

## FAQ's

### **Associate Nurse Unit Manager (ANUM) and Associate Midwifery Unit Manager (AMUM)**

#### **THIRD Joint Communication**

These 'Frequently Asked Questions' (FAQs) are aimed to assist in clarifying information about the implementation of the ANUM role and will be expanded as questions and concerns are raised by nurses and midwives. Queries that are raised with THS, ANMF and HACSU will be used so that the FAQs will continue to provide effective and clear information about the implementation process.

Since our last FAQs sheet was developed there has been further clarification and in principle agreement that the ANUM role will be: - A 24/7 Shift Working Role, Case by Case Management for current Grade 5 Clinical Coordinators in regard to whether they wish to translate to the ANUM role and whether they agree to become a shift worker or not will occur; and that a closed expression of interest process will be available for wards and units with full establishments.

\*ANUM includes roles in Midwifery

<b>Q.1 How are ANUMs being recruited in wards that do not have vacancies?</b>	<b>A.</b> Where a ward or unit does not have any permanent vacancies in their establishments, permission has been granted for an internal Expression of Interest recruitment process to be used. This process is available until 31 December 2017. This will ensure that FTE neutrality is achieved as per the Agreement. The recruitment into the ANUM position is a promotional position and therefore a merit based process will be used. Your NUM will inform you when the EOI is available in your area.  Furthermore, where there are current vacancies, in addition to the above EOI process, an external recruitment process may be implemented concurrently where possible.
<b>Q. 2 How does the role of the ANUM differ from the Grade 4 shift coordinator role?</b>	<b>A.</b> The ANUM role will provide continuity of leadership, supporting the NUM, across all shifts along with management responsibility where delegated by the Nurse Unit Manager. The NUM will discuss and negotiate the scope of the ANUM role for their individual ward/unit.
<b>Q.3 Who do I need to speak with if I have questions about the ANUM role?</b>	<b>A.</b> Staff should speak with their Nurse Unit Managers. Any Nurse Unit Manager with queries should speak with their Director of Nursing, Assistant Director of Nursing or Executive Director of Nursing. Staff are also able to speak with their union representative. The ANUM committee, which meets regularly, will provide clarification on outstanding issues and develop a joint response.
<b>Q.4 Will ANUM's be required to more night shifts than other nursing staff?</b>	<b>A.</b> ANUM's will not be required to work any more night shifts than other shift working nurse or midwife. Award and Agreement provisions apply to all nurses and midwives, including ANUMs.
<b>Q.5 What happens if there is a shift without an ANUM?</b>	<b>A.</b> If, due to the shift patterns of the ANUM's or unexpected leave (e.g. sick leave) Grade 3/4 Nursing/Midwifery staff will be allocated the in-charge function for that shift as is currently the case. However the Grade 3/4 will not be expected to undertake the whole range of additional ANUM duties. The Grade 3/4 will be paid the normal in charge allowance for that shift.
<b>Q.6 When will District Hospitals (Rural and Remote Facilities) be advertising their ANUM positions?</b>	<b>A.</b> The ANUM positions are being rolled out across all wards and units as quickly as possible. The focus has initially been on implementation on acute wards and units, however consultation with mental health, community nursing and district hospitals (Rural and Remote Facilities) will commence shortly.
<b>Q.7 What happens if a ward/Unit wishes to propose an alternative to implementing the ANUM as stated in the EBA?</b>	<b>A.</b> It is agreed by all parties that any proposed deviation from the EBA to implement the ANUM/AMUM into a particular unit/ward, will require a written proposal submitted, discussed and agreed with the members of ANUM Working Group.

<p><b>Q.8 Can the ANUM role be performed on a part-time basis?</b></p>	<p><b>A.</b> The majority of our nursing workforce is part-time and the ANUM may be performed as a part-time role subject to planning and rostering within a ward. It should be noted that any employee considering performing the role part-time should consider the practicality of satisfying the full responsibilities of the role including leadership and how that can be achieved.</p>
<p><b>Q.9 Can the roles be advertised as Fixed Term?</b></p>	<p><b>A.</b> Permanent employment is the preferred form of employment within the Tasmanian State Service. Fixed term roles should be limited to backfilling absences, projects with limited funding and for use in areas with pending changes and the like. The Working Group agreed that fixed term implementation should not be precluded if there are extenuating circumstances, including those above and in consultation with the ward nursing staff, the implementation of a roster line for the purposes of professional development, but suggests that they should be discussed with the EDON and/or HR in the first instance prior to advertising.</p>
<p><b>Q.10 Can ANUMs be dual classified to maintain a clinical role?</b></p>	<p><b>A.</b> ANUMs will still interact directly with patients and clients and maintain clinical skills. ANUMs are not precluded from having a second contract (say as a 3/4 nurse) for additional shifts with the hospital or on the ward. Obviously any additional shifts should not have a detrimental impact on the primary role as an ANUM.</p>
<p><b>Q.11 Can a NUM postpone advertising the ANUM roles to allow employees in the area to trial the role in an acting capacity to assist with understanding the role and how it would work in their unit/ward?</b></p>	<p><b>A.</b> This is not the preferred position of the Working Group, and there is a commitment to progress advertising the roles. The Working Group did agree, however, that there may be extenuating circumstances where this may be appropriate, but suggest that they should be discussed with the EDON and/or HR initially and be flagged with the working group for discussion.</p>