



THE NEW CLINICAL GRADING STRUCTURE  
MANAGEMENT GUIDANCE ON IMPLEMENTATION

Summary

Preliminary information about the new clinical grading structure for nurses, midwives and health visitors was contained in the previous letter in this series EL(88)P33. This letter provides detailed management guidance on implementation of the new structure. The guidance is in 2 parts: Part 1 deals with organisational and administrative arrangements; Part 2 deals with the grading of posts.

PART 1: ORGANISATIONAL AND ADMINISTRATIVE ARRANGEMENTS

1.1 It is for health authorities to determine detailed arrangements for implementing the new structure, including who should do the grading and what manpower resources to allocate to the exercise. General managers will need to decide how the process is to be managed within their authority. They will need to ensure that other members of the main management team are involved and that there is direct professional input from senior nurses, midwives and health visitors at all levels of the process and in particular at DHA and unit levels. At RHA level, professional oversight should be provided by the Regional Nursing Officer/Adviser.

Grading

1.2 The 9 new grades (Scales A to I) replace all the grades from Nursing Auxiliary up to and including Senior Nurse 7 and Tutors with the exception of learners and a small number of other grades.<sup>1</sup> All posts at these levels

<sup>1</sup> Grades excluded: Student Nurse, Pupil Nurse, Student Midwife without nursing qualification, RGN/RSCN and RGN/RMN 4-year integrated course students, all Day Nursery grades, all Group A and Group B establishments grades, Senior nurses 7 and 8 (Staff Support - Educational).

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will need to be graded according to the new grading definitions. Health authorities will also wish to consider whether there are other clinical posts currently graded at Senior Nurse 6 level, for example, which meet the new grading criteria and could more appropriately be accommodated within the new clinical grading structure. Detailed guidance on the grading of posts is in Part 2.

### Titles

1.3 The new grades are distinguished one from another alphabetically for pay and administrative purposes. Job titles attached to posts should, however, reflect the professional responsibilities of those posts, and health authorities should use locally preferred titles for this purpose.

### Staff Communication

1.4 Every member of staff whose post comes within the new structure will need to be told of his/her new grade. If any changes are proposed to his/her range of duties and responsibilities, the postholder will need to be informed. In many cases a discussion may be necessary.

### Job Descriptions

1.5 Job descriptions may need to be revised to reflect the criteria set out in the new grading definitions.

### Contracts of Employment

1.6 Contracts of employment will need to be amended to show the grade change.

### Records

1.7 A record of the grading decision and the basis for it will be required for each employee's personal file. Examples of forms on which to record the outcome of the grading exercise are at Annex A. A record along these lines will be needed in the event of an appeal and will assist in achieving a consistent approach.

1.8 A record will also be required showing, for each of the old grades, the numbers allocated to each of the new grades. This information is needed for monitoring and statistical purposes. Because of the new Review Body timetable, information will be needed on the progress with regrading before the 31 October deadline for completing the exercise (see paragraph 1.11 below). Districts should submit interim returns, showing the posts regraded at 16 September, to Regions who should pass them on to the Department no later than 30 September 1988. Final returns showing the position at 31 October should be made to the Department, with copies to the RHA, by 30 November. Forms on which this information should be recorded are at Annex B.

#### Consultation

1.9 Health authorities will recognise the importance of adequate consultation with local staff interests on the implementation process. Detailed arrangements for consultation will need to be settled locally, having regard to the provisions of Section 39 of the General Whitley Council conditions of service.

#### Timetable

1.10 A deadline of 31 October 1988 has been agreed for assimilating existing staff to the new structure. Health authorities that can complete the exercise before this are, however, encouraged to do so.

#### Monitoring and Control

1.11 It is essential that there should be proper guidance, training and supervision of those who will be undertaking the grading, and health authorities should closely monitor the process and the resulting costs. Employing authorities should establish procedures for ensuring that initial grading proposals are examined at an early stage with a view to securing consistency of approach within each District. Regions should call for provisional returns from Districts before final decisions are taken in order

to ensure consistency of approach between Districts. Authorities will also need to ensure that their finance departments are kept closely and accurately informed of the cost implications.

1.12 The Department has set up a small implementation team to help Regions and to ensure consistency of approach and interpretation and to disseminate good practice. Requests for advice and for contributions to training programmes should be addressed, through Regions, to Mrs Hunt or Mr Fernley, Room 72, Hannibal House, Elephant and Castle, London SE1 6TE (Telephone 01-703-6380 ext 3070). The team will also be responsible for reporting any emerging problems to the Department and to this end members of the team will be contacting and visiting a number of health authorities.

#### Appeals

1.13 Decisions on grading will be subject to rights of appeal under the procedure for settling differences in regard to conditions of service set out in Section 32 of the General Whitley Council handbook. Health authorities are encouraged to use the provisions of paragraph 1.1 of that agreement which provide for ad hoc arrangements for informal review of cases, for example by a small team of officers, before the formal appeal procedure is invoked.

## PART 2: GRADING THE POSTS

### GRADING DEFINITIONS

2.1 The new grading definitions are at Annex C. Guidance for management on the interpretation of terms used in the grading definitions is at Annex D.

### APPROACHES TO GRADING

2.2 The paragraphs which follow set out possible step-by-step approaches to grading posts in various clinical settings. It should, however, be emphasised that other approaches are possible and that it is for individual authorities to determine how best to conduct the grading exercise, subject only to the need for posts to be graded strictly in accordance with the grading criteria and the need for consistency.

2.3 Although the illustrations which follow deal separately with the grading of posts in the hospital, community and educational settings, the grading definitions themselves do not differentiate between areas of work or between groups within the nursing and midwifery professions and are equally applicable to nurses, midwives and health visitors.

### THE GRADING PROCESS : GENERAL PRINCIPLES

2.4 In most instances it will be appropriate to consider the grading of all posts in a ward or equivalent unit as a single exercise. The new grading definitions provide an opportunity for health authorities to examine the staffing structure and grade mix in each clinical area. When the posts of current post-holders are graded the results may not necessarily correspond to the best mix. Authorities may need to work towards this over a period of time as vacancies occur and/or new staff become available. Authorities may wish to make it clear to staff and their representatives that the results of initial assimilation may be subject to later review and adjustment, without detriment to the grading of existing staff.

2.5 Against this background the job descriptions attaching to existing posts will need to be examined. Where no job descriptions exist or where job descriptions are insufficiently detailed further information about the duties and responsibilities of the post will need to be obtained.

