

TASMANIAN INDUSTRIAL COMMISSION

Industrial Relations Act 1984

s59 application to vary an industrial agreement

Minister administering the State Service Act 2000)

and

Australian Nursing Federation, Tasmanian Branch

(T13955 of 2012)

NURSES AND MIDWIVES HEADS OF AGREEMENT 2010

ACTING PRESIDENT TIM ABEY

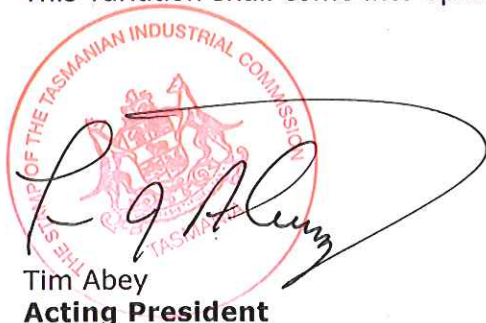
Industrial agreement –inclusion of Schedule 7 and 8 – Classification Standards - variation approved – operative date 30 August 2012

ORDER No. 1 of 2012

Pursuant to Section 59 (2) of the *Industrial Relations Act 1984*, the NURSES AND MIDWIVES HEADS OF AGREEMENT 2010 is varied by including Schedule 7 – Classification Standards Nursing and Midwifery and Schedule 8 - Translation, Classification to the Nurses and Midwives Career Structure and Review.

OPERATIVE DATE

This variation shall come into operation from 30 August 2012.



Tim Abey
Acting President

30 August 2012

Schedule 7

CLASSIFICATION STANDARDS

Nursing and Midwifery

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PREAMBLE

The Classification Standards for Nurses and Midwives set out the agreed generic characteristics expected of positions at each Grade in the 2010 Nurses and Midwives Career Structure. The Classification Standards have been developed by the Australian Nursing Federation (ANF) and Department of Health and Human Services (DHHS). This Agreement is to be read in conjunction with the Nurses and Midwives Heads of Agreement 2010 or subsequent Agreements

The Classifications Standards define the nine Grades in the Career Structure in terms, of duties, responsibilities and qualifications. The standards are theme based, and reflect a cross section of nursing and midwifery positions across the various settings in the DHHS.

For each of the nine Grades the Classification Standards descriptors have been grouped under six themes:

- Focus and Context: the primary purpose of the role, and the organisational authority of the Grade.
- Expertise: the qualifications, knowledge and experience required for the Grade.
- Interpersonal Skills: the oral and written communication skills required for the Grade
- Judgment: the level of critical thinking, problem solving and independence of decision making required for the Grade.
- Influence: the influence of the Grade in relation to determining client and organisational outcomes.
- Responsibility and Accountability: the primary responsibilities, reporting responsibilities and level of accountability required for the Grade.

APPLICATION OF THE CLASSIFICATION STANDARDS

The Classification Standards are used as a basis for:

- preparing Statements of Duties; and
- classifying positions into a Grade.

The classification of positions is based on an analysis of the duties performed, responsibilities, supervision received or exercised, organisational structures and qualifications necessary to perform those duties. Positions are analysed as the sum of all elements, and where they best are described by the classification standards. Positions are classified according to the principle of 'best fit' against the classification standards descriptors. Human Resources is responsible for reviewing the Statement of Duties job content, duties and responsibilities to ensure the position is graded correctly.

Where a position meets some of the elements of one Grade and some of another, it needs to be determined which of the classification descriptors are foremost in terms of frequency/proportion of duties and responsibilities. A classification of a position is based solely upon the responsibilities and duties assigned to a position and not the overall credentials and personal circumstances of the incumbent or how the current occupant of a position may be performing the role. The job is classified not the person.

TITLES

For each Grade titles have been approved. The approved titles are outlined in the table on page 41.

In some instances positions have the same title but have different duties, and/or classifications. If the classification of a position highlights that it is incorrectly titled, a recommendation will be made for a change of title as

appropriate. The title itself is not sufficient to support a classification at a particular Grade if its inherent features do not support that classification.

ASPECTS TO THE CAREER STRUCTURE

The introduction of a new career structure was agreed between the parties of the Nurses and Midwives Heads of Agreement and was registered with the Tasmanian Industrial Commission on 23 December 2010. The single spine grading provides for a clear and defined career pathway through a structure consisting of nine Grades and relevant overlapping of clinical and managerial positions within the structure. There are three new grades within the Career Structure and a reviewed Grade for Nurse Unit Managers:

- Grade 1 - Assistant in Nursing
- Grade 4 - Personal Classification
- Grade 5 - Clinical Co-ordinator
- Grade 7a and 7b - Nurse Unit Manager

DEFINITIONS

For the purpose of these Classification Standards the following definitions apply:

Activities of Daily Living (ADLs): refers to daily self-care activities (eg eating, showering/bathing, dressing, toileting). Health professionals routinely refer to the ability or inability of patients/clients to perform ADLs as a measurement of their functional status. Assessment indicates the need for personal help or supervision with self care activities.

