NHS Staff Council
Job Evaluation Group

Nursing and midwifery national job profile review - Evidence report

May 2023

Working in partnership

Nursing and midwifery national job profile review Evidence report – May 2023

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Introduction

The NHS Job Evaluation Scheme (JES) is an analytic scheme used to determine the pay bands for all Agenda for Change (AfC) posts under the NHS Terms and Conditions of Service (TCS) and supports equal pay for more than one million NHS staff.

The scheme underpins the TCS that are agreed by the NHS Staff Council who delegate work to the NHS Job Evaluation Group (JEG) to ensure that it remains fit for purpose and can be applied by employers. JEG also offers expert training to NHS organisations, along with guidance and advice to support their job evaluation work.

The NHS JES measures the skills, responsibilities and effort required for a job, and allocates it to a pay band. The scheme allows NHS jobs to be matched to nationally evaluated role profiles, based on information from job descriptions, person specifications and additional information.

Profiles are summaries of commonly occurring roles. They work on the basis that there are posts in the NHS which are standard and have many common features.

To ensure consistency and equality, the NHS JES uses a common language and applies a common set of principles to all jobs when determining pay banding outcomes. Profiles apply these principles to particular job groups within occupational groupings, for example administrative services or health science services, and show the differentiation between roles at different bands. All profiles can be found the NHS Employers website.

There are a number of 'suites' of national job profiles that can be used to match nursing or midwifery jobs:

- Combined nursing profiles - updated July 2021.
- Dental nursing
- Health visitors
- Midwifery
- NHS Direct – now incorporated into emergency services to cover 111 services.
- Nursing and midwifery generic covering practice educators and clinical researchers).
- Theatre nurses.

Following requests made by the Royal College of Nursing (RCN) and the Royal College of Midwives (RCM), the NHS Staff Council's Job Evaluation Group was asked by NHS Staff Council to undertake a review of the national job profiles (band 4 and above) for nursing (Combined nursing profiles only) and midwifery. As these professional groups form the largest proportion of the NHS workforce, this review is a large-scale project and considered a key priority for the NHS Staff Council. The review started in the Summer of 2022 and is expected to reach completion in 2024.

The aim of this review is to ensure that these profiles reflect current nursing and midwifery practice and are fit for purpose in all health and care settings. This will help employers meet their legal obligation to ensure pay equality across their workforce.

This report is the output from the evidence gathering stage of the review project and, as with all aspects of the NHS JES, has been prepared in partnership by employer and staff-side representatives of JEG with support from NHS Employers.

- Section 1 outlines the process of reviewing profiles and describes the evidence gathering stage of the review.
- Section 2 gives details of the number and spread of survey responses received (see the survey questions).
- Section 3 is broken down into two parts to provide a summary and analysis of all the evidence received for both nursing and midwifery.
- Section 4 outlines the issues that have emerged during the task and finish groups' work that are out of the scope of the review.
- Section 5 outlines the conclusions and next steps JEG recommends in order to complete the review.

This report is for consideration by the NHS Staff Council Executive who are asked to confirm their agreement to the approach recommended.

Summary of conclusion and recommended next steps

JEG believes that the evidence they have received is sufficient to indicate next steps. The evidence received shows that the majority of employers and stakeholders can use the profiles, for the most part, but that improvements to them are necessary to assist matching panels in using them effectively.

JEG will now undertake further work to review the language and terminology of the existing profiles, updating it where necessary, including a review of the profile labels and job statements to ensure they reflect current clinical practice and deployment. In doing this work, JEG's aim will be to clearly show the differentiation between the bands and provide greater narrative examples of the factor levels (the 'non-bold').

JEG will also request additional information from identified employers in order to consider the need for additional profiles or signposting to other profiles for some of the highly specialist roles that have been identified, for example, head of midwifery, clinical governance, digital nursing.

This work will be undertaken in partnership by JEG members according to its usual profile review process and conventions.

Drafts of revised profiles will come to the NHS Staff Council for comment and consultation in the usual way.

JEG believes it is on track to complete the review within agreed timescales.

Section 1 – The review process and evidence gathering

JEG's standard operating process for profile reviews.

JEG's project plan for this review was agreed by the NHS Staff Council and contains a number of stages that are summarised in the table below.

1	Planning	This will include early engagement with stakeholders to give advance notice of the evidence requirements and to clarify the parameters of the review.
2	Reporting	JEG will report to the NHS Staff Council at least quarterly. The TFG will report to the profile group monthly.
3	Communications	A separate comms plan has been developed.
4	Stakeholder engagement	JEG will run a series of webinars and roundtable discussions for key stakeholders e.g. staff-side, management, academics, chief nursing officers (CNOs)/system leaders – see below.
5	Evidence gathering	Primarily by way of an online survey of all NHS organisations using NHSJES. Stakeholders will also be asked to submit job analysis questionnaires (JAQs) and JE reports for nursing roles that have failed to match the current national profiles. National bodies will be asked to provide evidence on strategy and policy issues that affect the review.
6	Evidence analysis	Evidence received will be reviewed by the TFG to help gauge the work that will be necessary and inform next steps which may include further evidence gathering/interviews etc… A report will be published summarising the evidence received and conclusions made.
7	Drafting and amending	The TFG will work with a drafting group and either: a) confirm the existing profile is still appropriate b) revise the existing profile c) develop a new profile. This will occur when evidence shows that there are commonly occurring roles with no national profile for job matching practitioners to use. Draft profiles will be considered by JEG's profile group and then agreed by JEG.
8	Consulting	JEG will then submit agreed draft profiles to NHS Staff Council Executive (SCE) for consultation and will act on any responses received. This will be undertaken by the TFG and profile group and may lead to further consultation if significant changes are made as a result of consultation feedback.
9	Publishing	Final drafts will need to be agreed by SCE before being published on the NHS Employers website.

Successful profile reviews rely on good quality evidence including accurate and agreed job information as well as information about the employment and professional context of the roles in scope. In order to assess if profiles needed to be amended or updated, JEG issued a call for evidence to identify how the existing profiles were being used. They also identified that it was essential to understand the modern nursing and midwifery landscape and establish the current education, qualifications, training and development requirements within nursing and midwifery professions.

The call for evidence to inform the review opened in September 2022 and comprised of a number of elements:

- **Employer survey** – All NHS employers operating throughout the UK had the opportunity to complete an online survey. This was promoted on the NHS Employers' website, via the NHS Workforce Bulletin and in communications sent via the National Engagement Service.

- **Written evidence requests –** Letters were sent to NHS Staff Council partners (the trade unions and the national employer bodies) requesting their evidence on the current nursing profiles and changes to the deployment of nurses and midwives since the last work undertaken in 2011.

- **Roundtable discussions** – Two meetings were held with leaders across the NHS system (including those in devolved nations and administrations) such as the NMC, Health Education England, chief nursing and midwifery officers, NHS Employers and trade unions.

JEG established two task and finish groups (TFGs) to consider and analyse the evidence that was received; one for nursing and one for midwifery. These TFGs were constituted in partnership so that both vested and impartial interests were balanced. Their terms of reference can be found in Appendix 1.