2.6 The information from the job descriptions, supplemented where necessary by additional details, will in many cases be sufficient to enable posts to be graded. There will, however, be circumstances where existing duties and responsibilities have not been defined in sufficient detail to allocate the post to a particular grade at this point or where duties and responsibilities have not been structured in a way which is consistent with the new definitions. It will then be necessary to consider what further definitions of roles and responsibilities is needed before an appropriate grading can be given to the post.

Example

The possession of post-basic qualifications/skills does not automatically entitle a postholder to grading at Scale E but a requirement to possess them does. Employing authorities will need to decide whether such a requirement exists, or if not, whether it should exist. (See paragraph 2.15 below).

Example

It may not be clear from the existing job description, and practice, which post on a 2-sister ward has continuing responsibility for that ward. Under the new grading definitions, one post will need to be given that responsibility. (See paragraph 2.8 below).

2.7 Health authorities should ensure that the job description for each post is consistent with the criteria set out in the new grading definition. In drawing up job descriptions and assigning duties and responsibilities to posts, nurse managers should have regard to the competencies of first and second level registered nurses. These competencies are set out in the Nurses, Midwives and Health Visitors Rules Approval Order 1983 (Statutory Instrument 1983 No 873). An extract from this Statutory Instrument is at Annex E.

GRADING HOSPITAL POSTS FOR NURSES AND MIDWIVES

Stage 1

2.8 Taking each ward/equivalent sphere (see Annex D) in turn, it will normally be appropriate to begin by determining first the grading of the post which carries continuing responsibility for the management of that ward/department. Such posts will carry a responsibility for staffing arrangements on shifts other than the one on which the post-holder is on duty and for policies and procedures which operate on the ward whether or not the post-holder is on duty. There will be only one post which carries continuing responsibility for each ward/department. Continuing responsibility cannot be shared between 2 posts. (However, this should not preclude the development of job sharing schemes.)

2.9 Where the post carries responsibility for the management of one ward only, the post will be graded at either Scale F or Scale G. Scale F posts need to satisfy both the following criteria:

i. the post carries no responsibility for the teaching of basic or post-basic students;

and

ii. the ward is one where limited nursing or midwifery intervention is required, i.e. is a ward where those cared for are fairly independent, requiring little help with the activities of daily living, and limited technical or psychological care or advice.

Other posts should be graded at Scale G.

2.10 A post carrying continuing responsibility for the ward may also carry continuing overall responsibility for one or more other wards. In such cases the grading will be at Scale H or Scale I, depending on the nature of the post.



2.11 Where the post which carries continuing responsibility for the management of a ward is graded at Scale F or Scale G, there may also be a Scale H or Scale I post which carries continuing overall responsibility for that ward, and for one or more other wards. (See also Annex D).

#### Senior Night Duty Posts

2.12 The current posts of night sister usually require the post-holder to supervise a number of wards at night. In the context of the new grading definitions the post-holders do not have continuing or overall responsibility for the wards they supervise. They may, depending on the grade of staff working on the ward, be required to be responsible for the assessment of care needs, the planning, implementation and evaluation of programmes of care. Many of these posts will fit the definition at Scale F as being regularly in charge in the absence of the person with continuing responsibility.

2.13 Where the post-holder is required to take responsibility for a whole hospital at night, Scales G, H or I may be appropriate and consideration will need to be given to:

- i. the size and type of hospital;
- ii. any added responsibilities for staff and/or services in addition to nursing or midwifery;
- iii. whether the post requires the appropriate criteria at Scales H or I to be met.

#### Stage 2

2.14 Having determined the grading of the post which carries continuing responsibility for the management of the ward, the next step will normally be to consider the grading of posts where the post-holder is designated to take charge in the absence of the person with continuing responsibility. Such

posts will be graded at either Scale F or Scale E. Scale F is appropriate to such posts where the post carrying continuing responsibility for the ward is graded at Scale G or above and where the post-holder is required to have first-level registration plus:

i. a further registerable qualification;

or

ii. a recordable post-basic certificate/statement of competence, or equivalent level of knowledge and skill acquired through experience;

or

iii. experience in a post at Scale E.

Other posts should be graded at Scale E.

### Stage 3

2.15 The next step will be to look at other posts for which a statutory nursing or midwifery qualification is required. Such posts will be graded at Scale F, Scale E, Scale D or Scale C.

i. Scale F posts will carry responsibility for leading a team of staff within a ward at Scale E and below.

ii. Scale E will be appropriate for posts where the post-holder is required by the employing authority to have first-level registration plus a further registerable qualification (eg RGN plus RMN; RGN plus RSCN; RGN plus RM)<sup>1</sup>. It will also be appropriate where the post-holder is required to have a recordable post-basic qualification or an equivalent level of skill acquired through experience.

1. For the purposes of this document, first-level registration relates to those nurses/midwives on Parts 1, 3, 5, 8, 9 10 or 11 of the professional register (see Annex D).

iii. Scale D is the minimum level for posts for which first-level registration is required. It is also appropriate for posts where the post-holder is required to have second-level registration and is either required to supervise the work of other staff or is required to have a recognised post-basic certificate or equivalent level of skill acquired through experience.

iv. Scale C is the minimum level for posts in which the post-holder is required to have second-level registration.

#### Stage 4

2.16 The last stage will normally be to consider the grading of posts for which no statutory nursing or midwifery qualifications are required.<sup>1</sup> Such posts will normally be graded at Scale A or Scale B. Scale B will be appropriate where the post-holder:

i. regularly works without supervision for all or most of a shift;

or

ii. leads a team of staff at Scale A.

Other posts will be graded at Scale A.

<sup>1</sup> Exceptionally, there may be posts identified for which a statutory nursing qualification is not required but for which the range of duties and their setting warrant a higher grading than Scale B. Examples may occur in Community Homes for the Mentally Handicapped - in such limited cases Scale C may be appropriate.

Hospital Nursery Nurses

2.17 Where a post requires a certificated Nursery Nurse to work on a children's ward and is mainly concerned with the organisation and encouragement of play for children, in groups or individually; or is in a maternity unit and is mainly concerned with the physical care of healthy new born babies, the appropriate grade for the post is normally Scale B.

2.18 Where a certificated nursery nurse is required to carry out general nursing tasks in hospitals as an assistant to a registered nurse, midwife, or health visitor, the appropriate grade for the post is Scale A or Scale B. Scale B is appropriate where the post fulfills the criteria set out in 2.16 (i) or (ii) above.

