

**First report of Nurses salaries committee : salaries and emoluments of female nurses in hospitals.**

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MINISTRY OF HEALTH

# FIRST REPORT OF NURSES SALARIES COMMITTEE

## SALARIES AND EMOLUMENTS OF FEMALE NURSES IN HOSPITALS

*Presented by the Minister of Health to Parliament  
by Command of His Majesty  
February 1943*



LONDON

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# FIRST REPORT OF NURSES SALARIES COMMITTEE

## Salaries and Emoluments of Female Nurses in Hospitals

To the Rt. Hon. ERNEST BROWN, M.C., M.P., Minister of Health.

SIR,

### A. INTRODUCTORY.

1. **Terms of Reference.**—We were appointed in November, 1941, with the following terms of reference:—

“ To draw up, as soon as possible, agreed scales of salaries and emoluments for State Registered nurses employed in England and Wales in hospitals and in the public health services, including the service of district nursing, and for student nurses in hospitals approved as training schools by the General Nursing Council for England and Wales ”.

Subsequently these terms of reference were extended to include nurses possessing or in training for the Certificate of the Tuberculosis Association, and they were further extended later to include assistant nurses as defined by both Panels of the Committee in agreement. We were also informed that it was not your desire at present that we should make recommendations about State Registered nurses and student nurses employed in mental hospitals, who appeared to fall within our original terms of reference; discussions are now proceeding about the position of nurses in mental hospitals.

2. Some doubt arose during the early discussions of the Committee about the precise interpretation of our terms of reference. You were good enough to agree, at the request of the Committee, that they might be interpreted to include such conditions of service as hours of work, length of holidays, and interchangeability of superannuation rights.

3. **Liaison with other Committees.**—At the same time as we were appointed, the Secretary of State for Scotland appointed a Committee with similar terms of reference for Scotland. Liaison has been effected by interchange of minutes. We have also, in accordance with your wishes, kept in touch with the Midwives Salaries Committee which was set up shortly after our appointment, since to some extent our work and theirs overlap; this liaison has been assisted by the fact that a number of members of our Committee are also members of the Midwives Salaries Committee.

4. **Scope of Present Report.**—The present report sets out our recommendations regarding the salaries and emoluments of female nurses employed in hospitals in England and Wales, other than mental hospitals. We thought it right to present these recommendations forthwith, not only because they cover the great majority of nurses falling within our reference, but also because we were aware that the results of our discussions were being awaited with great interest by all concerned. We are continuing our discussions on the matters not covered by this report, and will present a further report as soon as we are able to do so.

5. **Outstanding Matters.**—The principal points which are not covered in this report are:—

(1) *The salaries and emoluments of male nurses employed in hospitals.*  
—We have not so far settled scales of salaries and emoluments for male nurses.



(2) *The salaries and emoluments of public health nurses.*—We have appointed a Sub-Committee to put forward proposals for our consideration about scales of salaries and emoluments for health visitors, tuberculosis visitors, school nurses, superintendent health visitors and superintendent school nurses employed whole-time by local authorities (including those employed in a combined capacity). The following persons who are not members of the main Committee were good enough to accept invitations to serve on this Sub-Committee:—

Miss M. Blanchard—nominated by the Women Public Health Officers' Association.

Mrs. A. A. Woodman—nominated by the Royal College of Nursing.

Alderman C. W. Key, J.P., M.P.—nominated by the Metropolitan Boroughs Standing Joint Committee.

The other members of the Sub-Committee are:—

Mr. Allen.

Mr. Bolton.

Miss Charley.

Miss Gray.

Dr. Bullough.

Dr. Daley.

Mr. Lythgoe.

Sir Wynne Cemlyn Jones.

Sir George Martin.

Lady Richmond attends the Sub-Committee as an observer.

(3) *The salaries and emoluments of district nurses.*—We are not yet in a position to put forward recommendations about district nurses.

(4) *The salaries and emoluments of nursing staffs in day and residential nurseries.*—We are not yet in a position to put forward recommendations about the nursing staffs of day and residential nurseries.

It is our intention to recommend that the proposals we formulate for all the nurses\* within our terms of reference who are not covered in this report shall operate (retrospectively, if necessary) from the same date as our proposals in respect of female hospital nurses.

(5) *Superannuation.*—Superannuation provision is an important feature of a nurse's conditions of service. The type of provision varies in different nursing services. In the municipal service generally the position is regulated by the Local Government Superannuation Acts, 1937 and 1939. In voluntary hospitals and in district nursing the nursing staff is commonly, though not always, provided for by the Federated Superannuation Scheme for Nurses and Hospital Officers, which also caters for nursing in other spheres, including industrial nursing, nursing in private practice, and other forms of nursing service, including service overseas. Some nurses are not included in any superannuation scheme. There are no arrangements for free transfer of rights between the two types of scheme, with the result that a nurse may be discouraged from transferring from one type of service to another, or alternatively may have to suffer a considerable loss of pension rights on transfer. It is universally accepted that there should be complete mobility of transfer, and, like the Athlone Committee, we regard it as important that satisfactory arrangements should be made to overcome the present difficulties. The subject is, however, highly technical, and accordingly we decided to appoint a Sub-Committee, including experts who are not members of the main Committee, to investigate the position and give us their advice. As the position regarding midwives is analogous, the

\* We make no reference to midwives in this connection, because it is for the Midwives Salaries Committee to put forward recommendations about them.



Midwives Salaries Committee also nominated representatives to the Sub-Committee, and in addition the Scottish Nurses Salaries Committee accepted an invitation to nominate representatives. The following is a list of members of the Sub-Committee:—

*Nominated by Nurses Salaries Committee.*

Mr. J. Durham.	Mr. R. G. Maudling.
Mr. Duncan Fraser.	Mr. Moyle.
Miss Goodall.	Mr. J. Simonds.
Mr. Lythgoe.	Major G. B. Wade.

*Nominated by Midwives Salaries Committee.*

Mrs. F. R. Mitchell.	Mr. G. G. Panter.
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*Nominated by Scottish Nurses Salaries Committee.*

Mr. P. Campbell.	Mr. J. D. Imrie.
Mr. A. Moncrieff Mitchell.	Miss F. N. Udell.

The terms of reference of the Sub-Committee which we have settled are:—  
“to advise as to the best method of securing uniformity of superannuation and interchangeability of pension rights for nurses (including assistant nurses) and midwives”.

6. **Procedure.**—The Committee consists of two Panels under the Chairmanship of Lord Rushcliffe. The Panels were composed, when the Committee was first appointed, of twenty members nominated by organisations representing nurses and twenty members nominated by organisations representing employers of nurses. There have been three changes since the Committee was first appointed. In January, 1942, Mr. E. C. King, the representative of the Urban District Councils Association, resigned, and Councillor the Rev. Luther Bouch was appointed in his place. In April, 1942, Sir Arthur Hobhouse, one of the representatives of the County Councils Association, resigned, and his place was taken by Mr. T. O. Steventon. To our regret, in November, 1942, the British College of Nurses, one of the organisations representing nurses, decided to withdraw Miss M. S. Cochrane, its representative, from the Committee and to cease to be represented on the Committee.

7. Each Panel decided to appoint its own Chairman and Secretary. Mr. Roberts was elected Chairman and Miss Elliott Hon. Secretary of the Nurses Panel. Sir George Martin was elected Chairman and Mr. Wetenhall Hon. Secretary of the Employers Panel. The Committee is greatly indebted to them for undertaking an arduous and onerous duty. The Panels have met separately and jointly as necessary. There have so far been eleven meetings of the full Committee, eighteen meetings of the Employers Panel alone, and fourteen meetings of the Nurses Panel alone. Many of these meetings have extended over more than one day.

Certain items have been the subject of arbitration by Lord Rushcliffe, who has attended the joint meetings, and whose services have always been at the disposal of either Panel or of the Chairmen or Secretaries of the Panels.

8. Some matters the Committee referred in the first instance to Sub-Committees for consideration and report. Apart from those referred to in paragraph 5 (2) and 5 (5) above, a Sub-Committee, all the members of which were also members of the full Committee, was appointed to consider the position of male nurses (see paragraph 5 (1)), and another was appointed to consider the question of allowances for additional qualifications (see paragraph 44).



## B. GENERAL.

9. **Recommendation of the Athlone Committee.**—This is the first completely national Committee appointed to draw up scales of salaries and emoluments for nurses. In some other professions machinery has long existed for settling salaries. The appointment of the Committee followed a recommendation made by the Athlone Committee in its Interim Report, published in December, 1938, that a Committee analogous to the Burnham Committees for the teaching profession should be instituted for the nursing profession. The following quotation is taken from paragraph 15 of that Report:—

"It is essential, however, to make it clear that we contemplate that, whatever scales of salaries may be ultimately established, they should show a marked improvement over the scales at present in operation, and should approximate to those in force in other comparable spheres of employment. We are not yet in a position to give detailed statistics relating to the salaries paid to nurses throughout the country, but from the evidence put before us it is clear that, having regard to the great responsibilities of their work, nurses as a class are badly underpaid, even when the value of their emoluments—that is, the board and lodging with which they are provided when serving in hospital—is taken into account. . . .

Nursing is, to the best of our belief, the only profession in which the principle that the maximum salary is more important than the minimum is ignored. It is fundamentally wrong to attempt to attract recruits of the proper type by offering initial salaries which are high by comparison with those offered to the trained nurse. The entrant to the profession who intends to make a success of her work and remain a nurse is naturally more interested in her prospects than in the immediate reward."

This was written four years ago. The salaries of nurses have materially improved since then but the recommendations which we make show that we are of opinion that a further substantial improvement is necessary. It is true that scales of salary at the present time differ considerably in different hospitals, but the adoption of our proposals will mean a considerable improvement in the financial position of the great majority of female hospital nurses in the country.

10. It is relevant at this point to make it clear that, in addition to the salary a resident nurse receives, she is provided with her emoluments, that is, board, lodging, laundry, and in many cases free uniform; and it is customary for nurses in hospitals to receive free medical treatment and attendance during sickness. They also enjoy in the great majority of hospitals superannuation rights, towards which both the hospital authority and the nurses contribute.

11. **Guiding Considerations.**—In considering the questions referred to us, we have been guided by three main considerations, which to some extent affect each other:—

(a) The basic consideration has been—what is a fair and appropriate remuneration for the nurse, having regard to her proper status, the nature of her work and the responsibilities devolving upon her? We had to consider these matters in relation to each category of nurse—matrons and assistant matrons, with their responsibilities for all nursing questions; sister tutors, who are responsible, under the matrons, for the training of the student nurse in accordance with the regulations of the General Nursing Council and upon whom, therefore, the knowledge and skill of the nursing profession in the future largely depend; ward sisters, who are looked upon by many as the key nursing staff in the hospital; and finally the State



Registered staff nurse, from whom the higher ranks are recruited, the assistant nurse, and the student nurse, who in the matter of numbers form the largest categories. Comparisons with other professions have been considered, but, while we could not ignore the standard of pay and the conditions in other professions, the nature of the nurse's work is different from that in any other profession, and close comparisons cannot be made.