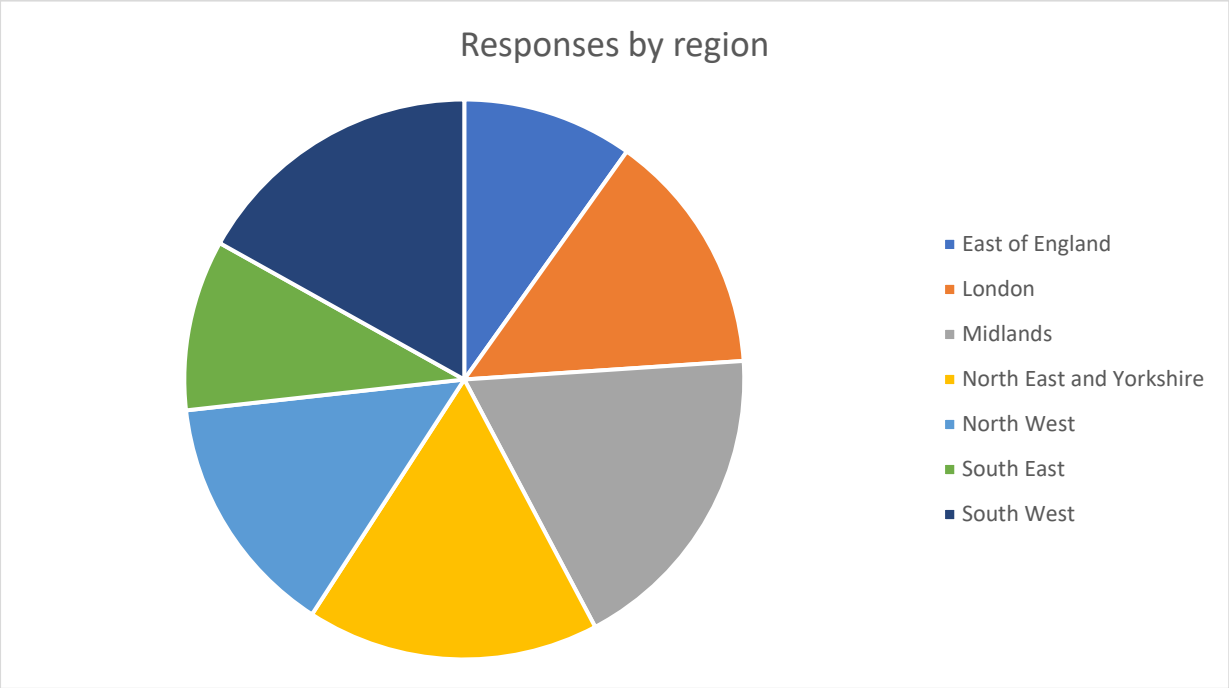
Section 2 - Survey responses

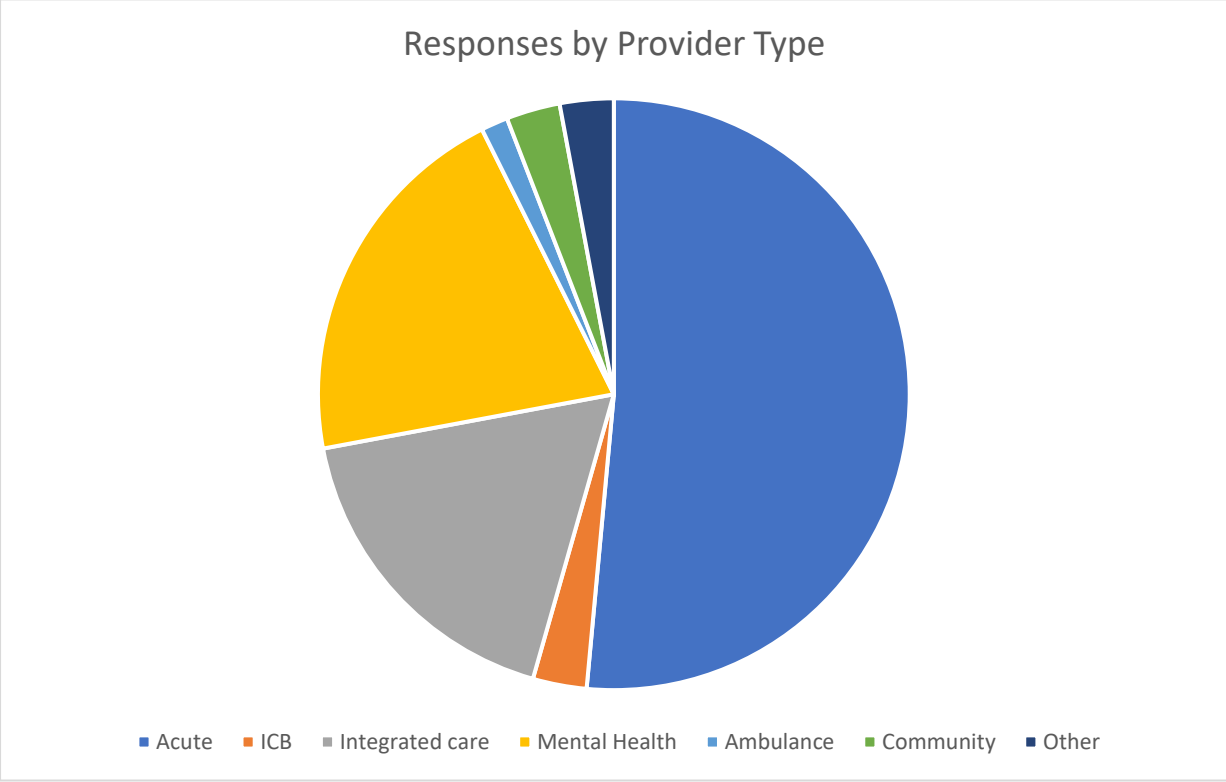
We received 108 responses, but this included a small number of duplicates. Taking those into account, the breakdown of survey respondents is as follows –

Responses received by country.

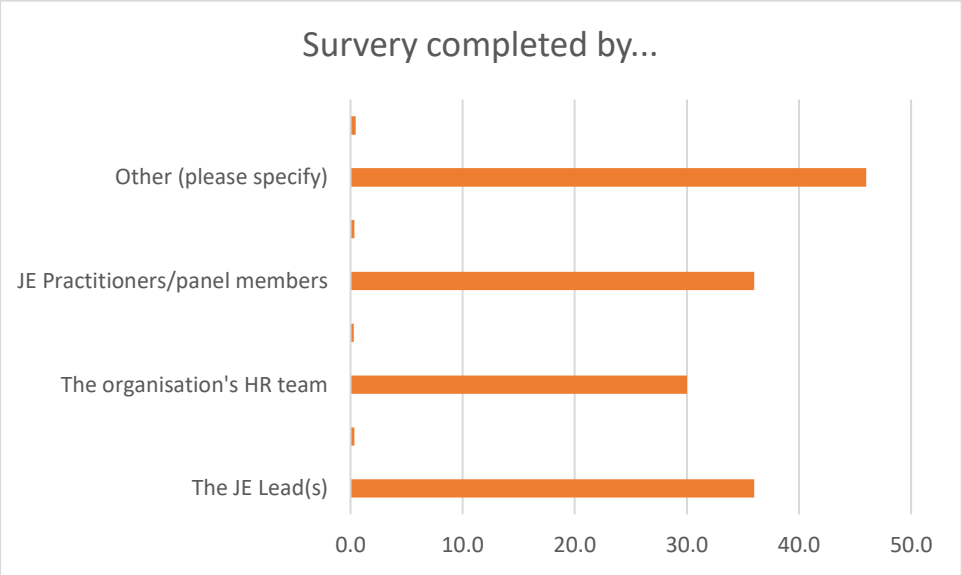
	% of total survey responses received	% of total possible responses by country
England	63	27.1
Wales	11.1	82
Scotland	18.5	91
Northern Ireland	7.4	89

In order to ensure that the review received information from all parts of the NHS, respondents in England were asked to specify their region and provider type:





The question “Who completed the survey” was answered by 100 respondents.



All 108 said they had nursing jobs, compared to 77 who had midwifery jobs.

	Nursing	Midwifery
England	68	44
Wales	12	11
Scotland	20	15
Northern Ireland	8	7

58 respondents said they had undertaken local evaluation of jobs in the last three years. However, 41 of those said they had undertaken zero evaluations. Leaving just a handful saying they had evaluated between one and 149 roles in this time.

	Answered	No of evaluations done	How many evaluations
England	34	22	Between 2 and 40
Wales	7	5	10 or 149
Scotland	12	9	3, 11 and 11
Northern Ireland	5	5	0

In order to assess the reliability of responses, the survey also asked respondents a series of questions about their local JE practice, as there was a concern that evidence from organisations with poor practice may affect the results and analysis.

JE practice

104 respondents answered the question “Is job evaluation and its supporting policies undertaken in partnership in your organisation? (For example, either the JE leads or staff-

side and management work together via JNCC or partnership groups to support JE in the organisation).”

England	90.8%	59/64
Wales	100%	11/11
Scotland	100%	20/20
Northern Ireland	100%	7/7
UK wide	100%	1/1

The following table shows responses to the question “Please let us know whether the policies listed below are in place in your organisation.”

		Total	England	Scotland	Northern Ireland	Wales	UK
Total responses		104	65	20	7	11	1
We have a Job Evaluation Policy agreed in partnership	Yes	87	49	20	6	11	1
		84.5%	76.6%	100.0%	85.7%	100.0%	100.0%
	No	12	12	0	0	0	0
		11.7%	18.8%	0.0%	0.0%	0.0%	0.0%
	Not sure	4	3	0	1	0	0
		3.9%	4.7%	0.0%	14.3%	0.0%	0.0%
We have an agreed consistency checking process	Yes	91	59	15	6	10	1
		89.2%	90.8%	83.3%	85.7%	90.9%	100.0%
	No	5	3	1	0	1	0
		4.9%	4.6%	5.6%	0.0%	9.1%	0.0%
	Not sure	6	3	2	1	0	0
		5.9%	4.6%	11.1%	14.3%	0.0%	0.0%
We have a process agreed in partnership that sets out how staff can request that their job banding is reviewed	Yes	97	59	20	6	11	1
		93.3%	90.8%	100.0%	85.7%	100.0%	100.0%
	No	5	4	0	1	0	0
		4.8%	6.2%	0.0%	14.3%	0.0%	0.0%
	Not sure	2	2	0	0	0	0
		1.9%	3.1%	0.0%	0.0%	0.0%	0.0%

104 respondents completed the section that asked, “Please indicate a response to each of the following regarding the use of the matching process in your organisation”. The charts below show the totals across the four countries.

		Total	England	Scotland	Northern Ireland	Wales	UK
Total Count (Answering)		104	65	20	7	11	1
We have a process for quality checking job information before it goes to a matching panel	Yes	84	52	15	6	10	1
		80.8%	80.0%	75.0%	85.7%	90.9%	100.0%
	No	17	12	4	0	1	0
		16.3%	18.5%	20.0%	0.0%	9.1%	0.0%
	Don't know	3	1	1	1	0	0
		2.9%	1.5%	5.0%	14.3%	0.0%	0.0%
We use matching panels comprised of staff side and management side reps	Yes	99	60	20	7	11	1
		95.2%	92.3%	100.0%	100.0%	100.0%	100.0%
	No	4	4	0	0	0	0
		3.8%	6.2%	0.0%	0.0%	0.0%	0.0%
	Don't know	1	1	0	0	0	0
		1.0%	1.5%	0.0%	0.0%	0.0%	0.0%
All our matching panellists are trained in how to use the NHS JE Scheme	Yes	102	63	20	7	11	1
		99.0%	98.4%	100.0%	100.0%	100.0%	100.0%
	No	0	0	0	0	0	0
		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Don't know	1	1	0	0	0	0
		1.0%	1.6%	0.0%	0.0%	0.0%	0.0%
A matching report is available and provided to employees	Yes	74	37	19	7	10	1
		71.8%	57.8%	95.0%	100.0%	90.9%	100.0%
	No	25	23	1	0	1	0
		24.3%	35.9%	5.0%	0.0%	9.1%	0.0%
	Don't know	4	4	0	0	0	0
		3.9%	6.3%	0.0%	0.0%	0.0%	0.0%
All our matching outcomes are consistency checked	Yes	93.0	57.0	19.0	6.0	10.0	1.0
		90.3%	89.1%	95.0%	85.7%	90.9%	100.0%
	No	8.0	6.0	1.0	0.0	1.0	0.0
		7.8%	9.4%	5.0%	0.0%	9.1%	0.0%
	Don't know	2.0	1.0	0.0	1.0	0.0	0.0
		1.9%	1.6%	0.0%	14.3%	0.0%	0.0%

The table below shows how organisations record their JE outcomes.