Advanced practice nursing¹: Advanced practice nursing defines a level of nursing practice that utilises extended and expanded skills, experience and knowledge in assessment, diagnosis, planning, implementation and evaluation of the care required. An advanced practice nurse is a Registered Nurse or Midwife who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the features of which are shaped by the context of the health service in which the practice is based. It is desirable that nurses and midwives practising at this level are educationally prepared at post-graduate level and may work in a specialist or generalist capacity. However, the basis of advanced practice is the high degree of knowledge, skill and experience that is applied within the nurse-consumer relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision-making.

Advanced practice nursing forms the basis for the role of the nurse practitioner. The nurse practitioner role is an expanded form of advanced practice nursing which is specifically regulated by legislation.

Case management: is a collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's or patient/client cohort health needs through communication and allocation of available resources to promote quality cost-effective outcomes. It takes a longer view strategy in terms of engaging with the patient/client and family, linkage with resources, consultation and collaboration with clinical staff and interventions for a specific patient/client cohort.

Clinical management: is the care provided for an allocated patient group that has less predictable outcomes which is defined, optimised and sequenced either by hour, shift or visit.

Clinical portfolios²: refers to an area of responsibility that involves key activities that are fundamental to the role and function of the practice setting and provide outcomes that benefit patient care delivery within the practice setting eg involvement in clinical education, safety and quality, practice development and clinical leadership activities.

Competence³: the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area.

Context: refers to the setting/environment in which nursing and midwifery is practised, which in turn influences practice and competence. It includes the:

- characteristics of the patient/client and the complexity of care required
- model of care, type of service or health facility and physical setting
- amount of clinical support and/or supervision available
- resources available, including the staff skill mix and access to other health care professionals

¹ Royal Collage of Nursing Australia, *Position Statement – Advanced Practice Nursing*, 2006

² As agreed in Grade 4 policy

³ Nursing and Midwifery Board of Australia adopted Australian Nursing & Midwifery Council, *National Competency Standards for the Registered Nurse*, 2006

Delegation/delegate⁴: A delegation relationship exists when one member of the multidisciplinary health care team delegates aspects of consumer care, which they are competent to perform and which they would normally perform themselves, to another member of the health care team from a different discipline, or to a less experienced member of the same discipline. Delegations are made to meet consumers' needs and to ensure access to health care services — that is, the right person is available at the right time to provide the right service to a consumer. The delegator retains accountability for the decision to delegate and for monitoring outcomes.

Education: refers to both formal and informal. Formal education includes courses leading to a recognised qualification. Informal education includes, but is not limited to:

- researching an area of practice (eg reading professional publications)
- completing self-directed learning packages
- attending in-service education
- attending seminars or conferences
- participating in one on one education with a person competent in the subject or skill
- reflection alone or with colleagues

Enrolled Nurse: means a person registered to practise by the Nursing and Midwifery Board of Australia under the *Health Practitioner Regulation National Law (Tasmania) Act 2010* in the nursing profession whose name is entered on Division 2 of the Register of Nurses, kept under that Law, as an Enrolled Nurse.

Field of nursing: means nursing practices for the health care of a defined patient/client cohort/population with specific health conditions.

Interdisciplinary practice⁵: involves health professionals from a range of disciplines who work together to develop and implement a shared plan of care. Membership varies depending on the services required to address the identified expectations and needs of the target population. The team share a common patient population and common patient care goals and have responsibility for complementary tasks. The team is actively interdependent, with an established means of ongoing communication among team members and with patients and families to ensure that various aspects of patients'/client's health care needs are integrated and addressed.

Multidisciplinary practice: involves health professionals from a range of disciplines working together collaboratively to provide assessment, diagnosis, planning, treatment and evaluation within their scope of practice and area of competence.

Patient: also refers to client, resident, consumer depending on the practice setting.

Practice area: means a ward or unit within an acute, sub-acute, rural health facility or community setting.

