

T15086 OF 2023



Industrial Relations Act 1984  
s55 Industrial Agreement

# NURSES AND MIDWIVES (TASMANIAN STATE SERVICE) AGREEMENT 2023

Between the

Minister administering the *State Service Act 2000*

and the

Australian Nursing and Midwifery Federation (Tasmanian Branch)

Health Services Union, Tasmania Branch



## 1 TITLE

This Agreement shall be known as the Nurses and Midwives (Tasmanian State Service) Agreement 2023.

## 2 INDEX

1	TITLE.....	2
2	INDEX.....	2
3	APPLICATION.....	4
4	DATE AND PERIOD OF OPERATION.....	4
5	PARTIES BOUND.....	4
6	RELATIONSHIP TO AWARDS AND AGREEMENTS.....	4
7	SALARY INCREASES.....	4
8	ADJUSTMENT OF WORK RELATED ALLOWANCES.....	5
9	NOVATED LEASE.....	6
10	DAY WORKER OVERTIME RATES.....	6
11	CAREER PATHWAYS – ADVANCEMENT ARRANGEMENTS.....	6
12	ACCESS TO GRADE 4.....	8
13	ON CALL ARRANGEMENTS.....	9
14	ACCESS TO RECREATION LEAVE FOR PART-TIME EMPLOYEES.....	10
15	STUDY ASSISTANCE.....	10
16	ASSOCIATE NURSE UNIT MANAGERS (ANUM).....	10
17	NH <sub>p</sub> PD AND RATIOS.....	10
18	CLASSIFICATION STRUCTURES.....	11
19	ENROLLED NURSES CAREER PROGRESSION AND UPGRADING.....	11
20	BUILDING CLINICAL SKILLS FOR REMOTE EMPLOYEES.....	11
21	SKILL MIX FOR ENROLLED AND REGISTERED NURSES.....	12
22	GRADE 4 INDIRECT HOURS.....	12
23	DOUBLE SHIFTS.....	12
24	CASUAL LOADING.....	13
25	PART TIME EMPLOYEES 20% LOADED RATE.....	13
26	MANDATORY TRAINING.....	13



27	PRESERVED CONDITIONS – NURSES AND MIDWIVES AGREEMENT 2010 .....	13
28	DAY WORKER – CHRISTMAS CLOSE DOWN DAYS.....	15
29	MARKET ALLOWANCE.....	16
30	PERSONAL PROTECTIVE EQUIPMENT (PPE) ALLOWANCE – N95 MASK WEARING 16	
31	DIVE ALLOWANCE.....	17
32	CLASSIFICATION STRUCTURE REVIEW – GRADE 7 TO 9.....	17
33	ENROLLED NURSE – SKILLS MIX MATRIX.....	17
34	AFTER HOURS CONTACT .....	17
35	AGREEMENT SIMPLIFICATION AND CONSOLIDATION .....	17
36	GRIEVANCES AND DISPUTE SETTLING PROCEDURE.....	18
37	NO EXTRA CLAIMS.....	18
38	SIGNATORIES .....	19
	SCHEDULE 1 – Salaries.....	21
	SCHEDULE 2 – Classification Descriptors.....	29
	SCHEDULE 3 – Dive Allowance table.....	66



### 3 APPLICATION

This Agreement is made in respect of employees covered by the Nurses and Midwives (Tasmanian State Service) Award.

### 4 DATE AND PERIOD OF OPERATION

- 4.1 This Agreement cancels and replaces the Nurses and Midwives (Tasmanian State Service) Agreement 2019 which was registered on 27 April 2020.
- 4.2 This Agreement applies with effect from 1 July 2023 and will remain in force until 30 June 2026.
- 4.3 The parties agree to commence negotiations for a replacement agreement on or before 1 November 2025.

### 5 PARTIES BOUND

This Agreement is between the Minister administering the *State Service Act 2000* and the Australian Nursing and Midwifery Federation (Tasmanian Branch), and the Health Services Union, Tasmania Branch.

### 6 RELATIONSHIP TO AWARDS AND AGREEMENTS

This Agreement prevails to the extent of any inconsistency that occurs between this Agreement and the Nurses and Midwives (Tasmanian State Service) Award, or any registered Agreement with the Minister administering the *State Service Act 2000*.

### 7 SALARY INCREASES

- 7.1 Salaries will increase as follows:
  - (i) 3.5 percent per annum with effect from the first full pay period commencing on or after (ffppcoa) 1 December 2023.
  - (ii) 3 percent per annum with effect from the ffppcoa 1 December 2024
  - (iii) 3 percent per annum with effect from the ffppcoa 1 December 2025



- 7.2 All employees covered by this agreement receive a flat rate \$1500 salary adjustment increase to the base salaries in Schedule I, effective from ffppcooa 17 October 2023.
- 7.3 All employees covered by this agreement receive a flat rate \$500 Professional Development Allowance payment rolled into base salary, with effect from ffppcooa 17 October 2023.
- 7.4 All employees covered by this agreement receive a flat rate \$1000 cost of living increase to the base salaries in Schedule I, effective ffppcooa 17 October 2023.
- 7.5 Employees whose substantive classification is up to and including Grade 2, Year 4 and below (and Grade 3, Year 1), will receive a lower income payment of \$500 to be applied to the base salaries in Schedule I, effective from the ffppcooa 17 October 2023.
- 7.6 Employees whose substantive classification is up to and including Grade 2, Year 4 and below (and Grade 3, Year 1) at the point the payment is due will receive a one-off Lower Income Payment as follows;
- (i) \$1,000 (pro-rata) payable from the ffppcooa 17 October 2023.
  - (ii) \$500 (pro-rata) payable from the ffppcooa 1 December 2024.
  - (iii) \$500 (pro-rata) payable from the ffppcooa 1 December 2025.
- 7.7 Part-time and fixed-term casual employees will receive pro-rata payment of the Lower Income Payment referred to in Clause 7.5 on the basis of their average fortnightly hours worked as a proportion of the full time equivalent fortnightly hours. The following approach applies to the calculation of average fortnightly hours worked:
- (i) For part-time employees who regularly work their contracted hours, the fortnightly hours will be those hours specified in that employee's appointment;
  - (ii) For part-time employees who regularly work a pattern of hours above their contracted hours, the fortnightly hours will be those hours worked in the employee's regular pattern;
  - (iii) For fixed-term casual employees and for part-time employees who work an irregular pattern of hours, the average fortnightly hours will be calculated on the basis of average commenced employment within 12 months of the date on which the Lower Income Payment is payable, the average fortnightly hours will be calculated on the basis of the average fortnightly hours worked over that employee's period of employment.
- 7.8 Schedule I of this agreement sets out the annual rates of pay effective ffppcooa 1 December 2023, ffppcooa 1 December 2024, and ffppcooa 1 December 2025 for employees covered by the Nurses and Midwives (Tasmanian State Service) Award.

## 8 ADJUSTMENT OF WORK RELATED ALLOWANCES

Unless specified in this Agreement, all the monetary allowances in this Agreement will be automatically adjusted upward effective ffppcooa 1 July each year by the same percentage as the salary rate for Grade 3 Year 8 classification increases between 1 July in the preceding year and 30 June of that year.



## 9 NOVATED LEASE

- 9.1 Employees may elect to salary sacrifice a proportion of their salary for the novated lease of a motor vehicle subject to compliance with any Tasmanian or Commonwealth government directive and legislation.
- 9.2 All salary sacrifice arrangements are to be administered by an organisation and nominated by the employer following consultation with unions.
- (i) All fringe benefits tax, other tax liabilities, and/or direct administrative costs incurred by a salary sacrifice arrangement under this clause is the employee's responsibility and does not create any employer liability.
  - (ii) The salary payable to an employee who enters into a salary sacrifice arrangement is the salary payable under that arrangement.
  - (iii) Payment of an accrued leave entitlement, or in lieu of notice, made to an employee who ceases employment and employer and employee superannuation contributions and overtime and penalty payments are based on the salary that would have been payable had the salary sacrifice agreement not existed.
  - (iv) An employee who withdraws from a salary sacrifice arrangement is required to comply with the requirements of the administrator of that arrangement.

## 10 DAY WORKER OVERTIME RATES

- 11.1 From the date of registration of this Agreement, day workers working in the following areas will be paid 200 per cent for all periods of overtime:
- (i) Operating Room Suites (Surgical Lists)
  - (ii) Angiography Suite (Cardiac Procedures)
  - (iii) Day Procedure Unit
  - (iv) Short Stay Surgical Unit
  - (v) Interventional Radiology
  - (vi) Outpatient Day Oncology Services (not inpatient services).

## 11 CAREER PATHWAYS – ADVANCEMENT ARRANGEMENTS

This provision details classification structures and standards that apply to defined groups of employees covered by this clause. Each classification structure includes criteria that must be satisfied to advance from one Grade level to the next. Nothing in this section disturbs the provisions effecting the advancement of a Grade 3 Registered Nurse to Grade 4.

- 11.1 Nurse Practitioner Candidate (Grade 6) advancing to Nurse Practitioner (Grade 8)



- (i) Nurse Practitioner Candidates engaged as such on an ongoing basis will be appointed to a broad-banded classification incorporating Grades 6 and 8.
- (ii) Nurse Practitioner Candidates engaged on an ongoing basis who attain the relevant qualification, are endorsed by the Nursing and Midwifery Board of Australia as a Nurse Practitioner and have completed the necessary credentialing requirements of the Tasmanian Health Service will advance from their current pay point in Grade 6 to the appropriate entry level at Grade 8.
- (iii) The advancement will occur with effect from the first full pay period on or after the employer is informed and provided with requisite evidence in support of satisfaction of 11.1(ii) above.

**11.2 Fixed-term Registered Nurses participating in a Transition to Practice Program (Grade 3) - - Permanent Registered Nurse (Grade 3) position**

On successful completion of the Transition to Practice program, a change of employment status from fixed-term to permanent may occur in accordance with the employment direction.

**11.3 Broad-band classification progression Grades 1, 2 and 3**

Assistants in Nursing, Enrolled Nurses, and Registered Nurses will be appointed to a broad-banded classification incorporating Grades 1, 2, and 3.

- (i) **Assistant in Nursing and RUSON (Diploma of Nursing) (Grade 1) advancing to Enrolled Nurse (Grade 2)**
  - a. Assistants in Nursing and RUSONs (Diploma of Nursing) engaged permanently who attain the relevant qualification and are Registered (Division 2) as an Enrolled Nurse with the Nursing and Midwifery Board of Australia will advance from their current pay point in Grade 1 to the appropriate entry level at Grade 2 as an Enrolled Nurse.
  - b. The advancement will occur with effect from the first full pay period on or after the employer is informed and provided with requisite evidence in support of satisfaction of 11.3(i)(a) above.
- (ii) **Assistant in Nursing and RUSON (Bachelor of Nursing) (Grade 1) advancing to Registered Nurse (Grade 3)**
  - a. Assistants in Nursing and RUSON (Bachelor of Nursing) engaged on an ongoing basis who attain the relevant qualification and are Registered (Division 1) with the Nursing and Midwifery Board of Australia will advance from their current pay point in Grade 1 to the appropriate entry level at Grade 3 as a Registered Nurse.
  - b. The advancement will occur with effect from the first full pay period on or after the employer is informed and provided with requisite evidence in support of satisfaction of 11.3(ii)(a) above.



- (iii) Assistant in Nursing and RUSOM (Bachelor of Midwifery – Direct Entry) (Grade 1) advancing to Registered Midwife (Grade 3)
  - a. Assistants in Nursing/Midwifery and RUSOMs (Bachelor of Midwifery – Direct Entry) engaged on an ongoing basis who attain the relevant qualification and are Registered (Division 1) with the Nursing and Midwifery Board of Australia as a Midwife will advance from their current pay point in Grade 1 to the appropriate entry level at Grade 3 as a Registered Midwife.
  - b. The advancement will occur with effect from the first full pay period on or after the employer is informed and provided with requisite evidence in support of satisfaction of 11.3(iii)(a) above.
- (iv) Enrolled Nurse (Grade 2) advancing to Registered Nurse (Grade 3)
  - a. Enrolled nurses engaged on an ongoing basis who attain the relevant qualification and are Registered (Division 1) with the Nursing and Midwifery Board of Australia will advance from their current pay point in Grade 2 to the appropriate entry level at Grade 3 as a Registered Nurse.
  - b. The advancement will occur with effect from the first full pay period on or after the employer is informed and provided with requisite evidence in support of satisfaction of 11.3(iv)(a) above.
  - c. This provision prevails over Part 3 clause 3(c) of the Nurses and Midwives (Tasmanian State Service) Award.
- (v) Specialist Enrolled Nurse (Grade 2S) advancing to Registered Nurse (Grade 3)
  - a. Specialist enrolled nurses engaged on an ongoing basis who attain the relevant qualification and are Registered (Division 1) with the Nursing and Midwifery Board of Australia will advance from their current pay point in Grade 2S to the appropriate entry level at Grade 3 as a Registered Nurse.
  - b. The advancement will occur with effect from the first full pay period on or after the employer is informed and provided with requisite evidence in support of satisfaction of 11.3(v)(a) above.
  - c. This provision prevails over Part 3 clause 3(c) of the Nurses and Midwives (Tasmanian State Service) Award.

## 12 ACCESS TO GRADE 4

Employees who are Registered Nurse Grade 3 Year 4 or beyond may apply for advancement to Registered Nurse Grade 4, subject to the Formal Capability Assessment process.





## 13 ON CALL ARRANGEMENTS

This clause is to be read in conjunction with the Award clause dealing with on-call (Part V, Clause 6 On Call Arrangements).