	Total	England	Scotland	Northern Ireland	Wales	UK
Total responses	104	65	20	7	11	1
On an organisation database	14	8	2	3	1	0
	13.5%	12.3%	10.0%	42.9%	9.1%	0.0%
CAJE/IJES or similar	59	28	16	4	10	1
	56.7%	43.1%	80.0%	57.1%	90.9%	100.0%
On a spreadsheet	57	40	6	4	7	0
	54.8%	61.5%	30.0%	57.1%	63.6%	0.0%
Using paper-based system	3	2	0	1	0	0
	2.9%	3.1%	0.0%	14.3%	0.0%	0.0%
We do not record matching results	0	0	0	0	0	0
	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Other (please specify)	9	4	4	1	0	0
	8.7%	6.2%	20.0%	14.3%	0.0%	0.0%

Answers to “other”:

“Turas Job Evaluation System Scotland” (four respondents said this).

“Not sure” (two respondents said this).

“Policy and processes are currently being developed (in partnership with staff-side) for the new organisation. Legacy policies/processes apply until such time”.

“We use a system called Selenity/ER Tracker as well as electronic folders”.

“Using desktop scoring sheet based on CAJE”.

Most respondents said their matching and evaluation panels are made up of employees of the organisation.

	Total	England	Scotland	Northern Ireland	Wales	UK
Total Responses	104	65	20	7	11	1
Yes	87	54	16	7	9	1
	83.7%	83.1%	80.0%	100.0%	81.8%	100.0%
No	7	6	1	0	0	0
	6.7%	9.2%	5.0%	0.0%	0.0%	0.0%
Usually	10	5	3	0	2	0
	9.6%	7.7%	15.0%	0.0%	18.2%	0.0%

Only 17 organisations answered the question – “Does the organisation ever use an external partner or organisation to undertake job matching on its behalf?”

	Total	England	Scotland	Northern Ireland	Wales	UK
Total Count (Answering)	17	11	4	0	2	0
Yes	9	8	1	0	0	0
No	2	1	1	0	0	0
Sometimes	6	2	2	0	2	0

However, 72 then went on to specify who else does JE for them, as follows:

	Total	England	Scotland	Northern Ireland	Wales	UK
Total Responses	72	44	15	4	8	1
Another NHS organisation	32	17	9	2	4	0
	44.4%	38.6%	60.0%	50.0%	50.0%	0.0%
A private company	9	9*	0	0	0	0
	12.5%	20.5%	0.0%	0.0%	0.0%	0.0%
Other (please specify)	31	18	6	2	4	1
	43.1%	40.9%	40.0%	50.0%	50.0%	100.0%

* None of the nine English organisations stated the name of the company they use.

Free text from any respondent who wished to comment on use of other bodies to undertake JE were as follows:

“As part of our review process, on occasion we have used a panel in a neighbouring NHS board. We have also provided support to other NHS boards on occasion. In addition, we have provided training to full time officers from a number of our partnership trade unions and in turn these officials support panels.”

“Capacity issues and independence”.

“Due to on-going internal capacity issues and de-commissioning of our cloud-based system for recording JE outcomes, we have had to arrange external support for job evaluation”.

“Due to staff availability and work pressures, it is becoming increasingly difficult to convene AfC panels; having an external option helps meet the demands of urgent job evaluation requests”.

“During restructure, a large number of job descriptions required review so a private company was used. Only recognised organisation since 1 July 2022”.

“For roles which require an extra level of independence, or on some occasions to support with capacity”.

“Limited availability of trained matchers and to support development of internal job matchers recently trained”.

“(Name of another NHS organisation) supported some panels to help with backlog during COVID-19 and reduction in availability of trained panel members and retirement of (member of staff) who previously supported training process”.

“(Name of another NHS organisation) have previously matched selected jobs in the past where posts could be contentious locally”.

“National Services Scotland (NSS) provide job evaluation scheme to Public Health Scotland (PHS). The trained job matchers that take part in panels are from both NSS and PHS”.

“The COVID-19 pandemic resulted in limited ability to co-ordinate and deliver regular panels. We endeavour to cluster in-house as much as possible and seek support from our external partner when necessary”.

“The job evaluation process is outsourced as part of a wider HR service level agreement”.

“To assist with backlog that occurred during COVID-19”.

“We are using an external company as a short-term solution with the intension of bringing this back in house asap but getting the training has been impossible and now only available on teams”.

“We engaged with a private company to support matching and evaluation due to lack of capacity to complete all this work in-house. We are in the process of reviewing the ongoing need to work with an external partner however, we will need to increase our capacity and as such require more staff training; which will require additional finances”.

“We have had a shortage of staff side reps both trained and difficulty in release due to demands of the service. In addition, they were used during covid and after to deal with backlogs of matching”.

Section 3 - Evidence summary and analysis

This section is broken into two sections, reflecting the considerations of the two TFGs set up for the evidence review.

Nursing

Survey evidence

In looking at the survey evidence, the task and finish group applied criteria used to identify those organisations that would potentially be able to provide high quality data to support the review of the profiles. The main criteria used to select organisations are the following:

- the organisations are willing to provide further evidence to support their views about the profiles, have information on their matching and/or evaluation outcomes
- there is evidence of a partnership approach to job evaluation practices and use of partnership panels. Private companies are not used to match or evaluate jobs
- organisations indicated that they were willing to be approached by the task and finish group/Job Evaluation Group to provide further evidence on their matching and evaluation outcomes
- the organisations had commented on the use of the nursing profiles and/or had indicated that they had locally evaluated jobs within the last three years.

Number and geographical spread of the organisations

Sixty organisations have been contacted by the job evaluation profile group/nursing task and finish group. All countries and devolved administration are represented as is the geographical spread between urban and rural based organisations. There is also a full range of services and trust types included in those selected.

Where organisations have not met the criteria set by the nursing task and finish group, but have provided some information, this has been stored for reference and review if this is required for future use.

The results from the survey evidence have been summarised into three broad headings:

1. use of the profiles
2. issues with the existing profiles
3. local evaluation where matching to a profile is not possible.

1. Use of profiles

All of the organisations responding to the survey use all or most of the combined nursing profiles to match jobs. Of the 60 selected trusts all used the nursing profiles to match jobs and 30 had also evaluated some nursing jobs locally.

Of those organisations that indicated that they used profiles to match jobs the majority found they could use those profiles all or most of the time.

Those organisations that used AfC bands 4,5,6,7 and 8a indicated that they used the profiles to match jobs most or all of the time. Key findings:

- over 80 per cent of organisations that had nursing associate posts could use the band 4 profiles to match jobs
- over 80 per cent of organisations being able to use bands 5, 6, 7 and 8a profiles to match nursing jobs
- just over 40 per cent of organisations could use the consultant band 8a to 9 profiles to match jobs.

Use of profiles when matching in percentages										
	Associate/NN	Nurse	Nurse Specialist	Nurse Team Leader	Nurse Team Leader (Learning Disabilities)	Nurse Advanced	Nurse Team Manager	Modern Matron	Nurse Consultant Band	Nurse/Midwife Consultant Higher level
Band	4	5	6	6	6	7	7	8a	8a-c	8c-9
All the time	30	61.6	35	30	15	31.6	35	25	11	16.6
Most of the time	26.6	25	39	42	16.6	40	45	41.6	23	23.3
Some of the time	31.6	5	21	25	16.6	25	16.6	23.3	26	36.6
Not used	11.6	5	3.3	2	50*	1.6	3.3	10	0	18.3

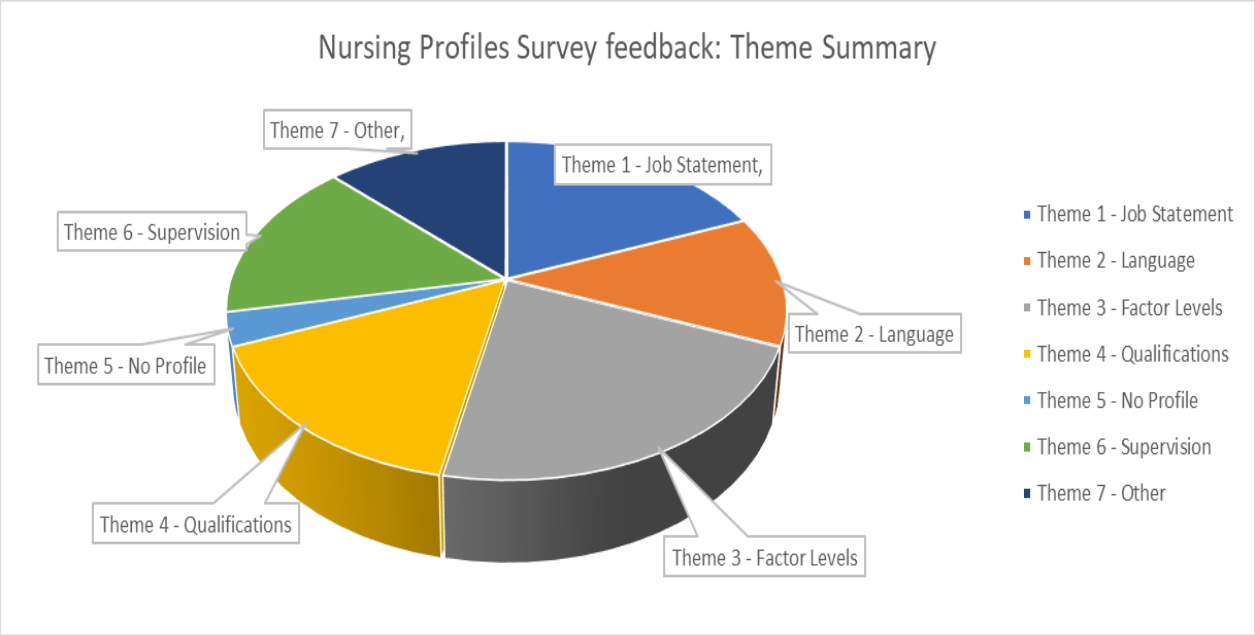
*Only certain trusts had learning disability services.