(b) We have also paid regard to the importance of attracting the right type of entrant in sufficient numbers into the nursing profession. The number of trained nurses qualifying at the present time is inadequate to satisfy the large and growing demands for their services, and to make good the wastage that occurs when nurses leave the profession for personal reasons such as marriage; we regard it as a matter of the first importance that, notwithstanding the many other demands on woman-power at the present time, an increased flow of suitable student nurses into hospitals should be both encouraged and effected. In this connection we have had to bear in mind the fact that the student nurse should be regarded primarily as a student, who is receiving a valuable training, with tuition from medical staff as well as senior nursing staff, although at the same time she is helping to staff her hospital. In other professions it is customary for a student to pay fees for training; the student nurse not only receives hers free, but in addition is paid a salary and provided with her emoluments. What is in our view chiefly required as a stimulus to recruitment is that the prospects of the nurse after training, in senior as well as junior posts, should be equitable and attractive.

(c) There has in the past been undesirable competition for staff between different hospital authorities. The national adoption of the scales we have drawn up will bring such competition to an end.

**12. Sanatoria and Tuberculosis Hospitals.**—The scales we have drawn up for staff up to and including the rank of sister are generally similar for all types of hospitals, with the notable exception of sanatoria and tuberculosis hospitals, where, owing to the special difficulty of staffing that prevails we have felt obliged at the present time to recommend somewhat higher rates of remuneration. Our proposals relating to tuberculosis institutions are, however, intended to be subject to review (see paragraph 41).

### C. DEFINITIONS.

13. Before we set out the scales of salaries and emoluments which we recommend, it will be convenient, since the practice of hospital authorities differs, to define the various categories of nurse with which this report is concerned.

14. A *Matron* is a State Registered nurse who is the head of the nursing service in a hospital and is responsible for the proper nursing of the patients and for nursing administration; in training schools she is also ultimately responsible for the training. She may also undertake other appropriate duties if so prescribed by her employing authority.

15. An *Assistant Matron* is a State Registered nurse who assists the matron. In the absence of the matron it is the assistant matron's duty to deputise for her.

16. A *Qualified Sister Tutor* is for our purposes a State Registered nurse responsible for the teaching of student nurses and possessing at least one of the following qualifications:—

- (i) Nurse Teacher's Certificate of the Royal College of Nursing.
- (ii) Sister Tutor Certificate of King's College of Household and Social Science (University of London).



- (iii) Sister Tutor Certificate of the Battersea Polytechnic.
- (iv) Sister Tutor Certificate of the University of Leeds.
- (v) Diploma in Nursing of the University of London\*.
- (vi) Diploma in Nursing of the University of Leeds\*.

This list of qualifications has been compiled after consultation with the General Nursing Council, who have also been good enough to agree to advise on request whether any other certificates which may be granted after completion of a course of training for sister tutors may be added to this list.

17. We HAVE RECOMMENDED to the General Nursing Council that they should consider regularising the arrangements for the training of sister tutors, who hold a position of the first importance in the education of the nursing profession of the future. It seems that at present any training institution is free to establish a course of training for sister tutors, and that no standard is laid down as to what should be regarded as a recognised course of training. We have suggested that the General Nursing Council should take the same responsibility for standardising the training of sister tutors as the Central Midwives Board does for midwife teachers; that is to say, draw up a standard curriculum, prescribe rules of admission to the course of training (including the amount of post-registration experience that candidates must have had before being admitted to the course), and approve institutions which give the recognised course of training. We understand that the Council are in communication with the Ministry of Health, and that legislation may be required to give effect to this recommendation.

18. Nurses usually receive no salary during whole-time courses of training for qualification as sister tutors. We are of opinion that suitable nurses should not be debarred from training to become qualified sister tutors owing simply to their inability to afford to take such a course of training; we RECOMMEND, therefore, that the situation should be met by an educational grant from the Ministry of Health.

19. Qualified sister tutors are, for our purposes, divided into 3 categories:—

(a) *A Qualified Senior Sister Tutor* is in charge of the teaching of student nurses with one or more qualified assistant sister tutors working under her direction.

(b) *A Qualified Sister Tutor in sole charge* is responsible for the teaching of student nurses in a hospital where there is no assistant sister tutor.

(c) *A Qualified Assistant Sister Tutor* assists a qualified senior sister tutor in the teaching of student nurses, and is attached whole-time to the teaching department.

20. We have not felt able to make any recommendations as to the remuneration for "unqualified sister tutors". We are aware that many training hospitals have sister tutors not possessing the qualifications we have indicated, and this may be due to the shortage of nurses with these qualifications. We trust our recommendations will help to relieve the shortage, and will enable

\* As regards the Diplomas in Nursing of the Universities of London and Leeds, the General Nursing Council consider that these Diplomas may be accepted at the moment as entitling the holders to be regarded as qualified sister tutors, but they do not feel able to recommend that they should be so accepted in future, unless the candidate has attended a course of lectures in chemistry and physics, anatomy, histology and physiology, bacteriology, hygiene, general psychology and history of nursing, in preparation for these Diplomas, and, in addition, has attended a course of lectures in methods of teaching and elements of educational psychology, having satisfied the examiners in this subject. For our purpose we recommend that those obtaining Diplomas in Nursing in the Universities of London and Leeds after the 31st December, 1943, should only be accepted as qualified sister tutors if they satisfy the conditions suggested by the General Nursing Council.



all training hospitals at an early date to appoint suitably qualified tutorial staff. The education of the student nurse in her profession is of the first importance and should only be undertaken by properly qualified persons. It is because we hope to see the unqualified sister tutor soon disappear that we have put forward no proposals about her salary and emoluments.

21. *Night Staff* we divide into 3 categories:—

(a) *A Night Superintendent with one or more Night Sisters working under her* is a State Registered nurse who is responsible at night for the nursing of the patients, for the control of the nursing staff and for other appropriate duties.

(b) *A Night Sister in sole charge* has, in smaller hospitals, the same responsibility and qualifications as the Night Superintendent in (a) above.

(c) *A Night Sister Working under a Night Superintendent* is a State Registered nurse employed as the name suggests.

22. *A Home Sister* is for the purposes of this report a State Registered nurse responsible for the administration of the Nurses' Home and, within its precincts, for the comfort and welfare of the staff.

In some hospitals the Nurses' Home is in the charge of a Warden, who has had special training or experience in the management of hostels or residential clubs, and who may or may not be a nurse. The salaries and emoluments of persons other than nurses do not fall within our province; but some members of the Committee desire to take this opportunity of recording their opinion that it is essential that the person in charge of a Nurses' Home should be trained as a Warden rather than as a nurse.

23. *A Housekeeping Sister* is for the purposes of this report a State Registered nurse whose duties are broadly denoted by her title. We divide such Housekeeping Sisters into 2 categories:—

(a) Those possessing a hospital certificate given after at least 3 months' training in housekeeping.

(b) Those not possessing such a certificate.

In many hospitals the housekeeping duties are carried out by someone who has had special training or experience in catering, housekeeping and dietetics, and who may or may not be a nurse. In this case too some members of the Committee desire to record their opinion that it is essential that these duties should be undertaken by persons possessing diplomas in domestic science and institutional housekeeping.

24. *A Departmental Sister* is a State Registered nurse in charge of a specific Department of a hospital. We propose to leave it to each hospital authority to decide in the light of its own arrangements what constitutes a Department within its hospital.

25. *A Ward Sister* is a State Registered nurse in charge of one or more wards and of the nursing and domestic staff attached thereto.

26. *A Staff Nurse* is a State Registered nurse who has completed her contract of training and who is subsequently employed in a hospital under nursing supervision. The title is intended to include titles used in some hospitals for the same grade of officer, such as Junior Sister, Deputy Sister, Assistant Sister, Charge Nurse, and Assistant Charge Nurse.

*General Note.*—Any nurse who is only on a supplementary part of the State Register we regard as entitled to be paid the appropriate salary for her grade as a State Registered nurse only when she is employed on nursing work of the type for which she is State Registered.



27. *A Student Nurse* is a student in the art of nursing the sick who is under contract, or on trial prior to entering into a contract, for a definite type and period of training with the object of qualifying for admission to the State Register of nurses.

28. *Assistant Nurses* we define as follows:—

*Category A.*—Those possessing a certificate of two years' training as an assistant nurse given by a local authority, e.g., that given by the Essex County Council.

*Category B.*—Those in training for such a certificate.

*Category C.*—Those who have had at least two years' training in a training school approved by the General Nursing Council.

*Category D.*—Those who have worked two years on nursing duties at a hospital under the supervision of trained nursing staff.

*Category E.*—Others employed in nursing in a hospital or an institution.

29. The term "assistant nurse" does not include:—

(i) State Registered nurses, except that a nurse who is only on a supplementary part of the State Register and is not employed on nursing work of the type for which she is State Registered should then be treated for purposes of salary and emoluments in the same way as assistant nurses in Category A above.

(ii) Student nurses in training for State Registration.

(iii) State certified midwives employed as midwives, or pupil midwives.

(iv) Nurses holding a certificate of full training at an approved training school for nurses who could have applied for registration during the periods of grace allowed under the Nurses' Registration Act, 1919, but omitted to do so; we feel unable to make proposals about the salaries of these nurses, who in any event do not appear to fall within our terms of reference.

(v) Persons holding, or in training for, the certificate of the Tuberculosis Association, so long as they are working in a sanatorium or tuberculosis hospital or the tuberculosis ward of a hospital; we have recommended special rates of pay for such nurses.

(vi) Persons holding the certificate of the Royal Medico-Psychological Association, so long as they are employed in the mental wards of general hospitals; we are not in a position at present to make recommendations about such nurses.

(vii) Nursing auxiliaries in the Civil Nursing Reserve.

(viii) A "woman orderly" or "female ward orderly".

30. We desire to make it clear that our classification of assistant nurses has been made solely with the object of defining the persons to whom the scales of salaries and emoluments for existing assistant nurses apply. The classification has no bearing on the future status of the assistant nurse.

#### D. EMOLUMENTS AND SUPERANNUATION.

31. It is convenient first to define what is meant by "emoluments" and what is meant by "resident" and "non-resident" staff. By "emoluments" are meant board, residence, personal laundry and the use and



laundering of uniform. By "resident nurses" are meant not only nurses actually resident in the hospital but also any nurses who are *required* by their hospital authority to live out. By "non-resident nurse" is meant a nurse who is non-resident only because she desires and is permitted to live away from the hospital.