Prime Care Providers

2.19 A definition of a prime care provider is given in Annex D. Scale F will be appropriate where, in addition to satisfying that definition, the post-holder is required:

i. to have advanced clinical skills and may be required to teach other staff;

and

ii. to carry out the responsibilities of the post without supervision.

Other posts in this category will be graded at Scale E.

BTTA/RFN Nurses

2.20 A nurse who is a Registered Fever Nurse and/or who holds a certificate of the British Thoracic Association, should be graded on the appropriate scale according to the skills and responsibilities required by the post, and having regard to the competencies set out in Annex E.

GRADING COMMUNITY POSTS

Stage 1

2.21 It will normally be appropriate to begin by grading posts which carry continuing responsibility for a caseload. The minimum level for District Nurses, Community Psychiatric Nurses and Community Mental Handicap Nurses with the appropriate qualifications is Scale G. Scale G is also the minimum level for Health Visitors and Midwives working in the community<sup>1</sup>.

2.22 The minimum grading for District Nurses exempt from holding the DN certificate under paragraph 2.23 of the NMNC Conditions of Service Handbook 1987 is Scale G.

2.23 Community Psychiatric Nurses, and Community Mental Handicap Nurses who do not hold the appropriate post-basic certificate, but who possess the equivalent level of skill and knowledge through experience should be graded at Scale G, providing they carry continuing responsibility for their caseload.

2.24 Scale H or Scale I is appropriate for posts which carry responsibility for the management of a number of staff at Scale G.

1. This does not preclude the possibility of rotating midwives into the community to gain experience without taking continuing responsibility for a caseload. Such midwives should retain their current grading which may be at grade D, E or F (see paragraph 2.25).

Stage 2

2.25 Posts in the community which do not carry continuing responsibility for a caseload but for which statutory nursing qualifications are required will be graded at Scales F, E, D or C.

i. Scale F is appropriate to posts where the post-holder undertakes duties specific to a client group in the community (see Annex D). This will include some, but not all, School Nurses and Family Planning Nurses (see paragraphs 2.27-2.31).

ii. Scale E will be appropriate for posts not appropriate to Scale F but where the post-holder is required by the employing authority to have first-level registration plus a further registerable qualification (eg RGN plus RMN; RGN plus RSCN; RGN plus RM).<sup>1</sup> It will also be appropriate where the post-holder is required to have a recordable post-basic qualification or an equivalent level of skill.

iii. Scale D is the minimum level for posts for which first-level registration is required. It is also appropriate for posts where the post-holder is required to have second-level registration and is either required to supervise the work of other staff or is required to have a recognised post-basic certificate or equivalent level of skill acquired through experience.

iv. Scale C is the minimum level for posts in which the post-holder is required to have second-level registration.

2.26 Posts for which no statutory nursing qualification is required will normally be graded at Scale A or Scale B. Scale B will be appropriate where the post-holder:

1. For the purposes of this document, first-level registration relates to those nurses/midwives on Parts 1, 3, 5, 8, 9, 10 or 11 of the professional register (see Annex D).

i. regularly works without supervision for all or most of a shift;

or

ii. leads a team of staff at Scale A.

Other posts will be graded at Scale A.

#### SCHOOL NURSE POSTS

2.27 The grading of School Nurse posts will depend on the organisation of the community services in a particular Health Authority, the responsibilities of individual posts and the qualifications required.

2.28 For posts which require first level registration and the School Nursing Certificate:

i. Scale E is appropriate; but

ii. Scale F is appropriate where the post requires experience greater than that for Scale E or the post-holder leads a team of staff at Grade E and below or undertakes duties specific to a defined client group in the community;

iii. Scales G, H or I may be appropriate for those posts which carry wider responsibilities as defined in the grading definitions for these scales.

2.29 For posts which require second level registration, Scales C or D will be appropriate, according to the grading criteria which are met.

#### FAMILY PLANNING POSTS

2.30 The grading of Family Planning posts will depend on the organisation of the Family Planning services in a particular Health Authority, the responsibilities of individual posts and the qualifications required.

2.31 For posts which require first level registration and a statement of competence:

- i. Scale E is appropriate where the postholder works within a team;
- ii. Scale F is appropriate where the post-holder is required to lead a team of staff at Scale E or undertakes duties specific to a defined client group within the community;
- iii. Scales G, H or I may be appropriate for those posts which carry wider responsibilities as defined in the grading definitions for these scales.

#### BLOOD TRANSFUSION SERVICE

2.32 Posts which require the post-holder to have a statutory nursing qualification can be graded at any of Scales C to I inclusive depending on the criteria which are met. Scale A or B will be appropriate for posts which do not require a statutory nursing qualification

#### GRADING EDUCATION POSTS: HOSPITAL/COMMUNITY

2.33 Clinical Teacher, Fieldwork Teacher and Practical Work Teacher posts should be graded at Scale H.

2.34 Tutor posts should be graded at Scale I, provided they hold a recordable teaching certificate.



#### GRADING CLINICAL SPECIALIST POSTS

2.35 Scale G is appropriate for posts which do not meet the criteria at Scales H or I but which are nevertheless designated by the health authority as clinical specialist posts.

#### POST-REGISTRATION STUDENTS

2.36 Health Authorities will need to assign gradings to those currently undertaking post-registration training (see paragraphs 4.10, 4.11 and 4.12 of the 1987 NMNC Handbook). For the basic grade of "Enrolled Nurse", Scale C will apply and for the grades of "Staff Nurse/Staff Midwife", Scale D will apply. The Negotiating Council will be giving consideration to a revised wording of the current agreement.

#### SECONDMENT ON POST-REGISTRATION TRAINING

2.37 Health Authorities will need to assign gradings to those currently under secondment to training (see paragraphs 4.13 and 4.14 of the NMNC Handbook). The grading should be determined by direct reference to the post held immediately prior to secondment. Special arrangements apply for Health Visitors and District Nurse students (see paragraph 4.15 of the NMNC Handbook and Staff Training Memorandum (74)44 and (74)12).

#### BANK NURSES/MIDWIVES

2.38 Section 11 of the 1987 NMNC Handbook provides a definition for Bank Nurses/Midwives and details of rates of pay. Health Authorities will need to determine the appropriate grade for Bank Staff by reference to the duties and responsibilities which the Bank Nurse/Midwife is expected to discharge.

#### AGENCY NURSES/MIDWIVES

2.39 Health Authorities will need to identify the grade of Agency Nurses/Midwives required in each situation by reference to the duties and responsibilities to be discharged, and specify to the agency the grade to which the booking relates.