There are some minor anomalies in the figures as not all organisations filled in the questionnaire for all profiles however, these do not affect the figures as a basis for using the organisations to assess the use of the profiles for the organisations.

2. What issues did the organisations surveyed raise about the existing combined nursing profiles

Of the organisations selected to be contacted by the nursing task and finish group just under two thirds indicated that they did have some comments on the profiles.

Of the organisations giving an opinion on the areas that require attention in the nursing profiles the themes of language, supervision/autonomy/qualifications and job statements were broadly equal. A much lower number identified that there was no profile for particular jobs in their organisation.



Free text comments on the profiles centred on the following themes:

- The level of responsibilities in factors covering research, financial and management responsibilities are not always reflected in the profiles.
- Nursing manager profiles with higher level specialist skills are sometimes matched to professional manager profiles.
- Difficulty in matching specialist roles at band 5, 6 and 7.
- Need for non-bold content in national profiles to be more extensive in providing examples to support factor levels within the profiles.
- Profiles do not reflect expansion in scope of nursing, for example nursing ANPs are not accurately outlined in the higher-level profiles. Expansion of scope of nursing into non-clinical aspects of the roles.

All the free text comments received are reproduced in appendix 2 (see page 28).

3. Posts that have been locally evaluated

A list of the types of posts that have been locally evaluated by NHS organisations is given in appendix 3.

- Thirty organisations have been identified and asked to provide further information on the jobs that they have locally evaluated. From the information provided, the majority of locally evaluated posts appear to be unique and/or are in higher banded roles with the majority being senior roles in bands 8a and above.
- There are a number of roles that have been evaluated at band 7, which from the job titles given indicate specialist roles.
- A small number of organisations have evaluated jobs in band 4, 5 and 6. The TFG agreed to contact these organisations to request further information on the evaluations including the reasons for evaluation.

Key themes emerging from the written evidence

The following summary is drawn from the submissions made by staff side organisations including GMB, Unison and the RCN and NHS employing organisations from across the UK including NHS Employers. The themes were agreed by the partnership task and finish group.

Job descriptions: updating, regular reviews

- JDs are felt to be out of date and do not reflect the current role/full scope of role.
- National profiles are out of date too, reflecting the above and require up-dating in terms of language, supervision, autonomy and qualifications/experience required.
- Specialist roles are not being reflected accurately in job descriptions as roles change over time.

Submission excerpts:

“The jobs used to create nursing profiles have changed significantly, profiles are out of date and do not reflect the current nursing jobs and expectations of the nursing role”.

“JDs are not written to reflect organisational expectations of the role and do not reflect jobs in their entirety. They are written to reflect minimum requirements at recruitment level and do not fully describe what nurses are expected to do after appointment. In summary, JDs do not set expectations of the full scope of the role required from a competent nurse in the post”.

“Nursing roles require higher levels of knowledge/skills than expressed in JDs and/or traditionally acknowledged”.

“Acquired knowledge in nurse roles is not being recognised in JDs”.

“Level of responsibilities in nurse roles is not being recognised in JDs”.

“Increase in complexity of role – co-morbidities/specialist patient groups – impacts on roles & levels of KTE/responsibilities”.

“The acquisition of knowledge needs to be updated to include learning through on-the-job/short internal courses e.g. pharmacology, mental, physical and cognitive and behavioural health when in the role”.

Profiles feedback:

“Recommend examining the blurring of boundaries between bands across whole suite of combined nursing profiles. With particular emphasis on bands/profiles 3--4, 4-5, 5-6, 6-7”.

“Language used in the profiles (and JE factor plan?) out of date in some areas/factors”.

“Profile language confusing to staff and employers when read in conjunction with nursing frameworks (specifically ‘specialist’ and ‘lead’), with employers feeling the frameworks are useful as ‘they help standardise practice’.”

“Perceived discrepancies between primary and secondary care settings and bandings”.

“Review profile labels and job statements to ensure they reflect the scope and roles of nursing jobs”.

3. NMC Standards

There is little evidence at this time that revised NMC Standards are reflected in job descriptions submitted for matching and evaluation. The task and finish group highlighted this as an issue to consider when reviewing profiles to ensure these are fit for purpose and now and into the future.

4. Nursing career pathways, for example preceptorship

The task and finish group discussed the need for profiles to reflect and support nurse career development including, for example, preceptorship pathways.

In undertaking this review, we will consider other profiles in other occupational groups to ensure consistency.

Next steps

- The 60 organisations identified have been contacted for further information on matching outcomes, local evaluations/JAQs and supporting information.
- Some organisations will be specifically targeted to find out more detailed information on why they have evaluated bands 4, 5, 6 and 7. In particular, the nursing task and finish group will be exploring why there is a need to evaluate the roles; whether it is a JE application issue; and/or the jobs cannot be matched using existing profiles and why.
- Organisations that have up-to-date job descriptions, identified via work in Scotland and Northern Ireland will be identified and job descriptions sourced.
- Factor levels [bold descriptors] from JE scheme and non-bold description will be reviewed for each factor using above information gathered.
- Consideration on whether additional profiles in the suite are needed.
- Profiles will be adapted, reviews tested using nursing post holders to check they reflect the roles of nurses.
- The nursing task and finish group will link closely with the work being done by NHS Scotland on nursing band 5 and 6 jobs.
- Sourcing the updated job descriptions done as part of the job evaluation work in Northern Ireland as part of the information and evidence used to examine and test profiles.

Midwifery

The TFG initially received a summary of the survey results which identified the need to explore the full data set. The group were able to cleanse the data to be able to focus the discussions around the specific issues arising from the survey around the midwifery results.

The TFG received submissions from the RCM and NHS Employers relating to the changes in the midwifery landscape. The group found these to be a useful contribution to our discussions and have identified some common themes.

Using the data from the survey, RCM and NHS Employers a mapping document was developed to identify common themes. See Appendix 2 for more information on this.

Survey data

There were initial concerns around some of the responses which indicated the use of external agencies for job matching results. We are now confident that we have 62 fully completed surveys of which 59 are completed in partnership. The group discussed the balance of survey responses from England, Wales, Northern Ireland and Scotland and felt that the response gave as adequate picture as was currently possible.

The identified the NHS organisations who currently outsource their job evaluation. Whilst we will take account of their observations, we won't approach them for any follow up information.

13 NHS organisations have been identified to provide further information around the use of JAQs where midwifery profiles were not suitable for job matching. These represented a good spread across the UK.

The survey asked organisations to identify the midwifery profiles used in the last three years. Organisations who hadn't used profiles stated that this was because there had been no job descriptions to match to these in the last three years rather than the fact that they are not suitable for use. This indicated that job descriptions are not being updated.

Comments from the individual responses have been highlighted in the mapping document.

Use of profiles

All of the organisations responding to the survey use all or most of the maternity profiles to match jobs. Of the 59 selected NHS organisations, there was variable use of some of the profiles in the last three years. However, they did not report that they had undertaken local job evaluations on these, which would indicate the job descriptions are not being reviewed and therefore there was no need to match them.

Of those organisations that indicated that they used profiles to match jobs the majority found they could use those profiles all, most or some of the time.

There are a minority of NHS organisations that never use the profiles or haven't used the profiles in the past three years.

Use of profiles when matching as reported by NHS organisations participating in the survey										
	Maternity Care Assistant Band 4	Midwife Entry Level Band 5	Midwife Community Band 6	Midwife Hospital Band 6	Midwife Integrated Band 6	Midwife Higher Level band 7	Midwife Higher Level (Research Projects)	Midwife Team Manager Band 7	Midwife Consultant Band 8B-C	Midwife Consultant Higher Level Band 8c - 9
All the time	18	27	31	31	21	32	15	21	20	14
Most of the time	3	10	8	12	9	12	10	6	6	3
Some of the time	9	5	3	4	4	9	5	12	9	4
Not used	20	11	12	8	16	6	15	8	8	15
Never used	2	3	3	3	2	6	7	4	7	10
Don’t know	3	3	3	2	7	0	0	6	0	7
Didn’t answer	6	5	3	4	5	2	5	5	6	8

Midwifery JAQs questions

The group looked at the organisations who said they had completed JAQs and had corresponding good JE practice.

11 organisations have been identified and approached to provide information around roles which had been locally evaluated. These roles seem to be more specialist roles, evaluated at a higher level.

From the initial data submitted to the task and finish group the JAQs were either roles that could have potentially matched to other profiles with further evidence or were higher specialist roles. None of the evidence (mainly in the form of JAQs) so far submitted, present any new issues which hadn't already been highlighted by the survey or written evidence.

Key themes emerging from the written evidence

The following summary is drawn from the submissions made by staff side organisations including RCM and NHS Employers and information from the survey. The themes were agreed by the partnership task and finish group.

These themes have been mapped across into one document which highlights common themes and can be found in Appendix 2.

1. Job descriptions: updating, regular reviews

There were several comments about band 5 and 6 job descriptions not coming through for matching as organisations are using previously matched jobs.

These are a sample of the comments received:

"We have reviewed profiles used in the last few years and confirm that we have not reviewed matched any midwifery posts recently, although we have used them in the past".

"No comment due to limited submissions for job matching under this group".

"We do not get any band 5 /6 midwifery JD's through, mainly band 7 and above. As with nursing there tend to be specific projects".

"We have not received any submissions for job matching of midwifery roles in the last three years - the services are using job descriptions that were previously matched and therefore we haven't had the need to utilise the national profiles for these roles".

2. Profiles feedback

General feedback is that the language in all the profiles should be reviewed and that the non-bold examples fully reflect the current role and scope of the midwife.

We received specific feedback around the need for more consistency, across all the profiles, in the language used for the following factors:

- Factor 15 (Emotional Effort): the relevant information should refer to "difficult family situations/baby death/congenital abnormalities, child protection issues" for the maternity care assistant profile at band 4 and the midwifery profiles at bands 5 and 6.

