



Royal College of Midwives

RCM submission to consultation on agenda for change nursing and midwifery job profiles

General comments on existing national profiles for midwifery

The RCM supports the NHS Job Evaluation Scheme, which underpins the Agenda for Change pay structure and ensures equal pay for work of equal value. Capacity building to ensure robust job matching and evaluation locally is essential, and the RCM will continue to encourage our members to get involved in job evaluation and promote opportunities for training. We are however concerned that the increased visibility of job evaluation due to the nursing and midwifery profile review may increase demand locally for job description reviews which trusts and boards cannot meet. These reviews and re-banding exercises should continue throughout the review but we acknowledge the increased pressure on systems.

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. We have outlined some examples below.

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.

Comments on the specific national profiles for midwifery

Maternity Care Assistant (Band 4)

No changes necessary other than changing the wording for factor 16 (see above).

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, newborn 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.

We have matched the factors against the [NMC Proficiencies for Midwives](#) – see Appendix.

Midwife (Community), Midwife (Hospital), Midwife (Integrated) (all Band 6):

The concept of separate setting-specific profiles for midwives is 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, newborn 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.

We have matched the factors against the [NMC Proficiencies for Midwives](#) – see Appendix.

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”.

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”.

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).

New job profiles

In recent years, a range of jobs relating to policy, governance and strategy have developed, which do not adequately match with any of the existing job profiles. These include posts such as Clinical Governance Midwives and Quality Assurance Midwives. Where such posts have managerial (but not leadership) responsibilities, there is an argument for developing a

new national higher-level profile for such posts, that is distinct from the existing Midwife higher level profile, but which would also be at Band 7.

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)

The differential banding reflects differences in reporting requirements and leadership responsibilities. For example, our expectation is that whereas a Head of Midwifery (HoM) will typically focus on the operational delivery of maternity care and report into a director of nursing, Directors of Midwifery (DoMs) should be responsible for the strategic planning and delivery of maternity services and so therefore should report directly to the Board of their Trust/Health Board. In contrast, the practice of some employers in renaming HoMs as DoMs without changing accountability or grading, is inappropriate and unacceptable. The development of new job profiles for these posts will help when it comes to challenging such examples of poor employment practice.

We will be happy to match the factors for these roles, when developed, against the NMC Proficiencies for Midwives, as we have done with the factors for entry level midwives (band 5) and midwives (band 6).

Emerging roles

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.

Contextual matters

It has become very apparent that over recent years maternity services are dealing with more complex cases whilst losing qualified midwives and maternity support workers, with the most recent staffing data showing that there were 525 fewer full-time equivalent midwives in post in England in August 2022 compared to 12 months previously. This has led to staff at all levels having additional roles added to or being expected to work outside of

¹ Health Education England (2022) [Advanced Clinical Practice in Midwifery: Capability Framework](#)

their current job description (JD). This has been an expectation without appropriate recognition or remuneration. We know that where staff have challenged their banding and asked for job descriptions to be updated that this has met with significant push back by management and where a re-banding application has been requested the process has been protracted. We would ask JEG that NHS Employers are reminded that regular meaningful appraisals should include revisiting an employee's JD to ensure that it is fit for purpose and that where necessary it should be updated to reflect the work that is being done.

We have also been made aware that there are areas of very poor practices in the application of the job evaluation scheme. In a FOI request in 2019 more than 50% of employers could not provide job matching reports. Furthermore, we know of Trusts where there is no partnership working and where panels are conducted without any staff-side colleagues present. We would therefore request that JEG emphasis to employers of the requisite for partnership working and the resultant risk if the scheme is not implemented appropriately.

We are conscious that we are at the start of what is likely to be a lengthy and detailed process and that more work will be needed to evidence and substantiate changes to the existing profiles. We have indicated above that we intend continuing the process of matching factors for each midwife job against the NMC Proficiencies for Midwives (as we have already done for bands 5 and 6 profiles). We would also be willing to collate job diaries if this were felt to be helpful.

Appendix

Band 5 and 6 profile evidence for entry level midwife and midwife

Factors mapped to NMC Proficiencies for Midwives -

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/standards-of-proficiency-for-midwives.pdf>

Underpinned by Framework for Quality Maternal and Newborn Health – page 7.

Factor	NMC domain	Example skills and Pages
1	Domain 6: Midwife as skilled practitioner. Skills when communication with women, their partners and families, and colleagues that take account of women's needs, views, preferences and decisions.	6.1- 6.2.10 page 33-34
2	Domain 1 Bring an accountable, autonomous, professional midwife. Being accountable and autonomous as lead professional for the midwifery care and support of women and newborn infants throughout the whole continuum of care	1.1-1.27 P14-15
3	Domains 3,4,6 Assessment, screening, planning, care and support across the continuum	6.14-6.49 P37-39
4	Domain, 1, 2, 5,6 Consistently plan, implement and evaluate care that considers the needs of women and newborn infants together.	6.8-6.13 P36
5	Domain 6. Skills required to demonstrate evidence based best practice in all core and domain specific skills and procedures as listed.	6.0-6.90.3 p31-52
6	Domain 1 Bring an accountable, autonomous, professional midwife and 2: Safe and effective midwifery care: promoting and providing continuity of care and carer.	2.1-2.12 P17 6.8-6.12 P36
7	Domain 5 Promoting excellence: the midwife as colleague, scholar and leader and domain 6. Work with interdisciplinary and multiagency colleagues, advocacy groups and stakeholder to	6.83- 6.86.5 P51

	promote quality improvement.	
8	Domain 1 Bring an accountable, autonomous, professional midwife.	1.1-1.27 P14-15
9	Domain 5 Promoting excellence: the midwife as colleague, scholar and leader Demonstrate positive leadership and role modelling, including the ability to guide, support, motivate and interact with other members of the multidisciplinary team. Support and supervise students in the provision of midwifery care, promoting reflection, providing constructive feedback, and evaluating and documenting their performance.	5.20-21 P29
10	Domain 1 Bring an accountable, autonomous, professional midwife and 2: Safe and effective midwifery care: promoting and providing continuity of care and carer and Domain 6. Keep, and securely store, effective records for all aspects of the continuum of care for the woman, newborn infant, partner and family	6.4-6.7 P35
11	Domain 5 Promoting excellence: the midwife as colleague, scholar and leader Demonstrate knowledge and understanding of the importance of midwives' contribution to the knowledge base for practice and policy through research, audit, service evaluation, engagement and consultation.	5.16-5.17
12	Domain 1 Bring an accountable, autonomous, professional midwife	1.1-1.27 P14-15
13	All domains The professional responsibility to maintain the level of personal health, fitness and well-being required to meet the needs of women newborn infants and families for psychological and physical care.	1.26 P15
14	All domains The professional responsibility to maintain the level of personal health, fitness and well-being required to meet the needs of women newborn infants and families for psychological and physical care.	1.26 P15
15	All domains The professional responsibility to maintain the level of personal health, fitness and well-being required to meet the needs of women newborn infants and families for psychological and physical care.	1.26 P15
16	All domains.	All