REGRADING OF POSTS WHICH DO NOT REQUIRE STATUTORY NURSING/MIDWIFERY  
QUALIFICATIONS INCLUDING NURSERY NURSES

PART ONE NAME.....

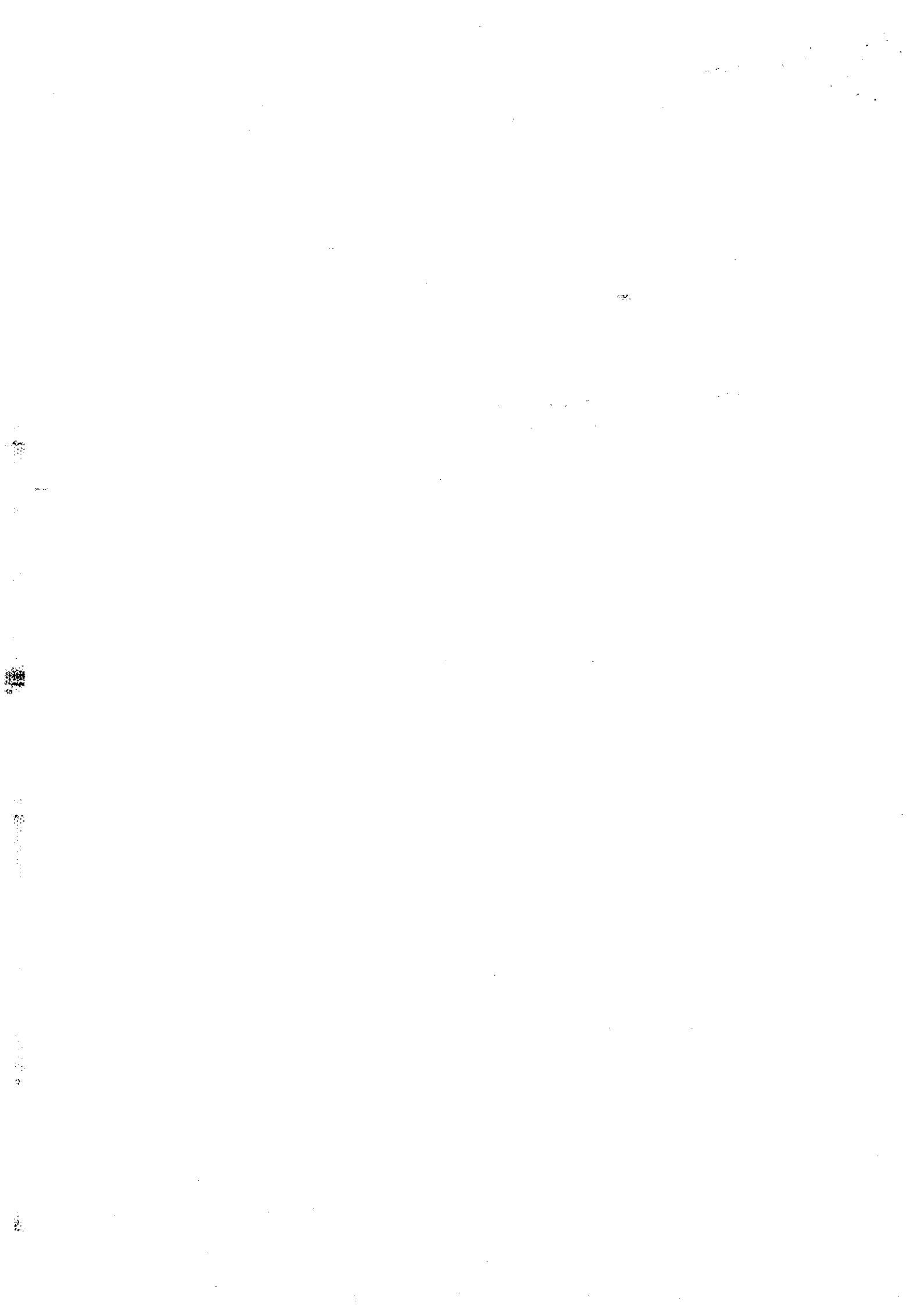
CRITICAL GRADING REQUIREMENTS	COMMENTS
1. REGULARLY WORKS WITHOUT SUPERVISION FOR ALL OR MOST OF A SHIFT a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
2. IS REQUIRED TO LEAD A TEAM OF STAFF a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
3. IS REQUIRED TO HOLD NNEB a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
4. ORGANISES PLAY OR ASSISTS WITH THE HEALTHY NEW BORN a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>

PART TWO

CURRENT GRADE.....	NEW GRADE.....
W.T.E.....	CLINICAL SPECIALTY.....
BASE/COST CENTRE.....	EMPLOYEE'S SIGNATURE
MANAGER'S SIGNATURE	.....
.....	I have been informed of new grade
DATE.....	DATE.....

For personnel/finance use

NEW OCCUPATIONAL CODE.....  
NEW PAYCODE.....  
PAYROLL/PERSONAL NUMBER.....



REGRAIDING OF POSTS REQUIRING STATUTORY NURSING/MIDWIFERY  
 QUALIFICATIONS FOR WORKING ON ONE WARD OR EQUIVALENT SPHERE.

PART ONE NAME.....

CRITICAL GRADING REQUIREMENTS	COMMENTS
1. BASIC QUALIFICATION REQUIRED a)first level registration b)second level registration	<input type="checkbox"/> <input type="checkbox"/>
2. ASSESS, PLAN, IMPLEMENT, EVALUATE CARE a)responsible for; b)assists with.	<input type="checkbox"/> <input type="checkbox"/>
3. REQUIRED TO SUPERVISE OTHER STAFF a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
4. REQUIRED TO DEMONSTRATE PRACTICAL PROCEDURES a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
5. POST-HOLDER REQUIRES SUPERVISION a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
6. DESIGNATED REGULARLY IN CHARGE a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
7. IS A SECOND QUALIFICATION REQUIRED a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
8. IS A POST-BASIC CERTIFICATE REQUIRED a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
9. DOES THE POST REQUIRE EXPERIENCE AND/OR CLINICAL SKILLS GREATER THAN SCALE E a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
10. REQUIRED TO TEACH OTHER STAFF a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>

