Australian Nursing & Midwifery Federation Tasmania

ANMF NEWSFLASH

Royal Hobart Hospital Emergency Department and Emergency Medical Unit

Change Proposal

The Tasmanian Health Service (THS) has circulated a change proposal for the Royal Hobart Hospital (RHH) that introduces **separate leadership and workforce structures** for the Emergency Department (ED) and the Emergency Medical Unit (EMU). According to the proposal, the changes affect reporting lines and workforce allocation, **without changes to role titles, classification, substantive Full Time Equivalent (FTE), remuneration, core duties/scope, or rostering rules**.

What's Proposed:

- Establish a **new EMU Nurse Unit Manager (NUM), 1.0 FTE – Grade 7b**.
- Operate **the ED and the EMU with separate, dedicated NUMs**, with **both reporting to the Assistant Director of Nursing (ADON) Emergency Care**.
- **Split the current shared nursing workforce** into **distinct ED and EMU establishments** (Associate Nurse Unit Manager (ANUM), Registered Nurse (RN), Enrolled Nurse (EN), Assistant in Nursing (AIN)). Transition via **Expression of Interest** (**EOI)**, natural attrition and recruitment. Staff will work in **either** the ED or the EMU, unless they hold contracted hours in both. **Rotation will continue during the transition and until the EMU establishment is filled.**
- **Hospital aides:** line management will shift to the **EMU NUM** (professional & operational leadership), with the **ED NUM** retaining delegated operational direction for aides working within the ED.
- **Transition to Practive (TtP) RNs and ENs** will continue to work across both areas.
- **EMU clinical requirements:** the EMU will continue to provide cardiac-monitored points of care; **ALS competence** remains required for relevant roles.

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Why This is Being Proposed:

- The current single ED NUM holds responsibility for ~**231.04 FTE** and **300+ staff**, which is an **unsustainably broad span of control** that limits day-to-day leadership availability for ward rounds, discharge coordination and incident management — pressures that will grow with the upcoming ED redevelopment.
- The ED and the EMU operate under **different models of care** (rapid, high-acuity emergency response vs. short-stay inpatient care with criteria-led discharge). Dedicated NUMs and separate establishments are intended to **strengthen governance, leadership presence and staff support**.

What is Not Changing:

- **No changes** to position title, classification, substantive FTE, remuneration, core duties/scope of practice, or rostering rules.

Have Your Say:

- **Consultation forums** will be held **twice weekly** (face-to-face with **MS Teams** access) throughout the consultation period. A recorded presentation will be made available via **SharePoint** for those unable to attend.
- **Consultation closes: Friday 24 April 2026.**
- Share feedback via the **member survey** linked below or contact the ANMF directly.

Survey: https://app.smartsheet.com/b/form/019d1e54ce0d72d6afa8967b254047da

ANMF Support for Members

The ANMF will attend onsite, host meetings (early April) to consolidate member feedback, and present collated feedback to THS before consultation closes. We will also monitor **workloads, staffing safety and governance** impacts to ensure members are not disadvantaged during transition.

The ANMF Tasmanian Branch is 8000 plus members strong! Supporting nurses, midwives, and care workers as the only union in Tasmania employing nurses, midwives and care workers to represent members. This is why our Organisers and Member Support Team are uniquely positioned to understand your experiences, represent you in your workplace, and offer industrial advice that's relevant to you.

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Authorised by Emily Shepherd, ANMF Tasmanian Branch Secretary
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