### 13.1 Overtime worked whilst On Call

- (i) Nurses/midwives who are rostered on call but required to remain at work in excess of one hour overtime after the completion of their ordinary shift, will be entitled to a call back payment. That is, the nurse will be entitled to:
  - (a) Overtime payment for one hour; and after that hour;
  - (b) A call back payment of four hours; and if the call back period exceeds four hours;
  - (c) Overtime payment until completion of duty.
- (ii) Breaks under the Award apply from the finish of actual call back, except where call back is continuous with the commencement of the next shift as per Award entitlements.

### 13.2 Excess On-Call Leave

- (i) Full time and part time employees (excluding those covered by the Caseload Midwifery Industrial Agreement) who are on call by way of roster or direction, and who exceed 250 hours on call in a financial year, are entitled to accrue additional paid time off as Excess On-Call Leave. This leave will be credited as:
  - (a) Once 250 on-call hours have been rostered the employee will accrue 7.6 hours of paid on-call leave; then
  - (b) Each one (1) hour thereafter of on call will accrue 0.0304 hours of paid on-call leave. Accrual is per hour not by reference to a full day.
- (ii) Excess on-call leave will be credited after each financial year and must be taken within 12 months of being credited. Any excess on-call leave not taken within 12 months of being credited will be paid out.
- (iii) Excess on-call leave is capped at 38 hours accrued per financial year.
- (iv) Excess on-call leave, whether taken or paid out, will be paid at the base salary rate exclusive of leave loading, shift penalties or allowances.
- (v) Provided that a person whose employment ends prior to the end of the financial year will be entitled to have an accrual calculation completed and any accrued hours paid out as per sub clause (i).

### 13.3 Good Rostering Practices

- (i) The parties recognise the need to increase the pool of on-call nurses and midwives in specialty areas and will work together to consider ways to achieve this. Work will also



continue on developing good rostering practices including when it is appropriate to be on call following a normal rostered shift.

#### **14 ACCESS TO RECREATION LEAVE FOR PART-TIME EMPLOYEES**

Part time employees may elect to apply for leave, up to the equivalent of full-time hours, within the leave application period. For example, an employee working 45.6 hours per fortnight will be able to make an application for leave at 76 hours per fortnight instead of 45.6 hours per fortnight.

#### **15 STUDY ASSISTANCE**

- 15.1 It is noted that a policy governs access to study leave for employees who wish to pursue qualifications that are relevant to the workplace (including an upgrade from Enrolled Nurse to Registered Nurse). Employees can make application for study assistance in accordance with the policy.
- 15.2 Applications will not be unreasonably refused.
- 15.3 An employee who is aggrieved by a decision to not award study assistance (in accordance with the policy) is entitled to see a review of action under the *State Service Act 2000*.

#### **16 ASSOCIATE NURSE UNIT MANAGERS (ANUM)**

- 16.1 An Associate Nurse Unit Manager (ANUM) will be introduced on all wards/units for all shifts. The ANUM will replace the in-charge nurse (or clinical coordinator) and the introduction of the ANUM will be "FTE neutral".
- 16.2 The ANUM is a key position and will be classified as Grade 5.
- 16.3 The parties will work collaboratively to develop the full classification descriptor within 1 month and register in Award/Agreement.
- 16.4 Move immediately after above (after 1 month) to commence to recruit and appoint ANUMs.

#### **17 NHpPD AND RATIOS**

- 17.1 The parties recognise that the NHpPD model provides flexibility to respond to the changing clinical environment but acknowledge that the model can be hard to understand and is commonly misinterpreted as a nurse to patient ratio.
- 17.2 The parties have agreed to work toward replacing the current NHpPD model with ratios.
- 17.3 The Department of Health has committed to exploring and developing a ratio model in consultation and collaboratively with unions that can be mutually agreed and finalised over the life of this Agreement in readiness for transition.



- 17.4 In the meantime NHpPD will continue within the present Agreement using the existing NHpPD business rules, eCalculators and governance arrangements.

## 18 CLASSIFICATION STRUCTURES

- 18.1 During the first 6 months of the Agreement, the parties commit to review the role and career structure for Nurse Educators, Research Nurses and Advanced Enrolled Nurses, to meet the future needs of the Health System.
- 18.2 During the first 12 months of the Agreement, the parties commit to review the role and career structure for Primary Care Nurses to meet the future needs of the Health System.
- 18.3 The classification descriptors of Grades 7-9 will be reviewed by the parties to ensure they align with proposed changes to the clinical delivery model of the Tasmanian Health Service.
- 18.4 Classification Descriptors will be amended as necessary to support these reviews within the timeframes indicated and registered in Award/Agreement.

## 19 ENROLLED NURSES CAREER PROGRESSION AND UPGRADING

An Enrolled Nurse promoted/appointed to a Registered Nurse position will commence at the pay scale of a Registered Nurse Grade 3 Year 3.

## 20 BUILDING CLINICAL SKILLS FOR REMOTE EMPLOYEES

- 20.1 In this clause, remote area is defined as Cape Barren Island, Flinders Island, King Island, Queenstown, Rosebery, Strahan and Zeehan.
- 20.2 Nurses/midwives working in remote areas
- (i) As part of an employee's Performance Development Agreement (PDA), and employee working in a hospital/multipurpose health centre located in a remote area, may request to be transferred for a period of time (agreed to by the employer) to a metropolitan hospital to ensure currency of skills in a tertiary hospital. Relevant travel allowances will apply.
- 20.3 Exchange program
- (i) The Employer will undertake a review of professional development schemes in other states with a view to developing an exchange program which aims to provide employees with opportunities for career diversity including exposure to broader skills and knowledge in different clinical areas, locations and environments. Such a program will be twofold in its opportunity for eligible employees:
- (a) The program will attract employees to work in remote areas and support them to experience different clinical areas.



- (b) The program will allow nurses substantively working in remote locations to work in a tertiary hospital. This will allow for skills development and diversity of experience in a more acute setting.

## 21 SKILL MIX FOR ENROLLED AND REGISTERED NURSES

The parties agree as a principle to a staffing mix of 70% Registered Nurses to 30% Enrolled Nurses where clinically appropriate. The parties also agree such a mix may not be appropriate in some areas, for example, Intensive Care Unit, Department of Emergency Management or Neurological Ward. The parties agree the percentage of enrolled nurses to registered nurses is not to exceed 30% in any ward.

## 22 GRADE 4 INDIRECT HOURS

Sufficient indirect hours will be rostered for Grade 4 nurses required to complete a clinical portfolio.

## 23 DOUBLE SHIFTS

- 23.1 The parties recognise that double shifts should only be used when all other avenues are exhausted.
- 23.2 To support this initiative the parties will continue to monitor the implementation of agreed strategies and report on the extent to which double shifts are used over the life of the Agreement with the aim of:
  - (i) Reducing associated costs
  - (ii) Ensuring safe patient care
  - (iii) Managing potential fatigue.
- 23.3 Double shifts inclusive of night duty
  - (i) An employee who has worked their rostered shift and continues to work a further non rostered shift which finished with a night shift is not to be required to commence if rostered for an early or afternoon shift on the same day the night shift has ended.
  - (ii) Provided where an early or afternoon shift is rostered to commence on the same day as the one which the night shift ended the employee is to be paid for the rostered shift as if it had been worked, i.e., at the employees base salary rate together with any applicable allowances and shift penalty.
  - (iii) Provided further that in unforeseen emergency circumstances, where an employee is required to work an early or afternoon shift on the same day it will be paid at the appropriate overtime rate. The minimum rest break specified in accordance with the provisions of Part V, Clause 4 of the Award will also apply.



#### 23.4 Managing fatigue

- (i) The parties have agreed to develop and implement a Leave Management policy which will seek to ensure that all nurses are able to take their annual leave entitlement at appropriate intervals throughout the year by mutual agreement and that there is a proper distribution of leave.
- (ii) Further, any requirement for a nurse to work a double shift must be treated as a serious clinical incident and recorded in Pro-Act.

### 24 CASUAL LOADING

The casual loading is 25 percent effective from ffpccoaa 1 December 2023.

### 25 PART TIME EMPLOYEES 20% LOADED RATE

- 25.1 The permanent part-time employee provisions in Part II, Clause 1 of the Award shall continue to apply.
- 25.2 Provided that the option of being paid the 20% loaded rate in accordance with Part II, Clause 1 (iii) of the Award for a part-time employee working less than 20 hours per week is not to be available to any new permanent employee after 1 December 2014.

### 26 MANDATORY TRAINING

Mandatory training is to be undertaken in paid time at the ordinary rate.

### 27 PRESERVED CONDITIONS – NURSES AND MIDWIVES AGREEMENT 2010

#### 27.1 Flexible Shifts

The length of shifts can be modified to six (6) hours by mutual agreement to meet the needs of the service and enable nurses to work flexibly and provide a more responsive staffing structure. The parties are working to introduce rosters that minimise shift overlap, where clinically appropriate on weekends and public holidays.

#### 27.2 Private Plated Cars

- (i) Executive Directors of Nursing and Midwifery (EDONs) classified at Grade 9 Level 3 are entitled to the use of a private plated motor vehicle or can elect to receive an allowance in lieu of a motor vehicle in accordance with Government policy as amended from time to time.
- (ii) From the date of registration of this Agreement, Nurses and Midwives classified at Grade 9 other than Executive Directors of Nursing and Midwifery referred in clause (i) above are entitled to receive an allowance in lieu of a motor vehicle allowance in accordance with Government policy as amended from time to time.



(ii) As at the date of registration of this Agreement Nurses and Midwives classified at Grade 9 other than Executive Directors of Nursing and Midwifery who have been entitled in accordance with the previous Nurses and Midwives Agreement, and who are currently provided with the use of a private plated vehicle will retain that vehicle until it falls due for replacement under normal fleet management parameters for the vehicle. At the time the vehicle falls due for replacement the vehicle is to be returned and the Grade 9 Nurse and/or Midwife is to receive an allowance in lieu of a motor vehicle in accordance with Government policy as amended from time to time.

#### 27.3 Conversion of annual leave

Nurses are required to take a minimum of four (4) weeks leave each year as mutually agreed. Nurses are entitled to 'buy' an additional week's leave at ordinary time rate as per the State Service Accumulated Leave Scheme (SSALS).

#### 27.4 Community Mental Health Multidisciplinary Allowance

- (i) The parties have agreed that nurses in a community setting within the Statewide and Mental Health Service (SMHS) who work as part of a multi-disciplinary team comprising allied health practitioners (AHP) and nurses who fulfil an equivalent role in delivering a case management function to clients of SMHS or a multi-disciplinary team co-ordination or leadership role will be eligible to be paid a Community Mental Health Multi-disciplinary Allowance.
- (ii) The allowance will be paid as part of wages (and be included for superannuation purposes) on an hourly basis. It will be calculated by reference to the relevant wage differential between relevant nurse and AHP wage structures. The level of the allowance will be adjusted to take account of payment of post-graduate allowances to eligible nurses.

#### 27.5 Clinical Development Network

An Area Health Service Clinical Development Network is being established progressively with an increase of 6.4 FTE CNE to support programs in rural and remote sites.

#### 27.6 Rural and Remote Graduate Incentive Program

- (i) A rural and remote graduate incentive program is being established to allow new graduates to gain experience in the rural and remote health settings. This is to include ten (10 weeks) induction and four (4) weeks in an acute clinical unit and four (4) weeks in an emergency care setting – working in addition to normal staffing within the unit.
- (ii) It is planned that 9 FTE positions within the program will be made available initially utilising existing vacancies in rural and remote site.
- (iii) The parties agree that the program is designed to reduce the cost of agency nursing and to generate savings ensuring sustainability of the program.



## 27.7 Public Holidays

Nurses, whose rostered day off falls on a public holiday will be paid a 100% penalty in recognition of the disadvantage of not benefiting from the day off. Alternatively, they may elect to accrue 7.6 hours (pro rata) which when taken will be paid at the ordinary rate.

## 28 DAY WORKER – CHRISTMAS CLOSE DOWN DAYS

- 28.1 Notwithstanding Part VI Clause 5(a)(vii) of the Nurses and Midwives (Tasmanian State Service) Award, where a Head of Agency determines to close an Agency or part of an Agency for the period commencing from Christmas Day and ending on New Year's Day including days that are not State Service Holidays with Pay, day workers who work in that Agency or parts of that Agency that are closed will be entitled to three (3) Christmas close down days with pay to cover those usual working days without deduction from recreation leave.
- 28.2 Where a day worker entitled to the Christmas close down days is directed to attend work on any of those three (3) Christmas close down days, they will have access to the Christmas close down days worked up until 30 June of that same year. Any Christmas close down day/s not taken before 30 June of that year will be forfeited.
- 28.3 Where a day worker is entitled to Christmas close down days in accordance with Clause 28.2 the day/s are to be taken at a time or times mutually agreed between the employee and the employer. The employer will not unreasonably deny an employee an opportunity to access these days.
- 28.4 The rate of salary paid to an employee directed to work on a Christmas close down day will be the normal rate of salary the employee would have received for the ordinary hours of work during the relevant period.
- 28.5 No recreation leave loading is payable on the Christmas close down days.
- 28.6 Part-time employees entitled to Christmas close down day/s will only be paid for the days they would normally work during the period from Christmas Day and ending on New Year's Day.
- 28.7 Employees eligible for Christmas close down days who are on a period of unpaid or paid leave (other than recreation leave) and who would not otherwise be at work will not be eligible for Christmas close down days.
- 28.8 Christmas close down days do not accrue and any days not accessed in accordance with Clause 28.2 are not eligible to be paid out on cessation of employment.



- 28.9 Heads of Agency are to determine by 1 November of the relevant year whether the Agency or parts of the Agency are to be closed for the period commencing from Christmas Day and ending on New Year's Day. This determination will be communicated to employees by 1 November each year. Where the determination by the Head of Agency for an Agency or part of an Agency is different from the determination made in the previous year, the Head of Agency will provide reasons why the determination has changed.
- 28.10 This clause is subject to review over the life of the Agreement.

