



Royal College of Midwives

Royal College of Midwives response to the Department of Health and Social Care's call for evidence on a separate pay spine for nursing

The Royal College of Midwives (RCM) is the trade union and professional organisation that represents the vast majority of practising midwives and maternity support workers (MSWs) in the UK. The RCM has responded to the Department of Health and Social Care's call for evidence on a separate pay spine for nursing using the online form. Below is a copy of the answers submitted.

We have not commented on issues related to career progression and professional development of nursing staff. In our response we provide evidence on the career progression and development issues that impact on midwives and MSWs. This includes access to training and development opportunities, meaningful appraisal, updating of job descriptions, access to local job evaluation processes and structural issues with Agenda for Change (AFC). None of these issues are unique to one staff group in the NHS. The RCM believes in fairness and equity for all AFC staff and does not support the introduction of a separate pay spine for nursing.

Is there any evidence to suggest that issues with career progression and professional development in the NHS are unique to nursing, and would therefore require a solution that is exclusive to nursing?

No

Issues with career progression and professional development are not exclusive to nursing. Midwives and MSWs are facing major problems progressing in their careers and accessing the professional development and training required to develop their skills and expertise. This is having damaging impacts on both the attractiveness of both as a career and on staff retention.

- Career progression

We know that organisations that offer career progression and personal development opportunities are more likely to retain existing talent and attract new staff. But there are so many structural issues within the AFC pay structure that when it is possible to progress, there is very little incentive to do so. This includes small gaps between pay bands, changes to unsocial hours and overtime payments resulting in a loss in total earnings. This is particularly acute for MSWs at bands 2-3 and midwives at bands 7-8a.

The feedback we regularly receive from experienced midwives at the top of band 6 is the frustration of not being able to progress in both career and salary. Midwives are the staff group with the highest proportion at the top of their pay band amongst all



Royal College of Midwives

Hospital and Community Health Services (HCHS) staff – with almost one in two midwives in band 6, and four in 10 midwives in band 7 at the top of their respective [pay bands](#).

There are also challenges in leadership roles (bands 8a-c). Leadership roles are not attractive as leaders feel they don't get financial rewards for such a high level of responsibility.

There is just £896 between the top of band 7 and the bottom of band 8a. The loss of overtime pay and fewer unsocial hours when moving up from band 7 to band 8a is a real disincentive to apply for promotion. The time that it takes to be eligible for any pay progression at bands 8a-9 is five years creating another disincentive. Currently midwives at band 8 work often work above their contractual hours on-call to provide telephone advice / attend virtual meetings.

"I love the work I do, I love my caseload, I love the contribution I make to maternity services, but the financial impact combined with the strain this journey has placed on my family has been one of the biggest mistakes I have ever made and I regret it deeply. I have just handed in my notice and will be returning to a band 6 midwife post because for me, there is no incentive to keep doing what I am doing." (Band 8a midwife)

- Learning and development

Learning and development opportunities help develop midwives' skills and expertise, improving the quality of maternity care provided. But as the RCM members [survey of unpaid hours](#) shows, maternity services are understaffed and midwives are overworked, giving 100,000 hours of free labour every week. It has become more and more difficult for midwives and MSWs to find time for professional development. The most recent NHS staff survey (2023) results show that only just over half of midwives said they were able to access the right learning and development opportunities when they needed to.

- Better support for students and newly qualified midwives (NQMs)

Midwives are highly skilled and competent when they qualify but they need extra support and guidance in their first six months to ease that transition into being a working midwife. We know from our members that many midwives struggle in those crucial first six months because they are not getting the support they need. This leads to burnout and mental health problems meaning some will simply choose to leave.

Preceptorship should help NQMs to consolidate their skills and confidence working across all midwifery settings. It should also be in addition to an organisation's formal induction process and mandatory on-the-job training that all midwives must undergo.



Royal College
of Midwives

Do you think there would be risks or potential unintended consequences of separating nursing staff from the current AFC pay arrangements?

Yes

There are high risks of separating nursing staff from current AFC pay arrangements.

- It is divisive and unfair

Introducing a separate pay spine for nursing can lead to resentment and degradation of working relationships which ultimately will affect morale and motivation and impact the care received by maternity service users. When staff are already at breaking point, this seems like an ill-thought suggestion that can only exacerbate the issues faced by midwives and MSWs.

Midwives and MSWs work within multi-disciplinary teams, including nurses. More recently, and largely in response to growing pressures on staffing capacity, there has sometimes been a blurring of boundaries between midwives and other professional groups, such as nurses. As stated in our [position statement](#) the RCM does not support nurses working in areas of maternity care other than the valuable work in theatre and recovery which enables midwives to focus on midwifery care.

Furthermore, midwifery leaders have told us that a separate pay spine for nursing would be a step in the wrong direction and may encourage many dual registrants (those who are registered as both a nurse and a midwife) to leave midwifery.

- Funding

NHS funding is in crisis and we believe that the substantial financial risks of separating nursing staff from the current AFC pay arrangements will only exacerbate the funding crisis and divert money from service delivery and investment in the wider workforce.