Preceptorship⁶: is a formal agreement between a preceptor and preceptee to enable the preceptee to gain competence and confidence in the practice setting. Preceptorship has an agreed timeframe and ceases when the preceptee has met the identified outcomes. Preceptorship is comprised of key activities that include (but are not limited to) the following:

- the assessment of the preceptee's ability to fulfill their current role
- the setting of learning objectives
- identification of resources to achieve agreed outcomes

⁴ Nursing and Midwifery Board of Australia adopted Australian Nursing & Midwifery Council, *National framework for the development of decision-making tools for nursing and midwifery practice*, 2007

⁵ Adapted from Palliative Care Australia, *Standards for Providing Quality Palliative Care for all Australians*, 2005.

⁶ In accordance with Preceptor Allowance Policy

- professional feedback and support from the preceptor
- documentation and communication with key stakeholders

Registered Nurse: means a person registered to practise by the Nursing and Midwifery Board of Australia under the *Health Practitioner Regulation National Law (Tasmania) Act 2010* in the nursing profession whose name is entered on Division I of the Register of Nurses, kept under that Law, as a Registered Nurse.

Registered Midwife: means a person registered to practise by the Nursing and Midwifery Board of Australia under the *Health Practitioner Regulation National Law (Tasmania) Act 2010* in the midwifery profession whose name is entered on the Register of Midwives, kept under that Law, as a Registered Midwife.

Risk assessment/management: means the overall process of risk identification, risk analysis and risk evaluation incorporating strategies to:

- identify risks/hazards
- assess the likelihood of the risks occurring and the severity of the consequences if the risks do occur
- prevent the occurrence of the risk, or minimise the impact

Service area: means a defined geographic region within which nursing services are provided. .

Scope of practice⁷: a profession's scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity which individuals within the profession are educated, competent and authorised to perform. The scope of professional practice is set by legislation, professional standards such as competency standards, codes of ethics, conduct and practices and public need, demand and expectation. It may therefore be broader than that of any individual within the profession.

The actual scope of an individual's practice is influenced by the:

- context in which they practise
- consumer's health needs
- level of competence, education, qualifications and experience of the individual
- service provider's policy, quality and risk management framework and organisational culture.

Supervision⁸: means the oversight, direction, instruction, guidance and/or support provided to a less qualified and/or experienced employee by the Registered Nurse/Midwife who is responsible for ensuring such an employee performs duties within their levels of educational preparation or competence. There is a range of clinically-focussed supervision between direct and indirect. Both parties (the delegator and the person accepting the delegation) must agree to the level of clinically-focussed supervision that will be provided. Specifically:

- **direct supervision** is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised by a Registered Nurse;
- **indirect supervision** is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the consumer and the needs of the person who is being supervised by a Registered Nurse.

There are three types of supervision in a practice context:

⁷ Nursing and Midwifery Board of Australia adopted Australian Nursing & Midwifery Council, *National framework for the development of decision-making tools for nursing and midwifery practice*, 2007

⁸ *Id.* *ibid.*

1. managerial supervision involving performance appraisal, rostering, staffing mix, orientation, induction, team leadership etc
2. professional supervision where, for example, a midwife preceptors a student undertaking a course for entry into the midwifery profession, or a Registered Nurse supports and supervises the practice of an Enrolled Nurse
3. Clinically-focused supervision, as part of delegation

Health Care Team: also refers to interdisciplinary and multidisciplinary teams and includes the nursing/midwifery team within the clinical context.

NURSING/MIDWIFERY GRADE DESCRIPTORS

GRADE I ASSISTANT-IN-NURSING

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 trial⁹.

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 Certificate III in Health Services Assistance HLT32507 (Acute Care); or
- Is currently an undergraduate Bachelor of Nursing student who has completed a second year clinical practice placement; or
- An enrolled nursing student who has completed their first clinical practice placement.
- 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.
- 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.

⁹ 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.

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 Certificate III in Health Services Assistance HLT32507 (Acute Care).

Influence

- Influences the quality of care provided and well being 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 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

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, CLINICAL NURSE SPECIALIST

Focus and Context

- Use highly developed nursing 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 team activities to achieve continuity and quality of patient/client care in conjunction with other members of the health care team.
- May support complex care models which may include a cohort of patients/clients with differing care requirements and delivering specialist care to a cohort of patients/clients within a defined area.
- 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.
- Contribute to service development by assisting Nurse Unit Manager, Clinical Nurse 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.
- May function as a single practitioner working within established decision-making and operational frameworks that may require considerable interpretation and initiative to provide effective patient/client care.
- Provide leadership regarding the design, development and operation of professional nursing 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 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 practice area.

Interpersonal Skills

- Works in a management partnership with Nurse Unit Manager, Clinical Nurse Educator and Clinical Nurse Consultant to contribute 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 Educator and Clinical Nurse Consultant to maintain a learning culture by encouraging reflection, professional development, preceptorship and assisting others to maintain 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. Undertake 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/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 policy and regulatory framework, budget and resource considerations and established program delivery methodologies.
- Flexibility, creativity and innovation associated with high level research, investigative, analytical and appraisal skills.