## 29 MARKET ALLOWANCE

- 29.1 On receipt of an application, from the Head of Agency, the employer may determine to pay a market allowance of up to 20 percent of the maximum salary level specified in each grade of the classification structure as detailed in Schedule 1 of this agreement where it can be demonstrated to the satisfaction of the employer the following applies to a specific group or role:
- (i) Highly specialist skills for the work value level and/or;
  - (ii) Scarce skills compared to other similar roles at the work value level and/or;
  - (iii) Critical impact of the responsibilities and duties of that work value level; and
  - (iv) High paying market for the particular role at the work value level.
- 29.2 The employer is to provide directions on procedures, monitoring and reporting requirements for submissions for establishing a market allowance relevant to a specific group and/or role.

## 30 PERSONAL PROTECTIVE EQUIPMENT (PPE) ALLOWANCE – N95 MASK WEARING

- 30.1 An employee who is required by the employer to wear an N95 mask for a period of greater than 70% of a shift is to be paid an allowance of \$2.70 per hour or part thereof for each hour the requirement to wear the N95 mask continues during the shift.
- 30.2 This allowance is payable commencing from the date of registration of this agreement.
- 30.3 The Department of Health will develop guidelines in consultation with the union parties to this agreement, noting core criteria includes a ward requirement to wear N95 mask for a period of greater than 70% of shift.
- 30.4 The PPE Allowance will be increased annually in accordance with the Adjustment of Work Related Allowance provisions of this agreement.





### **31 DIVE ALLOWANCE**

- 31.1 A nurse performing hyperbaric duties who is required to undergo pressure is to be paid an allowance per occasion, based on maximum depth and time under pressure, in accordance with the table in Schedule 3 of this Agreement.
- 31.2 This allowance is payable commencing from the date of registration of this agreement.
- 31.3 The Dive Allowance will be increased annually in accordance with the Adjustment of Work Related Allowance provisions in this Agreement.

### **32 CLASSIFICATION STRUCTURE REVIEW – GRADE 7 TO 9**

During the first 6 months after the registration of this Agreement a review of the classification descriptors for Grades 7 to 9 is to be undertaken by the parties.

### **33 ENROLLED NURSE – SKILLS MIX MATRIX.**

- 33.1 Within 6 months of the registration of this Agreement, the parties agree to develop a skills-mix matrix across all patient care areas, recognising the benefits of a balanced workforce comprised of Registered Nurses and Midwives, Enrolled Nurses, Registered Undergraduate Students of Nursing (RUSON), Registered Undergraduate Students of Midwifery (RUSOM), and Assistant in Nursing (AIN). The development of the matrix will consider the full scope of practice of Enrolled Nurses.
- 33.2 The skills mix ratio will incorporate a discussion and agreement on support roles that may be required. The decision on support roles will be based on service needs and as a result of discussion between the parties.

### **34 AFTER HOURS CONTACT**

Within 3 months of registration of this Agreement, a joint DOH and union working group is to be established to develop an operational protocol that enables nurses and midwives to opt out of after-hours contact for any reason (except as required by law) including additional hours and or shifts outside of their working hours.

### **35 AGREEMENT SIMPLIFICATION AND CONSOLIDATION**

- 35.1 During the first 6 months after registration of this Agreement the parties agree to continue the process of Agreement simplification and consolidation, including for;



- Nurses and Midwives Heads of Agreement 2010;
- Nurses and Midwives (Tasmanian State Service) Interim Agreement 2013; and
- Nurses and Midwives Work Value Agreement 2015.

35.2 The Agreement simplification and consolidation process is to include the registration of any s55 industrial agreements for 12-hour shift arrangements as required by the award, and will include an appropriate amendment or review of the mechanism for payment of the Multi-Disciplinary Allowance. Other updates to include are that the Grievance Panel membership, as per the current Nursing Hours per Patient Day model, is to include the industrial organisation that raises the grievance and a workplace representative, DON, NUM and HR.

## 36 GRIEVANCES AND DISPUTE SETTLING PROCEDURE

36.1 The parties are committed to avoiding industrial disputation about the application of this Agreement.

36.2 If a grievance or dispute arise about the application of this Agreement:

- (i) In the first instance, it is to be dealt with at the workplace by appropriate employer and employee representatives;
- (ii) In circumstances where discussions at that level fail to resolve the grievance or dispute, the issue will be referred to appropriate union and management representatives; and
- (iii) If still unresolved, the matter will be referred to the Tasmanian Industrial Commission.

36.3 Where a grievance or dispute is being dealt with under this process, normal work will continue.

36.4 This grievance and dispute procedure does not take away an employee's rights to seek redress of a grievance either under the *State Service Act 2000* or the *Industrial Relations Act 1984*, or any other relevant legislation.

## 37 NO EXTRA CLAIMS

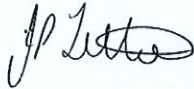
The parties to this Agreement undertake that, for the life of this Agreement, they will not initiate any additional claims regarding salary or conditions of employment.



38 SIGNATORIES

SIGNED FOR AND ON BEHALF OF

The Minister administering the *State Service Act 2000*



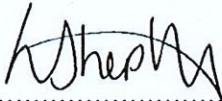
Signed:.....

Name: Jane Fitton

Date: 23/11/2023

SIGNED FOR AND ON BEHALF OF

Australian Nursing and Midwifery Federation (Tasmanian Branch)



Signed: .....

Name: Emily Shepherd .....

Date: 23/11/2023.....



SIGNED FOR AND ON BEHALF OF  
Health Services Union, Tasmania Branch

Signed:..... 

Name: Robbie Moore

Date: 23/11/2023



SCHEDULE I – Salaries

Grade Current	Current effective fppcooa 1 Dec 2022 Base Salary	Cost of Living Payment into base effective fppcooa 17 October 2023 (\$1000)	Low Income Payment into base effective fppcooa 17 October 2023 (\$500)	Low Income Payment one-off effective fppcooa 17 October 2023 (\$1,000) (pro-rata)	Base Salary Adjustment effective fppcooa 17 October 2023 (\$1500)	Professional Development Allowance rolled into base effective 17 October 2023 (\$500)	3.5% effective fppcooa 1 Dec 2023 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2024 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2024 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2025 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2025 Base Salary
Grade 1, Year 1	\$57,458	\$58,458	\$58,958	\$1,000	\$60,458	\$60,958	\$63,092	\$500	\$64,985	\$500	\$66,935
Grade 1, Year 2	\$59,339	\$60,339	\$60,839	\$1,000	\$62,339	\$62,839	\$65,038	\$500	\$66,989	\$500	\$68,999
Grade 1, Year 3	\$61,223	\$62,223	\$62,723	\$1,000	\$64,223	\$64,723	\$66,988	\$500	\$68,998	\$500	\$71,068
Grade 1, Year 4	\$63,109	\$64,109	\$64,609	\$1,000	\$66,109	\$66,609	\$68,940	\$500	\$71,008	\$500	\$73,138
Grade 2, Year G	\$63,083	\$64,083	\$64,583	\$1,000	\$66,083	\$66,583	\$68,913	\$500	\$70,980	\$500	\$73,109
Grade 2, Year 1	\$64,991	\$65,991	\$66,491	\$1,000	\$67,991	\$68,491	\$70,888	\$500	\$73,015	\$500	\$75,205
Grade 2, Year 2	\$66,811	\$67,811	\$68,311	\$1,000	\$69,811	\$70,311	\$72,772	\$500	\$74,955	\$500	\$77,204



Grade Current	Current effective fppcooa 1 Dec 2022 Base Salary	Cost of Living Payment into base effective fppcooa 17 October 2023 (\$1000)	Low Income Payment into base effective fppcooa 17 October 2023 (\$500)	Low Income Payment one-off effective fppcooa 17 October 2023 (\$1,000) (pro-rata)	Base Salary Adjustment effective fppcooa 17 October 2023 (\$1500)	Professional Development Allowance rolled into base effective 17 October 2023 (\$500)	3.5% effective fppcooa 1 Dec 2023 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2024 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2024 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2025 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2025 Base Salary
Grade 2, Year 3	\$68,723	\$69,723	\$70,223	\$1,000	\$71,723	\$72,223	\$74,751	\$500	\$76,994	\$500	\$79,304
Grade 2, Year 4	\$69,835	\$70,835	\$71,335	\$1,000	\$72,835	\$73,335	\$75,902	\$500	\$78,179	\$500	\$80,524
Grade 2S, Year 1	\$72,904	\$73,904			\$75,404	\$75,904	\$78,561		\$80,918		\$83,346
Grade 2S, Year 2	\$73,928	\$74,928			\$76,428	\$76,928	\$79,620		\$82,009		\$84,469
Grade 2S, Year 3	\$74,951	\$75,951			\$77,451	\$77,951	\$80,679		\$83,099		\$85,592
Grade 2S, Year 4	\$75,973	\$76,973			\$78,473	\$78,973	\$81,737		\$84,189		\$86,715
Grade 3, Year 1	\$69,835	\$70,835	\$71,335	\$1,000	\$72,835	\$73,335	\$75,902	\$500	\$78,179	\$500	\$80,524



Grade Current	Current effective fppcooa 1 Dec 2022 Base Salary	Cost of Living Payment into base effective fppcooa 17 October 2023 (\$1000)	Low Income Payment into base effective fppcooa 17 October 2023 (\$500)	Low Income Payment one-off effective fppcooa 17 October 2023 (\$1,000) (pro-rata)	Base Salary Adjustment effective fppcooa 17 October 2023 (\$1500)	Professional Development Allowance rolled into base effective 17 October 2023 (\$500)	3.5% effective fppcooa 1 Dec 2023 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2024 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2024 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2025 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2025 Base Salary
Grade 3, Year 2	\$72,904	\$73,904			\$75,404	\$75,904	\$78,561		\$80,918		\$83,346
Grade 3, Year 3	\$75,973	\$76,973			\$78,473	\$78,973	\$81,737		\$84,189		\$86,715
Grade 3, Year 4	\$79,039	\$80,039			\$81,539	\$82,039	\$84,910		\$87,457		\$90,081
Grade 3, Year 5	\$82,109	\$83,109			\$84,609	\$85,109	\$88,088		\$90,731		\$93,453
Grade 3, Year 6	\$85,176	\$86,176			\$87,676	\$88,176	\$91,262		\$94,000		\$96,820
Grade 3, Year 7	\$88,251	\$89,251			\$90,751	\$91,251	\$94,445		\$97,278		\$100,196
Grade 3, Year 8	\$89,272	\$90,272			\$91,772	\$92,272	\$95,502		\$98,367		\$101,318
Grade 3, Year 9	\$90,162	\$91,162			\$92,662	\$93,162	\$96,423		\$99,316		\$102,295



Grade Current	Current effective fppcooa 1 Dec 2022 Base Salary	Cost of Living Payment into base effective fppcooa 17 October 2023 (\$1000)	Low Income Payment into base effective fppcooa 17 October 2023 (\$500)	Low Income Payment one-off effective fppcooa 17 October 2023 (\$1,000) (pro-rata)	Base Salary Adjustment effective fppcooa 17 October 2023 (\$1500)	Professional Development Allowance rolled into base effective 17 October 2023 (\$500)	3.5% effective fppcooa 1 Dec 2023 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2024 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2024 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2025 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2025 Base Salary
Grade 4, Year 1	\$90,293	\$91,293			\$92,793	\$93,293	\$96,558		\$99,455		\$102,439
Grade 4, Year 2	\$92,339	\$93,339			\$94,839	\$95,339	\$98,676		\$101,636		\$104,685
Grade 4, Year 3	\$94,387	\$95,387			\$96,887	\$97,387	\$100,796		\$103,820		\$106,935
Grade 4, Year 4	\$95,477	\$96,477			\$97,977	\$98,477	\$101,924		\$104,982		\$108,131
Grade 4, Year 5	\$96,428	\$97,428			\$98,928	\$99,428	\$102,908		\$105,995		\$109,175
Grade 5, Year 1	\$96,967	\$97,967			\$99,467	\$99,967	\$103,466		\$106,570		\$109,767
Grade 5, Year 2	\$98,477	\$99,477			\$100,977	\$101,477	\$105,029		\$108,180		\$111,425





Grade Current	Current effective fppcooa 1 Dec 2022 Base Salary	Cost of Living Payment into base effective fppcooa 17 October 2023 (\$1000)	Low Income Payment into base effective fppcooa 17 October 2023 (\$500)	Low Income Payment one-off effective fppcooa 17 October 2023 (\$1,000) (pro-rata)	Base Salary Adjustment effective fppcooa 17 October 2023 (\$1500)	Professional Development Allowance rolled into base effective 17 October 2023 (\$500)	3.5% effective fppcooa 1 Dec 2023 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2024 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2024 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2025 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2025 Base Salary
Grade 5, Year 3	\$100,521	\$101,521			\$103,021	\$103,521	\$107,144		\$110,358		\$113,669
Grade 5, Year 4	\$101,460	\$102,460			\$103,960	\$104,460	\$108,116		\$111,359		\$114,700
Grade 5, Year 5	\$102,473	\$103,473			\$104,973	\$105,473	\$109,165		\$112,440		\$115,813
Grade 6, Year 1	\$104,735	\$105,735			\$107,235	\$107,735	\$111,506		\$114,851		\$118,297
Grade 6, Year 2	\$107,131	\$108,131			\$109,631	\$110,131	\$113,986		\$117,406		\$120,928
Grade 6, Year 3	\$109,530	\$110,530			\$112,030	\$112,530	\$116,469		\$119,963		\$123,562
Grade 6, Year 4	\$110,233	\$111,233			\$112,733	\$113,233	\$117,196		\$120,712		\$124,333