- Factor 16 (Working Conditions): the relevant information should refer to “body fluids, faeces, vomit, smells and foul linen” for all the midwifery profiles.

Specific comments on the profiles:

- Maternity care assistant (Band 4)

It was suggested that no changes are necessary other than changing the wording for factor 16 and ensure a differentiation between band 3 and 4 profiles.

There has been an increase in the number of band 4 roles in both nursing and midwifery and an expectation that these roles will grow.

Employers commented that requiring NMC registration of these roles supports further development of staff in these roles.

- Midwifery entry level (Band 5)

It was suggested that the job statement should be based on current standards of proficiency and definitions of the role and scope of the midwife. The task and finish group have received some helpful suggestions on updating this profile.

- Midwife (community), Midwife (hospital), Midwife (integrated) (all band 6):

The group received comments regarding the concept of separate setting-specific profiles for midwives and that it does not reflect current policies and practice.

It was proposed merging these three profiles into one midwife profile, which should also encompass midwives who have specialist knowledge or who work with a defined client group, but who do not have any management responsibilities.

- Midwife higher level (Band 7)

Comments on the inconsistencies between the midwife profiles and the nursing profiles were highlighted e.g. the midwife higher level profile (band 7), needs KTE level 6, but the nurse advanced profile (also band 7) needs KTE of level 7.

Many of the band 7 roles have evolved and have become quite specialist such as ante-natal and post-natal screening; recruitment and retention midwife and other roles determined by the Ockenden Report. Due to the band 6 and band 7 profiles plus the specialism can make the roles difficult to match.

- Midwife higher level (research projects) (Band 7)

There was a suggestion that this profile, as currently defined, only applies to a very small number of midwives and is not reflective of current policy and practice, including the development of practice development roles within midwifery.

Proposal to amend the title to ‘midwife higher level (education and esearch), amending job statement.

- Midwife team manager (Band 7)

The group received comments on the fact that the profile for this role should encompass labour ward coordinators as well as midwives who manage teams of specialist midwives (for

example, bereavement midwives, perinatal mental health midwives, digital midwives or professional midwife advocates).

There were also comments regarding a band 8a senior midwifery manager type role missing from the suite of profiles.

- Midwife, consultant (Band 8b/8c)

The group received suggestions around consistency with nursing profiles which need to be explored.

Other (profiles and factor levels)

Comments around the difficulty in match senior midwifery jobs to the nursing and midwifery profiles were received, resulting in professional manager profiles being used. Also, the need for more flexibility to vary factor 10 to take into account the increase in digital/technology aspects of clinical roles.

3. NMC Standards:

The RCM evidence matched across the NMC proficiencies into the range of profiles and the TFG will consider this when updating each profile.

4. Midwifery career development/frameworks

Employers feel the frameworks are useful as they help standardise practice however, they would like to see clarity on the interface between levels in career frameworks and job evaluation factor levels to explain better the distinctions and boundaries between roles.

Suggestions were made that the existing national profiles do not support the way in which midwifery leadership roles have developed in recent years. In particular, there are no profiles for the following roles:

- midwifery matron (band 8a/8b)
- deputy head of midwifery (band 8b)
- head of midwifery (band 8c, 8d)
- director of midwifery (band 9).

5. Emerging roles

Several comments were received on the development of advanced clinical practice posts in midwifery due to gaps in medical rotas, non-medical led services, the need for greater autonomy etc. Consideration will be needed as to whether they align with existing national profiles or will require a new job profile to be developed.

What is the ask from all parties involved in the profile review?

- Profile language to be updated.
- More non-bold examples to help matching panels.
- Clarity around adequacy of profiles.
- Profiles need to be fit for modern midwifery practice.

Next steps

- Organisations identified have been contacted for further information on matching outcomes, local evaluations/JAQs and supporting information.
- Due to limited evidence of the use of the band 4 profile further work will be done in gathering up to date job descriptions to inform work of the profile group.
- Factor levels [bold descriptors] from JE scheme and non-bold description will be reviewed for each factor.
- Consideration on whether additional profiles in the suite are needed.
- Profiles will be adapted, reviews tested using midwifery post holders to check they reflect the roles of midwives.

Section 4 - Issues for noting that are out of the scope of the review

During the consideration of the evidence submitted for this review, JEG has noted a number of issues of concern that fall outside the specific scope of the review but warrant reporting.

Job descriptions - JEG has stated that it has received sufficient evidence at this stage to proceed with the review. However, it wishes to express its concern about the quality and currency of job descriptions being used throughout the service. Submissions from staff side highlighted the fact that job descriptions are not routinely kept under review and up to date. Some of the job information seen by the TFGs have not been of adequate quality to provide the information needed for job evaluation purposes. To address these concerns JEG recommends the NHS Staff Council advises that JDs should be reviewed as part of annual appraisal process and that work should be undertaken to consider whether a standardised approach is beneficial for JE purposes. JEG notes with interest the commitments made in pay offers in Wales and Scotland

Equity of access to job evaluation processes – Evidence submitted to this review has confirmed he anecdotal evidence JEG has received on multiple occasions indicating that there is less job evaluation activity at local level for lower banded roles. This may be because higher banded roles are likely to be more specialised or unique but could also indicate a reluctance to consider the banding of lower roles that are more prolific. For example, it is clear from the evidence that little matching of band 5 nursing roles takes place as opposed to bands 8a and above. Coupled with the above, this could be a result of reliance on existing job descriptions at recruitment and not taking the opportunity to review the currency of the job information regularly.

Local application of the JES – Again, information received by the review confirms anecdotal evidence of poor application of the scheme and misunderstandings about its processes and requirements, as well as use of external services to undertake JE work. Such use of external providers may increase the risk of pay inequality and JEG is concerned that it undermines the scheme's fundamental principle of partnership working. JEG will continue to work to raise awareness about the purpose of the scheme and will explore all opportunities to raise its profile.

Local JE resource and capacity – Linked to the above and given the attention this review is receiving amongst the workforce; JEG is concerned about employing organisations' capacity to undertake JE locally as requests for reviews are likely to increase across all occupational groupings not just nursing and midwifery. JEG has recently released guidance to the service that stresses the importance of building and maintaining internal capacity and resource for JE locally and intends to promote these messages again as the review progresses.

Section 5 - Conclusions and next steps

JEG believes that the evidence they have received is sufficient to indicate next steps for the review and that it shows that the majority of employers and stakeholders can use the current profiles and only need to undertake full evaluations of exceptional, unique roles. That said, improvements to the profiles are necessary to assist matching panels in using them effectively.

The next steps for the review will see the TFGs reviewing the language and terminology of the existing profiles, updating it where necessary. The TFGs also wish to review profile labels and job statements to ensure they reflect current clinical practice and deployment. In doing this work, JEG's aim will be to clearly show the differentiation between the bands and provide greater narrative examples of the factor levels (the non-bold).

JEG will also request additional information from identified employers in order to consider the need for additional profiles or signposting to other profiles for some of the highly specialist roles that have been identified as more difficult to match, for example head of midwifery, clinical governance, digital nursing.

This work will be undertaken in partnership by JEG members. To maintain consistency of approach and demonstrate the equity of the profiles, profiles for both nursing and midwifery will be worked on concurrently with the intention of consulting on and publishing together. JEG wishes to make it clear that there is a greater level of work required to undertake the work for the nursing profiles as the volume of evidence received and now required is much greater than for midwifery. This means that work on nursing will drive the timetable for consultations going forward.

As already agreed, the work will start at band 4 and will work upwards from that point. This will help JEG highlight the differentiation between the bands. As is the usual process in profile development, regard will be taken of profiles in other occupational groupings including but not limited to allied health professions and healthcare science.

Drafts of revised profiles will come to the NHS Staff Council for comment and consultation in the usual way.

JEG believes it is on track to complete the review within the timescale of the agreed project plan but wishes to note the significant investment and additional resource already expended by TFG members, supported by their employers. Undertaking profile suite reviews is time consuming and, if JEG were to be asked to expedite this review or to undertake additional work at this time, additional resource and investment would need to be secured.

JEG also wishes to point out that and revised profiles will only work well for nurses and other staff if the processes in which they are used are appropriately resourced and correctly applied by all NHS organisations. This includes prioritising the importance of providing accurate information for matching/evaluation purposes, consistency in applying the scheme and investment in national systems to monitor the matching and evaluation outcomes across England.

It is clear from the evidence submitted that there has been a lack of investment by many employing organisations in maintaining high quality JE systems and national review of how JE is applied in the UK, particularly England could be useful. JEG believes that investment in and alignment of JE systems across NHS organisations is required and that this could include mandatory requirements to invest in and maintain high quality JE processes in the organisation, a national system to record and monitor banding outcomes across England, and an expectation that ensuring pay equality is reflected in organisational targets.

Appendix 1 - Terms of reference/ways of working for JEG profile review task and finish groups

Purpose:

- JEG's profile group will set up task and finish groups (TFGs)to undertake specific pieces of work as necessary.
- All TFGs will work in similar ways to review, suggest amendment to or draft new profiles and should follow the process map at Appendix 1.
- Responsibility for confirming draft profiles / profile amendments sits with the profile group who then seek ratification from a main JEG meeting before changes are reported to NHS Staff Council Executive.
- When the work is completed the TFG will be stood down. TFG members will then be expected to dispose of any papers they have appropriately.
- NHS Employers will provide a repository for evidence, drafts and other documents as necessary.

Membership:

- TFGs should be made up of an equal number of staff side and employer side reps where possible. The minimum number of members is therefore two.
- Ideally a majority of TFG members should not have a close connection to the jobs that match to the profiles being considered.
- TFGs can decide to co-opt members from stakeholder groups to assist with their work but care must be taken to avoid occupational bias in the work undertaken.
- Where co-options take place, all members of the TFG must ensure the co-optees understand the nature of the work and their role in it.
- The TFG may decide to appoint someone from within the group to lead the work (but see below on responsibilities) but it is expected that all members will contribute equally to the task.

