**Pay us a wage that reflects the job**

It was heartening to read Enid Frost’s letter on recruitment (Letters January 21). Of course we must emphasise the positive in attracting new staff. However, we are confronted with the prospect of inadequate salaries and derisory annual pay offers.

Expensive recruitment drives are all very wonderful, however, a salary that reflects what we are asked to do would go a long way to redress the grievances of increased workloads and the dwindling registered nurse population.

*Jim Glen*
*Reading*

**Higher salary for mature nurses**

What a brilliant idea from R H Keys, (Letters January 14) to pay mature entrants at a higher salary. If it were to catch on it could be extended to other professions as well. This would enable mature nurses to follow another career path without financial penalty. Even teaching holds more attraction than nursing these days.

*D Hazelwood*
*Wolverhampton*

**In memory of an inspirational nurse**

It was with great sadness that I attended the funeral of former RCN vice president Roslin Fraser in Nottinghamshire a few weeks ago.

The RCN has honoured Roslin with a memorial service at Cowdray Hall and I am sure her memory will live on. She was a great inspiration to many and especially to learning disability nursing students. The RCN should be proud to have had such a person as Roslin.

*Gillian James*
*British Institute of Learning*
*Disabilities*
*Kidderminster*

**We’re not on national scales**

The editorial (January 28) and other recent items concerning nurses’ pay are all very positive and support the case that those of us who provide care for patients should be adequately rewarded and at least receive an inflation linked pay award.

However, at grass roots level this does not apply. I work in Manchester as a nurse in general practice.

I was only given a 2.3 per cent rise last April and the health authority has created its own pay scales and grades. When questioned about the national award and if we were to be given the other 1 per cent, I was told that no money was available.

So in fact some nurses are not even on the suggested national pay scales and grades. These nurses are falling further behind each year because we are dependent on local pay determination.

Is it any wonder nurses are looking for positions outside of the nursing profession and morale in the health service is at an all time low?

Name and address supplied

**Making sure the male always gets through**

Male students, as a rule, are excluded from gynaecological wards when placements are chosen. Male students are restricted from attending some theatres during gynaecological operations, even though most gynaecologists and theatre staff in the hospital are male.

Male students should be treated equally. I would have no problems with female patients objecting to our presence, but in my experience most objections come from within the profession. I do the same work and experience the same pressures as my female colleagues, so why am I classed as different?

People often say: ‘I hear you are training to be a male nurse’, to which I always reply: ‘Well actually no…’ I’ve already got the male bit covered thank you.’ I just wish other people would get the message.

*Russel Bond*
*Wrexham*

**Infection hits bank nurses hard**

There is a particularly virulent and highly contagious gastric virus called Norwalk. Casualties vary from mildly affected to ‘never having felt so ill in my life’. There are always infections in hospital and generally, staff develop good healthy immunities. But when a known virulent strain hits a healthcare team it should not be down to ward sisters/charge nurses to manage.

As a bank nurse I will be penalised if I become a casualty, or if my children become ill, because I am not paid when I am unable to work. Regular staff are also penalised. They are expected to take unpaid leave or use holiday time if they need to take time off to care for their children.

Name and address supplied

**Don’t ignore the review of regulation**

Thank you for your coverage of the review of nursing’s statutory bodies (Features January 21). I know the subject can seem a bit abstract when compared to the hurly burly of the ward, but it is important.

We must alert nurses to the fact that we could end up sharing a regulatory body with other health professionals, such as doctors. Perhaps this is a good idea, but we should not let it happen ‘on the nod’.

There are other important issues. For example, many nurses will want to know how post registration education will be dealt with. Is this best done by the national boards or should universities play a role?

I am worried that no one in my hospital seems to be talking about the review. I would urge nurses to go to the consultation meetings the RCN is organising and write to their professional organisation with their views.

*Carol Green*
*Lincolnshire*