Grade Current	Current effective fppcooa 1 Dec 2022 Base Salary	Cost of Living Payment into base effective fppcooa 17 October 2023 (\$1000)	Low Income Payment into base effective fppcooa 17 October 2023 (\$500)	Low Income Payment one-off effective fppcooa 17 October 2023 (\$1,000) (pro-rata)	Base Salary Adjustment effective fppcooa 17 October 2023 (\$1500)	Professional Development Allowance rolled into base effective 17 October 2023 (\$500)	3.5% effective fppcooa 1 Dec 2023 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2024 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2024 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2025 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2025 Base Salary
Grade 6, Year 5	\$111,334	\$112,334			\$113,834	\$114,334	\$118,336		\$121,886		\$125,543
Grade 7a, Year 0	\$111,784	\$112,784			\$114,284	\$114,784	\$118,801		\$122,365		\$126,036
Grade 7a, Year 1	\$114,341	\$115,341			\$116,841	\$117,341	\$121,448		\$125,091		\$128,844
Grade 7a, Year 2	\$116,897	\$117,897			\$119,397	\$119,897	\$124,093		\$127,816		\$131,650
Grade 7a, Year 3	\$118,064	\$119,064			\$120,564	\$121,064	\$125,301		\$129,060		\$132,932
Grade 7b, Year 1	\$119,136	\$120,136			\$121,636	\$122,136	\$126,411		\$130,203		\$134,109
Grade 7b, Year 2	\$121,377	\$122,377			\$123,877	\$124,377	\$128,730		\$132,592		\$136,570



Grade Current	Current effective fppcooa 1 Dec 2022 Base Salary	Cost of Living Payment into base effective fppcooa 17 October 2023 (\$1000)	Low Income Payment into base effective fppcooa 17 October 2023 (\$500)	Low Income Payment one-off effective fppcooa 17 October 2023 (\$1,000) (pro-rata)	Base Salary Adjustment effective fppcooa 17 October 2023 (\$1500)	Professional Development Allowance rolled into base effective 17 October 2023 (\$500)	3.5% effective fppcooa 1 Dec 2023 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2024 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2024 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2025 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2025 Base Salary
Grade 7b, Year 3	\$123,616	\$124,616			\$126,116	\$126,616	\$131,048		\$134,979		\$139,028
Grade 7b, Year 4	\$124,850	\$125,850			\$127,350	\$127,850	\$132,325		\$136,295		\$140,384
Grade 8, Level 1	\$125,874	\$126,874			\$128,374	\$128,874	\$133,385		\$137,387		\$141,509
Grade 8, Level 2	\$126,899	\$127,899			\$129,399	\$129,899	\$134,445		\$138,478		\$142,632
Grade 8, Level 3	\$132,215	\$133,215			\$134,715	\$135,215	\$139,948		\$144,146		\$148,470
Grade 8, Level 4	\$137,526	\$138,526			\$140,026	\$140,526	\$145,444		\$149,807		\$154,301
Grade 8, Level 5	\$146,978	\$147,978			\$149,478	\$149,978	\$155,227		\$159,884		\$164,681



Grade Current	Current effective fppcooa 1 Dec 2022 Base Salary	Cost of Living Payment into base effective fppcooa 17 October 2023 (\$1,000)	Low Income Payment into base effective fppcooa 17 October 2023 (\$500)	Low Income Payment one-off effective fppcooa 17 October 2023 (\$1,000) (pro-rata)	Base Salary Adjustment effective fppcooa 17 October 2023 (\$1,500)	Professional Development Allowance rolled into base effective 17 October 2023 (\$500)	3.5% effective fppcooa 1 Dec 2023 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2024 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2024 Base Salary	Low Income Payment one-off effective fppcooa 1 Dec 2025 (\$500) (pro-rata)	3.0% effective fppcooa 1 Dec 2025 Base Salary
Grade 9, Level 1	\$163,420	\$164,420			\$165,920	\$166,420	\$172,245		\$177,412		\$182,734
Grade 9, Level 2	\$172,371	\$173,371			\$174,871	\$175,371	\$181,509		\$186,954		\$192,563
Grade 9, Level 3	\$183,134	\$184,134			\$185,634	\$186,134	\$192,649		\$198,428		\$204,381



## SCHEDULE 2 – Classification Descriptors

The classification descriptors in this Schedule should be read in conjunction with the Classification Standards in Appendix B Schedule 7 of the *Nurses and Midwives (Tasmanian State Service) Interim Agreement 2013*.

**GRADE I ASSISTANT-IN-NURSING / Registered Undergraduate Student of Nursing (Diploma of Nursing) or Bachelor of Nursing)/Registered Undergraduate Student of Midwifery (Direct Entry) – RUSON/RUSOM**

To be read in conjunction with Schedule 4, clause 5.2.10 of the *Nurse and Midwives Heads of Agreement 2010*. For the purpose of the trial with agreed conditions of employment; inclusion conditional on evaluation of the trial<sup>1</sup>.

### Focus and Context

- Work is undertaken under the supervision and delegation of a Registered Nurse.
- Work may be overseen by an Enrolled Nurse within a health care team.
- Capable of working alone as delegated, but with available access to a nurse.
- The work consists of multiple, diverse tasks that assist with the activities of daily living to achieve specified outcomes that are strictly limited in scope.
- Clear and detailed instructions on practices, methods, priorities and timeframes are provided with only limited judgement expected on how to complete tasks and priorities.

### Expertise

- Holds a training qualification at minimum a Certificate III Health Services Assistance or a Certificate III in Individual Support; or
- Is currently an undergraduate Bachelor of Nursing student (RUSON); who has completed a second year clinical practice placement; or
- Is currently an undergraduate Bachelor of Midwifery student (Direct Entry) who has completed a first year clinical practice placement (RUSOM); or
- An enrolled nursing student who has completed their first clinical practice placement (RUSON).
- Has the knowledge, competence and training to apply acquired skills in a range of patient care, duties and seek advice/direction for any situations which fall outside of the scope of duties.

### Interpersonal Skills

- Receives instructions, advice and feedback to undertake and complete routine tasks.
- Exercises communication and interpersonal skills appropriate for developing a rapport with patients, health professionals and/or other members of the health care team and public.
- Work at this level may include oral and written reporting on the progress of patient activity and allocated tasks.

### Judgement

- Required to exercise limited judgement in the choice of work methods, in prioritising delegated tasks and in selecting the appropriate course of action.

<sup>1</sup> Assistant in Nursing Descriptors: In including the Grade I Assistant-in-Nursing role within the classification descriptors, it is acknowledged that the introduction of this role is to be trialed in selected locations throughout the State. Subject to the evaluation and review of this trial, the descriptors for this Grade will require further endorsement before ongoing use within the nurses and midwives career structure.



- Contributes to the maintenance of a physically and culturally safe environment for patients and staff.
- Identifies situations requiring the assistance or direction of an Enrolled or Registered Nurse.

#### Accountability and Responsibility

- Responsible for accepting delegated tasks within scope of practice, undertaking work in a safe manner, and reporting anomalies of patients or environment.
- Are individually accountable for their own actions and accountable to the Registered Nurse or Midwife and their employer for delegated actions.
- Have some limited independence to modify or adapt existing approaches for more effective service delivery for patients and stakeholders.
- Performance is assessed by task completion in meeting specified outcomes.
- Demonstrates and maintains competencies required of a training qualification at a minimum Certificate III Health Services Assistance or a Certificate III in Individual Support.
- Demonstrates the level of competency commensurate with progress in the relevant course of study (Diploma of Nursing, Bachelor of Nursing or Bachelor of Midwifery – Direct Entry)

#### Influence

- Influences the quality of care provided and wellbeing of patients/clients in receipt of assistance with activities of daily living.



## GRADE 2 ENROLLED NURSE

### Focus and Context

- Work in a facility or community practice setting requiring clinical knowledge and skills to provide delegated nursing care according to established nursing guidelines.
- The scope of practice is defined by the competency standards and regulatory requirements as approved by the Nursing and Midwifery Board of Australia.
- Work is under the general direction and supervision of a registered nurse.
- Organises own workload and sets own priorities with supervision as determined by scope of practice.
- May assist a Registered Nurse to supervise and precept less experienced staff engaged in performing similar less demanding tasks.
- With experience, have the ability to recognise the normal and abnormal in assessment, intervention and evaluation of a patients/client's health and functional status.

### Expertise

- Is registered with the Nursing and Midwifery Board of Australia as an Enrolled Nurse (Division 2 of the Register of Nurses) and holds a current practicing certificate.
- The successful completion of additional education at this level may expand the scope of practice.

### Interpersonal Skills

- Well-developed interpersonal and communication skills consistent with developing a rapport with patients/clients, health professionals and the public.
- Required to discuss assessments, interventions, and evaluations of care requirements including providing accurate and timely oral and written reporting on the progress of patient activities and allocated tasks with relevant health care professionals to achieve positive patient outcomes.
- Provides guidance and support to less experience or qualified members of the team.

### Judgement

- Makes decisions and takes initiative regarding the planning and completion of nursing care tasks within established nursing practice guidelines.
- Recognises the Registered Nurse as a point of reference to assist in decision making.
- Identifies and reports deviations from stable conditions that require assistance from a Registered Nurse across a broad range of patient and practice settings.
- Increasingly, are expected and encouraged within their scope of practice to use discretion and choice in selecting the most appropriate nursing intervention to provide nursing care.

### Accountability and Responsibility

- Maintains standards and assumes accountability and responsibility for own actions and act to rectify unsafe nursing practice and/or unprofessional conduct.
- Responsible for demonstrating the full range of Enrolled Nurse competencies, and for ongoing self-development to maintain own knowledge required to carry out role.
- Contributes information in assisting the Registered Nurse with the development of patient care plans and quality improvements within the practice area.



## Influence

- The work has a strong influence on the continued provision of quality patient care within the work area including patient, employer and community expectations regarding the delivery of nursing care.





## GRADE 2S SPECIALIST ENROLLED NURSE

### Focus and Context

- Work in an identified dedicated position within a defined area of practice requiring specialist clinical skills and knowledge to provide nursing care according to established nursing guidelines and policies.
- The principles of delegation, decision making, scope of practice and supervision remain in accordance with the current NMBA Standards for practice Enrolled Nurses.
- Contributes at a level commensurate with the advanced skills and knowledge requirements of the role, in collaboration and consultation with a Registered Nurse.
- Supports the Registered Nurse in the provision of person centred care, organises own workload and sets own priorities with supervision as determined by scope of practice.
- Assists the Registered Nurse to supervise and precept less experienced staff engaged in performing similar less demanding tasks.
- Within the specialist practice environment, has the ability to recognise the normal and abnormal in assessment, intervention and evaluation of a patients/client's health and functional status and implement care accordingly.

### Expertise

- Appears on the Nursing and Midwifery Board of Australia, Register of Nurses, as an Enrolled Nurse Division 2 and holds a current practicing certificate.
- Successful completion of the Advanced Diploma of Nursing, supported by relevant clinical experience, will expand the scope of practice for the enrolled nurse.
- Assists in the clinical management and ongoing coordination of nursing team activities to achieve continuity and quality of patient/client care, in conjunction with the Registered Nurse.
- High level clinical leadership skills and knowledge developed through extensive experience in the specialist practice area to coordinate patient/client care delivery in a defined practice area.
- Highly skilled clinician and resource person demonstrating specialist knowledge and clinical competence in the provision of specialist care which supports safe and effective outcomes for the patient.
- Highly developed skills decision making skills within their scope of practice and delegated responsibility, is able to implement interventions as supported by local policies and procedures and evaluate outcomes for clients/patients.
- Identifies, defines and develops options and operational guidelines or clinical practices to implement the delivery of complex specialised nursing/health care in partnership with the Registered Nurse and the healthcare team.

### Interpersonal Skills

- Communicates effectively with individuals/groups, health professionals and the public to facilitate the provision of quality patients/client care.
- Works in partnership with the Registered Nurse, contributing to a strong professional environment by providing leadership and assisting with the planning and management of staff and resources.
- Using their extended skills and knowledge to provide guidance and support to less experienced members of the team to achieve patient/client care and service delivery outcomes.



## Judgement

- Makes decisions and takes initiative regarding the planning and completion of nursing care tasks within established enrolled nursing practice guidelines.
- Accepts accountability for own practice standards and provides support and supervision to Assistants in Nursing (however titled) and to others providing care, such as Enrolled Nurse students, to ensure care is provided according to institutional policies, protocols and guidelines.
- Using their decision making skills within their scope of practice and delegated responsibility, is able to identify the deteriorating client/patient, and recognise alterations in psychological and physiological status, implement interventions as supported by local policies and procedures and evaluate outcomes for clients/patients and report to a Registered Nurse.
- Identifies, defines and develops options and recommendations which may include responding to deviations from stable conditions and implementing expert clinical practices to achieve the delivery of complex specialised nursing/health care.

## Accountability and Responsibility

- Maintains standards and assumes accountability and responsibility for own actions and acts to rectify unsafe nursing practice and/or unprofessional conduct.
- Responsible for own professional development and education in nursing practices in their specialist practice area.
- Responsible for own practice which may encompass clinical, managerial, education or research contexts within the scope of the Enrolled Nurse.
- Responsible for addressing inconsistencies between nursing policy and practice outcomes in specialist practice areas.
- Provides support and direction associated with research, investigative, analytical and appraisal skills within the specialist practice area, acting as a role model for others.
- Applies evidence based practice guidelines to achieve positive care outcomes for patients/clients.