32. Before the scales of salaries and emoluments that we recommend are set out, it is convenient to state some of the considerations we had in mind in framing recommendations about them. In the past it has been the practice of many hospital authorities to call upon student nurses to provide their own uniform, although uniforms have been provided free for the use of other nursing staff. We RECOMMEND that in future all hospital authorities should provide full indoor uniforms free for the use of their student nurses as well as of their other nursing staff.

Nurses generally receive free medical treatment in their hospitals. This has not been taken into account in assessing the emoluments.

33. A resident nurse, in addition to her cash salary, is provided with her emoluments in kind. In order that a nurse who would ordinarily have been resident, but who is required by her hospital authority to live out, may be on the same footing as the resident nurse, we RECOMMEND that the hospital authority should find the accommodation for her and pay the full cost, making no cash payment to the nurse.

34. A nurse who is non-resident solely because she desires and is permitted to live away from the hospital should receive a cash allowance in lieu of the emoluments, subject to a deduction in respect of services provided by the hospital.

35. Although a nurse to the extent of her emoluments does not receive her remuneration in cash, it is necessary, for superannuation purposes, for a cash value to be put on the emoluments of the resident nurse as well as on the emoluments of the non-resident nurse, since the amount of the superannuation contributions (and, in consequence, of the ultimate benefits) is proportionate to the total value of her combined salary and emoluments. There has in the past been wide diversity of practice. In voluntary hospitals the value put on emoluments is fixed for the different grades by the Federated Superannuation Scheme. As regards municipal hospitals, some local authorities have estimated, as the value of emoluments of resident staff for superannuation purposes, the actual cost to the authorities of providing them; others have fixed the value as the approximate amount (naturally greater) that the nurse would have had to pay, if she had had to provide them for herself alone; others have taken a middle course. For non-resident local authority staff the actual cash payment had to be taken into account for superannuation purposes.

36. As a result the position regarding superannuation of the resident and non-resident nurse in the same hospital, and the pension benefits that they ultimately receive, have often differed considerably and there has also been wide discrepancy in the position at different hospitals. At an early stage we came to the conclusion that it was essential to secure uniformity of practice among hospital authorities, with the object of ensuring that in every hospital all nurses of the same rank should in this matter be treated in the same way for superannuation purposes, whether they were resident or non-resident. Complete uniformity is at present impossible to achieve, because there are two main different types of superannuation scheme—the Federated Superannuation Scheme and the local authorities schemes—under which



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TABLE I.—GENERAL HOSPITALS.

There is a differentiation in the proposed salaries of Matrons and Assistant Matrons between General Hospitals which are approved by the General Nursing Council for England and Wales for complete training in general nursing, those approved by the General Nursing Council for affiliated or associated training, and those not approved as training schools. The first three sections of this Table relate, therefore, to the salaries of Matrons and Assistant Matrons, and it has been found convenient to include also Sister Tutors. The fourth section deals with all other categories of nursing staff, whose salaries are the same in any kind of General Hospital.

*Section A.—GENERAL HOSPITALS approved by the General Nursing Council for England and Wales for Complete General Training.*

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Matron</i> 500 Beds and Over.	From £450 to £700. This is a range, not a scale. The starting point within the range to rest in each case with the hospital authority. 6 annual increments of £30 to be given thereafter, provided the maximum of the range is not exceeded.	£200	From £650 to £900	The Matron would always be resident	
400-499 beds	£400 rising by annual increments of £30 to £580.	£200	£600-£780	ditto	
300-399 beds	£350 rising by annual increments of £30 to £530.	£200	£550-730	ditto	
200-299 beds	£300 rising by annual increments of £25 to £450.	£150	£450-£600	ditto	
Under 200 beds	£250 rising by annual increments of £25 to £375.	£150	£400-£525	ditto	
<i>Assistant Matron</i> 500 beds and over.	From £275 to £400. This is a range, not a scale. The starting point within the range to rest in each case with the hospital authority. 4 annual increments of £15 to be given thereafter, provided the maximum of the range is not exceeded.	£150	From £425 to £550	The Assistant Matron would always be resident	
400-499 beds	£250 rising by annual increments of £15 to £310.	£150	£400-£460	ditto	
300-399 beds	£235 rising by annual increments of £15 to £280.	£150	£385-£430	ditto	
Under 300 beds	£205 rising by annual increments of £15 to £250.	£120	£325-£370	ditto	
<i>Qualified Senior Sister Tutor</i> in charge of one or more qualified Sis- ter Tutors.	£260 rising by annual increments of £15 to £350.	£120	£380-£470	£35	£85
<i>Qualified Sister Tutor in sole charge.</i>	£230 rising by annual increments of £10 to £280.	£120	£350-£400	£35	£85
<i>Qualified Assis- tant Sister Tutor.</i>	£200 rising by annual increments of £10 to £250.	£120	£320-£370	£35	£85

For "unqualified sister tutors" see paragraph 20.



*Section B.—GENERAL HOSPITALS approved by the General Nursing Council for England and Wales as Affiliated or Associated Training Schools.*

Salaries and emoluments as in Section A for matrons, assistant matrons, and qualified sister tutors, with the exception of matrons in hospitals having under 100 beds, for whom the recommended salaries and emoluments are as follows :—

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Matron</i> 50-99 beds ...	£230 rising by annual incre- ments of £20 to £330.	£150	£380-£480	The Matron would always be resident ditto	
Under 50 beds	£220 rising by annual incre- ments of £20 to £300.	£150	£370-£450		

*Section C.—GENERAL HOSPITALS that are not Training Schools, including Public Assistance Hospitals, but excluding Public Assistance Institutions.*

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Matron</i> 500 beds and over.	From £350 to £525. This is a range, not a scale. The starting point within the range to rest in each case with the hospital authority. 6 annual increments of £25 to be given thereafter, pro- vided the maximum of the range is not exceeded.	£200	From £550 to £725	The Matron would always be resident	
400-499 beds	£300 rising by annual incre- ments of £25 to £450.	£200	£500-£650		
300-399 beds	£275 rising by annual incre- ments of £25 to £425.	£200	£475-£625	ditto	
200-299 beds	£250 rising by annual incre- ments of £25 to £375.	£150	£400-£525	ditto	
100-199 beds	£230 rising by annual incre- ments of £20 to £330.	£150	£380-£480	ditto	
50-99 beds ...	£220 rising by annual incre- ments of £20 to £300.	£150	£370-£450	ditto	
Under 50 beds	£215 rising by annual incre- ments of £20 to £275.	£150	£365-£425	ditto	
<i>Assistant Matron</i> 500 beds and over.	£250 rising by annual incre- ments of £15 to £340.	£150	£400-£490	The Assistant Matron would always be resident. ditto	
300-499 ...	£220 rising by annual incre- ments of £10 to £270.	£150	£370-£420		
Under 300 beds	£200 rising by annual incre- ments of £10 to £230.	£120	£320-£350	ditto	



*Section D.—All other Grades of Staff at GENERAL HOSPITALS, whether A, B or C above.*

(1)  Post	(2)  Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3)  Total Value of Annual Emolu- ments	(4)  Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5)  Value of Emolu- ments pro- vided by the Hospital for non- residents	(6)  Living out Allowance [Col. (3) minus Col. (5)]
<i>Night Supt.</i> With one or more Night Sisters work- ing under her.	Ward Sister's salary*, plus an allowance of £40.	£120	£290-£360	£35	£85
<i>Night Sister</i> in sole charge.	Ward Sister's salary*, plus an allowance of £25.	£100	£255-£325	£30	£70
<i>Night Sister</i> working under <i>Night Supt.</i>	Same salary as Ward Sister*	£100	£230-£300	£30	£70
<i>Home Sister</i> (i) If in charge of 150 nurses or over.	(i) Ward Sister's salary*, plus an allowance of £30.	£120	£280-£350	£35	£85
(ii) If in charge of under 150 nurses.	(ii) Ward Sister's salary*, plus an allowance of £15.	£120	£265-£335	£35	£85
<i>Housekeeping Sister with hospital cer- tificate</i> after at least 3 months' training in housekeeping					
(i) In hospital of 300 beds or over.	(i) Ward Sister's salary*, plus an allowance of £20.	£100	£250-£320	£30	£70
(ii) In hospital of under 300 beds.	(ii) Ward Sister's salary*, plus an allowance of £10.	£100	£240-£310	£30	£70
<i>Housekeeping Sister without such a certi- ficate.</i>	Same salary as Ward Sister*	£100	£230-£300	£30	£70
<i>Departmental Sister.</i>	Ward Sister's salary*, plus an allowance, to be settled by the hospital authority, of not less than £10 or more than £20.	£100	£240-£320	£30	£70
<i>Ward Sister ...</i>	£130 rising by annual incre- ments of £10 to £180, with one additional service incre- ment of £20 after 10 years' service as a Ward Sister.	£100	£230-£300	£30	£70

\* Ward Sister's salary is £130, rising by annual increments of £10 to £180, with one additional service increment of £20 after 10 years' service as a Ward Sister.



*Section D.—All other Grades of Staff at GENERAL HOSPITALS, whether A, B or C above—continued.*

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Staff Nurse ...</i>	£100 rising by annual incre- ments of £5 to £140.	£90	£190-£230	£25	£65
<i>Student Nurse†</i> (training schools only)		£75		The student nurse would always be resident.	
First Year	£40		£115		
Second Year	£45		£120		
Third Year	£50		£125		
Fourth Year (before State Registration)	£60		£135		
Fourth Year (after State Registration, if under a four years' contract).	£70		£145		
<i>Assistant Nurse</i> (see para. 28)					
Category A.	£75 rising by annual incre- ments of £5 to £95.	£90	£165-£185	£25	£65
Category B.	First Year £40 Second Year £45	£75	£115 £120	The trainee would always be resident	
Category C.	£65 rising by annual incre- ments of £5 to £85.		£155-£175		£65
Category D.	£65 rising by annual incre- ments of £5 to £85.	£90	£155-£175	£25	£65
Category E.	£55	£75	£130	£20	£55

† *Notes on Student Nurses.*

(1) For State Registered nurses in training for another part of the State Register, see paragraph 42.

(2) A student nurse, on transfer from an Affiliated or Associated Training School, should receive at the second hospital the salary appropriate to student nurses at that hospital who have reached the same stage of training as she has.



TABLE II.—PUBLIC ASSISTANCE INSTITUTIONS.

