferences. Eligibility: RCN members working in family planning.

Closing date: 31 March each year.

Other organisations that offer scholarships and grants

Arthritis and Rheumatism Council

St Mary's Gate, Chesterfield, S41 7TD.

Tel: 0124 655 8033

www.arc.org.uk

Bursaries for nurses with at least one year's rheumatology experience to attend conferences or visit other units to study alternative methods of care.

The Association of Masters of Business Administration

15 Duncan Terrace, London, N1 8BS.

Tel: 020 7837 3375

Loans for graduates to study MBAs or other general management courses at certain business schools

Balint International Prize for Professionals in the Field of Public Health

The Swiss Red Cross, Department of Vocational Education, Pro Balint, Werkstrasse 18, CH-3084 Wabern, Switzerland.

Aimed at nurses, midwives, medical technicians and therapists. The equivalent of around £3,600 is awarded annually to promote relationship-orientated care in line with the World Health Organization Ascona model.

Boehringer Mannheim Occupational Health Award

BM Occupational Health Award, Aldwych Publishing plc, 230–234 Long Lane, London, SE1 4QE.

Tel: 020 7940 6000

Award for initiatives in the field of health promotion in the workplace.

Bounty Health Visitors Professional Development Awards

Bounty Services Ltd, 3 Theobald Court, Theobald Street, Borehamwood, Herts WD6 4RN

Funding for registered health visitors for projects to develop their professional career. Awards are made three times a year.

Bounty Midwives Professional Development Awards

Bounty Services Ltd, address as above.

Funding for registered midwives for projects to develop their professional career. Awards are made three times a year.

British Dermatological Nursing Group (BDNG)

4 Fitzroy Square, London, W1P 5HQ.

Tel: 020 7383 0266

Funding to attend BDNG annual meeting.

British Geriatrics Society

Majorie Wallen House, 31 St Johns Sq, London. EC1M 4DN.

Tel: 020 7608 1369

Offer a number of grants of up to £200 each for nurses interested in the care of older patients to attend conferences.

British Lung Foundation – Trevor Clay Memorial Grants

The Research Manager, British Lung Foundation, 73/75 Goswell Rd, London, EC1V 7ER.

Tel: 020 688 5555

Helpline: 0845 8505020

Grants of up to £10,000 to support practical research in the UK that will benefit people with a lung disease. Open to all health care professionals.

British Sjögren's Syndrome Association

P O Box 10867, Birmingham, B16 0ZW.

Tel: 0121 455 6532, contact: the secretary.

Funding for a health care professional undertaking work connected with Sjogren's Syndrome that will benefit sufferers.

Children's Transplant Foundation Ltd

10 Waldenhurst Road, Orpington, Kent, BR5 4HW.

Tel: 01689 834906

Grants to assist nurses with courses, accommodation and travelling associated with transplant surgery for children.

The Coloplast Charitable Trust

Professor Rosemary Crow, Coloplast Charitable Trust, Peterborough Business Park, Peterborough, PE2 6FX.

Annual scholarship to support PhD research that contributes directly to improving patient care in the areas of stoma care, breast care, wound care or continence care. Closing date: April each year.

The Committee of Trauma Nursing (UK)

112 Vicarshall Lane, Boothstown, Worsley, Manchester, M28 1HT.

Annual award of £1,000 for trauma nurses wishing to present at a major conference, travel to a centre of excellence, acquire new skills or develop new knowledge.

The Dorothy Mandelstam Award

Association for Continence Advice
Tel: 01506 811077

A £1,000 travel award for health professionals working in the continence field.

The Economic and Social Research Council (ESRC)

Advanced course and research studentship competitions. Contact the registrar's office at your institution or visit the website at www.esrc.ac.uk/postgrad.html for application forms and guidance notes.

The Edwina Mountbatten Trust

The Estate Office, Boardslanott, Romsey, Hants, SO51 9ZE.

Tel: 01794 413000

Makes grants for specific projects aimed at promoting and improving the art and practice of nursing, midwifery and health visiting. No courses will be funded.

Florence Nightingale Foundation

Suite 3, 38 Ebury Street, London, SW1W 0LU.
Tel: 020 7730 3030.

www.florence-nightingale-foundation.org.uk

Applications considered annually from nurses, midwives and health visitors in the UK to study nursing or midwifery topics in this country or abroad. Travelling scholarships and band trust research scholarships are available to enable experienced nurses to study research methods leading to a diploma or a research module within a degree course.

Foundation for the Study of Infant Deaths

14 Halkin Street, London, SW1X 7DP.
Tel: 020 7235 0965

Grants for research projects of interest to the Foundation.