11. REQUIRED TO LEAD A TEAM OF STAFF AT SCALE E AND BELOW a)yes b)no	<input type="checkbox"/> <input checked="" type="checkbox"/>
12. HAS DUTIES SPECIFIC TO A DEFINED CLIENT GROUP IN THE COMMUNITY a)yes b)no	<input type="checkbox"/> <input checked="" type="checkbox"/>
13. REQUIRED TO BE A PRIME CARE PROVIDER a)yes b)no	<input type="checkbox"/> <input checked="" type="checkbox"/>
14. REQUIRED TO HAVE CONTINUING RESPONSIBILITY FOR ONE WARD OR EQUIVALENT SPHERE. a)yes b)no	<input type="checkbox"/> <input checked="" type="checkbox"/>
15. DESIGNATED TEACHING WARD FOR NURSING/MIDWIFERY LEARNERS. a)yes b)no	<input type="checkbox"/> <input checked="" type="checkbox"/>
16. NURSING INTERVENTION/ACTIONS ARE LIMITED a)yes b)no	<input type="checkbox"/> <input checked="" type="checkbox"/>

PART TWO

CURRENT GRADE.....	NEW GRADE .....
W.T.E.....	CLINICAL SPECIALTY.....
BASE/COST CENTRE.....	EMPLOYEE'S SIGNATURE
MANAGER'S SIGNATURE	.....
.....	I have been informed of new grade
DATE.....	DATE.....

For personnel/finance use

NEW OCCUPATIONAL CODE.....

NEW PAYCODE.....

PAYROLL/PERSONAL NUMBER.....

REGRADING OF POSTS WHICH CARRY THE CONTINUING OVERALL RESPONSIBILITY FOR THE MANAGEMENT OF MORE THAN ONE WARD/EQUIV....OR IS A DESIGNATED TEACHING POST.

PART ONE                      NAME.....

CRITICAL GRADING REQUIREMENTS	COMMENTS
A CONTINUING RESPONSIBILITY FOR MORE THAN ONE WARD/EQUIV.	
a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
#####	
1 ASSESS PLAN IMPLEMENT AND EVALUATE CARE	
a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
2 MONITORS AND MAINTAINS STANDARDS OF CARE	
a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
3 PROVIDES ADVICE WITHIN OWN CLINICAL AREA	
a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
4 FORMULATES CLINICAL POLICIES FOR OWN AREA	
a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
5 SUPERVISES DEPLOYS AND DEVELOPS STAFF	
a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
6 PARTICIPATES IN RESEARCH/EQUIPMENT TESTING	
a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
7 DESIGNATED STATUTORY SUPERVISOR OF MIDWIVES	
a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>

8 DECIDES SKILL MIX OWN AREA a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
9 SELECTION AND APPOINTMENT OF STAFF a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
10 FINANCIAL CONTROL OF RESOURCES a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
11 CHANGING/DEVELOPING SERVICE a)yes b)no	<input type="checkbox"/> <input type="checkbox"/>
12 POST DESIGNATED AS a)CLINICAL TEACHER b)FIELD WORK TEACHER c)PRACTICAL WORK TEACHER d)TUTOR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PART TWO

CURRENT GRADE .....	NEW GRADE .....
W.T.E.....	CLINICAL SPECIALTY.....
BASE/COST CENTRE.....	EMPLOYEE'S SIGNATURE
MANAGER'S SIGNATURE	.....
.....	I have been informed of new grade
DATE.....	DATE.....

For Personnel/Finance use

NEW OCCUPATIONAL CODE.....

NEW PAYCODE.....

PAYROLL/PERSONAL NUMBER.....



REGRAIDING OF POSTS WHICH ARE DESIGNATED BY THE EMPLOYING AUTHORITY AS CLINICAL NURSE SPECIALISTS POSTS

PART ONE NAME.....

CRITICAL GRADING REQUIREMENTS	YES	NO	COMMENTS												
A DIRECT CLINICAL INVOLVEMENT IN A DEFINED SPECIALTY															
B RELEVANT POST BASIC STUDY															
C IN DEPTH KNOWLEDGE															
#####															
1 ADVICE AND SUPPORT a) TO NURSES MIDWIVES HEALTH VISITORS b) OTHER PROFESSIONAL/EXT.AGENCIES c) WITHIN OWN CLINICAL AREA	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
2 ADVICE TO H.A'S a) UNIT OR SUB DISTRICT LEVEL b) DISTRICT LEVEL															
3 POLICY DEVELOPMENT a) UNIT OR SUB DISTRICT LEVEL b) DISTRICT LEVEL															
4 SPECIALIST CONTRIBUTION TO TEACHING															
5 CONTROLS OWN CASE LIST															
6 REFERS DIRECT TO SPECIALISTS															
7 APPLIANCES AND SPECIFIC TESTS															
8 EVALUATES EQUIPMENT															
9 RESEARCH															
10 MANAGES STAFF IN SAME SPECIALTY															
11 SPECIALIST ADVICE..CHANGING SERVICE															
12 FINANCIAL CONTROL															
13 DESIGNATED SUPERVISOR OF MIDWIVES															

PART TWO

FORM 4

CURRENT GRADE.....	NEW GRADE.....
WTE.....	CLINICAL SPECIALTY.....
BASE/COST CENTRE.....	EMPLOYEE'S SIGNATURE
MANAGER'S SIGNATURE	.....
.....	I have been informed of new grade
DATE.....	DATE.....

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For Personnel/Finance Use

NEW OCCUPATIONAL CODE.....

NEW PAYCODE.....

PAYROLL/PERSONNEL NUMBER.....

THE NEW CLINICAL GRADING STRUCTURE FOR NURSING, MIDWIFERY AND HEALTH VISITOR STAFF - MOVEMENT FROM OLD GRADES TO NEW GRADES

District Contact: Name: \_\_\_\_\_ Tel: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ CODE: \_\_\_\_\_

DHSS - FORM CGS1 - INTERIM RETURN AT 16 SEPTEMBER 1988:

REGION: \_\_\_\_\_

Title	Old Pay Code	WTE Staff in post at 16 09 88	MOVEMENT TO NEW GRADES										TOTAL POSTS TO BE REGRADED AS AT 16 09 88	GRAND TOTAL AS AT 16 09 86		
			A	B	C	D	E	F	G	H	I					
Nursing Auxiliary	NB01/11															
Hospital Staff (NNEB)	NB21															
Enrolled Nurse*	NB31															
Enrolled Dist Train*	NB31															
Senior Enrolled*	NB61															
Staff Nurse*	NB41/51/61															
Staff Midwife*	NB61															
Deputy Sister*	NB71															
Sister 11*	NB81/91															
Sister 11 Midwife*	NB91															
District Nurse Sister 11*	NB91															
Sister 1	NC01															
Sister 1 Midwife	NC01															
Health Visitor	NX01															
Senior Nurse 8	NI01															
Senior Nurse 8 Midwife	NI01															
Senior Nurse 7	NI06															
Senior Nurse 7 Midwife	NI06															
Clinical Teacher	NW01															
Fieldwork Teacher	NW01															
Pract Work Teacher	NB91															
Tutor	NW11															
Tutor Midwife	NW11															
POST Enrolled	NB31															
POST Staff Nurse	NB61															
BASIC Dep Sister	NB71															
STUDENTS Sister II	NB91															
Others	NQ00															
TOTALS																