We do not consider it to fall within our province to make recommendations about the salaries and emoluments of Matrons of Public Assistance Institutions, where there is a Superintendent or Head Nurse, because in such institutions the Superintendent Nurse or Head Nurse is responsible for the nursing of the sick. We have, however, drawn up the following scales of salaries and emoluments for Matrons of Public Assistance Institutions (being State Registered nurses) who are also Superintendent Nurses or Head Nurses; for Superintendent Nurses or Head Nurses (being State Registered nurses) of Public Assistance Institutions; and for nursing staff below the rank of Superintendent Nurse or Head Nurse. We are in doubt whether the Matrons of Public Assistance Institutions who have no nursing duties, but are required by their employing authority to be State Registered nurses, fall within our terms of reference, and we propose to seek your guidance in the matter.

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Matron (being State Registered nurse) who is also Superintendent Nurse or Head Nurse.</i>					
(1) In Public Assistance Institutions approved by the General Nursing Council for England and Wales as Complete, Affiliated or Associated Training Schools.					
300 beds and over.	£275 rising by annual increments of £15 to £425.	£140	£415-£565	The Matron would always be resident ditto.	
200-299 beds	£240 rising by annual increments of £15 to £360.	£120	£360-£480		
100-199 beds	£220 rising by annual increments of £10 to £300.	£120	£340-£420		
Under 100 beds.	£210 rising by annual increments of £10 to £240.	£120	£330-£360		

*Note:* The number of beds is for this purpose the number in the sick wards, together with one-third of the number of beds in the non-sick wards.

(2) In Public Assistance Institutions that are not Training Schools.					
600 beds and over.	£265 rising by annual increments of £15 to £400.	£140	£405-£540	The Matron would always be resident ditto.	
400-599 beds	£240 rising by annual increments of £15 to £360.	£140	£380-£500		
300-399 beds	£220 rising by annual increments of £15 to £340.	£140	£360-£480		
200-299 beds	£220 rising by annual increments of £10 to £300.	£120	£340-£420		
100-199 beds	£200 rising by annual increments of £10 to £260.	£120	£320-£380		
50-99 beds	£200 rising by annual increments of £10 to £240.	£120	£320-£360		
Under 50 beds.	£200 rising by annual increments of £10 to £220.	£110	£310-£330		

*Note:* The number of beds is for this purpose the number in the sick wards, together with one-third of the number of beds in the non-sick wards.



TABLE II.—PUBLIC ASSISTANCE INSTITUTIONS—*continued.*

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Superintendent Nurses or Head Nurses, being State Regis- tered Nurses.</i>					
400 beds and over.	£240 rising by annual incre- ments of £15 to £360.	£140	£380-£500	The Superintendent Nurse would al- ways be resident ditto.	
300-399 beds	£220 rising by annual incre- ments of £15 to £340.	£140	£360-£480		
200-299 beds	£220 rising by annual incre- ments of £10 to £300.	£120	£340-£420		ditto.
100-199 beds	£200 rising by annual incre- ments of £10 to £260.	£120	£320-£380		ditto.
50-99 beds	£200 rising by annual incre- ments of £10 to £240.	£120	£320-£360		ditto.
Under 50 beds.	£200 rising by annual incre- ments of £10 to £220.	£110	£310-£330		ditto.

*Note :* The number of beds in this case is the number of beds in the sick wards.

*Nursing Staff below rank of Superintendent Nurse or Head Nurse.*

Salaries and Emoluments as in Table I, Section D.

TABLE III.—CHILDREN'S HOSPITALS.

(i) Hospitals approved by the General Nursing Council for England and Wales as Complete Training Schools in Sick Children's Nursing.	Salaries and Emoluments as in Table I, Sections A and D.
(ii) Hospitals approved by the General Nursing Council for England and Wales as Affiliated or Associated Training Schools.	Salaries and Emoluments as in Table I, Sections B and D.
(iii) Non-training Hospitals ... ..	Salaries and Emoluments as in Table I, Sections C and D.

In these hospitals nurses who are only on the supplementary part of the State Register for Sick Children's Nurses should receive the same salaries and emoluments as nurses on the general part of the State Register holding comparable posts in general hospitals; this applies also to the children's wards of general or other hospitals.



TABLE IV.—INFECTIOUS DISEASES HOSPITALS.

(1)  Post	(2)  Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3)  Total Value of Annual Emolu- ments	(4)  Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5)  Value of Emolu- ments pro- vided by the Hospital for non- residents	(6)  Living out Allowance [Col. (3) minus Col. (5)]
(i) <i>Hospitals approved by the General Nursing Council for England and Wales as Complete Training Schools in Fever Nursing.</i>		Salaries and Emoluments as in Table I, Sections A and D, except for Staff Nurse and Student Nurse, for whom see below.			
(ii) <i>Hospitals approved by the General Nursing Council for England and Wales as Affiliated or Associated Training Schools.</i>		Salaries and Emoluments as in Table I, Sections B and D, except for Staff Nurse and Student Nurse, for whom see below.			
iii) <i>Non-training Hospitals ...</i>		Salaries and Emoluments as in Table I, Sections C and D, except for Staff Nurse, for whom see below.			
<i>Staff Nurse, whether at hospital (i), (ii) or (iii)</i>					
(a) <i>if on general part of State Register.</i>	£100 rising by annual increments of £5 to £140.	£90	£190-£230	£25	£65
(b) <i>if only* on supplementary part of State Register for Fever Nurses.</i>	£90 rising by annual increments of £5 to £140.	£90	£180-£230	£25	£65
<i>Student Nurse† (Training schools only)</i>	First Year £40 Second Year £45	£75 £75	£115 £120	The Student Nurse would always be resident.	

\* The lower commencing salary for nurses only on the supplementary part of the State Register for Fever Nurses takes account of the fact that the course of training for fever nurses lasts only two years.

† *Notes on Student Nurses.* See Notes to Table I, Section D.

TABLE V.—OTHER SPECIAL HOSPITALS, *excluding Sanatoria and Tuberculosis Hospitals.*

(i) <i>Hospitals approved by the General Nursing Council for England and Wales as Affiliated or Associated Training Schools.</i>		Salaries and Emoluments as in Table I, Sections B and D.	
(ii) <i>Non-training Hospitals ...</i>		Salaries and Emoluments as in Table I, Sections C and D.	



TABLE VI.—SANATORIA, TUBERCULOSIS HOSPITALS AND OTHER HOSPITALS WHERE THE MAJOR PART OF THE ACCOMMODATION IS FOR THE TREATMENT OF TUBERCULOSIS (*see* paragraph 41).

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]

*Matron, Assistant Matron and Qualified Sister Tutors.*

- (i) Hospitals training nurses for the certificate of the Tuberculosis Association (pending establishment of a supplementary register for nursing in tuberculosis by the General Nursing Council). Salaries and emoluments as in Table I, Section B.
- (ii) Hospitals approved by the General Nursing Council for England and Wales as Affiliated or Associated Training Schools. Salaries and emoluments as in Table I, Section B.
- i) Non-training Hospitals ... Salaries and emoluments as in Table I, Section C.

<i>Night Staff, Home Sister, Housekeeping Sister and Departmental Sister.</i>	Same allowance in each case as in Table I, Section D, in addition to ward sister's salary shown below.	Emoluments in each case as in Table I, Section D.			
<i>Ward Sister...</i>	£140 rising by annual increments of £10 to £190, with one additional service increment of £20 after 10 years' service as a ward sister.	£100	£240-£310	£30	£70
<i>State Registered Staff Nurse.</i>					
(a) if on general part of Register.	£110 rising by annual increments of £5 to £150.	£90	£200-£240	£25	£65
(b) If only on supplementary part of State Register for Fever Nurses.	£100 rising by annual increments of £5 to £150.	£90	£190-£240	£25	£65
* <i>Student Nurse in training at an Affiliated or Associated Training School, excluding students seconded to a sanatorium for a short period such as 3 months.</i>	First Year £45 Second Year £50	} £75	£120 £125	Student Nurses would always be resident.	



TABLE VI.—SANATORIA, TUBERCULOSIS HOSPITALS, &c.—*continued*.

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col.(5)]
<i>Assistant Nurse</i> (see para. 28)					
Category A.	£85 rising by annual incre- ments of £5 to £105.	£90	£175-£195	£25	£65
Category C.	£75 rising by annual incre- ments of £5 to £95.	£90	£165-£185	£25	£65
Category D.	£75 rising by annual incre- ments of £5 to £95.	£90	£165-£185	£25	£65
Category E.	£65	£75	£140	£20	£55
<i>Nurse possess- ing T.A. Cer- tificate only.</i>	£85 rising by annual incre- ments of £5 to £120.	£90	£175-£210	£25	£65
<i>Nurse in train- ing for T.A. Certificate only</i>	First Year £45 Second Year £50	} £75	£120 £125	Trainees would always be resident	

The appropriate rates of pay set out in this Table apply also to the staff (ward sisters, staff nurses, assistant nurses, and nurses possessing only the T.A. certificate) working in the tuberculosis wards of general or other hospitals.

\*Notes on student nurse. See notes to Table I, Section D.

Travel facilities for nurses employed in hospitals covered by Table VI.

In view of the fact that the special difficulty in staffing sanatoria, tuberculosis hospitals, and other hospitals with the major part of the accommodation devoted to tuberculosis, is aggravated by the isolated position of many of these hospitals, we RECOMMEND that the authorities of such hospitals should arrange for all nursing staff other than matrons and assistant matrons to have the privilege of free travel twice a week to the nearest centre of population.

41. **Tuberculosis Nursing.**—Paragraph 12 sets out the reasons why we have felt obliged to recommend higher rates of pay for staff up to and including sisters in sanatoria, tuberculosis hospitals, and hospitals with the major part of the accommodation devoted to the treatment of tuberculosis, than we have recommended for other types of hospitals. We have also recommended that, as regards the salaries of matrons and assistant matrons, hospitals training for the certificate of the Tuberculosis Association should be put on the same footing as hospitals approved for affiliated or associated training by the General Nursing Council. We desire to make it clear that all our proposals in this connection are of a temporary character. We RECOMMEND that, owing to the extended range and increased specialisation of nursing work in the treatment of tuberculosis and certain other respiratory diseases (including thoracic surgery), the General Nursing Council should institute a supplementary part of the State Register for such nurses, though in the title we are of opinion that use of the term "tuberculosis" should, if possible, be avoided. We also consider it most desirable that every encouragement should be given to sanatoria to become training schools, and we are of opinion that the institution of the proposed supplementary part of the Register would be a potent factor



towards achievement of this object. When such a part of the Register is established and there has been experience of its working, our proposals in Table VI may need to be reviewed.

**42. Salaries of State Registered nurses in training for a further part of the State Register.**—We RECOMMEND that a nurse who is already on one or more parts of the State Register and who takes up training for registration on another part should receive in the first year the same salary as an ordinary student nurse in her second year at the hospital, i.e., £45 (unless she is commencing the training at a sanatorium which is an Affiliated or Associated Training School approved by the General Nursing Council, in which case the rate would be £50); and that she shall then proceed by the normal increments appropriate to student nurses in the Tables we have drawn up. The value of her emoluments will be the same as that of an ordinary student nurse.

