

NURSES AND MIDWIVES [TASMANIAN STATE SERVICE] INTERIM AGREEMENT 2013

INDUSTRIAL RELATIONS ACT 1984

Part IV Section 55 Industrial Agreement

In the Tasmanian Industrial Commission

NURSES AND MIDWIVES [TASMANIAN STATE SERVICE] INTERIM AGREEMENT 2013

Between

Minister administering the State Service Act 2000

And

Australian Nursing and Midwifery Federation, Tasmanian Branch

And

Health Services Union, Tasmania No 1 Branch



Nurses and Midwives [Tasmanian State Service] Interim Agreement 2013

1. TITLE

This agreement is the *Nurses and Midwives [Tasmanian State Service] Interim Agreement 2013*

2. OBJECT OF AGREEMENT

The object of this Agreement is to provide an interim agreement pending negotiations for a comprehensive replacement agreement in 2014.

3. ARRANGEMENT

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4. PERSONS AND ORGANISATIONS BOUND BY THE AGREEMENT

This Agreement binds the:

Minister administering the State Service Act 2000 and;



NURSES AND MIDWIVES [TASMANIAN STATE SERVICE] INTERIM AGREEMENT 2013

Australian Nursing and Midwifery Federation, Tasmanian Branch and
Health Services Union, Tasmania No 1 Branch.

5. DATE AND PERIOD OF OPERATION

This Agreement is made pursuant to the provisions of Part IV of the Industrial Relations Act 1984 and is to take effect from 1 December 2013 and remain in force until 30 November 2014.

6. APPLICATION

This Agreement applies to all employees employed pursuant to the provisions of the *State Service Act 2000* and who are engaged under the terms of the Nurses & Midwives (Tasmanian State Service) Award.

7. RELATIONSHIP TO THE NURSES AND MIDWIVES (TASMANIAN STATE SERVICE) AWARD

Whilst this Agreement remains in force its provisions prevail over any provisions of the Nurses & Midwives (Tasmanian State Service) Award that relate to the same subject-matter.

8. GRIEVANCE AND DISPUTE SETTLING PROCEDURE

Grievances and disputes arising from the operation of this Agreement are to be dealt with in accordance with Part VIII – Consultation and Change: Workload Management: Grievance and Dispute Resolution, Clause 3 Grievance and Dispute Resolution of the Nurses' & Midwives' (Tasmanian State Service) Award.

9. NO EXTRA CLAIMS

The parties to this Agreement agree not to pursue any claims for additional conditions of employment or for wages during the operation of this agreement other than as prescribed in this Agreement.

10. SALARY INCREASES

The base salary rate of all wage rates contained in Schedule 1 – Tasmanian Nursing and Midwifery Career Structure 2010 contained in the Nurses & Midwives Heads of Agreement 2010 is to be increased by 2.00% per annum effective from the first full pay period commencing on or after 1 December 2013.

The new base salary rates are to be found at Appendix A.

11. NEGOTIATION OF REPLACEMENT AGREEMENT

The parties to this Agreement are committed to commence negotiations for a replacement agreement no later than 1 July 2014 on the balance of matters contained in respective logs of claims by ANMF, HSU or the Employer submitted in 2013, including:

- Career Structure
- Preceptor training and mandatory training
- Rural and remote conditions
- Casual loading increasing from 23% to 25%



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- Review Grade 3/4 and Grade 4 skill mix
- Review of Community and Mental Health Nurses in relation to assessment tool and entry point
- Statutory Declarations for Personal leave including carers leave
- Double shifts and workload

The parties reserve the right to add items to their respective log of claims for negotiation for the replacement agreement. All additional claim matters are to be submitted to the parties prior to 1 July 2014.

12 SKILL MIX FOR ENROLLED AND REGISTERED NURSES

The parties agree as a principle to a staffing mix of 75% Registered Nurses to 25% Enrolled Nurses where clinically appropriate. The parties also agree such a mix is not appropriate in some areas, for example, Intensive Care Unit, Department of Emergency Management or Neurological Ward. For the purpose of obtaining a settlement in the 2007 Agreement negotiations the parties agree the percentage of enrolled nurses to registered nurses is not to exceed 25% in any ward.