## Influence

- Uses sound decision making skills to assess and identify clinical deviations and to refer appropriately to ensure timely and safe clinical support.
- Identifies and implements the coordination of processes for quality improvement and continuity within risk management and nursing professional practice frameworks.
- Leads and contributes to the design, development and delivery of professional nursing activities, including the provision, and/or facilitation, of professional development activities, professional development agreements and performance management for Enrolled Nurses.
- Acts as a role model, clinical resource person and mentor of other Enrolled Nurses, Assistants in Nursing and nursing students within the health service/unit.



## GRADE 3 REGISTERED NURSE, REGISTERED MIDWIFE

### Focus and Context

- The scope of practice is defined by the competency standards and regulatory requirements as approved by the Nursing and Midwifery Board of Australia.
- With experience, the Registered Nurse/Midwife is increasingly required to co-ordinate and integrate complex nursing practices. General direction is provided to achieve the required outcomes as operational guidelines, systems and processes are well understood.
- A Registered Nurse/Midwife maintains current knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and midwifery, and the protection of patients'/clients' rights.
- Established nursing practices provide a framework for decision-making in undertaking and integrating the activities of the practice area.
- Actively participates in the discussion and collaboration surrounding assessments, interventions and/or evaluations of care requirements with other health care professionals to achieve positive patient/client outcomes.
- Consistent with ongoing experience required to interpret and modify nursing practices to provide alternative approaches to improve health care and service delivery outcomes and/or incorporate relevant professional standards into practice.
- Provide supervision and guidance to less experienced Registered Nurses/Midwives, Enrolled Nurses, students and AIN's.

### Expertise

- A Registered Nurse/Midwife is registered with the Nursing and Midwifery Board of Australia and holds a current practicing certificate.
- Nurses/midwives working within the scope of the requirements of the Grade 3 role will vary in experience from a beginning practitioner, an employee returning after an absence, and practitioners with up to eight years experience and beyond.
- Apply foundation theoretical knowledge and skills and evidence based guidelines to a range of activities to achieve agreed patient/client outcomes.
- Knowledge and skills improve through continuous professional development and experience in the application of established practices that maintain or improve patient/client outcomes.
- Actively contributes to continuous quality improvement, research, analysis and evaluation of clinical practices.
- Competence includes reflecting on practice, utilising research and analysis and the evaluation of complex and unrelated information and the consequences of these for patient/client outcomes.

### Interpersonal Skills

- Communicates effectively with individuals/groups to facilitate the provision of care.
- Participates as an effective member of the nursing and midwifery team within the health care team and provides effective supervision instruction, guidance and feedback to students and less qualified or experienced staff.
- Assists in reviewing and evaluating nursing practices and standards and providing recommendations.
- Increasingly is able to inform, guide and gain the acceptance of others in adopting nursing practices required to achieve patient/client care and service delivery outcomes and facilitate and encourages individual/group decision making.



- With experience, required to interpret and explain complex operational procedures and provide clear oral and written advice and detailed information to patients/clients, stakeholders and members of the public. This involves education, advice and guidance directed at promoting improved patient/client outcomes.

### Judgement

- Flexibility, innovation and initiative expected in providing alternative solutions to complex operational issues, within the practice area, to resolve clinical issues and meet patient/client and employer requirements.
- Consistent with ongoing development required to exercise independent judgement in organising conventional nursing/midwifery practices required to meet complex nursing care needs.

### Accountability and Responsibility

- This role is the first level Registered Nurse/Midwife who is registered to practice nursing without supervision.
- Responsible for demonstrating the full range of Registered Nurse/Midwife competencies, and for ongoing self-development to maintain own knowledge required to carry out role.
- Assumes accountability and responsibility for own actions, as well as, increasing their own scope of awareness and practice through professional development and education in nursing practices within their field of nursing.
- Responsible for reviewing decisions, assessments and recommendations from less experienced Registered Nurses/Midwives, Enrolled Nurses, students, and AIN's to ensure quality of outcomes. Acts to identify, rectify and report unsafe nursing practice and/or unprofessional conduct.
- Undertakes reflective practice, self-appraisal, professional development and applies evidence and research in practice. Reflecting on practice, feelings and beliefs and the consequences of these for patients/clients, is considered an important professional benchmark.

### Influence

- Initially applies knowledge and skills to the nursing care of patients/clients where the choice of action is clear and the outcomes are readily identified.
- Works within and promotes a nursing model of patient/client centered care or midwifery model of partnership and support for women's rights to self-determination and life processes.
- Consistent with ongoing development, the role will propose and develop options to improve practices and recommend alternative approaches to achieve the objectives of the practice area.
- The work has a direct influence on the effective provision of direct and comprehensive patient/client care, and an influence on the development of less qualified or experienced colleagues.



## GRADE 4 REGISTERED NURSE, REGISTERED MIDWIFE, CLINICAL COACH

### Focus and Context

- Work in a facility or community practice area to provide clinical care for an allocated patient/client group with diverse and/or complex care requirements in a defined practice area. This work requires the application of well-developed general and/or specialist nursing/midwifery knowledge and skills to provide effective practical solutions.
- Provide clinical case management support to the Clinical Coordinator and/or Nurse Unit Manager in the coordination of patient/client care delivery on a shift by shift basis in an area of practice through the effective allocation and prioritisation of nursing/midwifery resources.
- Contributes to workplace activities beyond their immediate responsibilities of delivering clinical care to their patients/clients by providing nursing leadership. This shall include but not limited to include active involvement in clinical education, assist in management, safety and quality practice development and clinical leadership activities.
- Established decision-making and operational frameworks may require considerable interpretation and initiative. Guidance and instruction may on occasion be received on the implementation of highly technically complex modifications of care consistent with policy, regulatory and/or technological requirements and developments.

### Expertise

- Well-developed knowledge, skills and experience in the relevant area of nursing/midwifery and associated field of activity gained through experience and/or post graduate qualifications in clinical care.
- Developing expertise in managing allocated resources, and assists with the assessment of the competence of staff, and in determining priorities and approach to managing the clinical care of patients/clients within the defined practice area.
- Participate and contribute to research, with the ability to understand and apply evidence to practice to improve standards of contemporary health care.

### Interpersonal Skills

- Promotes co-operation, teamwork and understanding in undertaking generalist and/or specialist nursing practices for effective health care outcomes.
- Leads supports and promotes a learning culture by encouraging reflection and professional development and assisting others to maintain professional portfolios.
- Contributes and participates in preceptorship programs to assist in the achievement of practice area and organisational goals.
- Communicates, organises, and facilitates the responsibilities pertaining to a particular clinical portfolio.
- Provides specialised advice and clearly articulates complex and difficult issues to staff, patients/clients and public in terms which are understandable.
- Maintains productive working relationships, effectively deal with challenging behaviours and the resolution of conflicts.
- Assists and provides feedback to the Clinical Coordinator and/or Nurse Unit Manager, relating to performance development of less qualified or experienced members of the team.



## Judgement

- Exercises initiative, flexibility and creativity to identify, define and develop options and recommendations to improve the delivery of complex service delivery to an allocated group of patients/clients within a defined practice area.
- Utilises evidence based practice and available research, to develop, plan and implement improvements to the delivery of complex service delivery.
- Well-developed conceptual, analytical and reasoning skills to research investigate and propose recommendations of alternative approaches for improved health care outcomes.
- Identifies, assesses and responds to change, that may require the modification of clinical practices, and which may be due to emerging developments. May make recommendations to improve outcomes for patients/clients, or improve efficiencies in clinical care delivery.

## Accountability and Responsibility

- In the absence of the Clinical Coordinator and/or Nurse Unit Manager, shall be responsible for the coordination of patient/client care delivery in a practice area through the effective allocation and prioritisation of nursing resources for a rostered shift/period for day and shift workers.
- Responsible for demonstrating the full range of Registered Nurse/Midwife competencies, and for ongoing self-development to maintain own knowledge required to carry out the role.
- Responsible for contributing and participating in preceptorship programs to assist in the achievement of practice area and organisational goals.
- Responsible for the appropriate delivery of agreed outcomes pertaining to a particular clinical portfolio.
- Accountable for own actions, professional and quality controls and maintaining nursing practice standards and service delivery outcomes, including activities delegated to others.
- Responsible for supporting the performance development of less qualified or experienced members of the team and contributing to the learning of the work area.

## Influence

- Considerable influence in the determination of priorities and approach to the clinical care of an allocated group of patients/clients. This includes:
  1. advice and expertise regarding planning, evaluation and integration of clinical practices; and
  2. education, instruction, guidance to support the development of less qualified or experienced staff.
- The role also influences the management of activities and clinical portfolios, the support of the development of others and contribution to the learning in the work area.
- Activities have a significant effect on patient/client care and the maintaining of service and standards within a defined practice area.



## GRADE 5 CLINICAL COORDINATOR

### Focus and Context

- Use highly developed nursing/midwifery knowledge, skill and experience to coordinate the flow of patient/client care delivery in a defined practice area.
- Lead case management, including complex patients/clients, in the clinical management and ongoing coordination of nursing/midwifery team activities to achieve continuity and quality of patient/client care in conjunction with other members of the health care team.
- Interprets clinical or educational policies, regulations and guidelines to determine milestones, objectives, methods and priorities, to support complex care models within a defined practice area.
- Contributes to service development by assisting Nurse Unit Manager, Clinical Nurse/Midwifery Educator and Clinical Nurse Consultant in policy review and the development of strategies to meet current and future service priorities. This may result in the modification of established nursing/midwifery processes within a defined nursing/midwifery regulatory and operational framework.
- May function as a single practitioner working within established decision-making and operational frameworks that may require considerable interpretation and initiative to provide specialist effective patient/client care.
- Provide leadership regarding the design, development and operation of professional nursing/midwifery activities, including the provision, and/or facilitation of professional development activities.

### Expertise

- Relevant post graduate qualifications desirable.
- Highly developed clinical management and leadership skills and knowledge developed through extensive experience of the defined practice area.
- Highly developed knowledge of internal and external operational health service delivery, in the relevant nursing/midwifery field and defined practice area, and of the interaction between them.
- Highly developed skills regarding the coordination and integration of contemporary information and research evidence to support decision making, innovative thinking and objective analysis to achieve agreed outcomes within the defined practice area.

### Interpersonal Skills

- Works in a management partnership with Nurse Unit Manager, contributing to a strong professional environment by providing leadership and assisting with the planning and management of staff and resources.
- Supports learning and development of staff in the defined area of practice and develop and maintain clinical portfolios.
- Gains the co-operation of staff, patients/clients and public across a defined practice area in meeting difficult and sometimes conflicting objectives or competing priorities. Undertakes conflict resolution through negotiation and mediation to resolve escalated issues.
- Maintains productive relationships with internal and external stakeholders. Actively contributes to clinical practice standards for the defined clinical area.



## Judgement

- Identifies, defines and develops options and recommendations to implement the delivery of complex specialised nursing/midwifery health care which may include responding to new and emerging developments, developing new operational guidelines or clinical practice.
- Identifies and implements the coordination of processes for quality improvement and continuity within risk management and nursing/midwifery professional practice frameworks.
- Solutions are constrained by the existing nursing/midwifery policy and regulatory framework, budget and resource considerations and established program delivery methodologies.
- Flexibility, creativity and innovation associated with research, investigative, analytical and appraisal skills.

## Responsibility and accountability

- Accepts accountability for their own practice standards and for delegating activities to others.
- Assists the Nurse Unit Manager in leading and coordinating the clinical nursing/midwifery team in the provision of patient/client centered care in the defined practice area.
- Responsible for promoting and maintaining a learning environment through team development, a positive work culture, individual capability development and performance management.
- Responsible for managing complex situations which may encompass clinical, managerial, education or research contexts.
- Responsible for efficient and effective service delivery, optimal use of resources and maintaining and improving health care outcomes.
- Responsible for nursing/midwifery practices, and outcomes in a specific defined practice area. This includes addressing inconsistencies between practice and policy.
- Responsible for own professional development and education in nursing/midwifery practices in their field of nursing/midwifery and increasing their awareness of their scope of practice.

## Influence

- Operates independently under delegated authority in providing nursing/midwifery care appropriate to the defined practice area. This includes:
  - coordinating care and liaising with service providers, including those of other disciplines and health care providers, to patients/clients within the defined practice area; and
  - assisting in the provision of education and instruction to improve health care delivery.
- Authoritative advice and recommendations are provided directly to the Nurse Unit Manager and/or Manager/Team Leader of the defined practice area and indirectly to the Head of Department, in relation to the management and development of new plans, systems or nursing/midwifery practices, and efficient and effective operation of the defined practice area.
- Activities have a direct and significant effect on patient/client care delivery and organisational outcomes across a defined practice area.





## GRADE 5 CLINICAL NURSE SPECIALIST

### Focus and Context

- Use highly developed nursing/midwifery knowledge, skill and experience to provide, direct and/or support patient/client care delivery in a defined practice area.
- May support complex care models which may include a cohort of patients/clients delivering specialist care within a defined area.
- Lead case management, including complex patients/clients, in the clinical management and ongoing coordination of nursing team/midwifery activities to achieve continuity and quality of patient/client care in conjunction with other members of the health care team.
- Interprets clinical or educational policies, regulations and guidelines to determine milestones, objectives, methods and priorities, to support complex care models with a defined clinical patient/client group.
- Contributes to service development by assisting Nurse Unit Manager, Clinical Nurse//Midwifery Educator and Clinical Nurse Consultant in policy review and the development of strategies to meet current and future service priorities. This may result in the modification of established nursing/midwifery processes within a defined nursing/midwifery regulatory and operational framework.
- May function as a single practitioner working within established decision-making and operational frameworks that may require considerable interpretation and initiative to provide specialist effective patient/client care.
- Provide leadership regarding the design, development and operation of professional nursing/midwifery activities, including the provision, and/or facilitation of professional development activities.