\*Exclude Post Basic Students

THE NEW CLINICAL GRADING STRUCTURE FOR NURSING, MIDWIFERY AND HEALTH VISITOR STAFF - MOVEMENT FROM OLD GRADES TO NEW GRADES

District Contact: Name: \_\_\_\_\_ Tel: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ CODE: \_\_\_\_\_

OHSS - FORM CGS2 - FINAL RETURN AT 31 OCTOBER 1988:

REGION: \_\_\_\_\_ CODE: \_\_\_\_\_

Title	Old Pay Code	WTE Staff in post at 31 10 88	MOVEMENT TO NEW GRADES										TOTAL POSTS REGRADED AS AT 31 10 88			
			A	B	C	D	E	F	G	H	I					
Nursing Auxiliary	NB01/11															
Hospital Staff (NNEB)	NB21															
Enrolled Nurse*	NB31															
Enrolled Dist Train*	NB31															
Senior Enrolled*	NB61															
Staff Nurse*	NB41/51/61															
Staff Midwife*	NB61															
Deputy Sister*	NB71															
Sister 11*	NB81/91															
Sister 11 Midwife*	NB91															
District Nurse Sister 11*	NB91															
Sister 1	NC01															
Sister 1 Midwife	NC01															
Health Visitor	NX01															
Senior Nurse 8	NT01															
Senior Nurse 8 Midwife	NT01															
Senior Nurse 7	NT06															
Senior Nurse 7 Midwife	NT06															
Clinical Teacher	NW01															
Fieldwork Teacher	NW01															
Pract Work Teacher	NB91															
Tutor	NW11															
Tutor Midwife	NW11															
POST Enrolled	NB31															
BASIC Staff Nurse	NB61															
STUDENTS Dep. Sister	NB71															
Sister II	NB91															
Others	NQ00															
TOTALS																

\*Exclude Post Basic Students

NOTES OF GUIDANCE ON THE COMPLETION OF FORMS CGS1 AND 2

1. COVERAGE

The clinical grading structure covers all grades up to and including Senior Nurse 7, including Tutors but excluding:-

Student Nurse; Student Midwife without nursing qualification; RGN/RSCN and RGN/RMN 4-year integration course students; all Day Nursery grades; all Group A and Group B Establishments grades; Senior Nurses 7 and 8 (Staff Support-Educational).

Bank (and Agency) Nurses are also excluded.

2. STAFF IN POST

Include all staff on the payroll in the relevant grades including those who are absent due to annual, maternity or sick leave.

3. WTE

The whole time equivalent figures should be based on contract hours and expressed to two decimal places.

4. RETURNS

Districts are required to submit 2 returns.

The Interim Return (CGS1) should be completed as at 16 September and submitted no later than 30 September 1988.

The Final Return (CGS2) should be completed as at 31 October 1988 and submitted no later than 30 November 1988.

The CGS2 Return must be a complete return and not merely an update of CGS1.

Completed forms should be sent to: DHSS, Room 9, Hannibal House, Elephant and Castle, London SE1 6TE.

Copies should be sent, at the same time, to the Regional Health Authority.

5. OTHERS (CODE NQ00)

Please record posts which fall outside the paycodes listed. Include posts which move from one new grade to another new grade.

6. ENQUIRIES

Enquiries should be directed to Mrs Hunt or Mr Fernley  
Tel: 01-703-6380 Ext 3070.



NEW CLINICAL GRADING STRUCTURE FOR NURSING AND MIDWIFERY STAFF:  
GRADING DEFINITIONS

Scale A

Scale A applies to posts in which the post-holder carries out assigned tasks involving direct care in support of, and supervised by, a registered nurse, midwife or health visitor.

No statutory nursing or midwifery qualifications are required for posts at this level.

Scale B

Scale B applies to posts in which the post-holder carries out assigned tasks involving direct care in support of a registered nurse, midwife or health visitor and:

- a. regularly works without supervision for all or most of the shift;

or

- b. leads a team of staff at Scale A.

No statutory nursing or midwifery qualifications are required for posts at this level.

Scale C

Scale C applies to posts in which the post-holder provides nursing care under the direction of a registered nurse, midwife or health visitor. The post-holder participates in the assessment of care needs and the implementation of programmes of care. The post-holder may be expected to demonstrate her/his own skills to new or junior members of staff.

The post-holder is normally required to have second level registration.

Scale D

Scale D applies to posts in which the post-holder is responsible for the assessment of care needs and the development of programmes of care, and/or the implementation and evaluation of these programmes. The post-holder is expected to carry out all relevant forms of care without direct supervision and may be required to demonstrate procedures to and supervise qualified and/or unqualified staff.

The post-holder is required to have:

- i. first level registration;

or

- ii. second level registration plus a recognised post-basic certificate, or to have an equivalent level of skill acquired through experience;

or

- iii. second level registration and to supervise the work of other staff.

Scale E

Scale E applies to posts in which:

1. The post-holder is responsible for the assessment of care needs and the development, implementation and evaluation of programmes of care:

AND

a. is expected to carry out all relevant forms of care and is designated to take charge regularly of a ward or equivalent sphere of nursing or midwifery in the absence of the person who has continuing responsibility. The post-holder is expected to supervise junior staff and able to teach qualified and unqualified staff, including basic and/or post-basic students;

OR

b. is required to have first level registration plus:

i. a further registerable qualification;

or

ii. a recordable post-basic certificate/statement of competence, or an equivalent level of skill acquired through experience.

OR

2. The post-holder is required to take responsibility as the prime care provider for one, or a defined group of patients/mothers, in the hospital setting. He/she works with minimal supervision in the assessment of all relevant care needs, the development, implementation and evaluation of programmes of care. The post-holder is able to supervise and teach junior staff including basic and/or post-basic students.