13 NO DIMINUTION OF ENTITLEMENTS

During the operation of this Agreement there will be no diminution of entitlements contained in the Nurses and Midwives (Tasmanian State Service) Award (Award) or the Nurses and Midwives Heads of Agreement 2010. The Consent Order T13323 of 2008 – NHPPD Model and the Nurses and Midwives Heads of Agreement 2010 is an express term of this Agreement and is contained in Appendix B and C.

Whilst the Nurses and Midwives Tasmanian State Service Interim Agreement 2013 remains in operation its provisions prevail over any provisions of the Nurses & Midwives Heads of Agreement 2010 that relate to the same subject-matter

14 PROGRESSION TO GRADE 4 – 2 JANUARY 2014 to 31 MARCH 2014

- For a three month period only commencing 2 January 2014 and finishing 31 March 2014 as an interim arrangement only current employees who are classified at Grade 3, Year 8, 7 or 6 may apply for advancement to Grade 4 through the Formal Capability Assessment process as prescribed in Schedule 3 in the Nurses' & Midwives Heads of Agreement 2010.
- Provided the parties are to undertake a review of the Formal Capability Assessment process with the intent of streamlining the application, assessment and approval process [not the competencies required to undertake the work level standard as prescribed by the classification descriptor for Grade 4] to be completed by 2 January 2014.

- The review of the Formal Capability Assessment is to comprise :



NURSES AND MIDWIVES [TASMANIAN STATE SERVICE] INTERIM AGREEMENT 2013

- Professional development assessment providing evidence of clinical knowledge, skills, education of self and of others, clinical leadership and management;
 - Clinical portfolio describing key objectives, goals, and measures of success that are to be achieved in years one and two of the role;
 - Assessment by the Nurse Unit Manager for the endorsement by the delegate;
 - Grievance and Dispute Resolution consistent with the Award.
- iv. In accordance with the provisions of the *State Service Act 2000* [the Act] nurses and midwives who are assessed as competent in their area of practice to undertake the requirements of duties at Grade 4 may be assigned in accordance with the Act to an alternative area of practice to ensure an effective balance in the required skill mix in a clinical setting. A nurse or midwife may only be assigned consistent with the qualifications and skills exercised by the nurse or midwife in the current role and the inherent requirements of the alternative position. An employee, assigned duties under this clause is not to incur any disadvantage in respect of the current conditions pertaining to their contract of employment.
- v. The assessment of applicants through the revised Formal Capability Assessment process is to occur from the date of the application being received between 2 January 2014 and 31 March 2014. Applicants who are able to demonstrate competency through the revised Formal Capability Process will be appointed to Grade 4 from the date of approval of assessment or no later than 4 weeks from the date of lodgement.
- vi. Monthly reports are to be provided to the parties by the Department of Health and Human Services in order to monitor progress and oversight by the State Service Management Office.

15 PROGRESSION TO GRADE 4 – CURRENT ENTITLEMENT

The current provisions for advancement on completion of 8 years post registration from appointment at Grade 3, to Grade 4 are to continue in accordance with Schedule 3, Career Structure – Implementation Process of the Nurses and Midwives Heads of Agreement 2010 and by way of the revised Formal Capability Assessment.

16 APPOINTMENT AT GRADE 4

During the operation of this Agreement, as an interim arrangement there is agreement by the parties, for appointment to Grade 4 at the discretion of the Employer in accordance with the *State Service Act 2000* and *Employment Direction No 1*.



NURSES AND MIDWIVES [TASMANIAN STATE SERVICE] INTERIM AGREEMENT 2013

The role and responsibilities contained in a Statement of Duties is to be consistent with the classification descriptor of Registered Nurse Grade 4 in accordance with Schedule 7 of the Nurses and Midwives Heads of Agreement 2010.