Responsibility and accountability

- Accepts accountability for their own practice standards and for delegating activities to others.
- Responsible for 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 practices in their field of nursing and increasing their awareness of their scope of practice.

Influence

- Operates independently under delegated authority in providing nursing care appropriate to the defined practice area. This includes:
 1. 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
 2. 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 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.
- Schedule 3, Grade 7 (3) states, "a classification review will be undertaken against specific criteria which will be clearly determined in the Final Registered Agreement. The criteria will delineate the roles between Grade 7a and Grade 7b". Further point (4) states, "the Executive Directors of Nursing will, within three (3) months of registration of the full Agreement determine the appropriate classification for Nurse Unit Manager positions".
- 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.
- All Nurse Unit Managers translated to Grade 7a at the commencement of the HoA in December 2010.
- 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 ≥ 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.
- Chief Executive Officers 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 matrix¹⁰ has been developed as follows for each criteria:

Criteria 1 – Cost centre¹¹ - 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 ¹²	B ¹³
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

¹⁰ Refer to clause 5.2.6 Grade 7

¹¹ 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.

¹² A= Departments or services located within any hospital/public institution/community setting (eg DEM ORS,DPU, renal, in-patient cardiology, CPHS) who provide occasions of service rather than 24 hour in-patient care

¹³ B = Outpatients or ambulatory/community care clinics (eg 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	Statewide standalone specialist services – CHAPS, A&D, FMH	THO - Acute/Community/Rural Integrated Services	Nursing Support Services
8-1	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. Has: a. Nursing and non-nursing FTE <30; b. Budget <3 million; and c. Beds <15	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 < 25 FTE (nursing and non-nursing).	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 >20 and <50 FTE (nursing and non-nursing).	Responsible and accountable for the strategic management and coordination of a nursing and/or midwifery, project or program across a THO.
8-2	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. Has responsibility for <u>one or more</u> : a. Nursing and non-nursing FTE ≥30; and/or b. Budget ≥3 million; and/or c. Beds ≥15.	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 <50 FTE (nursing and non-nursing).	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 <100 FTE (nursing and non-nursing).	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. or Responsible and accountable for managing and coordinating a defined strategic statewide project or program.
8-3	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 services. Has responsibility for: 1. <u>one or more</u> : a. Nursing and non-nursing FTE ≥30; and/or b. Budget ≥3 million; and/or c. Beds ≥15 and	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 ≥50 FTE (nursing and non-nursing). <u>Clinical</u> Nurse Practitioner-Community	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 ≥100 and <200 (nursing and non-nursing). <u>Clinical</u> Nurse Practitioner-Acute	Responsible for coordinating and managing a complex THO nurse education function involving internal and external stakeholders. or Responsible and accountable for managing and coordinating complex, major <u>statewide</u> projects or programs, involving internal and external stakeholders across health services.

	<p>2. a Tier I facility and</p> <p>3. has responsibility for residential aged care beds</p> <p><u>Clinical</u> Nurse Practitioner – Rural</p>			
8-4		Responsible and accountable for the senior leadership and operational management of a statewide specialist health service with responsibility for <100 FTE. (nursing and non-nursing).	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 ≥200 FTE (nursing and non-nursing).	Responsible and accountable for providing <u>statewide senior leadership</u> , 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.
8-5		Responsible and accountable for the senior leadership and operational management of a statewide specialist health services with responsibility for ≥100 FTE (nursing and non-nursing).	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 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 ¹⁴ for a defined number of clinical and associated support services within a health service with responsibility for ≥ 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><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>≥ 700 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
2	Enrolled Nurse;
3	Registered Nurse, Registered Midwife
4	Registered Nurse, Registered Midwife
5	Clinical Coordinator; Clinical Nurse Specialist
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

REFERENCES

Australian Nursing & Midwifery Council, *Delegation and Supervision for Nurses and Midwives*, 2007

Health Practitioner Regulation National Law (Tasmania) Act 2010

Nursing and Midwifery Board of Australia adopted Australian Nursing & Midwifery Council, *National Competency Standards for the Enrolled Nurse*, 2002

Nursing and Midwifery Board of Australia adopted Australian Nursing & Midwifery Council Australian, *National Competency Standards for the Nurse Practitioner*, 2004

Nursing and Midwifery Board of Australia adopted Australian Nursing & Midwifery Council Australian, *National Competency Standards for the Midwife*, 2006

Nursing and Midwifery Board of Australia adopted Australian Nursing & Midwifery Council, *National Competency Standards for the Registered Nurse*, 2006

Nursing and Midwifery Board of Australia adopted Australian Nursing & Midwifery Council, *National framework for the development of decision-making tool for nursing and midwifery practice*, 2007.