### Expertise

- Relevant post graduate qualifications desirable.
- Highly developed clinical skills and knowledge developed through extensive experience within the defined practice area.
- Knowledge of and, where relevant/necessary, the capacity to co-ordinate delivery of services by co-opting internal and external providers (health and others) as necessary in order to provide optimum client care to patients/clients within the defined practice area.
- Highly developed skills regarding the coordination and integration of contemporary information and research evidence to support decision making, innovative thinking and objective analysis to achieve agreed outcomes within the defined practice area.

### Interpersonal Skills

- Works in a clinical partnership with Nurse Unit Manager, Clinical Nurse/Midwifery Educator and Clinical Nurse Consultant to contribute to a strong professional environment and support the development of new skills in patient/client or individual nurses/midwives.
- Supports learning and development of staff in the defined area of practice and develop and maintain clinical portfolios.
- Gains the co-operation of staff, patients/clients and (where appropriate) public across a defined practice area in meeting difficult and sometimes conflicting objectives or competing priorities.
- Maintains productive relationships with internal and external stakeholders. Actively contributes to clinical practice standards for the defined clinical area.



## Judgement

- Identifies, defines and develops options and recommendations to implement the delivery of complex specialised nursing/midwifery health care which may include responding to new and emerging developments, developing new operational guidelines or clinical practices.
- Identifies and implements the coordination of processes for quality improvement and continuity within risk management and nursing/midwifery professional practice frameworks.
- Solutions are constrained by the existing nursing/midwifery policy and regulatory framework, budget and resource considerations and established program delivery methodologies.
- Flexibility, creativity and innovation associated with research, investigative, analytical and appraisal skills.

## Responsibility and accountability

- Accepts accountability for their own practice standards and for delegating activities to others.
- Responsible for promoting, maintaining and supporting a learning environment through a positive work culture and individual capability development.
- Responsible for managing complex situations which may encompass clinical, managerial, education or research contexts.
- Responsible for efficient and effective service delivery, optimal use of resources and maintaining and improving health care outcomes for a defined clinical/patient group.
- Responsible for nursing/midwifery practices, and outcomes in a specific defined practice area. This includes addressing inconsistencies between practice and policy.
- Responsible for own professional development and education in nursing/midwifery practices in their field of nursing/midwifery and increasing their awareness of their scope of practice.

## Influence

- Operates independently under delegated authority in providing nursing/midwifery care appropriate to the defined practice area. This includes:
  - liaising with service providers, including those of other disciplines and health care providers, to patients/clients within the defined practice area; and
  - assisting in the provision of education and instruction to improve health care delivery.
- Authoritative advice and recommendations are provided directly to the Nurse Unit Manager and/or Manager/Team Leader of the defined practice area and indirectly to the Head of Department, in relation to the development of new plans, systems or nursing/midwifery practices, and efficient and effective operation within the defined practice area.
- Activities have a direct and significant effect on patient/client care delivery outcomes across a defined practice area.



## GRADE 5 ASSOCIATE NURSE UNIT MANAGER/ ASSOCIATE MIDWIFERY UNIT MANAGER

### Focus and Context

- Uses highly developed nursing/midwifery knowledge, skill and experience to coordinate the flow of patient/client care delivery in a defined practice area.
- Supports the Nurse Unit Manager to ensure cost efficient management of resources in a defined practice area including staffing and rostering.
- In conjunction with the Nurse Unit Manager, facilitates clinical management and ongoing coordination of nursing/midwifery team activities to achieve continuity and quality of patient/client care in conjunction with other members of the health care team.
- Interprets clinical or educational policies, regulations and guidelines to determine milestones, objectives, methods and priorities, to support complex care models within a defined practice area.
- Contributes to service development by assisting Nurse Unit Manager, Clinical Nurse/Midwifery Educator and Clinical Nurse Consultant in policy review and the development of strategies to meet current and future service priorities. This may result in the modification of established nursing processes within a defined nursing regulatory and operational framework.
- Provides leadership regarding the design, development and operation of professional nursing activities, including the provision, and/or facilitation, of professional development activities, professional development agreements and performance management.

### Expertise

- Relevant post graduate qualifications desirable.
- Highly developed clinical management and leadership skills and knowledge developed through extensive experience of the defined practice area.
- Highly developed knowledge of internal and external operational health service delivery, in the relevant nursing/midwifery field and defined practice area, and of the interaction between them.
- Highly developed skills regarding the coordination and integration of contemporary information and research evidence to support decision making, innovative thinking and objective analysis to achieve agreed outcomes within the defined practice area.

### Interpersonal Skills

- Works in a management partnership with Nurse Unit Manager, contributing to a strong professional environment by providing leadership and assisting with the planning and management of staff and resources.
- Assists the Nurse Unit Manager, Clinical Nurse/midwifery Educator and Clinical Nurse Consultant to maintain a learning culture by encouraging reflection, professional development, preceptorship and assisting others to maintain portfolios including their own management portfolio.
- Gains the co-operation of staff, patients/clients and public across a defined practice area in meeting difficult and sometimes conflicting objectives or competing priorities. Undertakes conflict resolution through negotiation and mediation to resolve escalated issues.
- Maintains productive relationships with internal and external stakeholders. Represents the defined practice area with the authority to conduct and commit to a negotiated outcome regarding clinical care and operational processes and which may have implications beyond the defined practice area.



- Ability to undertake planning, monitoring and managing performance in areas of responsibility for both individuals and teams, and undertake a range of performance management activities appropriately.

#### Judgement

- Identifies, defines and develops options and recommendations to implement the delivery of complex specialised nursing/midwifery health care which may include responding to new and emerging developments, developing new operational guidelines or clinical practices.
- Identifies and implements the coordination of processes for quality improvement and continuity within risk management and nursing/midwifery professional practice frameworks.
- Solutions are constrained by the existing nursing/midwifery policy and regulatory framework, budget and resource considerations and established program delivery methodologies.
- Flexibility, creativity and innovation associated with research, investigative, analytical and appraisal skills.

#### Responsibility and accountability

- Accepts accountability for their own practice standards and for delegating activities to others.
- Assist Nurse Unit Manager in leading and coordinating the clinical nursing/midwifery team in the provision of patient/client centered care in the defined practice area.
- Responsible for promoting and maintaining a learning environment through team development, a positive work culture, individual capability development and performance management.
- Responsible for managing complex situations which may encompass clinical, managerial, education or research contexts.
- Responsible for efficient and effective service delivery, optimal use of resources and maintaining and improving health care outcomes.
- Responsible for nursing/midwifery practices, and outcomes in a specific defined practice area. This includes addressing inconsistencies between practice and policy.
- Responsible for own professional development and education in nursing/midwifery practices in their field of nursing/midwifery and increasing their awareness of their scope of practice.

#### Influence

- Operates independently under delegated authority in providing nursing/midwifery care appropriate to the defined practice area. This includes:
  - coordinating care and liaising with service providers, including those of other disciplines and health care providers, to patients/clients within the defined practice area; and
  - assisting in the provision of education and instruction to improve health care delivery.
- Authoritative advice and recommendations are provided directly to the Nurse Unit Manager and/or Manager/Team Leader of the defined practice area and indirectly to the Head of Department, in relation to the management and development of new plans, systems or nursing/midwifery practices, and efficient and effective operation of the defined practice area.
- Activities have a direct and significant effect on patient/client care delivery and organisational outcomes across a defined practice area.



## Grade 6 CLINICAL NURSE EDUCATOR

### Focus and Context

- Works in a facility or community practice setting requiring a clinical specialty that may range across service areas to improve health care services through the coordination of clinical practices and health management information systems.
- Works to facilitate and support the development of the nursing workforce, including students, by planning, promoting, coordinating, implementing and evaluating education programs in the practice area/s.

Various practice models may be used to enact this role, including but not limited to:

1. providing education and training support to specific group of practice area/s;
  2. providing education support in a specific education and/or training portfolio; and
  3. providing coaching and direction working in the clinical setting alongside staff.
- Leadership and coordination of educational projects, programs and/or research activities designed to improve educational outcomes and service delivery.

### Expertise

- Relevant post graduate qualifications desirable.
- Applies expertise to models of learning in the practice and/or service areas, including the development, implementation and evaluation of professional development, education and training activities.
- Highly developed knowledge of evidence based practice in health, education, and professional development, and its application to the knowledge and skill requirements of the nursing workforce.

### Interpersonal Skills

- Leads and coordinates projects, programs and/or research that deliver professional development, education and training activities.
- Clearly articulates highly complex and difficult nursing and health issues to patients/clients, staff and stakeholders both internal and external to the organisation, in terms that are understandable by the audience.
- Maximises productive working relationships including with relevant specialists and executive management, and manages conflict to promote co-operation, teamwork and understanding in undertaking challenging, demanding and complex work.

### Judgement

- Flexibility, creativity and innovation, based on highly developed conceptual and reasoning skills, regarding the implementation of operational strategy and nursing policies to integrate the practices of diverse health care disciplines and fields of nursing.
- Uses evidence based recommendations to improve program functions, organisational efficiency and performance by better aligning and integrating activities within practice areas and addressing emerging trends. Established professional precedents and organisational policies may require interpretation for operational effectiveness.



### Accountability and Responsibility

- Accountable for own practice standards, activities delegated to others and for mentoring and developing less experienced staff.
- Ensures the principles of contemporary research are integrated into nursing practice through the development, coordination, implementation and evaluation of nursing research/projects/programs. Developments may improve practice and program functions, organisational efficiency and performance and result in a better alignment and integration of activities within a practice area.

### Influence

- May affect health service delivery outcomes, through the implementation of policy with regard to the practice area, patients/clients, stakeholders and the broader community.
- Influences standards of practice through the implementation of evidenced based practice.
- Activities within practice areas, organisational efficiency and performance of program functions may be improved through identification of emerging trends and organisational development opportunities.



Grade 6 NURSE PRACTITIONER CANDIDATE

- A Nurse Practitioner Candidate is a Registered Nurse engaged to undertake a course of study, and undertake clinical experience leading to endorsement as a Nurse Practitioner.
- The Nurse Practitioner Candidate must have a minimum of five (5) years full time equivalent experience in a relevant clinical practice area. Enrolled in the accredited Nurse Practitioner Masters Degree, and actively working towards same.
- The candidature will be for a period of not less than 12 months and not more than 2 years. Failure to undertake the authorisation process as a nurse practitioner within this specified timeframe would require negotiation of ongoing candidature.
- Working towards demonstrating competence in advanced and extended practice skills in the assessment, diagnosis, planning, implementation and evaluation of the care of patients/clients within their defined scope of practice, in the practice setting and working towards meeting the National Nurse practitioner Standards – Australian Nursing and Midwifery Council (ANMC) (2006)



## Grade 6 CLINICAL NURSE CONSULTANT

### Focus and Context

- The scope of practice is defined by the competency standards and regulatory requirements as approved by the Nursing and Midwifery Board of Australia.
- Works in a facility or community practice setting requiring a clinical specialty that may range across a practice and/or service areas to improve health care services through the coordination of clinical practices and health management information systems.
- Leads innovation and research directed to the operation of a practice and/or service areas that may require the integration of budget management and administrative processes to improve clinical/program outcomes.
- Within the clinical specialty the role will develop and implement clinical policy and guidelines for the practice and/or service areas especially with regard to regulatory and/or technological developments. Work is undertaken to accommodate professional principles, systems and processes that may be shared with other specialist professions and executive management
- Developments may improve program functions, organisational efficiency and performance by better aligning and integrating activities within the clinical/program area and addressing emerging trends. Established professional precedents and organisational policies may require interpretation for operational effectiveness.
- May function as a single practitioner working with a significant degree of independent decision-making to develop service delivery options and provide authoritative expertise in the provision of clinical advice, and interventions.

### Expertise

- Relevant post graduate qualifications desirable.
- Highly developed knowledge, skill and expertise with advanced competence in evidence-based nursing practice and a highly developed understanding of the interaction of nursing/midwifery and other professions in a multidisciplinary setting.
- Provide clinical leadership in nursing/midwifery and to other specialist professions. May be consulted to provide authoritative expertise in clinical care and interventions and/or individual case management to a specific patient/client cohort.
- Highly developed knowledge of evidence based practice in health, education, and professional development, and its application to the knowledge and skill requirements of the nursing workforce.

### Interpersonal Skills

- Lead and motivates to develop and implement clinical policy and guidelines for the clinical specialty with regard to regulatory and/or technological developments.
- Maximises productive working relationships including with relevant specialists and executive management, and manages conflict to promote co-operation, teamwork and understanding in undertaking challenging, demanding and complex work.
- Provides authoritative advice and recommendations in relation to the effectiveness of clinical and/or program activity.
- Ensures mechanisms are in place to support consumer advocacy through open communication and the implementation of best practice models of consumer involvement.
- Clearly articulates highly complex and difficult nursing and health issues to patients/clients, staff and stakeholders both internal and external to the organisation, in terms that are understandable by the audience.





- Represent the organisation with the authority to conduct and commit to a negotiated outcome regarding practice-specific policies, programs and objectives within the clinical specialty.
- Leads and coordinates projects, programs and/or research that deliver professional development, education and training activities.

### Judgement

- Flexibility, creativity and innovation, based on highly developed conceptual and reasoning skills, regarding the implementation of operational strategy and nursing policies to integrate the practices of diverse health care disciplines and fields of nursing.
- Has a significant degree of independent clinical decision making in the area of clinical expertise.
- In a multidisciplinary setting required to assess, select and support the implementation of clinical interventions and evaluate patient/client outcomes.
- Solutions are constrained by the existing policy and regulatory framework, budget and resource considerations.
- Options provided and solutions recommended may require the development of new practice and program strategies, policies, plans and procedures with significantly altered organisational outcomes.
- Uses evidence based recommendations to improve program functions, organisational efficiency and performance by better aligning and integrating activities within the practice area and addressing emerging trends. Established professional precedents and organisational policies may require interpretation for operational effectiveness.