- Pay equity

The AFC pay system replaced various Whitley Councils and the aim of harmonised terms and conditions was to resolve and prevent equal pay claims. There is a significant risk to pay equity (with equal pay for work of equal value being a legal requirement) if AFC is dismantled. Later in our submission we will outline the investment that is required in the NHS job evaluation system.



Royal College
of Midwives

Do you agree or disagree with the principle of introducing a separate pay spine exclusively for nursing staff?

Disagree

The RCM disagrees with the principle of introducing a separate pay spine exclusively for nursing staff.

Are there any adjustments that could be made to the existing AFC pay structure, or any existing flexibilities within AFC that could be used more effectively, to address any issues you have identified in the 'Understanding the problems' section?

Yes

The pay structure shouldn't disincentivise promotion or progression, there are structural issues that need to be addressed to ensure this isn't the case, namely between bands 2 and 3 and between bands 7 and 8a. More broadly increasing the gaps between pay bands leads to a meaningful increase in pay on promotion, that is about fairness and equality proofing the system too.

The RCM would like to see a mechanism for the Staff Council, where the experience and understanding of the pay structure sits to be able to negotiate to address and fix structural issues facing the AFC system.

Are there other measures that could be considered to support any issues you have identified in the 'Understanding the problems' section?

Yes

We believe that AFC should be strengthened and reformed and this starts with improving the job evaluation process and guaranteeing funding to do this.

We believe that investment in infrastructure and capacity building in the job evaluation process will improve retention of midwives, MSWs and across all NHS professions.

The current work of the NHS Staff Council's Job Evaluation Group (JEG) to review the suite of nursing and midwifery profiles has highlighted that job descriptions are out of date, are not regularly reviewed and don't reflect the work done by staff. As a member of JEG we are fully engaged in this work.

We often hear from midwives and MSWs that when staff challenge their banding and ask for job descriptions to be updated they are met with push back and where a regrading application is submitted the process is often delayed. Furthermore, there is significant variation in how job evaluation is done across organisations, some



Royal College of Midwives

practices are very good and some very poor, the lack of infrastructure to support job evaluation exacerbates this. For instance, an RCM Freedom of Information request in 2019 revealed that [57% of trusts in England could not provide job matching reports for band 2 MSW roles](#). We also know of trusts where there is no partnership working and where panels are conducted without any staff-side present.

RCM recommendations on job evaluation and the nursing and midwifery profile review:

- Any recommendations that are agreed from the job evaluation task and finish group (one of the non-pay measures agreed as part of the 2023 England AFC pay deal) should be fully funded by Government
- Investment in job evaluation training and infrastructure to support local job evaluation systems to function properly
- Standardisation of job profiles across the board
- As a reflection of current policies and practice. We support the work undertaken as part of the nursing and midwifery profile review to merge band 6 – Midwife (Community), Midwife (Hospital), Midwife (Integrated).
- We support the review of the existing national profiles for midwifery leadership roles. 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)

Midwives and MSWs should be supported to develop and progress in their careers through meaningful appraisal, which includes reviewing job descriptions to make sure they are still up to date. According to the latest NHS staff survey, 16% of midwives haven't had an appraisal, annual review, development review, or Knowledge and Skills Framework development review in the last 12 months. Support, training and time for line managers to carry out appraisals is also key.

Is there evidence of effective solutions that are currently in place within the NHS to support the issues you have identified in the 'Understanding the problems' section?

Yes

The RCM has identified examples of good practice that provide a range of solutions to the problems highlighted in this submission.

- Professional development

A way to boost professional development is to protect staff learning time - where learning is done during working time. This will improve access and uptake of learning and development for staff. The RCM would like to see protected learning time agreed upon and implemented for all staff across the UK. It should cover both



Royal College of Midwives

mandatory training (which should already happen during work time) and education opportunities necessary to support professional learning and development.

We welcome the protected learning time agreement that has been secured in [Scotland](#), where AfC staff will now have protected learning time for statutory, core mandatory, and role-specific training.

RCM case study:

Newcastle upon Tyne Hospitals has introduced a 'New to Post Bootcamp', a rostered eight-day program aimed at midwives within their first six weeks of joining the Trust. The program consolidates all training requirements aligned with the National Preceptorship Framework, Saving Babies Lives, UNICEF BFI and Ockenden Essential Actions. All attendees have reported that the program prepared them well for their preceptorship and provided clarity about what is expected of them. Completion of the program as a cohort helps to cultivate relationships, peer support and a sense of team as well as enabling integration within the workforce – a key contributor to retention.

- Flexible working

The RCM has collected evidence on self-rostering initiatives, showing how it can support more flexible working and improved work-life balance.

RCM case study:

A trust in London has introduced an 'any hours' policy to fill unfilled bank shifts, allowing staff to say how long they want to work, even if it's just three or four hours. The Head of Midwifery calculated that her unit gained on average 150 hours a month between February and June 2022, equivalent to one full-time midwife. Giving staff flexibility and autonomy over their working patterns can be hugely beneficial to the service as well as the staff.

- Career development

We know of at least 2 trusts that have used the approach of rotating band 6s into specialist roles to give midwives insight and experience.