



Dear Colleague

**PAY, GRADING AND SENIOR MANAGEMENT POSTS
IN MIDWIFERY**

Summary

"The Provision of Maternity Services in Scotland - A Policy Review", was published in July 1993 and preceded the English policy document "Changing Childbirth" which was adopted in January 1994. Both documents enunciate the same principles. On "Changing Childbirth" the NHS Executive issued guidance - EL(95)77 addressing pay, grading and the loss of senior posts. Whilst fully recognising that pay, grading and management structures are largely the responsibility of health providers, it is felt that the issue of comparable guidance which takes into account the Scottish perspective would be helpful to the process of reaching local arrangements within the context of the Scottish policy document on Maternity Services.

Action

Chief Executives of Trusts and General Managers of DMUs are asked to note the following guidance on the pay and grading of midwives and having a practising midwife in post at senior management level. Copies of this letter should be passed to the Director of Nursing Services and the Director of Human Resources.

30 November 1995

Addressees

For action:

Chief Executives, NHS Trusts

General Managers DMUs

For information:

General Managers,
Health Boards

General Manager,
Common Services Agency

General Manager,
Health Education Board for
Scotland

General Manager,
State Hospitals Board for
Scotland

Executive Director, SCPMDE

Enquiries to:

Mr P McDade
Directorate of Human Resources
NHS Management Executive
Room 70
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2473
Fax: 0131-244 2837

In relation to pay and grading, it should be recognised that the current role of the midwife may not fit neatly into the clinical nurse grading structure which was introduced in 1988. The role may involve the requirement to undertake a flexible work pattern incorporating shifts and/or an on-call commitment, the responsibility of referring mother and/or child for specific paediatric/medical/obstetric or other attention, the provision of care for a range of pregnancies in widely different environments, being the lead professional in the provision of an entire episode of care - ie from early pregnancy to birth plus 10 days - and have responsibility for a caseload of such episodes. Some staff have, in the interests of the promotion of 'women centred care', proven willing to undertake such duties at a grade and therefore salary level which might be considered inappropriate.

Local pay and the development of discrete Trust terms and conditions of service will provide an opportunity to address the grading/pay issue. Recognition should be afforded to the range of duties and working patterns undertaken. Equally, those staff who are newly qualified or who are returning to work from a break in the midwifery service will require a period of familiarisation before assuming the full range of duties and this should be reflected in their initial grading. Provided that part-time and job-share postholders take responsibility for the range of duties, albeit smaller in size, their grading should be no different from that of a full-timer.

Where the nurse clinical grading structure is used and a midwife has a defined caseload of women to whom he/she gives the full range of midwifery care the grades 'F' or 'G' will normally be appropriate regardless of the route to registration. Such staff may work in teams, in midwifery group practices or individually in a range of settings. The same gradings would apply to those staff who provide the essential hospital based back-up required by team and group practice colleagues although this will depend on their clinical responsibilities.

Consideration should also be given to the role of a maternity support worker. Any such development would, however, need careful assessment to ensure that the activities of such staff would not conflict with the midwife's statutory role. They should, rather, complement and support the midwife by taking over appropriate non-statutory duties and therefore release more of the midwife's time for her professional duties.

In management structures, NHS Trusts and other providers should ensure that a practising midwife is in post at senior management level. Apart from giving a strong professional and clinical lead to colleagues, such a person would be expected to take the lead in midwifery policy development to the Board. This practising midwife should advise the Board on contracting and policy matters, particularly those in respect of Maternity Services Provision. Such a post and its attendant responsibilities should be explicit in agreed senior management structures. Providers may wish to identify a suitable grade from within the national framework at senior and general management level.

MR SIBBALD

M R SIBBALD
Director of Human Resources