Suitably qualified internal and external applicants are eligible to apply for these positions

17 PERMANENT PART TIME EMPLOYEES WHO ARE IN RECEIPT OF A LOADING

- i. Permanent part time employees who are in receipt of a loading in lieu of paid leave entitlements and holidays with pay and who regularly work in excess of 20 hours per week may elect to forego the loading and commence to accrue paid leave entitlements and holidays with pay.
- ii. An employee who makes an election to accrue paid leave entitlements cannot revert to a loaded rate of pay.
- iii. During the operation of this agreement a part time employee who is in receipt of as loading and who regularly works in excess of 20 hours per week may seek a review of "contracted hours" to assess whether an offer of increased contracted hours may be made predicated upon the average number of hours worked during the preceding 12 months of employment. Consistent with Part II – Employment Relationship and Related Matters, Clause 1 Employment Categories of the Nurses and Midwives (Tasmanian State Service) Award.
- iv. An employee whose "contracted hours" of work are increased by the operation of this clause cannot continue to be paid a loading in lieu of paid leave entitlements and holidays with pay.

18 CURRENT CLASSIFICATION REVIEWS

The employer will finalise all outstanding classification reviews by 31 January 2014.

19 WORK VALUE REVIEW

The proposed work value review of Classification Grades 5, 6, 7, 8, & 9 as prescribed by Clause 5.2.12 of the Nurses and Midwives Heads of Agreement 2010 is to be progressed as follows:

- Joint Principles document to be drafted and agreed by the parties – initial meeting to be scheduled by SSMO in mid-January 2014 to commence process;
- Projected completion date of the work value reviews is to be 31 July 2014
- In the event that that matters remain unresolved or a settlement of the work value reviews cannot be achieved the parties reserve the right to refer the finalisation of it to the Tasmanian Industrial Commission for arbitration



20 POST GRADUATE ALLOWANCE

The Bachelor of Nursing Clinical Honours [Transition to Practice] qualification is deemed equivalent of a Graduate Certificate for the purposes of Part IV- Allowances, Clause 15 Post Graduate Allowance/Enrolled Nurse Qualification Allowance of the Nurses and Midwives (Tasmanian State Service) Award.

21. CASUAL LOADING.

A casual employee (Par II of the Award) is to be paid a loading in addition to base of salary in lieu of paid leave entitlements and holiday with pay in accordance with the award as follows:-

- Increase to 22% from the first full pay period commencing on or after 1 March 2014.
- Increase to 23% from the first full pay period commencing on or after 1 July 2014.


22.PROFESSIONAL DEVELOPMENT.

In accordance with Part IV, clause 13 of the award the allowance will increase from \$163 to \$300 per annum and the award varied.



21 SIGNATURES

MINISTER ADMINISTERING THE STATE SERVICE ACT 2000

 (FRANK OGILVIE)

AUSTRALIAN NURSING AND MIDWIFERY FEDERATION, TASMANIAN BRANCH

HEALTH SERVICES UNION, TASMANIA NO 1 BRANCH



21 SIGNATURES

MINISTER ADMINISTERING THE STATE SERVICE ACT 2000

AUSTRALIAN NURSING AND MIDWIFERY FEDERATION, TASMANIAN BRANCH

HEALTH SERVICES UNION, TASMANIA NO 1 BRANCH



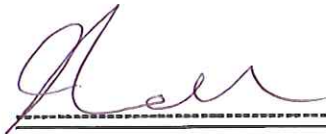
Chris Brown

STATE SECRETARY HACSU.



NURSES AND MIDWIVES [TASMANIAN STATE SERVICE] INTERIM AGREEMENT 2013

AUSTRALIAN NURSING AND MIDWIFERY FEDERATION, TASMANIAN BRANCH

 NEIL NEROU ELLIS

This Agreement is registered pursuant to Section 56(1) of the Industrial Relations Act 1984