**43. Fees paid by Student Nurses.**—It is the practice of some hospital authorities to charge fees to student nurses on their entry for training in a hospital or a preliminary training school. The fees vary in different hospitals. In our opinion this practice may have the effect of preventing suitable candidates from entering those hospitals because they cannot afford the fees, and should, therefore, be discontinued everywhere; and we RECOMMEND that this should be done.

**44. Allowances for Additional Qualifications.**—As regards the certificates in different branches of nursing given by various bodies or hospitals, we have felt unable in the absence of official guidance to make recommendations, except in the cases mentioned below. We RECOMMEND that you should request the General Nursing Council to review and regularise the position in regard to these certificates, with a view to their official recognition in suitable cases by the General Nursing Council. We should then be able to make recommendations about additional payments in respect of certificates so recognised.

We RECOMMEND

(1) That all nurses (other than Matrons, Assistant Matrons, and Sister Tutors) possessing the *Diploma in Nursing* of London University or Leeds University or the Diploma in Nursing of any other University approved by the General Nursing Council for England and Wales should receive an additional payment of £5 a year.

(2) That no extra payment should be made for possession of any other additional qualification to Departmental Sisters, Sister Tutors, and higher grades, whose salary we regard as inclusive.

(3) That where an employing authority requires a nurse (except Departmental Sisters, Sister Tutors, and higher grades) to be registered either on the supplementary part of the State Register for Fever Nurses or on that for Sick Children's Nurses, in addition to being registered on the general part of the Register, the authority shall make her an additional payment of £10 a year.

We are in communication with the Midwives Salaries Committee as to the payment to be made to a State Registered nurse who is required to possess the qualification of State Certified Midwife, or the First Certificate given by the Central Midwives Board to those who have passed only the first examination of the Board.

We do not regard it as being within our province to make recommendations about persons who possess a certificate of training in massage, radiography, dietetics, or occupational therapy, and who are also State Registered nurses; in their case possession of a nursing qualification is incidental to their other qualification.



**45. Annual Increments.**—We make the following RECOMMENDATIONS:—

(a) There shall be for all staff other than student nurses, assistant nurses in training, and those in training for the T.A. certificate, a uniform incremental date, and that date shall be the 1st April in each year. Student nurses and other trainees shall receive their increments on the anniversaries of the dates of the commencement of their service.

(b) Nurses newly appointed, or promoted to a new grade, shall not be entitled to an increment on 1st April following their appointment or promotion, unless they have at that date served at least 6 months in their new grade.

(c) Annual increments within their respective grades will be automatic, but may be withheld on the receipt of an adverse report; the nurse to have the right of seeing the report, and the right of appeal to the employing authority. If an increment is withheld, a double increment in the following year, if considered desirable, may be granted at the discretion of the employing authority. Student nurses are not included in the provisions relating to the withholding of increments; periodic reports on them are in any case required for training purposes.

**46. Transfers and Promotions.**—We RECOMMEND that—

(1) A nurse who transfers without changing her grade from one hospital to another, where the same scales are in force for that grade, shall continue to progress on the salary scale in accordance with her length of service. Service accruing for increment at the first hospital shall be taken into account by the second hospital in determining qualification for increment; the nurse will thus continue on the same scale as if she had remained in the same hospital.

(2) A nurse (other than a Matron, Assistant Matron, Superintendent Nurse, or Qualified Sister Tutor) who transfers without changing her grade from one hospital to another, where a higher scale is in force for that grade, shall forthwith have her salary increased by the difference between her previous salary and the point on the new scale corresponding to the point she had reached on her old scale; she shall then proceed by the ordinary increments on the new scale. Similarly a nurse (other than a Matron, Assistant Matron, Superintendent Nurse, or Qualified Sister Tutor) who transfers without changing her grade from one hospital to another, where a lower scale is in force for that grade, shall forthwith have her salary reduced by the difference between her previous salary and the point on the new scale corresponding to the point she had reached on her old scale; she shall then proceed by the ordinary increments on the new scale.

(3) A Matron, Assistant Matron, Superintendent Nurse, or Qualified Sister Tutor, who transfers from one hospital to a similar position in another hospital where a higher scale is in force shall, if the minimum commencing salary of the new post is less than the salary she had been receiving, start on the new scale at the point equal to her salary before transfer, or, if there is no exactly equal point, at the next higher point. If she transfers from one hospital to a similar position in another hospital where a lower scale is in force, she shall, if she was before transfer already receiving a higher salary than the maximum of the new scale, be placed forthwith at the maximum of the new scale, if she was receiving less than the maximum of the new scale, she shall retain her existing salary and be brought to the next higher point of the new scale on the next 1st April.

(4) A nurse in a post carrying an allowance who transfers to another post carrying a different allowance shall have her remuneration increased or reduced according as the allowance in the new post is larger or smaller than her previous allowance; her increments will continue in the usual way.



(5) A nurse who is only on a supplementary part of the Register and has been paid as a staff nurse for doing nursing work of the type for which she is State Registered, but who subsequently transfers to work outside her speciality and so is treated as an assistant nurse (see paragraph 29 (i)), should be placed at the point on the assistant nurses' scale corresponding to the point she had reached on the staff nurses' scale before transfer, i.e., she will be treated as if she had been employed throughout as an assistant nurse. A nurse registered only on a supplementary part of the Register who has been engaged on nursing work outside her speciality and so has been treated as an assistant nurse, but who subsequently transfers as a staff nurse to nursing work of the type for which she is State Registered, shall commence at the minimum of the appropriate staff nurses' scale, unless she is already receiving a higher salary, in which case she will commence on the new scale at the point equal to her salary before transfer, or, if there is no exactly equal point, at the next higher point.

(6) A nurse promoted to a new scale, the minimum of which is lower than the salary she was previously receiving, shall start on that scale at the point equal to her previous salary, or, if there is no exactly equal point, at the next higher point. This applies whether the promotion is in the same or a different hospital.

(7) A nurse promoted to a position, the minimum salary for which is greater than the salary she was receiving before promotion, shall start at the minimum of the new scale.

**47. Breaks in Service.**—A nurse who leaves the nursing service and returns to it after a period of time should not necessarily return at the point on the scale where she was when she left, nor will her absence count for incremental purposes. Each case will need to be considered by the hospital authority on its merits.

**48. Acting Rank.**—We RECOMMEND that a nurse performing for a consecutive period of not less than 3 months the duties appropriate to a higher officer shall receive for that period an additional payment at the rate of half the difference between the minima scale rates of the substantive and acting positions.

#### F. CONDITIONS OF SERVICE.

**49. Conditions of service** have a direct bearing on salary and we were glad to have the opportunity (see paragraph 2) of making recommendations on hours of work, duration of continuous night duty, length of holidays and sick pay. We did not conceive it to be our duty to consider these questions in detail, particularly as the Athlone Committee in paragraphs 113-131 of their Interim Report have made recommendations which command general approval.

**50. Hours of Work.**—We feel that nursing is a profession which does not allow of regimentation on a strict basis of hours to be worked, but the standard on which the salaries scale agreed by the Committee is based is a 96-hour fortnight, day or night, and we RECOMMEND that, as soon as conditions permit, this should be brought into national operation for the general body of nurses (except for those in supervisory positions\*) at a date to be determined by the Minister of Health, having regard to the availability of staff and subject always to the requirements of the service. In cases of epidemic or emergency when exceptional demands are made upon the staff, arrangements should subsequently be made for additional off-duty time. For student nurses, the 96-hour fortnight should be inclusive of lectures and tutorial classes, which so far as possible should not be held towards the end of duty time.

\* i.e., Matrons, Assistant Matrons, Sister Tutors, Night Superintendents, Night Sisters in sole charge, Home Sisters, and Housekeeping Sisters.



**51. Night Duty.**—We are of opinion that the appointment of nursing staff for permanent night duty only is generally undesirable. We RECOMMEND that the maximum continuous periods of night duty should be six months for sisters and staff nurses, and 3 months for student nurses. We consider also that Night Superintendents should not be engaged in continuous night duty for longer than 2 years.

**52. Holidays and Leave.**—We RECOMMEND that all grades of nursing staff, including student nurses, should have at least one complete day off duty a week; and that they should have 28 days' leave with pay each leave year. By arrangement with her employing authority, the nurse should be at liberty to take her annual holiday in one or more parts.

During annual leave a holiday allowance of 15s. a week shall be paid to all resident\* nursing staff other than matrons and assistant matrons, and a holiday allowance of 10s. a week to all non-resident\* nursing staff.

**53. Sick Pay.**—We RECOMMEND that, during sickness, all grades of nurses should receive, in any period of 12 months, sick pay for at least the periods shown in the tables below, subject to deduction of any sickness or disablement benefit payable under the National Health Insurance Acts:—

During the first year—1 month's full pay and (after 4 months' service) 2 months' half pay.

During second year—2 months' full pay and 2 months' half pay.

During third year and thereafter—3 months' full pay and 3 months' half pay.

These periods are minima, and each hospital authority will have discretion to extend them in individual cases.

If they are not being provided by the hospital authority with in-patient treatment, resident\* staff will receive an allowance of 15s. a week during periods of sick leave on full pay and 7s. 6d. a week during periods of sick leave on half-pay, except where the absence is for less than a continuous week, in which case the allowances will not be payable. No allowance is payable if a resident nurse is being provided by the hospital authority with in-patient treatment. Non-resident\* staff will, if not being provided by the hospital authority with in-patient treatment, receive an allowance of 10s. a week during periods of sick leave on full pay and 5s. a week during periods of sick leave on half pay, subject to the same exception; if she is being provided by the authority with in-patient treatment, the non-resident nurse will not receive an allowance, and may (except where the period is less than a continuous week) be charged by the authority a sum not exceeding 15s. a week, to be fixed in each case in the light of the commitments of the nurse.

While on half pay the nurse should continue to make her normal contribution towards superannuation on her full salary and emoluments.

## G. INITIAL APPLICATION OF RECOMMENDATIONS.

**54. Date.**—We RECOMMEND that the date on which our proposed scales of salaries and emoluments, and our proposals as to conditions so far as they are applicable, should be brought into operation should be the 1st April, 1943.

**55. Method.**—We RECOMMEND that nurses newly appointed, or promoted to a higher grade, on or after 1st April, 1943, shall have our recommendations applied to them as a whole.

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\* For definition of "resident" and "non-resident" staff, see paragraph 31.