Fulbright Commission

Fulbright House, 62 Doughty Street, London, WC1N 2LS.

Tel: 0207 404 6880

Fulbright Scholarship Grants enable British lecturers and postdoctoral research scholars to spend a minimum of three months in the United States. Candidates must demonstrate academic excellence. Subjects where there is an opportunity for collaborative innovation or international significance or a focus on Anglo-American relations are of particular interest. Candidates for Fulbright Postgraduate Student Awards must have achieved at least a 2:1 in their first degree and must demonstrate evidence of academic excellence and leadership qualities. Grants are offered for a minimum of nine months' postgraduate study in any subject in the United States.

The Harkness Fellowships

90 Long Acre, London, WC2E 9RA.

Tel: 020 7257 8000

To encourage opinion-formers and professional leaders to benefit from new ideas, practices and contacts in the United States with a view to enhancing UK development. Open to individuals active in any part of the public, business or voluntary sectors. Candidates must demonstrate exceptional personal and intellectual qualities and professional achievement. The categories are different each year.

Health Services Journal Health Management Awards

Health Services Journal, Porters South, 4 Crinan Street, London, N1 9XW.

Tel: 020 7833 4000

Awards for achievement in management, with different categories each year.

Closing date: the awards are advertised in May each year and the closing date is in July.

The Lolanthe Midwifery Trust

23 Pinfold Road, London, SW16 2SL.

Tel: 020 8696 0769

Various bursaries to enable midwives to study or undertake research into midwifery practice.

Infection Control Nurses Association

The Brendan Moore Educational Trust, c/o Miss M Reed, 7 Malmesbury Park, 263 Harborne Road, Edgbaston, Birmingham, B15 3JA.
Funding for infection control nurses for education or research.

King's Fund Educational Bursaries

Grants Department, King's Fund, 11–13 Cavendish Square, London, W1M 0AN.
Enclose an A4 SAE. Awards for those working within the Thames regional health authority area for professional development beyond basic training, plus bursaries for study leave to undertake research into service development. Closing date: bursaries are advertised in February each year.

Leverhulme Trust Awards

Awards Advisory Committee, Leverhulme Trust, 1 Pemberton Row, London, EC4A 3BG.
Tel: 020 7822 5220
Fellowships, grants and studentships covering research in the UK and Europe.

Medical Research Council

20 Park Crescent, London, W1N 4AL
Tel: 020 7636 5422

www.mrc.ac.uk/fund

Funding for multidisciplinary research into public health.

Medical Research Council and Joint MRC/Health Region Special Training Fellowships in Health Services Research

Fellowships Section, Research Career Awards, Medical Research Council, address as above.
Tel: 020 7636 5422, ext. 6291
Email: fellows@headoffice.mrc.ac.uk
Up to four years of support for researchers carrying out multi-disciplinary research into problems of direct relevance to health services within the UK. Nurses, midwives and researchers in professions allied to medicine must have completed their professional training and hold a relevant research-orientated MSc.

National Asthma Campaign

Summit House, 70 Wilson Street, London, EC2A 2DB.
Tel: 020 7786 4900

Grants for applied, basic or clinical research relevant to asthma and/or related allergies. Usually awarded for one to three years to those working in hospital and general practice, clinical care, epidemiology, environmental research and product evaluation.

The NHS Management Executive Bursary Scheme

Supports education and training in research, through regional offices of the NHS Executive Research & Development Directorate. Please apply directly to your local R & D Directorate.

The Nightingale Fund Council

The Hon Secretary, The Nightingale Fund Council, 108 Brancaster Lane, Purley Surrey, CR8 1HH
Post-registration education for nurses, midwives and others working in a clinical, educational or possibly research field. Any recognised study that will enhance clinical or tutorial skills may be considered.

NMC Research Scholarships

c/o Dr Pam Walter, Professional Officer, Education, NMC, 23 Portland Place, London, W1N 4JT.
For details write, marking your envelope 'NMC scholarships'. Two research scholarships available to nurses, midwives and health visitors investigating an aspect of the role and function of the NMC, such as maintenance and promotion of standards of professional education, practice and conduct.

Norah Cooke-Hurle Trust for the Benefit of Somerset Nurses

The Hon Secretary to the Trustees, Room A111, County Hall, Taunton, Somerset TA1 4DY.
Tel: 01823 355571
For registered nurses and midwives resident in Somerset for further education/travelling.

Nursing Standard/Royal National Pension Fund for Nurses (RNPFN) Nursing Educational Awards

ANA Scholarships, Nursing Standard, The Heights, 59/65 Lowlands Road, Harrow, Middlesex, HA1 3AW.
Tel: 020 8423 1066
Funding to attend the American Nurses' Association annual convention.