Responsibilities:

- The TFG must ensure that it works in which uphold the integrity and reputation of the NHS JES. This includes but is not limited to ensuring the elimination of bias, a commitment to collaborative partnership working, and keeping the work of the group confidential within JEG.
- All TFG members must be able to commit time to attend meetings and to do work in between meetings as required.
- Just like in JE panels, consensus must be reached before amendments or changes agreed.
- All members of the TFG must ensure that the TFG reporting form is completed to keep adequate records of decisions made and to detail any track changes to profiles.

Reporting:

- The TFG is expected to report to the profile group at its monthly meetings, giving updates on progress and seeking feedback on work undertaken. A template reporting form is available for such reports.

Appendix 2 – Additional survey evidence – comments

Free text comments on nursing profiles and reasons for local job evaluations.

Please note: These are reproduced verbatim and include typing and spelling errors.

*"*Some are not relevant to Acute Trusts".

"Used other profiles - professional manager group".

"We employ nurses in the ambulance service that are not in line with traditional expectation of nursing roles. For example specialist clinicians in our call centres. These roles don't align with national profiles speciality regarding physical skills and HR/ finance responsibilities".

"When more management / strategic focussed role".

"There is no profile that we can naturally use to match some jobs that are unique".

"There are roles held at the organisation that require a nursing qualification but hold a more strategy or managerial operational responsibility rather than clinical. The profiles do not lend themselves to this type of post. E.g. the physical skills and patient/client care would likely sit at levels 2 and 1 or 2 rather than 3 or 4 or 6. The profiles do not support the nursing workforce lead roles that are again, admin and strategical rather than clinical plus nursing educational/specialist teaching roles".

"Due to the nature of job we use NHS Direct profiles for our frontline nurse posts and professional manager clinical profiles for senior nurse managers."

"The roles in NHSBT seem to be more suited to the Professional Manager suite of profiles at this level - this is because we have management driven jobs that have to be a Registered Nurse. In these senior Nursing management roles there seems to be a disconnect with Patient Client Care and Physical skills - as if they are traditional Nursing roles".

"Factors are outside the variations allowed for the role."

"Language and quals sometimes not appropriate for specific corporate nursing job roles such as education, procurement or CNIO".

"Do not employ that band of staff".

"Does no take into account the breadth of responsibilities for some remote and rural posts".

"We do not have these posts".

"Excessive JD duties to qualifications".

"Poor quality job description".

"We aren't an acute HB, we are a Cancer Centre and Welsh Blood Service".

Other free text comments about nursing profiles (copied verbatim):

"There is a national drive to increase nurse and midwife engagement in research and this needs to be reflected in JDs, particularly for specialist, advanced and consultant level practice. This is particularly challenging for hybrid roles or joint clinical academic appointments".

"We have had never not matched a post to a national profile. The frequency of use is based on the current band of post e.g we use band 5 and band 6 profiles more frequently than we would band 8a and above".

"Generally we can match against a profile, but some are more difficult than others. Roles that have a very high clinical autonomy so may not have any managerial or finance responsibilities are more difficult and new and emerging roles that have a high degree of digital/technology input are also tricky. There are more clinical quality assurance/monitoring roles that require a clinical qualification and these do not always fit the profiles well".

"The data isn't available due 12 organisations merging to create NHS Greater Manchester Integrated Care on 01.07.23. Sometimes difficult to match more senior/strategic nursing roles to a relevant national profile".

"Some Specialist Nurses at a very senior level don't necessarily have the right level of for example finance and HR, service planning and policy".

"We have been able to match the jobs coming through to the national profiles".

"Challenges with Clinical Team Lead post in Child Health - read across more than 1 profile".

"In the ambulance service we are increasing roles which can have either a nursing or paramedic background however profiles between the two are not aligned. A paramedic has an NQP period and moves from band 5-6 after 2 years. a newly qualified nurse does not progress to band 6 automatically after 2 years. This causes inequality when applicants apply for band 6 roles with a paramedic immediately having previous band 6 service recognised and a nurse being treated as being newly promoted. These problems continue as steps up in both professional groups continue to be out of sync. Whilst it's a reducing problem, needing to pick a nurse or paramedic profession to work through national profiles affects some nurses ability to maintain special class status."

"Factor 10 tends to be an issue based on the information provided. This is also the case for the professional manager profiles which we sometimes need to consider The profiles tend to lean towards clinical duties which is not always the case in NI specifically the PHA due to structural set up and relationships."

"In Northern Ireland there has been a reluctance on the part of the Chief Nursing Officer to see the introduction of the band 4 role so those that have been matched have come about

almost by accident. The profiles are not clear enough in stating specific examples particularly as profiles from band 2 to 4 talk about venepuncture but don't say what types of blood work may be appropriate to the next level like where cannulation & flushing might sit plus what combinations of duties like ECGS 12 & 16 lead, blood sugars, urine testing etc equate to what profile demonstrating movement from profile to next profile.

“The Band4 profile in the combined profiles would cover 3 of out areas and jobs in the Acute Sector, the Community Sector and those in the Social Services Sector so with respect the profiles does not do justice to any of these three areas more specific examples of the type of work would be very useful. The other profiles need to be realistic in relation to specification requirements particularly as we have seen experience requirements dropped back with postholders finding themselves in the situation of being considered for advancement much earlier than previously considered to be appropriate.”

“It is frequently difficult to match our senior nursing jobs to the N&M profiles, resulting in professional manager profiles being used”.

“It is often difficult to match our specialist nursing jobs to the specialist national profile, resulting in the advanced or team manager profiles being used”.

“It isn’t that we don’t use the Modern Matron profile, it’s just that we haven’t needed to use it in the last 3 years”.

“We are finding it difficult to match to a profile where there is a potential for an NMC/AHP registered professional when we are looking at roles of 8a and above”.

“They need reviewing and upgrading to recognise the additional skills and responsibilities that registrants are undertaking.”

“We do not record this information.”

“For many of our nursing posts we have generic clinical pathway job descriptions for band 5 - 8D roles. Only section 9 is able to be added to for additional duties / responsibilities. This is then checked via our job matching process.”

“Application of ˜Advanced’ or ˜Specialist’ within titles happened before HEE defined ACP “now have mixed picture where staff do / don’t meet ACP definition, do/ don’t work across 4 pillars. Advent of Nurse Consultancy / Non “Medical consultant roles without governance associated job planning. Currently seeing additional reference term ˜Enhanced Practitioner’.”

“Future nurse standard is not reflected in the profiles nurse consultant 8a - 9 - should not be as low as band 8a /b. Should ideally reflect the level seniority and autonomy expected as independent practitioners Some roles are too broad. Enabling the distinction between newly qualified and experienced band 5”.

“Difficulty has arisen when a nursing Job Description has also had a large amount of administrative tasks included.”

“Nursing Roles Matched: 2019 – 11, 2020 – 9, 2021 – 11, 2022 – 12”.

“No requirement to use JAQ”.

“Operational jobs where nursing qualifications can be necessary but where the post holder has limited clinical input can be difficult to score Factor 6”.

“1.We have matched 63 Nursing posts none of which have required a JAQ
2. On occasion we have struggled to identify a suitable profile with the appropriate job label e.g. Nursery Nurse (with factor 12 at a level 3).
3. JEWP & Profiles are on occasions inconsistent”.

“The majority of our nursing JD's were matched a very long time ago in line with process”.

“Profile Label: Nurse Advanced
Factor 2 KTE Highly developed specialist knowledge, underpinned by theory and experience Professional knowledge acquired through degree supplemented by post graduate diploma specialist training, experience, short courses plus further specialist training to masters equivalent level.
In relation to the Nursing Profile of Nurse Advanced Band 7, our Job Matching Panels have had difficulty when considering the Relevant Job Information under Factor 2 KTE detailed above.
Our panels find that the post graduate diploma specialist training equates to a level 7 qualification (masters level qualification), however; the Relevant Job Information requires both the post graduate diploma specialist training¦. plus further specialist training to masters equivalent level. These two elements of the Relevant Job Information would be considered equivalent to each other”.

“General feedback “ non-bold examples could contain more details to support panels.
FTA non bold could be more expansive e,g Nurse B5. Job descriptions often cite autonomy and decision making examples. Could the profile describe professional autonomy using an example? See midwifery job statements for comparison.
FTA level 4 “ Lead specialist can be limiting for larger organisations, depending on interpretation. Could a fuller example or description be included?
HR LEVEL 3 “ Specialist training would benefit from some examples or inclusion of significant/ongoing responsibility
Matron “ suggest change of label to Lead Nurse or similar
Matron - AJS level 4 “ compare non-bold with professional manager clin/tech 8BC which scores level 5
Consultant - AJS “ can example of level 5 be replaced to better reflect typical judgements and decision making?
Consultant HL - KTE level 8 “ could example include breadth of knowledge and include examples? Job evidence indicated Masters qualification plus broad knowledge across a number of areas e.g. policy development, workforce planning, change management, service development
PCC - Compare with professional manager profiles all at level 7 for consistency”.

“Our organisation does not use full evaluation as we 'fit' posts to the profiles available
2. The standard Nursing profiles are very restrictive
3. the Band 4 profile should not be exclusive to Nursing Associate roles yet the KTE is restrictive
4. There are insufficient profiles for all the different roles in Nursing
5. Nurses engaged on non-clinical roles do not fit into standard profiles due to the levels of patient and client care and physical skills required in the profiles
6. Restrictive profiles eg Nurse Advanced is only Band 7, and needs Level 7 on KTE - there is nothing else other than the Nurse Consultant profile at Band 8a
7. It appears Nurses need higher levels KTE and training than other healthcare professionals, eg Physician Associate requires Level 6 KTE at Band 7
8. There is no career structure for Staff Nurses waiting for limited promotion opportunities
9. Need to consider generic profile(s) for non-clinical roles that require a Nurse”.