56. As regards *nurses in the service of hospital authorities on the 1st April, 1943*, we RECOMMEND that they shall be given the option either

(a) of accepting as a whole our recommendations for their grade as to salary, emoluments, and, so far as they are applicable, conditions of service, subject to what is said in paragraph 57, or

(b) of remaining on their existing scale of salary, emoluments, and conditions of service for their grade, though on promotion to a higher grade our recommendations shall apply.

57. For staff who choose alternative (a) in the previous paragraph, our recommendations as to the valuation of emoluments for purposes of superannuation, and our proposals as to conditions of service, so far as applicable, shall take effect wholly on 1st April, 1943. As regards the application of our salary scales to such staff, we referred the matter to you for determination, and in accordance with your decision it is RECOMMENDED that such staff should be dealt with in the following way. On the 1st April, 1943, each nurse (other than nurses in training) shall receive, as an increase on her present salary, half the difference between her existing salary and the salary\* which she would have been receiving under our scales, had they been in operation throughout her nursing career; provided that no nurse shall receive less than the appropriate minimum fixed by the new scales. On the 1st April, 1944, the nurse shall receive an increase equal to the other half, subject to any adjustment necessitated by the proviso to the previous sentence, and shall receive in addition any increment then due to her under our scales. Nurses in training will have the salary scales applied to them in the same way, except that, having regard to the second sentence of paragraph 45 (a), they will receive their appropriate increment on the anniversary of the date of commencement of their service following 1st April, 1943. Thus every nurse will be brought to her appropriate position on the new scales, in accordance with the length of her service, on 1st April, 1944.

For the purpose of the calculations in this paragraph, the "salary" in the case of non-resident staff (as defined in paragraph 31) shall include the cash payment made to them in lieu of emoluments.

58. A table is being prepared showing some instances of how our proposals will operate in individual cases, and will, we hope, be issued for guidance prior to the date of application of the scales.

### SUMMARY OF RECOMMENDATIONS.

Our general recommendations about salaries and emoluments are set out in the Tables that follow paragraph 40 and in the Appendix. The following is a summary of our other principal recommendations:—

#### *Recommendations to General Nursing Council.*

(1) The General Nursing Council should regularise the arrangements for the training of Sister Tutors (paragraph 17).

(2) Owing to the extended range and increased specialisation of nursing work in the treatment of tuberculosis and certain other respiratory diseases, the General Nursing Council should institute a supplementary part of the State Register for such nurses, though use of the term "tuberculosis" in the title should if possible be avoided; and sanatoria should be encouraged to become training schools for such a part of the Register (paragraph 41).

\* This would be calculated by reference to the previous paid service of the nurse in her existing grade.



(3) The Minister of Health should request the General Nursing Council to regularise the position of the certificates in different branches of nursing given by various bodies or hospitals, with a view to their official recognition by the Council in suitable cases (paragraph 44).

*Sister Tutors.*

(4) An educational grant should be made by the Ministry of Health to enable suitable nurses, who otherwise could not afford it, to train for qualification as sister tutors (paragraph 18).

*Student Nurses.*

(5) All hospital authorities should in future provide full indoor uniforms free for their student nurses as well as for their other nursing staff (paragraph 32).

(6) The practice adopted by some hospital authorities of charging fees to student nurses on their entry for training in a hospital or a preliminary training school should be discontinued (paragraph 43).

*Post-registration Student Nurses.*

(7) A nurse on one part of the State Register who takes up training for registration on another part should receive in the first year the same salary as an ordinary student nurse in her second year at the hospital, and should then proceed by the normal increments appropriate to student nurses (paragraph 42).

*Payment for additional qualifications.*

(8) (a) Nurses possessing a Diploma in Nursing, except Matrons, Assistant Matrons, and Sister Tutors, should receive an additional £5 a year.

(b) No extra payment should be made to Departmental Sisters, Sister Tutors, and higher grades, for possession of any other additional qualification.

(c) Nursing staff (other than Departmental Sisters, Sister Tutors, and higher grades) who are required by their employing authority to be registered either on the supplementary part of the State Register for Fever Nurses, or on that for Sick Children's Nurses, in addition to being on the general part of the Register, should receive an additional £10 a year (paragraph 44).

*Increments, Transfers and Promotions.*

(9) The 1st April in each year shall be the uniform incremental date for all nurses other than those in training. For nurses in training the incremental date shall be the anniversary of the commencement of their service. Nurses newly appointed, or promoted to a new grade, shall not be entitled to an increment on the 1st April following their appointment, unless they have served at least six months in their new grade. Increments will be automatic, but may be withheld on an adverse report; a nurse to have the right of seeing the report and of appeal to the employing authority. If an increment is withheld, the employing authority may grant a double increment the next year. The provisions relating to the withholding of increments do not apply to student nurses (paragraph 45).

(10) Procedure on transfer, promotion, and breaks in service, is set out in paragraphs 46 and 47.

(11) A nurse performing for at least 3 consecutive months the duties appropriate to a higher officer shall receive for that period an additional payment at the rate of half the difference between the minima scale rates of the substantive and acting positions (paragraph 48).



### *Conditions of Service.*

(12) If a nurse would ordinarily have been resident, but is required by her hospital authority to live out, the hospital authority should find the accommodation for her and pay the full cost, making no cash payment to the nurse. Such nurses will be on the same footing as resident nurses (paragraph 33).

(13) The authorities of sanatoria, tuberculosis hospitals, and other hospitals with the major part of the accommodation devoted to tuberculosis, should arrange for all nursing staff other than matrons and assistant matrons to have the privilege of free travel twice a week to the nearest centre of population (Note at end of Table VI).

(14) As soon as conditions permit, a 96-hour fortnight, day or night, should be brought into national operation for the general body of nurses (except for those in supervisory positions) at a date to be determined by the Minister of Health, having regard to the availability of staff and subject always to the requirements of the service. In epidemics or emergencies, when exceptional demands are made on the staff, arrangements should be subsequently made for additional off-duty time. For student nurses, the 96-hour fortnight should be inclusive of lectures and tutorial classes, which so far as possible should not be held towards the end of duty time (paragraph 50).

(15) The maximum continuous periods of night duty should be six months for sisters and staff nurses and three months for student nurses. Night Superintendents should not be engaged in continuous night duty for longer than 2 years (paragraph 51).

(16) All grades of nursing staff, including student nurses, should have at least one complete day off duty a week. They should have 28 days paid holiday each leave year, which may be taken in one or more parts by arrangements with the employing authority. During annual leave an allowance of 15s. a week shall be paid to all resident nurses other than matrons and assistant matrons, and of 10s. a week to non-resident nurses (paragraph 52).

(17) The *minimum* periods of sick pay in any period of 12 months shall be:—

During first year—1 month's full pay and (after 4 months' service) 2 months' half pay.

During second year—2 months' full pay and 2 months' half pay.

During third year and thereafter 3 months' full pay and 3 months' half pay.

Hospital authorities will have discretion to extend these periods in individual cases.

Sick pay will be subject to deduction of any sickness or disablement benefit payable under the National Health Insurance Acts.

If not being provided by the hospital authority with in-patient treatment, resident nurses will receive an allowance of 15s. a week during sick leave on full pay and 7s. 6d. a week during sick leave on half pay, except that the allowances will not be payable if the absence is less than a continuous week. No allowance will be payable if a resident nurse is being provided by the authority with in-patient treatment. Non-resident nurses, if not being provided by the authority with in-patient treatment, will receive an allowance of 10s. a week during sick leave on full pay and 5s. a week during sick leave on half pay, subject to the same exception; if being provided by the authority with in-patient treatment, a non-resident nurse will not receive an allowance, and may (except where the period is less than a continuous week) be charged by the authority a sum not exceeding 15s. a week, to be decided in the light of her commitments.

While on half pay, nurses should continue to pay normal superannuation contributions on their full salary and emoluments (paragraph 53).



### *Application of Recommendations.*

(18) Our proposals shall take effect on 1st April, 1943. Nurses newly appointed, or promoted, on or after 1st April, 1943, shall have the proposals applied to them as a whole. Nurses in the service of hospital authorities on 1st April, 1943, shall be given the option either—

(a) of accepting as a whole our recommendations for their grade, subject to what is said later, or

(b) of remaining on their existing scale of salary, emoluments and conditions of service for their grade, though on promotion our recommendations shall apply.

For those who choose (a), our recommendations as to the valuation of emoluments for superannuation purposes, and as to conditions of service, so far as applicable, shall take effect wholly on 1st April, 1943. As regards salary, these nurses (except those in training) shall receive on 1st April, 1943, as an increase on their present salary, half the difference between their existing salary and the salary (to be calculated by reference to their previous paid service in their existing grade) which they would have been receiving under the new scales, had these scales been in operation throughout their nursing career; provided that no nurse shall receive less than the appropriate minimum fixed by the new scales. On 1st April, 1944, the nurse shall receive an increase equal to the other half, subject to any adjustment due to the proviso to the previous sentence, and shall receive in addition any increment then due to her. Nurses in training will have the salary scales applied to them in the same way, except that they will receive their appropriate increment on the anniversary of the commencement of their service following 1st April, 1943. For the purpose of the calculations in this recommendation, the "salary" in the case of non-resident staff shall include the cash payment made to them in lieu of emoluments (paragraphs 54-57).

We cannot conclude this report without placing on record the desire of both Panels to pay tribute to Lord Rushcliffe's able Chairmanship, and to the wise and sympathetic manner in which he has presided over their deliberations; and we also desire to place on record our high appreciation of the services of the Secretary to the Committee, Mr. A. S. Marre, whose ability, courtesy, and perseverance, have been so valuable.

We are, Sir,

Your obedient Servants,

RUSHCLIFFE (Chairman).

#### *Association of Hospital Matrons.*

HELEN DEY.

#### *National Association of Local Government Officers.*

H. ALLEN.

A. G. BOLTON.

C. A. W. ROBERTS.

#### *Royal British Nurses' Association.*

\*ISABEL MACDONALD.

#### *Association of Municipal Corporations.*

CYRIL BANKS.

J. LYTHGOE.

G. W. MARTIN.

E. C. PARR.

#### *British Hospitals Association.*

(In conjunction with the King Edward's Hospital Fund for London and the Nuffield Trust.)

BERNARD DOCKER.

MURIEL M. EDWARDS.

S. CLAYTON FRYERS.

GILBERT G. PANTER.

\*S. P. RICHARDSON.

J. P. WETENHALL.

\* Since the date of this Report Miss Macdonald has been succeeded by Miss D. G. Tilby, and Sir William Cartwright by Mr. F. Messer, M.P. Mr. Richardson's place has now been filled by Mr. L. Farrer Brown.