Scale F

Scale F applies to posts in which:

1. The post-holder has continuing responsibility for the management of a ward or equivalent sphere of nursing or midwifery care, including the assessment of care needs, the development, implementation and evaluation of programmes of care, the setting of standards, and the supervision and deployment of staff; where there are no basic or post-basic students and where limited nursing or midwifery intervention is required;

OR

2. the post holder is responsible for the assessment of care needs, the development, implementation and evaluation of programmes of care, without supervision, and may be required to teach other nursing and non-nursing staff.

The post-holder:

a. is designated to take charge regularly of a ward or equivalent sphere of nursing or midwifery care in the absence of the person who has continuing responsibility and the post-holder is required to have first level registration plus:

i. a further registerable qualification;

or

ii. a recordable post basic certificate/statement of competence, or equivalent level of skill acquired through experience;

or

iii. experience in a post at Scale E.

or

b. leads a team of staff at Grade E and below;

or

c. undertakes duties specific to a defined client group in the community;

or

d. is a prime care provider, who is required to practise clinical skills, developed through experience in, but more advanced than those required for, a post at Scale E.

Scale G

Scale G applies to posts in which:

1. The post-holder carries continuing responsibility for the assessment of care needs, the development, implementation and evaluation of programmes of care, and the setting of standards of care;

AND

a. the management of a ward or equivalent sphere of nursing or midwifery, including the deployment and supervision of staff, and where the teaching of students and/or extensive nursing/midwifery intervention is required;

or

b. the management of a defined caseload, including liaison with other agencies and where appropriate the supervision, deployment and teaching of staff and/or students.

This scale is the minimum level for district nurses, community psychiatric nurses, community mental handicap nurses with the appropriate qualifications; health visitors, and midwives working in the community.

OR

2. The post-holder is responsible for the management of a caseload or client group within a defined clinical area, including liaison, where appropriate, with other agencies, and the provision of specialist advice within this clinical area.

Scale H

Scale H applies to posts in which:

1. The post-holder carries continuing overall responsibility for the management of more than one ward or equivalent sphere of nursing, midwifery or health visiting care in the hospital and/or community setting, in which the post-holder is required to meet at least 4 of the following criteria:

- i. assesses, develops, implements and evaluates programmes of care;
- ii. monitors and ensures maintenance of standards of care;
- iii. provides advice within own clinical area;
- iv. formulates policies within own sphere;
- v. supervises, deploys and develops staff;
- vi. participates in research and/or equipment testing;
- vii. is designated as a statutory Supervisor of Midwives.

OR

2. The post-holder is concerned, in a clinical setting, with assessing the training needs and the planning, implementing and evaluating the education and training of students for registration or for post-basic qualifications, and/or prepares and implements in-service training programmes.

The post-holder is normally required to hold a recordable clinical teaching qualification.

OR

3. The post-holder, in addition to carrying continuing responsibility for a defined caseload, including the setting of standards of care, the assessment of care needs, the development, implementation and evaluation of programmes of care, also carries responsibility for the planning of practical experience for, and the teaching and supervision of, one or more students undertaking training leading to a post-basic statutory or formal qualification.

The post-holder is required to hold the appropriate teaching certificate.

This scale is the minimum level for qualified field work and practical work teachers.

OR

4. The post-holder is identified as a clinical specialist within the employing Authority. He/she will normally have direct clinical involvement in, and extensive knowledge of, the defined specialty with evidence of relevant post-basic study. The post-holder is responsible for providing clinical advice and support to, and liaising with, other staff.

In addition the post-holder is required to meet the grading indication factors at 1a, 2a, 3a plus any 3 factors from 4-12 at the Appendix to this Annex.

## Scale I

Applies to posts in which:

1. The post-holder carries continuing overall responsibility for the management of more than one ward or equivalent sphere of nursing, midwifery or health visiting care in the hospital and/or community setting in which the post-holder is required to meet at least 7 of the following criteria:

- i. assesses, develops, implements and evaluates programmes of care;
- ii. monitors and ensures maintenance of standards of care;
- iii. provides advice both within and outside own professions;
- iv. formulates policies within own sphere;
- v. supervises, deploys and develops staff;
- vi. participates in research and/or equipment testing;
- vii. is designated as a statutory Supervisor of Midwives;
- viii. decides composition of skill mix of staff within own sphere of responsibility;
- ix. has responsibility for selection and appointment of staff;
- x. has financial control of manpower or physical resources;
- xi. manages a changing and/or developing service.

OR

2. The post-holder is responsible for assessing training needs, planning, implementing and evaluating the education and training of students for registration, post-basic qualifications and /or in-service training, in the classroom or in both the classroom and clinical setting.

The post-holder is required to hold a recordable teaching qualification.

OR

3. The post-holder is identified as a clinical specialist within the employing Authority. He/she will normally have direct clinical involvement in, and extensive knowledge of, the defined specialty and evidence of relevant post-basic study. The post-holder is responsible for providing clinical advice and support to, and liaising with, other staff. In addition the post-holder is required to meet the grading indication factors at 1a, 1b, 2b, 3b and 4 plus any 4 factors from 5-12 at the Appendix to this Annex.

## GRADING INDICATION FACTORS FOR CLINICAL SPECIALISTS

1. Advice to Health Care Professionals
  - a. Provides clinical advice and support in a defined specialty to nurses and/or midwives and/or health visitors.
  - b. Provides clinical advice and support to other professions within the health-care setting and to external agencies concerned with social issues.
2. Advice to Health Authorities

Provides clinical advice in a defined specialty at:

  - a. Unit or sub-district level.
  - b. District level.
3. Policy Development

Is responsible for developing clinical policies for a defined client population or for a defined specialty at:

  - a. Unit or sub-district level.
  - b. District level.
4. Makes a specialist contribution to the teaching of all or any of the following groups: nurses, midwives, health visitors, other health care workers.
5. Controls admission to his/her own case list.
6. Refers patients/clients direct to specialists in other professions.
7. Authorises the issue of appliances and/or selects, carries out and/or interprets the results of specific tests.
8. Evaluates equipment and makes recommendations relevant to purchasing policies.
9. Initiates and/or participates in research.
10. Manages/co-ordinates a small team of staff in the same specialty.
11. Is required to provide specialist advice where services are undergoing change and/or development.
12. Has financial control of manpower and/or physical resources.
13. Is designated as a statutory Supervisor of Midwives.



CLINICAL GRADING STRUCTURE

GUIDANCE FOR MANAGEMENT ON INTERPRETATION OF TERMS

RECOGNISED/RECORDABLE POST-BASIC CERTIFICATE (SCALES D, E AND F)

A post-basic certificate that is recordable by the UKCC. The courses which give a recordable certificate can be found in the National Boards' booklets on Outline Curricula. In England and Wales a full list of these courses may be obtained from the appropriate National Board. In Scotland they are contained within the framework of the Continuing Education Report.