### Accountability and Responsibility

- Accountable for own practice standards, activities delegated to others and for mentoring and developing less experienced staff.
- Accountable for the outcomes of nursing practices for the specific patient/client cohort and for addressing inconsistencies between nursing practice and policy.
- Ensures the principles of contemporary research are integrated into nursing practice through the development, coordination, implementation and evaluation of nursing research/projects/programs. Developments may improve practice and program functions, organisational efficiency and performance and result in a better alignment and integration of activities within a practice area.
- Responsible for providing authoritative advice and recommendations in relation to the effectiveness of clinical service activity and health care outcomes.
- Responsibility may be shared with relevant specialists and executive management for the development of clinical strategy and policy or the implementation of new clinical and/or practice activities.
- Specialists are required to remain abreast of contemporary developments, to identify emerging trends and to maintain a network of peers and specialists in the field of practice

### Influence

- May affect health service delivery outcomes, through the implementation of policy with regard to the practice area, patients/clients, stakeholders and the broader community.
- Influences standards of practice through the implementation of evidence based practice.
- Activities within practice areas, organisational efficiency and performance of program functions may be improved through identification of emerging trends and organisational development opportunities.



## GRADE 6 PROJECT NURSE, RESEARCH NURSE

### Focus and Context

- Work in a facility or community practice setting requiring a specialty that may range across a practice and/or service areas to improve health care services through the coordination of clinical practices and health management information systems.
- Leads innovation and research directed to the operation of a practice and/or service area that may require the integration of budget management and administrative processes to improve clinical/program outcomes.
- Develop and implement clinical protocols and guidelines for the practice and/or service area especially with regard to regulatory and/or technological developments.
- Work is undertaken to accommodate professional principles, systems and processes that may be shared with other specialist professions and executive management.
- Developments may improve program functions, organisational efficiency and performance by better aligning and integrating activities within the practice area and addressing emerging trends. Established professional precedents and organisational policies may require interpretation for operational effectiveness.
- Leadership and coordination of projects, programs and/or research activities designed to improve standards of patient/client care. Works in partnership with tertiary institutions in developing a body of knowledge that supports clinical practice.
- May function as a single practitioner working with a significant degree of independent decision-making to develop service delivery options and provide authoritative expertise in the provision of clinical care and interventions.

### Expertise

- Relevant post graduate qualifications for positions at this level are desirable.
- Highly developed knowledge, skill and expertise with advanced competence in evidence-based nursing practice and a highly developed understanding of the interaction of nursing/midwifery and other professions in a multidisciplinary setting.
- Provide clinical leadership in nursing/midwifery and to other specialist professions. May be consulted to provide authoritative knowledge and interventions.
- Highly developed knowledge of evidence based practice in health, education, and professional development, and its application to the knowledge and skill requirements of the nursing workforce.

### Interpersonal Skills

- Leads and motivates to develop and implement clinical policy and guidelines for the clinical specialty with regard to regulatory and/or technological developments.
- Maximises productive working relationships including with relevant specialists and executive management, and manages conflict to promote co-operation, teamwork and understanding in undertaking challenging, demanding and complex work.
- Provides authoritative advice and recommendations in relation to the effectiveness of clinical and/or program activity.
- Ensures mechanisms are in place to support consumer advocacy through open communication and the implementation of best practice models of consumer involvement.



- Clearly articulates highly complex and difficult nursing and health issues to patients/clients, staff and stakeholders both internal and external to the organisation, in terms that are understandable by the audience.
- Represents the organisation with the authority to conduct and commit to a negotiated outcome regarding practice-specific policies, programs and objectives within the clinical specialty.
- Leads and coordinates projects, programs and/or research that deliver professional development, education and training activities.

### Judgement

- Flexibility, creativity and innovation, based on highly developed conceptual and reasoning skills, regarding the implementation of operational strategy and nursing policies to integrate the practices of diverse health care disciplines and field of nursing.
- A significant degree of independent clinical decision making in the area of clinical expertise.
- In a multidisciplinary setting required to assess, select and support the implementation of clinical interventions and evaluate patient/client outcomes.
- Solutions are constrained by the existing policy and regulatory framework, budget and resource considerations.
- Options provided and solutions recommended may require the development of new practice and program strategies, policies, plans and procedures.
- Uses evidence based recommendations to improve program functions, organisational efficiency and performance by better aligning and integrating activities within the practice area and addressing emerging trends. Established professional precedents and organisational policies may require interpretation for operational effectiveness.

### Accountability and Responsibility

- Accountable for own practice standards, activities delegated to others and for mentoring and developing less experienced staff.
- Responsible for ensuring the principles of contemporary research are integrated into nursing practice through the development, coordination, implementation and evaluation of nursing research/projects/programs.
- Developments may improve practice and program functions, organisational efficiency and performance and result in a better alignment and integration of activities within a practice area.
- Responsible for providing authoritative advice and recommendations in relation to the effectiveness of clinical service activity and health care outcomes.
- Responsibility may be shared with relevant specialists and executive management for the development of clinical strategy and guidelines or the implementation of new clinical and/or practice activities.
- Specialists are required to remain abreast of contemporary developments, to identify emerging trends and to maintain a network of peers and specialists in the field of specialty practice.

### Influence

- May affect health service delivery outcomes, through the implementation of policy with regard to the practice area, patients/clients, stakeholders and the broader community.
- Influences standards of practice through the implementation of evidence based practice.
- Activities within practice areas, organisational efficiency and performance of program functions may be improved through identification of emerging trends and organisational development opportunities.



## GRADE 7 NURSE UNIT MANAGER, NURSE MANAGER, AFTER HOURS NURSE MANAGER

### Focus and Context

- In the case of a Nurse Unit Manager leads and manages the coordination of overall patient/client care delivery in a defined practice area,
- In the case of an After-hours Nurse Manager provides after hours oversight and management of the activities of the health service/facility.
- In the case of a Nurse Manager leads and manages the coordination of a support system or program in a defined service area within a THO.
- Manages the human, material and financial resources for service delivery for a defined practice area/support system or defined service area within a THO.
- Manages projects, and/or research which involves developing and/or modifying operational guidelines to accommodate operational strategies and nursing policies.
- Determines appropriate milestones, priorities and use of resources for service delivery and outcomes that are in accordance with strategic and operational plans for the defined practice area.

### Expertise

- Relevant post graduate qualifications desirable.
- Requires highly developed management skills and expertise to manage and lead a team in a multidisciplinary environment utilising the principals of contemporary human, material and financial resource management.
- Specialist knowledge and expertise gained through extensive experience to provide advanced clinical nursing care and interventions to a patient/client cohort.
- Highly developed knowledge of contemporary health and professional development issues, and their impact on the knowledge and skill requirements of the nursing workforce.
- Highly developed understanding of the nursing profession and other professional disciplines in the THO/DHHS, the health care sector, the structures and processes of government, and of the interaction between them.

### Interpersonal Skills

- Leads in the promotion of co-operation, teamwork and understanding in undertaking challenging, demanding and complex work, with sometimes conflicting objectives.
- Develops productive relationships with specialists and stakeholders with similar levels of skill and experience from various clinical specialties, and executive management to share ideas and to resolve problems.
- Develop and encourage a learning environment where work and learning are integrated. This is achieved through fostering individuals and team development and managing performance and service delivery outcomes.
- Responsible to ensure mechanisms are in place to support consumer advocacy through open communication and the implementation of best practice models of consumer involvement.

### Judgement

- Use creativity and innovation to implement operational strategies and policies of diverse health care disciplines across the defined practice area.
- Review and evaluate clinical practice and performance, identifying strategies to implement appropriate change to risk management, safety and quality processes according to evidence based review.



- Exercise clinical governance over safety and quality, audits, complaints and accident investigation, incident management and monitoring, risk and hazard identification and accreditation.
- Options provided and solutions recommended may require the development of new clinical/program strategies, policies, plans and procedures which may have significantly altered outcomes for the defined practice area.
- Makes decisions which are based on nursing policy and regulatory frameworks budget and resource considerations.

#### Accountability and Responsibility

- Accountable for own practice standards, activities delegated to others and responsible for the outcomes of nursing practices for the defined practice area and for addressing inconsistencies between nursing practice and policy.
- Accountable and responsible for planning, managing and reviewing resource allocation within a defined practice area.
- Responsible for the evaluation of clinical requirements by investigation and implementation of innovative models of service delivery within the allocated budget.
- Accountable for planning future activities, negotiating for appropriate resources and determining or recommending performance measures, including research projects.
- Responsible for developing a highly skilled, efficient and effective workforce to ensure the delivery of a quality service and achieve the business plan of the organisation.
- Responsibility may be shared with relevant specialists and executive management for the determination, development and implementation of operational policy and processes which meet THO/DHHS objectives and strategies.

#### Influence

- Activities improve program nursing/clinical care, patient/client outcomes, organisational, efficiency and performance resulting in better alignment and integration of activities within the defined practice area.
- May influence other practice or service areas within the organisation and external service providers.



### Criteria for Grade 7b

- In the new Career Structure Grade 7 is the Nurse Unit Manager role. Grade 7 has two non-incremental levels; Grade 7a and 7b.
- The intent of Grade 7b is to recognise those Nurse Unit Manager positions that involve a higher level of responsibility, complexity and responsibility.
- A Nurse Unit Manager is a registered nurse/midwife in charge of a ward or unit in an acute, sub-acute, rural health facility or in a community setting.
- Four criteria are to be used as a basis for determining Nurse Unit Managers with a greater level of responsibility and complexity. The criteria are: number of FTEs budgeted, number of beds managed or occasions of service, budget responsibility, hours of service – day (business hours), extended hours or 24/7 service.
- Nurse Unit Managers of units/wards with a score of  $\geq 15$  will be classified as Grade 7b.
- After Hours Nurse Unit Managers will be classified as Grade 7b.
- Under the current nursing organisational structure in rural hospitals at the time of registration, rural Nurse Unit Managers will be classified as 7a. However, in the event there is an organisational restructure in any rural hospital, the rural Nurse Unit Manager will be assessed against the agreed criteria.
- The Head of Agency in conjunction with their Executive Directors of Nursing shall, under exceptional circumstances, use their discretion to classify Nurse Unit Manager roles as Grade 7b.



A scoring matrix<sup>2</sup> has been developed as follows for each criteria:

**Criteria 1 – Cost centre<sup>3</sup> - FTE**

<10	≥10 and <20	≥20 and <30	≥30 and <40	≥40 and <50	≥50
1	2	3	4	5	6

**Criteria 2 – Number of beds**

<10	≥10 and <15	≥15 and <20	≥20 and <25	≥25 and <30	≥30
1	2	3	4	5	6

or

**Criteria 2 – Occasions of services**

A <sup>4</sup>	B <sup>5</sup>
6	4

**Criteria 3 – Cost Centre Budget**

<2m	≥2m and <3m	≥3m and <4m	≥4m and <5m	≥5m and <6m	≥6m
1	2	3	4	5	6

**Criteria 4 – Hours of service**

Day service	Extended hours	Overnight
1	2	3

<sup>2</sup> Refer to clause 5.2.6 Grade 7

<sup>3</sup> Budgeted FTE is determined to be operational FTE which is defined as the FTE required to run a clinical service unit/ward at a determined level of activity, including annual leave and the percentage that is allocated to other types of leave such as sick leave and professional development/study leave. This includes the total FTE for the accountable cost centre.

<sup>4</sup> A= Departments or services located within any hospital/public institution/community setting (e.g. DEM ORS,DPU, renal, in-patient cardiology, CPHS) who provide occasions of service rather than 24 hour in-patient care

<sup>5</sup> B = Outpatients or ambulatory/community care clinics (e.g. HITH, CSSD, IC, pharmacotherapy-ADS)



Grade 8 ASSISTANT DIRECTOR OF NURSING, DIRECTOR OF NURSING AND/OR MIDWIFERY,  
DISTRICT DIRECTOR OF NURSING, CO-DIRECTOR OF NURSING, NURSING DIRECTOR

Focus and Context

- Strategic leadership and management of the nursing and non-nursing operational/support services for a defined number of practice areas which may span one or more facilities, or health services.
- Leads and/or develops strategic planning, policy development, interdisciplinary systems and procedures of the organisation based on knowledge of state and national health policy frameworks.
- Determines milestones, priorities and use of resources for program delivery and outcomes that are of significant strategic importance for the THO/DHHS.
- Integrates and evaluates models of care across practice areas to optimise clinical outcomes.
- Develops and/or implements a framework of clinical governance according to the highest standards of service delivery, quality improvement and risk management strategies.
- Assesses operational and program effectiveness according to established nursing precedents, systems and procedures and organisational design and policies. Emerging issues may be due to significant scientific, theoretical, ethical and technological concerns and can anticipate regulatory change.
- Leads, develops and implements significant projects, programs and/or research activities leading to considerable service delivery improvements.
- Is able to act as a consultant at the THO, state or national level in area of expertise and present at conferences, undertake post graduate teaching and assessment and/or publish in a refereed professional journals.

Expertise

- Relevant post graduate qualifications are desirable.
- Specialist knowledge and expertise gained through extensive experience to provide operational and program management, strategic policy and planning, research in health care.
- Highly developed knowledge of emerging education, health and professional development issues, and their impact on health service delivery.