*Royal College of Nursing.*

IRENE H. CHARLEY.  
I. B. CLUNAS.  
FRANCES G. GOODALL.  
G. V. HILLYERS.  
M. F. HUGHES.  
E. O. JACKSON.  
FLORENCE TAYLOR.  
MARIANNE WENDEN.  
MERCY WILMSHURST.

*Trades Union Congress.*

DOROTHY M. ELLIOTT.  
GEO. GIBSON.  
HILDA M. GRAY.  
ARTHUR MOYLE.  
DORIS E. WESTMACOTT.

A. S. MARRE (Secretary).

*County Councils Association.*

W. A. BULLOUGH.  
\*W. B. CARTWRIGHT.  
WYNNE CEMLYN-JONES.  
T. O. STEVENTON.

*London County Council.*

J. W. BOWEN.  
W. ALLEN DALEY.  
SOMERVILLE HASTINGS.

*Queens Institute of District Nursing.*

ELENA RICHMOND.

*Rural District Councils Association.*

E. A. CROSS.

*Urban District Councils Association.*

LUTHER BOUCH.

5th February, 1943.

\* Since the date of this Report Miss Macdonald has been succeeded by Miss D. G. Tilby, and Sir William Cartwright by Mr. F. Messer, M.P. Mr. Richardson's place has now been filled by Mr. L. Farrer Brown.

## APPENDIX.

(See paragraph 40.)

**Recommended Salaries and Emoluments of Female Hospital Nurses.**  
**Classification according to categories of nurse.**

TABLE I.—MATRON

(a) *In Hospitals approved by the General Nursing Council for England and Wales for complete Training in General Nursing, Sick Children's Nursing or Fever Nursing.*

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
500 beds and over.	From £450 to £700. This is a range not a scale. The starting point within the range to rest in each case with the hospital authority. Six annual increments of £30 to be given thereafter, provided the maximum of the range is not exceeded.	£200	From £650 to £900	The Matron would always be resident	
400-499 beds	£400 rising by annual increments of £30 to £580.	£200	£600-£780	ditto.	
300-399 beds	£350 rising by annual increments of £30 to £530.	£200	£550-£730	ditto.	
200-299 beds	£300 rising by annual increments of £25 to £450.	£150	£450-£600	ditto.	
Under 200 beds	£250 rising by annual increments of £25 to £375.	£150	£400-£525	ditto.	



(b) *In General Hospitals, in Children's Hospitals, in Infectious Diseases Hospitals, in Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis, or in other Special Hospitals, in all cases if approved by the General Nursing Council for England and Wales as Affiliated or Associated Training Schools.*

Salaries and emoluments in Table I (a) above, except for Matrons of Hospitals with under 100 beds, for whom the recommended scales of salaries and emoluments are as follows:—

(1) Post	Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
50-99 beds ...	£230 rising by annual incre- ments of £20 to £330.	£150	£380-£480	The Matron would always be resident. ditto	
Under 50 beds	£220 rising by annual incre- ments of £20 to £300.	£150	£370-£450		

(c) *In Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis, if approved for training for the Certificate of the Tuberculosis Association.*

Salaries and emoluments as in Table I (b) above.

(d) *In Non-Training Hospitals, whether General Hospitals, Children's Hospitals, Infectious Diseases Hospitals, Sanatoria, Tuberculosis Hospitals, other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis, or other Special Hospitals; including Public Assistance Hospitals that are not Training Schools but not Public Assistance Institutions.*

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
500 beds and over.	From £350 to £525. This is a range not a scale. The start- ing point within the range to rest in each case with the hospital authority. Six annual increments of £25 to be given thereafter, provided the maximum of the range is not exceeded.	£200	From £550 to £725	The Matron would always be resident	
400-499 beds	£300 rising by annual incre- ments of £25 to £450.	£200	£500-£650		
300-399 beds	£275 rising by annual incre- ments of £25 to £425.	£200	£475-£625	ditto.	
200-299 beds	£250 rising by annual incre- ments of £25 to £375.	£150	£400-£525	ditto.	
100-199 beds	£230 rising by annual incre- ments of £20 to £330.	£150	£380-£480	ditto.	
50-99 beds ...	£220 rising by annual incre- ments of £20 to £300.	£150	£370-£450	ditto.	
Under 50 beds	£215 rising by annual incre- ments of £20 to £275.	£150	£365-£425	ditto.	



(e) *In Public Assistance Institutions.*

MATRON (BEING A STATE REGISTERED NURSE) WHO IS ALSO SUPERINTENDENT NURSE OR HEAD NURSE.

(1) In Public Assistance Institutions approved by the General Nursing Council for England and Wales as Complete, Affiliated, or Associated, Training Schools.

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2). plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
300 beds and over.	£275 rising by annual increments of £15 to £425.	£140	£415-£565	The Matron would always be resident ditto.	
200-299 beds	£240 rising by annual increments of £15 to £360.	£120	£360-£480		
100-199 beds	£220 rising by annual increments of £10 to £300.	£120	£340-£420		
Under 100 beds	£210 rising by annual increments of £10 to £240.	£120	£330-£360		

*Note :* The number of beds is for this purpose the number in the sick wards, together with one-third of the number of beds in the non-sick wards.

(2) *In Public Assistance Institutions that are not Training Schools.*

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
600 beds and over.	£265 rising by annual increments of £15 to £400.	£140	£405-£540	The Matron would always be resident. ditto	
400-599 beds	£240 rising by annual increment of £15 to £360.	£140	£380-£500		
300-399 beds	£220 rising by annual increments of £15 to £340.	£140	£360-£480		
200-299 beds	£220 rising by annual increments of £10 to £300.	£120	£340-£420		
100-199 beds	£200 rising by annual increments of £10 to £260.	£120	£320-£380		
50-99 beds ...	£200 rising by annual increments of £10 to £240.	£120	£320-£360		
Under 50 beds	£200 rising by annual increments of £10 to £220.	£110	£310-£330		

*Note :* The number of beds is for this purpose the number in the sick wards, together with one-third of the number of beds in the non-sick wards.



TABLE II.—ASSISTANT MATRON.

(a) *In Hospitals approved by the General Nursing Council for England and Wales for complete training in General Nursing, Sick Children's Nursing or Fever Nursing.*

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
500 beds and over.	From £275 to £400. This is a range not a scale. The starting point within the range to rest in each case with the hospital authority. Four annual increments of £15 to be given thereafter, provided the maximum of the range is not exceeded.	£150	From £425 to £550	The Assistant Ma- tron would always be resident.	
400-499 beds	£250 rising by annual incre- ments of £15 to £310.	£150	£400-£460	ditto	
300-399 beds	£235 rising by annual incre- ments of £15 to £280.	£150	£385-£430	ditto	
Under 300 beds	£205 rising by annual incre- ments of £15 to £250.	£120	£325-£370	ditto	

(b) *In General Hospitals, in Children's Hospitals, in Infectious Diseases Hospitals, in Sanatoria, Tuberculosis Hospitals and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis, or in other Special Hospitals, in all cases if approved by the General Nursing Council for England and Wales as Affiliated or Associated Training Schools.*

Salaries and emoluments as in Table II (a) above.

(c) *In Sanatoria, Tuberculosis Hospitals and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis, if approved for training for the Certificate of the Tuberculosis Association.*

Salaries and emoluments as in Table II (a) above.

(d) *In Non-Training Hospitals, whether General Hospitals, Children's Hospitals, Infectious Diseases Hospitals, Sanatoria, Tuberculosis Hospitals, other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis, or other Special Hospitals; including Public Assistance Hospitals that are not Training Schools but not Public Assistance Institutions.*

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
500 beds and over.	£250 rising by annual incre- ments of £15 to £340.	£150	£400-£490	The Assistant Ma- tron would always be resident.	
300-499 beds	£220 rising by annual incre- ments of £10 to £270.	£150	£370-£420	ditto	
Under 300 beds	£200 rising by annual incre- ments of £10 to £230.	£120	£320-£350	ditto	



TABLE III.—SUPERINTENDENT NURSE, or HEAD NURSE of Public Assistance Institutions, in both cases if State Registered.

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
400 beds and over.	£240 rising by annual incre- ments of £15 to £360.	£140	£380-£500	The Matron would always be resident ditto	
300-399 beds.	£220 rising by annual incre- ments of £15 to £340.	£140	£360-£480		
200-299 beds	£220 rising by annual incre- ments of £10 to £300.	£120	£340-£420	ditto	
100-199 beds	£200 rising by annual incre- ments of £10 to £260.	£120	£320-£380	ditto	
50-99 beds ...	£200 rising by annual incre- ments of £10 to £240.	£120	£320-£360	ditto	
Under 50 beds	£200 rising by annual incre- ments of £10 to £220.	£110	£310-£330	ditto	

Note : The number of beds is for this purpose the number in the sick wards

TABLE IV.—QUALIFIED SISTER TUTOR.

In all Hospitals where they are appointed.

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Qualified Senior Sister Tutor</i> in charge of one or more qualified Sis- ter Tutors.	£260 rising by annual incre- ments of £15 to £350.	£120	£380-£470	£35	£85
<i>Qualified Sister Tutor</i> in sole charge.	£230 rising by annual incre- ments of £10 to £280.	£120	£350-£400	£35	£85
<i>Qualified Assistant Sister Tutor.</i>	£200 rising by annual incre- ments of £10 to £250.	£120	£320-£370	£35	£85

For "unqualified Sister Tutors" see paragraph 20.



TABLE V.—NIGHT STAFF.

(a) In all Hospitals, except Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Night Superin- tendent with one or more Night Sis- ters working under her.</i>	Ward Sister's salary (£130 rising by annual increments of £10 to £180, with one additional service increment of £20 after 10 years' service as a ward sister), plus an allowance of £40.	£120	£290-£360	£35	£85
<i>Night Sister in sole charge.</i>	Ward Sister's salary as above, plus an allowance of £25.	£100	£255-£325	£30	£70
<i>Night Sister working under Night Superinten- dent.</i>	Ward Sister's salary as above	£100	£230-£300	£30	£70

(b) In Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Night Superin- tendent with one or more Night Sis- ters working under her.</i>	Ward Sister's salary (£140 rising by annual increments of £10 to £190, with one additional service increment of £20 after 10 years' service as a ward sister), plus an allowance of £40.	£120	£300-£370	£35	£85
<i>Night Sister in sole charge.</i>	Ward Sister's salary as above, plus an allowance of £25.	£100	£265-£335	£30	£70
<i>Night Sister working under Night Superinten- dent.</i>	Ward Sister's salary as above	£100	£240-£310	£30	£70



TABLE VI.—HOME SISTER.