STATEMENT OF COMPETENCE (SCALES E AND F)

A statement issued by one of the National Boards. At present, only one such course is offered - in Family Planning.

EQUIVALENT LEVEL OF SKILL ACQUIRED BY EXPERIENCE (SCALES D, E AND F)

A level of skill and knowledge which would make it inappropriate to send the postholder on a relevant course because he/she possesses all the skills and knowledge which would have been acquired on that course. Where necessary, reference should be made to the syllabus of the relevant course to assess this. The length of time taken to gain the equivalent level of skill and knowledge should not be less than the length of the relevant course.

DESIGNATED TO TAKE CHARGE REGULARLY (SCALES E AND F)

A person who takes charge regularly would need to be rostered to be in charge, when the person with continuing responsibility for the ward is not on duty, for periods which amounted to being in charge for an entire shift or more each week. A person who takes charge infrequently and on an ad hoc basis would not meet this criterion.

A FURTHER REGISTERABLE QUALIFICATION (SCALES E AND F)

A qualification which gives entry to one of the eleven parts of the professional Register.

PRIME CARE PROVIDER (SCALES E AND F)

A designated nurse or midwife who is personally responsible for the assessment of nursing or midwifery care needs and the planning and implementation of programmes of care for one or a group of patients/mothers from admission to discharge. This is a 24-hour responsibility even though delivery of care is assigned to another nurse or midwife when the prime care provider is off duty.

LIMITED NURSING OR MIDWIFERY INTERVENTION (SCALE F)

The nursing or midwifery care required for those who are fairly independent, requiring little help with activities of daily living and limited technical or psychological care or advice.

CONTINUING RESPONSIBILITY (SCALES F AND G)

The postholder has a responsibility for staffing arrangements on shifts other than the ones on which he/she is on duty and for policies and procedures which operate on the ward whether or not the postholder is on duty. There will only be one post with continuing responsibility for each ward. This responsibility cannot be shared between 2 posts. (However, this should not preclude the development of job sharing schemes.)

CONTINUING OVERALL RESPONSIBILITY (SCALES H AND I)

Continuing overall responsibility applies only to a post carrying responsibility for more than one ward or equivalent sphere of nursing or midwifery care.

CLINICAL SPECIALIST (SCALES G, H AND I)

A nurse or midwife or health visitor who has developed an indepth knowledge of the nursing/midwifery needs and/or care required for a particular patient/client group. The knowledge is such that he/she is able to advise and teach all health care professionals. Only posts which are identified within the employing authority as clinical specialist posts should fall within this definition.

FINANCIAL CONTROL (SCALES H AND I)

The postholder has managerial freedom, within agreed parameters, to authorise expenditure, and is accountable for that expenditure.

DEFINED CASELOAD (SCALE G)

A caseload that is suitable for one appropriately qualified nurse/midwife/health visitor to manage. The population within the caseload may be that within a geographical area or GP practice(s), or may be a specific patient/client group. A post which carries continuing responsibility for a defined caseload carries responsibility for ensuring that all the nursing/midwifery/health visiting needs of the caseload drawn from that population are met.

DUTIES SPECIFIC TO A DEFINED CLIENT GROUP IN THE COMMUNITY (SCALE F)

Duties undertaken by first-level registered nurses who are not required to hold the District Nursing Certificate or equivalent experience but are required to possess a post-basic certificate in the relevant specialty and who work with a specific client group. Examples include school nurses and family planning nurses.



3761d/19/49-6

FIRST LEVEL REGISTRATION (SCALES D, E AND F)

For the purposes of this document, first level registration relates to those nurses/midwives on Parts 1, 3, 5, 8, 9, 10 and 11 of the professional register.

SECOND LEVEL REGISTRATION (SCALES C AND D)

Second level registration relates to nurses on Parts 2, 4, 6 or 7 of the professional register.

EQUIVALENT SPHERE OF NURSING OR MIDWIFERY (SCALES F, G, H AND I)

A clinical setting in the hospital or community that is equivalent to a ward or more than one ward, whichever is appropriate. Employing authorities will need to decide, on the basis of the range of responsibilities and the number of staff, whether a department or clinical unit is equal to one, or more than one, ward.



NURSING COMPETENCIES

The Nurses, Midwives and Health Visitors Rules Approval Order 1983.

Extract from Statutory Instrument 1983 No 873.

Training for admission to Parts 1 to 8 of the register

18. 1. Courses leading to a qualification the successful completion of which shall enable an application to be made for admission to Part 1, 3, 5 or 8 of the register shall provide opportunities to enable the student to accept responsibility for her personal professional development and to acquire the competencies required to:-
- a. advise on the promotion of health and the prevention of illness;
  - b. recognise situations that may be detrimental to the health and well-being of the individual;
  - c. carry out those activities involved when conducting the comprehensive assessment of a person's nursing requirements;
  - d. recognise the significance of the observations made and use these to develop an initial nursing assessment;
  - e. devise a plan of nursing care based on the assessment with the co-operation of the patient, to the extent that this is possible, taking into account the medical prescription;
  - f. implement the planned programme of nursing care and where appropriate teach and co-ordinate other members of the caring team who may be responsible for implementing specific aspects of the nursing care;
  - g. review the effectiveness of the nursing care provided, and where appropriate, initiate any action that may be required;
  - h. work in a team with other nurses, and with medical and para-medical staff and social workers;
  - i. undertake the management of the care of a group of patients over a period of time and organise the appropriate support services.

related to the care of the particular type of patient with whom she is likely to come in contact when registered in that Part of the register for which the student intends to qualify.

2. Courses leading to a qualification the successful completion of which shall enable an application to be made for admission to Part 2, 4, 6 or 7 of the register shall be designed to prepare the student to undertake nursing care under the direction of a person registered in Part 1, 3, 5 or 8 of the register and provide opportunities for the student to develop the competencies required to:-

- a. assist in carrying out comprehensive observation of the patient and help in assessing her care requirements;
- b. develop skills to enable her to assist in the implementation of nursing care under the direction of a person registered in Part 1, 3, 5 or 8 of the register;
- c. accept delegated nursing tasks;
- d. assist in reviewing the effectiveness of the care provided;
- e. work in a team with other nurses, and with medical and para-medical staff and social workers;

related to the care of the particular type of patient with whom she is likely to come into contact when registered in that Part of the register for which the student intends to qualify.