“More advanced/senior nurse roles have been matched to non nursing profiles to reflect the admin/ IR demands of the jobs. Physical skills for some nurses' jobs are too high on profile, as they have become more managerial roles. Surgical ANP's are more hands on, but Medical ANP's do not utilise high physical skills, but comms/service dev/IR and working conds are all different (ward vs clinic) We also host a lot of All Wales specialist teams, where jobs are uniques, so not matched with nurse roles”.

“Nursing: Associate Practitioner/Nursery Nurse Profile “ Band 4
Factor 2 non-bold descriptor states - Diploma or equivalent appropriate qualification, e.g. foundation degree; or NVQ3 level qualification plus short courses or relevant experience to diploma level.Could further guidance or examples for panels be provided on what short courses / relevant experience would take a postholder to diploma level?
Factor 3 “ level 3 descriptor - Deciding on implementation of care programmes where there is a number of options “ can an example be given to guide panels?
Nurse Team Manager Profile
Factor 8 level 3-4 available “ level 4 for budget would seem high when there will be a clinical nurse management/service management structure above.
Nurse Advanced Profile
Factor 7 Policy “ non-bold specifies - Develops protocols for specialist area, impact on other disciplines at level 3. The introduction to this factor describes that it will measure involvement/role in policy or service development. Should the language of policy, protocols, procedures be interchangeable as panels may view these as having different weight. Is further definition required?
Modern Matron / Nurse Consultant “ we anticipate more advanced, advanced nurse practitioner roles in the future which perhaps do not meet the criteria of the traditional consultant with the requirement to evidence the four pillars as per existing job statement with emerging roles being more operational hands-on clinicians, is there any merit in a profile in this area?”

General comments:

“Human Resources “ panels sometimes have difficulty differentiating between providing training to others at level 2 as part of a normal clinical role around patient care or training in their own specialism versus the level 3 specialist training. Could further examples be given to clarify at what point does it becomes specialist? Ref Nurse Specialist profile.”

“There are not always formal qualifications available for all specialist nursing areas therefore in the absence of formal qualification could examples be provided in profiles of what is meant by experience eg diploma level specialist training, experience, short courses. Diploma can be measured at different levels eg. SCQF level 8 or SCQF levels 10 or 11.
Clarity may be helpful between the non-bolds in some of the profiles e.g.

Factor 2 in the following reads as:
Nurse Team Lead
Professional knowledge acquired through degree/diploma supplemented by specialist clinical, managerial training, CPD to PGD level Nurse Team Lead (LD)
Nurse Team Lead (Learning Disabilities)
Professional knowledge to degree level or equivalent, plus diploma level training or equivalent in specialist area and experience.
Nurse Team Manager
Professional knowledge acquired through degree supplemented by diploma level specialist training, experience, short courses

All the above have level 6 for KTE however the only one with mention of management knowledge is the Nurse Team Lead. We would expect that all levels would need managerial knowledge and experience however that the Manager profile would perhaps have more emphasis on this aspect? When the profile refers to diploma level specialist training is this to be clinical or managerial?”

“Whilst not directly relating to these profile groupings one area to flag is the absence of clinical education profiles beyond the band 7 supporting measurement of senior clinical education roles within structures”.

“Wider range of level at certain factors would facilitate job description matched to the national profiles. In respect to factor 10, it is suggested that a wider level range would facilitate N&M job descriptions from NSS that have not matched.

Factor 2: Knowledge, Training and Experience.
Nurse post requires professional, clinical knowledge acquired through training to degree/diploma level. Consider that this profile and higher should specify NMC registration.

Factor 13: Physical Effort
There are other physical effort factors in some posts out with hospital environments that may be more demanding than are currently recognised in the national profile. For example, setting up mobile donor units”.

“Often job descriptions that are specialised e.g. Senior Nurse Informatics are difficult to match to a profile where there non-clinical specialist responsibilities. We have also had challenges matching to Band 7 Nurse Specialist where the postholder will undertake clinical interventions that are more complex than that set out in the profile. This can also impact on other factors e.g. physical skills and working conditions.”

“We have had examples where evidence has either fallen short of the factor level or increases the factor scores resulting in mismatches”.

“A lot of senior nursing and midwifery roles we are getting in are project based and there don't have specific need for clinical skills as there are not carrying out this type of role. Also look at Finacial as some are not managing budgets”.

“No further comments than detailed earlier/above”.

“We havent used the Job Analysis Questionnaire for nursing roles in a long time - as the national profiles are sufficient”.

“There are JDs that we have matched to the Professional Manager (Clinical, Clinical Technical Service) profile due to the minimal PCC required for the post”.

“On occasion we have had issues where our senior nurse roles will have greater information resource responsibilities than detailed in profiles (more digital).”

“Research has also been a factor we sometimes end up out with profile levels”.

“SME examples of why we struggle to match are on PCC, Physical Skills, Planning, Information Resources - quite often our jobs score 2 levels higher or lower than the national profiles making it a no match”.

“The Nurse Consultant national profile ranges from a 3 - 5 for R& D - most of our jobs also score a 2 - this is a frequent variation”.

“We have generic nursing and midwifery job descriptions so we very rarely need to use the profiles other than for a specialist role that comes for matching”.

“Challenges are being presented with posts that have a national remit and remit across multi functions and NHS boards - i.e.NHS Scotland Academy and Centre for Sustainable Delivery nursing roles which don't fit into specific job profiles due to requirement for influence without accountability particularly around factors 6 and 8.”

“We have completed profile matching posts, however, feel there need to be more options for profiles which cover those roles with corporate responsibility”.

“Some nursing responsibilities have changed but are not reflected in the profiles, eg prescribing, requesting diagnostic tests, triage”.

“The above job description was matched via questionnaire in 2017. Although not processed through a matching exercise as of yet, I think the Clinical Practitioner profiles that have been developed would work for this type of role”.

“With some of the roles we are asked to match they have been created to meet the needs of the service, as we are a small trust very often staff are working above their grades.”

“As we have lacked a career succession plan in nursing often staff applying for roles do not meet the academic requirements but have extensive experience.”

“Most band 5 roles meet the national requirements, it is when they go above this band as roles have been created to meet service needs”.

“Having difficulty with hybrid roles, where the jobs are in the nursing family, but for example have high ICT or R&D requirements which throws them out of the nursing profiles. If essential qualifications are nursing related, we cant match outside of this job family. Mental Effort is low and always a variation on the Advanced Nurse band 7 profile. Information factor is low and always a variation on the band 7 and higher profiles. Will usually at least be running reports to adds to variation.”

“All profiles are focused on nursing roles with direct patient care, however, there has been a growth in corporate nursing roles in specialties such as safeguarding, procurement, and nursing information officers. These roles have indirect responsibility for patient care, and indirect emotional impact, not always matching with the current nursing profiles. There is a move away from traditional nursing roles and the national profiles no longer reflect this”.

“External company used to evaluate job descriptions in restructure of ICB”.

“A Specialist Nurse Training - Band 5 profile would be helpful when recruiting to specific specialisms. The Nurse Consultant profile Banding 8a-8c is too broad, and is open for interpretation, and gives wrong expectations for post-holders and managers”.

“Advanced practice roles dont reflect the autonomy of the role and level of patient client care - need a band 8a who doesnt manage staff necessarily or is a consultant level of nurse.”

“All job descriptions have been reviewed on 1st July as part of ICB launch process.”

“There can be a mix of professional / operational nursing roles and the profiles available don't necessary reflect this requirement”.

Appendix 3 – List of the types of posts that have been locally evaluated by NHS organisations

Nursing posts that have been evaluated (ie not able to match to profiles)

Job title
Advanced Neonatal Nurse Practitioner
Advanced Nurse Practitioner Team Leader
Advanced Paediatric nurse Practitioner
advanced practice - higher level
Apheresis Donor Carer Venepuncturist Donor// Carer Driver (L3)// Senior Donor Carer
Chief Nursing Information Officer
Chief Nursing Information Officer
Clinical Governance Lead for Medicine
Clinical Lead
Clinical Nurse Manager
Continuing Care Nurses
Deputy Chief Nurse
EOC Call Handling Team Leader
Flow Coordinator
Head of Safeguarding
Lead Endoscopy Assistant Decontamination
Lead Nurse for Education and Development
Lead Specialist Nurse Regional Gender Identity and Psychosexual Service
Learning Disability & Complex Transition Specialist Nurse
Mix where Nurse or AHP could be a potential for the role
Nurse
Nurse Associate
Nurse Consultant Health Protection
Nurse Co-ordinator Learning Disability
Nurse Practitioner Clinical Effectiveness
Nurse Practitioner Pre-Operative Assessment
Nursing Assistant
Orthopaedic Technicians
Procurement Nurse
Public Health Midwife
Quality Assurance Nurse
Senior Charge Nurse
Specialists
Unscheduled Care Practitioner (Rural Support Team)

Midwifery - Combined comments mapped across from survey data, RCM and NHS Employers submission which highlights comment themes.