Interpersonal Skills

- Leads to promote co-operation, teamwork and understanding in undertaking challenging, demanding and complex work, with sometimes conflicting objectives, in areas of responsibility
- Develops productive relationships and networks with specialists and stakeholders involved in multidisciplinary teams to share ideas and to resolve problems.
- Develop and encourage a learning environment by mentoring and promoting team development, individual capability development and managing performance and service delivery outcomes.
- Clearly articulates highly complex and difficult issues which may be politically, industrially or socially sensitive.
- Represents the organisation with the authority to conduct and commit to a negotiated outcome regarding strategies, policies, programs and objectives for the area of responsibility and which have implications for the THO/DHHS.
- Collaborates with health industry, community groups, professional bodies and private and public sector health providers at a regional, state and national level.





## Judgement

- Flexibility, creativity and innovation based on highly developed conceptual and reasoning skills regarding organisational program management, education and the delivery of health care.
- Identifies, defines and develops options for complex organisational policy and program strategies for improved service delivery of health care.
- Options and recommended solutions are provided to executive management which may require the development of new organisational and program strategies, which may have significantly altered health care outcomes.

## Accountability and Responsibility

- Responsible for the efficient and effective operation of the nursing and/or non-nursing operational/support services for a defined number of practice areas which may span one or more facilities, or health services. This includes strategic and operational policies and the integration and coordination of resources for improved health care outcomes.
- Accountable and responsible for nursing/midwifery practices including developing nursing policy, systems, procedures, processes and providing input into organisational policy.
- Responsibility may be shared with relevant specialists and executive management for the development and implementation of new organisational and program strategies and policies directed towards achieving strategic organisational priorities.

## Influence

- Decisions may alter the way work is organised and/or performed for the organisation in response to emerging trends.
- There may be a strong influence on other health services within the organisation and on external service providers.



Criteria for Grade 8 Levels

Grade	Rural Hospitals	State-wide standalone specialist services – CHAPS, A&D, FMH	THO - Acute/Community/Rural Integrated Services	Nursing Support Services
8-1	<p>Responsible and accountable for the senior leadership and management of nursing and operational/support services in a rural in-patient facility, which may include community based health service.</p> <p>Has:</p> <ul style="list-style-type: none"> <li>a. Nursing and non-nursing FTE &lt;30;</li> <li>b. Budget &lt;3 million; and</li> <li>c. Beds &lt;15</li> </ul>	<p>Responsible and accountable for the senior leadership and management of nursing and operational/support services for <u>more than one</u> specialist health service, with responsibility for &lt; 25 FTE (nursing and non-nursing).</p>	<p>Responsible and accountable for the senior leadership and management of nursing and operational/support services for a defined number of practice areas with responsibility for &gt;20 and &lt;50 FTE (nursing and non-nursing).</p>	<p>Responsible and accountable for the strategic management and coordination of a nursing and/or midwifery, project or program across a THO.</p>
8-2	<p>Responsible and accountable for the senior leadership and management of nursing and operational/support services in a rural in-patient facility, which may include community based health service.</p> <p>Has responsibility for <u>one or more</u>:</p> <ul style="list-style-type: none"> <li>a. Nursing and non-nursing FTE ≥30; and/or</li> <li>b. Budget ≥3 million; and/or</li> <li>c. Beds ≥15.</li> </ul>	<p>Responsible and accountable for the senior leadership and management of nursing and non-nursing operational/support services for <u>more than one</u> specialist health service, with responsibility for ≥25 and &lt;50 FTE (nursing and non-nursing).</p>	<p>Responsible and accountable for the senior leadership and management of nursing and operational/support services for a defined number of practice areas with responsibility for ≥50 and &lt;100 FTE (nursing and non-nursing).</p>	<p>Responsible and accountable for the strategic management and coordination of multiple complex, nursing and/or midwifery, project or programs across a THO involving internal and external stakeholders.</p> <p>or</p> <p>Responsible and accountable for managing and coordinating a defined strategic statewide project or program.</p>
8-3	<p>Responsible and accountable for the senior leadership and management of</p>	<p>Responsible and accountable for the senior leadership and management of nursing</p>	<p>Responsible and accountable for the senior leadership and management of nursing</p>	<p>Responsible for coordinating and managing a complex THO nurse education</p>



	<p>nursing and operational/support services in a rural in-patient facility, which may include community based health services. Has responsibility for:</p> <ol style="list-style-type: none"> <li>1. <u>one or more</u>: <ol style="list-style-type: none"> <li>a. Nursing and non-nursing FTE <math>\geq 30</math>; and/or</li> <li>b. Budget <math>\geq 3</math> million; and/or</li> <li>c. Beds <math>\geq 15</math> and</li> </ol> </li> <li>2. a Tier I facility and</li> <li>3. has responsibility for residential aged care beds</li> </ol> <p><u>Clinical</u> Nurse Practitioner – Rural</p>	<p>and non-nursing operational/support services for <u>more than one</u> specialist health service, with responsibility for <math>\geq 50</math> FTE (nursing and non-nursing).</p> <p><u>Clinical</u> Nurse Practitioner-Community</p>	<p>and operational/support services for a defined number of practice areas with responsibility for <math>\geq 100</math> and <math>&lt; 200</math> (nursing and non-nursing).</p> <p><u>Clinical</u> Nurse Practitioner-Acute</p>	<p>function involving internal and external stakeholders.</p> <p>or</p> <p>Responsible and accountable for managing and coordinating complex, major <u>statewide</u> projects or programs, involving internal and external stakeholders across health services.</p>
8-4		<p>Responsible and accountable for the senior leadership and operational management of a statewide specialist health service with responsibility for <math>&lt; 100</math> FTE. (nursing and non-nursing).</p>	<p>Responsible and accountable for the senior leadership and management of nursing and operational/support services for a defined number of practice areas with responsibility for <math>\geq 200</math> FTE (nursing and non-nursing).</p>	<p>Responsible and accountable for providing <u>statewide</u> senior leadership, strategic direction and high level professional advice in relation to the development of <u>defined areas of nursing practice</u> that have strategic, political and operational significance at a state and national level.</p>
8-5		<p>Responsible and accountable for the senior leadership and operational management of a statewide specialist health services with responsibility for <math>\geq 100</math></p>	<p>Accountable and responsible which may include single point accountability for the overall senior leadership, strategic and operational management of the</p>	



		FTE (nursing and non-nursing).	human, physical and financial resources for a defined number of clinical and associated support services within a health service with responsibility for <300 FTE (nursing and non-nursing).	
--	--	--------------------------------	--	--



## GRADE 8 NURSE PRACTITIONER

- A Nurse Practitioner is a Registered Nurse appointed to that position and who has been endorsed to practise as a Nurse Practitioner by the Nursing and Midwifery Board of Australia.
- Holds a Master of Nursing (Nurse Practitioner) through a course of education accredited by the Nursing and Midwifery Board of Australia; Nurses who do not possess a Master of Nursing (Nurse Practitioner) will be required to successfully complete specific Masters level education to prescribe medicines; order and interpret diagnostic tests; and refer to medical and other specialists.
- A Nurse Practitioner is educated to function autonomously and collaboratively in an advanced and expanded (or extended) clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to:
  1. the direct referral of clients to other health care professionals;
  2. prescribing medications; and
  3. ordering diagnostic investigations.
- A Nurse Practitioner is accountable for their own practice standards, professional advice given, delegations of care made and for addressing inconsistencies between practice and policy.
- Responsible for nursing practice as defined by their current nursing registration and the Health Practitioner Regulation National Law (Tasmania) Act 2010.



## GRADE 9 NURSING DIRECTOR, EXECUTIVE DIRECTOR OF NURSING/MIDWIFERY

### Focus and Context

- Management and leadership of nursing and midwifery services within an organisation that delivers a number of services or functions.
- Sets strategic direction and professional governance for nursing and midwifery policy and practice that contributes to the organisation's strategic plans.
- Oversees the development, implementation and evaluation of programs and systems that may impact at a whole of organisation level.
- Defines high level objectives that translate into implementation strategies.
- Shapes and champions the organisation's vision and priorities using extensive knowledge of systems, policies and legislation.
- Provides direction to staff with management responsibility.
- Responds flexibly to stakeholders' needs and changing environmental circumstances within the constraints of resources and budgets.
- Utilises the strengths of people within the organisation to build nursing and midwifery workforce capacity.
- Leads the nursing and midwifery workforce in a dynamic and changing environment of health care that is influenced by social, political and industrial events.
- Effectively represents the organisation on issues and policy areas that relate to nursing and midwifery which may be at a THO, state and national level.
- Supports the development and maintenance of effective nursing professional governance systems across an organisation delivering a range of services and functions.

### Expertise

- Relevant post graduate qualifications for positions at this level are desirable.
- Advanced and diverse management capability and professional skills.
- Comprehensive understanding of professional issues impacting on nursing and midwifery including legislation, education, policy and legislation and the associated risk and/or sensitivity.
- Highly developed skills in leadership and management of complex, multi-functional services in nursing and midwifery.

### Interpersonal Skills

- High degree of professional integrity, credibility and commitment.
- Supports and recognises the individuality of others and the organisational benefits of diversity.
- Proactively forges collaborative relationships and partnerships with a diverse ranges of professional and community groups.
- Creates a climate of 'high performance' through professional respect and performance management.
- Uses effective communication style that ensures information is conveyed clearly and concisely to peers and other stakeholders including community members.



## Judgement

- Identifies, defines and develops options for complex organisational policy and strategy for improved service delivery of health care across a range of health services.
- Provides authoritative advice and support to the Chief Executive Officer and/or Chief Nurse regarding the health service.
- Considers issues in the best interests of the organisation taking a balanced view of the associated political, industrial and community sensitivities and risks.
- Focuses on the organisation's objectives in managing difficult and complex situations.

## Accountability and Responsibility

- Accountable and responsible for the efficient and effective delivery of nursing and midwifery services within the organisation.
- Responsible for the research, development, implementation and evaluation of highly complex nursing and midwifery programs undertaken within the organisation.
- Responsible for the organisation's nursing and midwifery response to emerging trends and developments locally, nationally and internationally to ensure high quality of care to patients and clients.
- Responsible for providing critical analysis of the impact of high level decisions on nursing and midwifery services.

## Influence

- Negotiates and mediates to resolve organisational, technical and managerial problems associated with nursing and midwifery.
- Change initiatives and management contribute to the organisation's key priorities.
- Inspires and contributes to the development of people by challenging, supporting and encouraging performance.



Criteria for Grade 9 Levels

Grade	Rural Hospitals	Statewide standalone specialist services – CHAPS, A&D, FMH	THO - Acute/Community/Rural Integrated Services	Nursing Support Services
9-1			Accountable and responsible which may include single point accountability for the overall senior leadership, strategic and operational management of the human, physical and financial resources <sup>6</sup> for a defined number of clinical and associated support services within a health service with responsibility for $\geq 300$ FTE (nursing and non-nursing)	Responsible and accountable for providing <u>statewide</u> senior leadership, strategic direction and high level professional advice in relation to the development of nursing/midwifery practice, policy and health systems that have strategic, political and operational significance at a state and national level. This may include Principal Advisors.
9-2	Responsible and accountable for the senior management, leadership and strategic development of the nursing and midwifery workforce/services across a THO. Professionally responsible for the nursing and midwifery services across a THO that includes acute and integrated community services. Manages a broad range of nursing and non-nursing services and has responsibility for <u>&lt;700 FTE</u> .			
9-3	Responsible and accountable for the senior management, leadership and strategic development of the nursing and midwifery workforce/services across a THO. Professionally responsible for the nursing and midwifery services across a THO that includes acute and integrated community services. Manages a broad range of nursing and non-nursing services and has responsibility for <u><math>\geq 700</math> FTE</u>			
Chief Nurse and Midwifery Officer	Responsible for providing professional linkages between the Minister, Secretary DHHS and the nursing and midwifery professions in the public, private and education sectors across Tasmania. Provides senior leadership and advice on a diverse range of nursing and midwifery issues including strategic planning, policy, workforce, research, education and training. Establishes national and international professional linkages with a broad range of stakeholders. Remuneration and conditions of employment are to be negotiated.			





## TITLES

Note: Title should reflect the Grade. Classification of positions should be based on inherent requirements, and not the title.

Grade	Title
1	Assistant in Nursing/Registered Undergraduate Students of Nursing (RUSON), Registered Undergraduate Students of Midwifery (RUSOM)
2	Enrolled Nurse;
2S	Specialist Enrolled Nurse
3	Registered Nurse, Registered Midwife
4	Registered Nurse, Registered Midwife, Clinical Coach
5	Clinical Coordinator; Clinical Nurse Specialist, Associate Nurse Unit Manager/Associate Midwifery Unit Manager
6	Clinical Nurse Educator; Clinical Nurse Consultant; Nurse Practitioner Candidate; Project Nurse; Research Nurse
7	Nurse Unit Manager; Nurse Manager; After Hours Nurse Manager;
8	Assistant Director of Nursing; Director of Nursing; Co-Director of Nursing; Nursing Director; District Director of Nursing; Nurse Practitioner;
9	Nursing Director; Executive Director of Nursing/Midwifery
	Chief Nurse and Midwifery Officer



SCHEDULE 3 – Dive Allowance table

Category of Treatment 1-5	Maximum Depth (Gauge Pressure)	Total Time Under Pressure (Minutes)	Allowance Per Occasion
Category 5	500kPag	560	\$141.80
Category 5	300kPag	575	\$141.80
Category 5	300kPag	450	\$141.80
Category 4	180kPag	245	\$114.40
Category 2	180kPag	95	\$56.72
Category 2	180kPag	95	\$56.72
Category 3	140kPag	120	\$85.08
Category 3	100kPag	110	\$85.08
Category 2	0-300kPag	<20	\$56.72
Category 1	0-140kPag	<20	\$28.36

Note – This table provides the dive allowance to be paid per occasion subject to the particular category of treatment undertaken with the maximum depth and total time under pressure.

