Dear Colleague

NURSE, MIDWIFE AND HEALTH VISITOR CONSULTANTS PAY FOR 2000/2001

Summary

1. Agreement has been reached in the Nursing and Midwifery Staffs Negotiating Council on revised salaries for nurse, midwife and health visitor consultants employed in the NHS in Scotland on national terms and conditions. These salaries will be payable from 1 April 2000. The increases to salary scales are in line with those recommended by the Pay Review Body for other nursing staff.

National Pay Rates for 2000/2001

2. With effect from 1 April 2000 national salary scales for nurse, midwife and health visitor consultants are increased by 3.4%. Revised salaries for full-time nurse, midwife and health visitor consultants in Scotland are set out in the attached replacement pages for Appendix 11, Annex 1 of the Nursing and Midwifery Staffs Negotiating Council Handbook.

2.1 Part-time staff shall be paid pro-rata

Scottish Ministers Approval

3. Employing authorities should implement this agreement, which has been approved by Scottish Ministers, under Regulation 2 and Regulation 3 of the National Health Service (Remuneration and Conditions of Service (Scotland) Regulations 1991 (SI 1991 No 537). A copy of the formal approval is attached.

Addresses

For action
General Managers, Health Boards and Special Health Boards
General Manager, Common Services Agency
General Manager, State Hospital
Chief Executives, NHS Trusts
For information
General Manager, Health Education Board for Scotland.

Enquiries to:
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Scottish Executive Health Department
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E-Mail: Brenda.burnett@scotland.gov.uk
Action

4. NHS in Scotland employers planning to introduce nurse, midwife and health visitor consultants posts should ensure that the new salary scales are used from 1 April 2000. Starting salaries already agreed should be uprated accordingly.


6. Health Boards, Special Health Boards and NHS in Scotland Trusts who employ staff on national contracts should:

   (i) Ensure that the necessary arrangements are made as soon as possible to pay the national salaries effective from 1 April 2000.

   (ii) Notify Scottish Public Pensions Agency of any increases in pensionable remuneration and contributions arising from the payment of arrears to former employees.

7. The replacement page forms Amendment Number 38 to the Nursing and Midwifery Staffs Handbook and replace page Appendix 11, Annex 1.

Enquiries

8. Employees should direct their personal enquiries to their employing Health Board, Special Health Board or NHS in Scotland Trust

9. Employers are asked to make their own arrangements for obtaining any additional copies of this Circular.

Destruction Date

10. This Circular need not be retained more than 4 years after issue.

Yours sincerely

GERRY MARR
Director of Human Resources
APPENDIX 11

PAY ARRANGEMENTS FOR NURSE, MIDWIFE AND HEALTH VISITOR CONSULTANTS

1. The arrangements contained in this agreement are interim to the outcome of, and without prejudice to the discussions on Agenda for Change. This agreement will be reviewed after 2 years or after the introduction of a new pay system, whichever is the sooner.

2. The establishment of Nurse, Midwife and Health Visitor Consultant posts will help to provide better outcomes for patients by improving services and quality, strengthening clinical leadership and providing new career opportunities thus helping to retain expert nurses, midwives and health visitors in clinical practice.

3. Nurse, Midwife and Health Visitor Consultant posts will be characterised by four principal role functions evident as core elements of every post regardless of the service or speciality in which they are established. These are:
   
   • an expert practice function;
   • a professional leadership and consultancy function;
   • an education, training and development function;
   • a practice and service development, research and evaluation function.

   The expert practice function will comprise of at least 50% of the total time available in direct care and the time and weight attributed to the remaining functions will vary from post to post dependent on the service or speciality in which they are established.

Guidance on the establishment of nurse consultants has also been issued to the NHS in Scotland under cover of Mr Barron’s letters of 23 September, 12 November and 21 December 1999.

4. The title consultant nurse, midwife or health visitor will apply to posts established within the NHSiS to which those who are eligible may apply for appointment under fair and open competition.