Comments from survey	Comments from RCM	Comments from NHS Employers
	We would request that the language in all the profiles is reviewed and that the non-bold examples reflect the current role and scope of the midwife	
	There needs to be more consistency, across all the profiles, in the language used for the following factors: • Factor 15 (Emotional Effort): the relevant information should refer to "difficult family situations/baby death/congenital abnormalities, child protection issues" for the maternity care assistant profile at band 4 and the midwifery profiles at bands 5 and 6. • Factor 16 (Working Conditions): the relevant information should refer to "body fluids, faeces, vomit, smells and foul linen" for all the midwifery profiles.	
Maternity care assistant band 4 – there is no differentiation between 3 and 4.	**Maternity Care Assistant (Band 4)** No changes necessary other than changing the wording for factor 16 (see above) and ensuring differentiation between band 3 and 4 profiles.	There has been an increase in the number of Band 4 roles in both nursing and midwifery and an expectation that these roles will grow. Employers commented that requiring NMC registration of these roles supports further development of staff in these roles.
	Midwifery entry level (Band 5) The job statement should be based on current standards of	

	proficiency and definitions of the role and scope of the midwife. We therefore propose deleting points 1 and 2 from the job statement and replacing with "provides care to women, other birthing people, new-born infants, and families throughout pre-pregnancy, pregnancy, birth, postpartum, and the early weeks of life." • Factor 5 (Physical Skills)**:** delete 'palpitation' and replace with 'palpation'. Delete 'deliveries' and replace with 'births.' • Factor 6 (Responsibility for Patient/Client Care)**:** As per the job description, the job information needs to reflect current standards of proficiency and definitions of the role and scope of the midwife. We therefore suggest deleting "provides midwifery advice to ante and post-natal women" with "provides midwifery advice to women and families throughout pre-pregnancy, pregnancy, birth, postpartum, and the early weeks of life." • Factor 13 (physical effort) 3c -all midwives required to assist women in labour • Factor 15 (Emotional Effort: see above. • Factor 16 (Working Conditions): see above.	
Many of the Band 7 roles have evolved and have become quite specialist such as ante-natal and post-natal screening; recruitment and	**Midwife (Community), Midwife (Hospital), Midwife (Integrated) (all Band 6):** The concept of separate setting-specific profiles for midwives is	

retention midwife and other roles determined by the Ockenden Report. Due to the Band 6 and Band 7 profiles plus the specialism can make the roles difficult to match. Midwife (Hospital) compare FTA level 4 non bold with nursing roles. Lead practitioner v lead specialist. What is the best description for consistent use?	outdated and does not reflect current policies and practice. We therefore propose merging these three profiles into one Midwife profile, which should also encompass midwives who have specialist knowledge or who work with a defined client group, but who do not have any management responsibilities. This new profile should be based on the existing Midwife (Integrated) profile, with the following amendments: Replace points 1 and 2 in the job statement with “provides a full range of advice and care to women, other birthing people, new-born infants, and families throughout pre-pregnancy, pregnancy, birth, postpartum, and the early weeks of life.” • Factor 6 (Responsibility for Patient/Client Care)**:** delete “provides midwifery advice to ante and post-natal women” with “provides midwifery advice to women and families throughout pre-pregnancy, pregnancy, birth, postpartum, and the early weeks of life”. • Factor 9 (Responsibility for Human Resources): Add “Add allocates work, where appropriate, to staff,” before “demonstrate own activities to new or less experienced employees….” And before “demonstrates own activities to new staff/mentors student midwives and others.” • Factor 12 (Freedom to act) Level 4, all are autonomous practitioners. Work within	

	occupational policies and professional regulations. • Factor 13 (physical effort) should be 3c – non bold example-lifts equipment/assists women in labour • Factor 15 (Emotional Effort: see above • Factor 16 (Working Conditions): see above	
There are inconsistencies between the Midwife profiles and the Nursing profiles, e.g. the Midwife Higher Level profile (Band 7), needs KTE Level 6, but the Nurse Advanced profile (also Band 7) needs KTE of Level 7.	**Midwife higher level (Band 7)** • Factor 3 Analytical & judgement skills- non bold to reflect area of speciality not just child protection e.g., diabetes. • Factor 6 wording needs to include pre-conception /antenatal/intrapartum and post-natal. • Factor 15 include child protection issues. • Change the wording for factor 16 (see above).	
	Midwife higher level (Research Projects) (Band 7) This profile, as currently defined, only applies to a very small number of midwives and is not reflective of current policy and practice, including the development of practice development roles within midwifery. We propose amending the title to 'Midwife higher level (Education and Research), amending job statement point 1 to now read "Undertakes or coordinates midwife research, education and practice development activities" and	

	adding new statement point 4 “Supports the educational and developmental needs of all staff”.	
Missing from Suite is Band 8a Senior Midwifery Manager type role. We have used Midwife Team Manager, which wasn’t listed but we have been able to match successfully to this profile.	**Midwife team manager (Band 7)** We believe the profile for this role should encompass Labour Ward Coordinators as well as midwives who manage teams of specialist midwives (for example, Bereavement Midwives, Perinatal Mental Health Midwives, Digital Midwives or Professional Midwife Advocates). Accordingly, we propose amending job statement point 1 to now read “Day to day management of a defined area or section of the service e.g., antenatal/postnatal, obstetric theatre, community, perinatal mental health, bereavement care”.	
The Midwifery Consultant 8B/8C is different from and provides equity from the Registered Nurse Consultant profiles 8A-8C. Midwife Consultant KTE–non bold for level 7 could include a fuller description. CPD doesn’t help panels understand what might be assessed to meet level 7 definition. Needs to be consistent with Nursing profiles with the same level AJS – compare with Nurse Consultant at level 4/5 for consistency R&D level 4/5 – compare with Nurse Consultant at level 3/4/5 for consistency.	**Midwife, Consultant (Band 8b/8c)** No changes necessary other than changing the wording for factor 16 (see above).	

	Nurse/Midwife Consultant Higher Level (Band 8c/9) The RCM will submit additional information about this job profile in due course. We intend matching the factors for the roles at bands 7 to 9 against the NMC Proficiencies for Midwives, as we have done for the factors for entry level midwives (band 5) and midwives (band 6).	
It is frequently difficult to match our senior midwifery jobs to the N&M profiles, resulting in professional manager profiles being used. The current midwifery profiles do not help when reviewing new/non-traditional roles. It is exceptionally rare for a midwifery role to come through our JE process. The last was the Professional Midwifery Advocate, which was not a direct match to a profile, again due to the corporate nature of the role.	The existing national profiles do not support the way in which midwifery leadership roles have developed in recent years. In particular, there are no profiles for the following roles: • Midwifery Matron (Band 8a/8b) • Deputy Head of Midwifery (Band 8b) • Head of Midwifery (Band 8c, 8d) • Director of Midwifery (Band 9).	Since the introduction of Agenda for Change in 2004 there has been a focus on professional and career development in nursing and midwifery and several frameworks published by professional and educational bodies. Where there is an increasing reliance on specialist or “lead” nurses, the use of language in job titles and job descriptions versus national role profiles can be confusing. These frameworks have accompanied a rise in the number of advanced, autonomous practitioners leading services – e.g. midwife led maternity units. Employers feel the frameworks are useful as they help standardise practice however, they would like to see clarity on the interface between levels in career frameworks and job evaluation factor levels to explain better the distinctions and boundaries between roles.
As per nursing, midwives now stepping up to support junior doctor rotas and	**Emerging roles**	Employers are concerned about the impact workforce shortages have had and

procedures, as well as manager labour units. In addition, lots of specialist midwifery roles now for bereavement, safeguarding. We are finding it difficult to match to a profile where there is a potential for an NMC/AHP registered professional when we are looking at roles of 8a and above. Tasks are out of date for modern midwives e.g., sonography, also other procedures, may scrub support surgical procedures. Specialist roles supporting obstetric rotas.	Looking further ahead, HEE is leading work on the development of Advanced Clinical Practice posts in midwifery, which are currently defined as "a level of practice characterised by a high degree of autonomy and complex decision-making…. Advanced Clinical Practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes"[1]. While there is still work to do to develop job descriptions and person specifications for ACP roles in midwifery, we anticipate that such roles will develop over the next year and so consideration will be needed as to whether they align with existing national profiles or will require a new job profile to be developed.	continue to have on the deployment of clinical staff. Additionally, due to gaps in medical rotas there has been a move in some areas to introduce advanced clinical roles such as Advanced Clinical Practitioner, Independent nurse prescribers, Assistant Practitioners and Physicians Assistants/Associates. Some employers have set up Non-Medical Led services, e.g., in midwifery or discharge, that have led to nursing and midwifery staff operating with greater autonomy.
		Confusion where roles operate at a very high level but often might not have any management or direct financial responsibility.
		The need for more flexibility to vary factor 10 to take into account the increase in digital/technology aspects of clinical roles that otherwise result in No Matches for factor 10.

General comments about band 5 and 6 JDs not coming through for matching:

“We have reviewed profiles used in the last few years and confirm that we have not reviewed matched any midwifery posts recently, although we have used them in the past”.

“We have been able to match the 2 new Midwifery jobs coming through”.

“Have been able to match these”.

“No comment due to limited submissions for job matching under this group”.

“We do not get any band 5 /6 midwifery JD's through, mainly band 7 and above. As with nursing there tend to be specific projects”.

“We have not received any submissions for Job Matching of Midwifery roles in the last 3 years - the services are using JDs that were previously matched and therefore we haven’t had the need to utilise the national profiles for these roles”.

“Most band 5 roles meet the national requirements, it is when they go above this band as roles have been created to meet service needs”.

“Lots of specialist midwifery roles now for bereavement, safeguarding”.

General comments:

“We find that there are factors that we cannot reach to attain the level being a community-based Health Board consisting of small teams' responsibility for HR, Finance holds back the evaluation process”.

“We have only had to Job Match midwife roles very rarely, and not recently”.

“We do not get any band 5 /6 midwifery JD's through, mainly band 7 and above. As with nursing there tend to be specific projects”.

“The number of times we use a profile is dependent on banding. We have never not matched a post to a national profile”.

“We have reviewed profiles used in the last few years and confirm that we have not reviewed matched any midwifery posts recently, although we have used them in the past”.

“We have been able to match the 2 new Midwifery jobs coming through”.

“Breadth of roles sometimes crosses over more than 1 profile”.

“We have not received any submissions for Job Matching of Midwifery roles in the last 3 years - the services are using JDs that were previously matched and therefore we haven't had the need to utilise the national profiles for these roles”.

“Midwifery jobs where there is a specialism can cause the JD to come to panel, however on the whole midwifery jobs match to profiles”.

“Most of our job descriptions are generic and we tend to only match the specialist midwife roles”.

“With some of the roles we are asked to match they have been created to meet the needs of the service, as we are a small trust very often staff are working above their grades.”

This report has been developed by the
NHS Staff Council's Job Evaluation Group.

If you have any questions relating to this report, please email us at
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