Nursing Standard/Smith & Nephew Clinical Practice and Management Awards

RCN Publishing Company, 59/65 Lowlands Road, Harrow, Middlesex, HA1 3AW. Tel: 020 8423 1066
Funding for nurses, midwives and health visitors to develop their management skills in clinical practice at residential management course at Sundridge Park Management Centre in Kent. Awarded every 18 months.

Nursing Times and BHSF Medical Charity and Welfare Trust Scholarships

Nursing Times
Travel awards of £2,000 each for nurses, midwives and health visitors planning study trips abroad.

Overseas Research Students Award Scheme

Committee of Vice-Chancellors and Principals, 29 Tavistock Square, London, WC1H 9EZ.
Tel: 0207 420 2200
Awards for tuition fees to overseas postgraduate students of outstanding merit and research potential.

Queen's Nursing Institute Innovation Awards

Queen's Nursing Institute, 3 Albemarle Way, London, EC1V 4JB.
Tel: 020 7490 4227
Assistance with projects involving innovative nursing care for people in the community.

Sir Richard Stapley Educational Trust

PO Box 57, Tonbridge, Kent, TN9 1ZT
Grants from £200–£31,000 for graduates over 24 years of age with first or upper second class honours degrees studying for a higher degree or a degree in medicine at a UK university. All enquiries must be accompanied by a SAE. Closing date: applications are considered in March for grants in October.

Smith & Nephew Foundation Nursing Awards

Foundation Administrator, Smith & Nephew Foundation.
Tel: 020 7960 2276
www.snfoundation.org.uk
barbarafoster@smith-nephew.org.uk

St Thomas's Hospital Edmund Legacy

The Honorary Secretary, Nightingale Fellowship, Edmund Bequest, Gassiot House, 2 Lambeth Palace Road, London, SE1 7EW.
Tel: 020 7928 9292
Small grants for nurses who have trained at St Thomas's Hospital and have a Nightingale badge, wishing to undertake courses.

Wingate Scholarships

The Administrator, Wingate Scholarships, Queens Anne Business Centre,
28 Broadway, London, SW1H 9JX.

www.wingate.org.uk

Clark@wingate.org.uk

Send an SAE – A4 envelope with 39p stamp. Financial support for individuals of great potential or proven excellence to undertake pioneering or original work of intellectual, scientific, artistic, social or environmental value and who are not eligible for funding from the usual sources. The awards are to help with costs of a specific project lasting up to three years. The work proposed may be in the context of a higher degree, but awards are not available for taught courses of any kind or for completing courses already begun.

Winston Churchill Memorial Trust

15 Queen's Gate Terrace, London, SW7 5PR.
Tel: 020 7584 9315.
Send an SAE for details. Travel awards for British citizens so they can gain a better understanding of life and work overseas and become more effective in work and the community on returning to UK. Categories are different each year. Awards are not available for courses or academic studies.

Other avenues

- ◆ Your local hospital or college of nursing
- ◆ Your local RCN office
- ◆ The RCN website at www.rcn.org.uk for details and references
- ◆ Some commercial companies sponsor students on educational courses – try contacting companies whose products you use
- ◆ Voluntary bodies such as the local Rotary Club or Round Table
- ◆ Charities connected with your nursing specialty, for instance the Parkinson's Disease Society
- ◆ The Educational Grants Advisory Services (EGAS), Family Welfare Association, 501–505 Kingsland Road, London E8 4AU. Tel: 020 7249 6636. EGAS can sometimes help with difficulties with local education authorities.

If your research or project meets European Union objectives you may be able to apply for EU funding. Contact your local County Council or the European Commission in London.

Tax relief

Provided that certain conditions set by the HM Revenue and Customs are met, you may be able to claim tax relief on the cost of course fees and essential books. It may also be possible to claim other out-of-pocket expenses. Visit www.hmrc.gov.uk

Reference books

When looking through reference books check carefully that:

- ◆ the organisation you are applying to is interested in or will fund your specialist field of nursing
- ◆ they offer your particular type of grant – that is, funding for courses, travel, study visits, etc.

The charities digest, by Claudia Rios, is published by Waterlow Professional Publishing. This provides information for those seeking help, providing advice or referencing information on charities.

The directory of grant-making trusts is published by the Directory of Social Change.

The grants register – the complete guide to postgraduate funding worldwide is published by Palgrave Macmillan.

The springboard sponsorship and funding directory (2000) is published by the Careers Research and Advisory Centre.



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