(a) In all Hospitals, except Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1)  Post	(2)  Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Home Sister</i> if in charge of 150 nurses or over.	Ward Sister's salary (£130 rising by annual increments of £10 to £180, with one additional service increment of £20 after 10 years' service as a ward sister), <i>plus</i> an allowance of £30.	£120	£280-£350	£35	£85
<i>Home Sister</i> if in charge of under 150 nurses.	Ward Sister's salary as above, <i>plus</i> an allowance of £15.	£120	£265-£335	£35	£85

(b) In Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1)  Post	(2)  Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Home Sister</i> if in charge of 150 nurses or over.	Ward Sister's salary (£140 rising by annual increments of £10 to £190, with one additional service increment of £20 after 10 years' service as a ward sister), <i>plus</i> an allowance of £30.	£120	£290-£360	£35	£85
<i>Home Sister</i> if in charge of under 150 nurses.	Ward Sister's salary as above, <i>plus</i> an allowance of £15.	£120	£275-£345	£35	£85



TABLE VII.—HOUSEKEEPING SISTER.

(a) In all Hospitals, except Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Housekeeping Sister with Hospital certificate after at least three months' training in housekeeping</i>					
(i) In a hospital of 300 beds and over.	Ward Sister's salary (£130 rising by annual increments of £10 to £180, with one additional service increment of £20 after 10 years' service as a ward sister), plus an allowance of £20.	£100	£250-£320	£30	£70
(ii) In a hospital of under 300 beds.	Ward Sister's salary as above, plus an allowance of £10.	£100	£240-£310	£30	£70
<i>Housekeeping Sister without such a certificate.</i>	Ward Sister's salary as above.	£100	£230-£300	£30	£70

(b) In Sanatoria, Tuberculosis Hospitals and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
<i>Housekeeping Sister with hospital certificate after at least three months' training in housekeeping</i>					
(i) In a hospital of 300 beds and over.	Ward Sister's salary (£140 rising by annual increments of £10 to £190, with one additional service increment of £20 after 10 years' service as a ward sister), plus an allowance of £20.	£100	£260-£330	£30	£70
(ii) In a hospital of under 300 beds.	Ward Sister's salary as above, plus an allowance of £10.	£100	£250-£320	£30	£70
<i>Housekeeping Sister without such a certificate.</i>	Ward Sister's salary as above.	£100	£240-£310	£30	£70



TABLE VIII.—DEPARTMENTAL SISTER.

(a) In all Hospitals, except Sanatoria, Tuberculosis Hospitals and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
	(2) Total Value of Annual Emolu- ments	(3) Total Value of Salary and Emolu- ments [Col. (1) plus Col. (2)]	(4) Value of Emolu- ments pro- vided by Hospital for non- residents	(5) Living out Allowance [Col. (2) minus Col. (4)]
Ward Sister's salary (£130 rising by annual increments of £10 to £180, with one additional service increment of £20 after 10 years' service as a ward sister), <i>plus</i> an allowance, to be settled by the hospital authority, of not less than £10 or more than £20.	£100	£240-£320	£30	£70

(b) In Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
	(2) Total Value of Annual Emolu- ments	(3) Total Value of Salary and Emolu- ments [Col. (1) plus Col. (2)]	(4) Value of Emolu- ments pro- vided by the Hospital for non- residents	(5) Living out Allowance [Col. (2) minus Col. (4)]
Ward Sister's salary (£140 rising by annual increments of £10 to £190, with one additional service increment of £20 after 10 years' service as a ward sister), <i>plus</i> an allowance, to be settled by the hospital authority, of not less than £10 or more than £20.	£100	£250-£330	£30	£70

TABLE IX.—WARD SISTER.

(a) In all Hospitals, except Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
	(2) Total Value of Annual Emolu- ments	(3) Total Value of Salary and Emolu- ments [Col. (1) plus Col. (2)]	(4) Value of Emolu- ments pro- vided by the Hospital for non- residents	(5) Living out Allowance [Col. (2) minus Col. (4)]
£130 rising by annual increments of £10 to £180, with one additional service increment of £20 after 10 years' service as a ward sister.	£100	£230-£300	£30	£70



(b) In Sanatoria, Tuberculosis Hospitals, and other Hospitals, where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
	(2) Total Value of Annual Emolu- ments	(3) Total Value of Salary and Emolu- ments [Col. (1) plus Col. (2)]	(4) Value of Emolu- ments pro- vided by the Hospital for non- residents	(5) Living out Allowance [Col. (2) minus Col. (4)]
£140 rising by annual increments of £10 to £190, with one additional service increment of £20 after 10 years' service as a ward sister.	£100	£240-£310	£30	£70

Note: The salary in (b) would also apply to ward sisters in the tuberculosis wards of general or other hospitals.

TABLE X.—STAFF NURSE.

(a) In all Hospitals, except Sanatoria, Tuberculosis Hospitals and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
	(2) Total Value of Annual Emolu- ments	(3) Total Value of Salary and Emolu- ments [Col. (1) plus Col. (2)]	(4) Value of Emolu- ments pro- vided by the Hospital for non- residents	(5) Living out Allowance [Col. (2) minus Col. (4)]
(i) In a General Hospital, Children's Hospital, Infectious Diseases Hospital, or other Hospital, if on general part of Register. £100 rising by annual increments of £5 to £140	£90	£190-£230	£25	£65
(ii) In a Children's Hospital, or the children's wards of a Hospital, if only on supplementary part of State Register for Sick Children's Nurses. £100 rising by annual increments of £5 to £140	£90	£190-£230	£25	£65
(iii) In an Infectious Diseases Hospital, if only on supplementary part of the State Register for Fever Nurses. * £90 rising by annual increments of £5 to £140	£90	£180-£230	£25	£65

Note: Nurses who are only on a supplementary part of the State Register and who are not employed on nursing of a type for which they are State Registered should be treated for purposes of salary and emoluments as assistant nurses (see paragraph 29 (i)).

\* The lower commencing salary takes account of the fact that the course of training for fever nurses lasts only two years.



(b) In Sanatoria, Tuberculosis Hospitals, or other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
	(2) Total Value of Annual Emolu- ments	(3) Total Value of Salary and Emolu- ments [Col. (1) plus Col. (2)]	(4) Value of Emolu- ments pro- vided by the Hospital for non- residents	(5) Living out Allowance [Col. (2) minus Col. (4)]
(i) <i>If on general part of Register.</i> £110 rising by annual increments of £5 to £150	£90	£200-£240	£25	£65
(ii) <i>If only on supplementary part of Register for Fever Nurses.</i> £100 rising by annual increments of £5 to £150 <i>Note:</i> The salaries in (i) and (ii) above would also apply in tuberculosis wards in general or other hospitals.	£90	£190-£240	£25	£65
(iii) For nurses possessing T.A. Certificate only, see Table XII below.				

TABLE XI.—STUDENT NURSES.†

(a) In all Hospitals approved by the General Nursing Council for England and Wales either (i) for complete Training in General Nursing, Sick Children's Nursing, or Fever Nursing

or (ii) as Affiliated or Associated Training Schools, *except* Sanatoria, Tuberculosis Hospitals and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
	(2) Total Value of Annual Emolu- ments	(3) Total Value of Salary and Emolu- ments [Col. (1) plus Col. (2)]	(4) Value of Emolu- ments pro- vided by the Hospital for non- residents	(5) Living out Allowance [Col. (2) minus Col. (4)]
First year ... .. £40	£75	£115	The student nurse would always be resident.	
Second year ... .. £45		£120		
Third year ... .. £50		£125		
Fourth year (before State Registration) £60		£135		
Fourth year (after State Registration if under a four years' contract) ... £70		£145		



(b) In Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis, if approved by the General Nursing Council for England and Wales as Affiliated or Associated Training Schools (excluding student nurses seconded to a sanatorium for a short period such as three months, who would receive the rate of pay appropriate at the hospital from which they are seconded).

(1)  Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
	(2) Total Value of Annual Emolu- ments	(3) Total Value of Salary and Emolu- ments [Col. (1) plus Col. (2)]	(4) Value of Emolu- ments pro- vided by the Hospital for non- residents	(5) Living out Allowance [Col. (2) minus Col. (4)]
First year £45 Second year £50	£75 £75	£120 £125	The student nurse would always be resident.	

†Notes on Student Nurse—

- (i) For State Registered nurses in training for another part of the State Register, see paragraph 42 of Report.
- (ii) A student nurse, on transfer from an Affiliated or Associated Training School, should receive at the second hospital the salary appropriate to student nurses at that hospital who have reached the same stage of training as she has.

TABLE XII.—NURSES POSSESSING, OR IN TRAINING FOR, T.A. CERTIFICATE ONLY.

These scales apply only in Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis; or, as regards nurses possessing the T.A. Certificate only, in the tuberculosis wards of general or other hospitals.

(1)  Post	(2)  Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
Nurse possess- ing T.A. Cer- tificate only.	£85 rising by annual incre- ments of £5 to £120.	£90	£175-£210	£25	£65
Nurse in train- ing for T.A. Certificate only.	First year £45 Second year £50	} £75	£120 £125	The trainee would always be resi- dent.	



TABLE XIII.—ASSISTANT NURSE.

*Category A.*—Those possessing a certificate of two years' training as assistant nurse given by a local authority, e.g., that given by the Essex County Council.

*Category B.*—Those in training for such a certificate.

*Category C.*—Those who have had at least two years' training in a training school approved by the General Nursing Council.

*Category D.*—Those who have worked two years on nursing duties at a hospital under the supervision of trained nursing staff.

*Category E.*—Others employed in nursing in a hospital or an institution.

(a) In all Hospitals, except Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
Category A	£75 rising by annual incre- ments of £5 to £95.	£90	£165-£185	£25	£65
Category B	First year £40 Second year £45	£75	£115 £120	The trainee would always be resi- dent.	
Category C	£65 rising by annual incre- ments of £5 to £85.		£155-£175	£25	£65
Category D	£65 rising by annual incre- ments of £5 to £85.	£90	£155-£175	£25	£65
Category E	£55	£75	£130	£20	£55

(b) In Sanatoria, Tuberculosis Hospitals, and other Hospitals where the major part of the accommodation is for the treatment of Tuberculosis.

(1) Post	(2) Recommended Annual Salary (exclusive of emoluments)	See paragraph 38			
		(3) Total Value of Annual Emolu- ments	(4) Total Value of Salary and Emolu- ments [Col. (2) plus Col. (3)]	(5) Value of Emolu- ments pro- vided by the Hospital for non- residents	(6) Living out Allowance [Col. (3) minus Col. (5)]
Category A	£85 rising by annual incre- ments of £5 to £105.	£90	£175-£195	£25	£65
Category C	£75 rising by annual incre- ments of £5 to £95.	£90	£165-£185	£25	£65
Category D	£75 rising by annual incre- ments of £5 to £95.	£90	£165-£185	£25	£65
Category E	£65	£75	£140	£20	£55

*Note:* These salaries would also apply in the tuberculosis wards of general or other hospitals.