Royal College of Nursing Australia, *Position Statement – Advanced Practice Nursing*, 2006

Schedule 8

Translation, Classification to the Nurses and Midwives Career Structure and Review

Employees covered by the Heads of Agreement translated to the new classification structure on wage point to wage point effective from 1 December 2010.

The processes outlined below will form the basis of translation to the new classification structure based on the Classification Standards which can be found at Schedule 7 of this Agreement. It is also agreed that employees will be provided with the opportunity to have their translation/classification reviewed in accordance with the processes below. No-one will be disadvantaged and there will be no 'spill and fill of positions' under this process.

1. Reviews are intended to address disputes associated with translation to the new classification structure. Employees who do not agree with their translation classification will be able to apply to have their translation classification reviewed.
 - a. Employees may request a review of their translation classification for a period of six months from 10 September 2012 until 8 March 2013 under this process.
 - b. The employer, in consultation with Australian Nursing Federation (Tasmanian Branch) will develop an internal classification review process, including time frames, for classification reviews including moderation across the Tasmanian Health Organisations and the Department of Health and Human Services, by 7 September 2012.
 - c. Employees are required to submit an Intention to Review Form to their manager before 7 October 2012 in order to be eligible to receive back pay. If the outcome of the review results in a re-classification, eligible employees will be entitled to receive back pay at the higher classification from 13 May 2012.
 - d. Where extenuating circumstances can be demonstrated the Chief Executive Officer or Deputy Secretary (as applicable) can agree to an extension of time for an employee to submit an application outside the above mentioned time frames.
 - e. Employees who submit an Intention to Review Form after 7 October 2012 will not be eligible for back pay. For employees who apply after 7 October 2012 but prior to 8 March 2013, the operative date will be the date of the submission of the Intention to Review Form.
 - f. Employees may not apply for a classification review after 8 March 2013 under this process.
 - g. An employee dissatisfied with the outcome from the internal review process has the right of external review through the Tasmanian Industrial Commission in accordance with Section 29(1) of the *Industrial Relations Act 1984*. Applications to the Tasmanian Industrial Commission are to be lodged within 14 calendar days of notification of the review outcome.
2. **Grade 7a and 7b** – Eligible employees will be assessed as at 13 May 2012 against the criteria and if they meet the criteria for Grade 7b will receive back pay to 13 May 2012. Back pay will be paid no later than the third full pay period after approval of the variation of the *Nurses and Midwives Heads of Agreement 2010*.
 - a. Nurse Unit Managers will have the opportunity to seek review.
 - b. Chief Executive Officers or the Deputy Secretary (as applicable) in consultation with the appropriate Executive Director of Nursing may, under exceptional circumstances, use their discretion to re-classify Nurse Unit Manager roles from 7a to 7b on a permanent basis.

Schedule 8

- c. In the event of additional funding or other organisational changes whereby there is an increase in bed numbers, an immediate review will be undertaken and a Nurse Unit Manager role will be translated, if they meet the criteria, to 7b on a permanent basis.
3. **Grade 8 and 9** – Employees who meet the eligibility criteria for the Grade 8 and 9 levels will receive back pay to 13 May 2012. Back pay will be paid no later than the third full pay period after approval of the variation of the *Nurses and Midwives Heads of Agreement 2010*.
 - a. Employees classified at Grade 8 and 9 will have the opportunity to seek review.
 - b. Chief Executive Officers or Deputy Secretary (as applicable) in consultation with the appropriate Executive Director of Nursing may, under exceptional circumstances, use their discretion to re-classify a Grade 8 employee to a higher level within Grade 8.

Advanced Progression

1. Application for Advanced Progression to Grade 3, Year 6 will be available for those who have completed Grade 3, Year 4.
2. The date of incremental progression to Year 6, and the new incremental anniversary date will be effective from the first full pay period 28 days from the date the application was submitted by the employee.
3. Employees who are at Grade 3, Year 5 as of 13 May 2012 are eligible to apply for advanced progression to Grade 3, Year 6.
 - a. An application received by the employer on or prior to 31 October 2012 and which results in advancement to Grade 3, year 6, that advancement will take effect from either:
 - 13 May 2012; or,
 - if the employee's anniversary for incremental progression is after 13 May 2012 the advancement will take effect from the employees anniversary date. In this instance the employee's anniversary for incremental progression will be the date of advancement.