5. A pay range for nurse, midwife and health visitor consultants is attached at Annex 1. It consists of 15 points from £27,460 to £42,010.

   1.1 Assessment of Job Demand

6. In determining starting pay and assigning posts to a point on the pay range, employers will need to consider the factors listed below:

   (i) The complexity and demands of the expert practice element (for example, the depth of knowledge, extent of specialist or advanced skills and the level of autonomy and clinical judgement required to discharge the responsibilities associated with the post).
(ii) The breadth and complexity of the consultancy and professional leadership function (for example, whether this extends to a small team of relatively junior staff or to a large unit or service comprising both expert nurses, midwives and health visitors and other health professionals or the leadership of clinical governance across a unit or trust).

(iii) The level, breadth and demands of the education, training and development function (for example, teaching, supervising and assessing staff and developing additional skills in a specialist area or taking responsibility for the continuing professional development of a number of clinical nurse specialists and other health professionals across a whole unit or service).

(iv) The level and complexity of responsibilities for strategic practice and service development, research and evaluation (for example, responsibility for developing nursing practice with a small unit or team or identifying and applying research evidence within leading an extensive service implementation or evaluation strategy or initiating and undertaking original research to generate new knowledge of national and international repute).

(v) The breadth and level of knowledge and skills needed and the clinical expertise and professional qualifications required to discharge the duties of the post.

(vi) The extent to which the post covers new or uncharted territory and the complexity of, for example, partnership, cross-boundary or inter-agency working or community development.

(vii) The experience and qualifications of colleagues for whom the consultant provides professional leadership, consultancy advice and clinical supervision and the extent to which the post carries duties outside the post holder’s discipline or primary field of practice.

(viii) The scope of clinical management responsibilities for care programmes or pathways.

1.2 Assignment to Pay Scale

7. Individual posts will be assigned locally to an entry point on the pay scale with possibility of progression to a further 4 consecutive personal points within this pay range.

8. In assigning posts to pay points, employers should assess the demand of the post relative to other posts across the range of functional groups within the organisation and take account of market rates and the weight of the post. Employers may also need to discuss relative post demands with other NHS employers to ensure that they have considered the job demands across the NHS workforce and not just those covered by the business of their own organisation.

9. Where the pay points assigned to a post on assessment of job demand proves insufficient to recruit or retain staff with the appropriate knowledge, skills and competencies, employers may advance the personal pay scale to address the problem. In these cases
employers should record the original pay scale assigned to the post, the attempts to recruit/retain and the additional pay needed to fill the post successfully.

10. Progression through the personal pay points will reward increasing skills and responsibility and satisfactory performance. There should be a regular review of the post holder’s progress linked to decisions on moving up the personal pay range.

11. Progression beyond the personal pay range will be justified only where the responsibilities of the post change significantly. Where the demands of the post change over time, the post should be re-assessed and pay adjusted accordingly. Re-assessment of posts may be the initiative of the employer or may be requested by the post holder.

12. Both initial assessment and subsequent re-assessment of any consultant post must embrace proper professional assessment (external to the organisation for new appointments) and always include the NHS organisation’s Director of Nursing or equivalent.

1.3 Terms and Conditions

13. Nurse, Midwife and Health Visitor Consultants will be employed on a professional contract and the salary scale reflects remuneration for a full time post. There will be no entitlement to payments for additional hours, overtime or shift premia. Conditions of service will be in accordance with existing agreements of the General Whitley Council, the Nurses and Midwives Negotiating Council and the Pay Review Body.

14. The employment arrangements for Nurse, Midwife and Health Visitor consultant posts should be consistent with fairness and good equal opportunity practice in accordance with the agreements of the General Whitley Council. Employment arrangements should also promote the service needs of the organisation at a cost consistent with public accountability for NHS funds.
PAY RANGE FOR NURSE, MIDWIFE AND HEALTH VISITOR CONSULTANTS

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