NURSES AND MIDWIVES [TASMANIAN STATE SERVICE] INTERIM AGREEMENT 2013

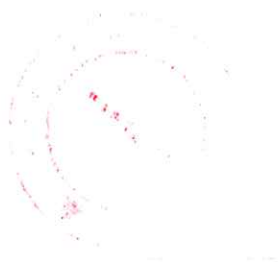
APPENDIX A – BASE SALARY RATES

BASE SALARY RATES

Point	Grading		Salary	
			Current	FFPPOOA 1-Dec-2013 2.0%
1	G1 Y1		46,171	47,094
2	G1 Y2		47,691	48,645
3	G1 Y3		49,211	50,195
4	G1 Y4		50,732	51,747
5a		G2 YG	50,713	51,727
5		G2 Y1	52,253	53,298
6		G2 Y2	53,722	54,796
7		G2 Y3	55,266	56,371
8		G2 Y4	56,163	57,286
8	G3 Y1		56,163	57,286
9	G3 Y2		58,639	59,812
10	G3 Y3		61,117	62,339
11	G3 Y4		63,591	64,863
12	G3 Y5		66,070	67,391
13	G3 Y6		68,543	69,914
14	G3 Y7		71,026	72,447
15	G3 Y8		71,851	73,288
16	G4 Y1		72,675	74,129
17	G4 Y2		74,326	75,813
18	G4 Y3		75,978	77,498
19	G4 Y4		76,859	78,396
20	G5 Y1		78,061	79,622
21	G5 Y2		79,281	80,867
22	G5 Y3		80,930	82,549
23	G5 Y4	G6 Y1	81,689	83,323
24		G6 Y2	83,496	85,166
25	G7a Y1	G6 Y3	85,411	87,119
26	G7a Y2	G6 Y4	87,328	89,075
27	G7a Y3		89,394	91,182
28	G7a Y4	G7b Y1	91,458	93,287
29		G7b Y2	93,376	95,244
30		G7b Y3	94,551	96,442
31	G8 L1	G7b Y4	95,726	97,641
32	G8 L2		99,370	101,357
33	G8 L3		104,190	106,274
34	G8 L4		109,000	111,180
35	G8 L5		117,257	119,602
36		G9 L1	131,701	134,335
37		G9 L2	138,924	141,702
38		G9 L3	146,149	149,072



APPENDIX B – NURSES AND MIDWIVES [HEADS OF AGREEMENT] 2010



Tasmanian Industrial Commission Section 55 – Industrial Agreement

NURSES AND MIDWIVES HEADS OF AGREEMENT 2010

between the

Minister administering the *State Service Act 2000*

and the

Australian Nursing Federation, Tasmanian Branch



1 TITLE

This Agreement is to be known as the Nurses and Midwives Heads of Agreement 2010.

2 ARRANGEMENTS

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3 PARTIES BOUND

This Agreement is between the Minister administering the *State Service Act 2000* and the Australian Nursing Federation, Tasmanian Branch.

4 PERIOD OF OPERATION

The Agreement will be for the period from the first full pay period to commence on or after 1 December 2010 until 31 March 2011 or until a replacement agreement is registered with the Commission.

5 APPLICATION

This Agreement is made in respect of employees covered by the *Nurses (Tasmanian Public Sector) Award 2005*. The parties have agreed to include salaries and conditions of employment that have been agreed through negotiations of this the *Nurses and Midwives Heads of Agreement 2010 (HoA)*. The annual salary adjustments represent increases negotiated between the parties in settlement of a bargaining outcome.

6 RELATIONSHIP TO AWARDS AND AGREEMENTS

This Agreement is to be read in conjunction with the *Nurses (Tasmanian Public Sector) Award 2005* and the *Nurses (Tasmanian Public Sector) Enterprise Agreement 2007* and where any inconsistency occurs between this agreement and that Award or the Agreement or any registered Agreement with the Minister administering the *State Service Act 2000*, this Agreement is to prevail to the extent of the inconsistency.

7. INTENDED CONSEQUENCES

The intention of the signatories to this Agreement is to fulfil the terms of this Agreement, as far as practicable, by consolidating all terms and conditions of employment into the *Nurses (Tasmanian Public Sector) Award 2005* and registering the *Nurses and Midwives (Tasmanian Public Sector) Enterprise Agreement 2010* and to retire the *Nurses (Tasmanian Public Sector) Enterprise Agreement 2007*. This is intended to reflect agreed changes to current, and/or the introduction of new, entitlements.

The signatories agree to undertake the specified reviews concerning the Career Structure, including nurses in community settings within the Statewide and Mental Health Service (SMHS) and resolving implementation issues that arise from these reviews in good faith.



The parties also agree to undertake a modernization of the *Nurses (Tasmanian Public Sector) Award 2005* by end of February 2011. It is the intent of the parties that the new Agreement and Award will be registered with the TIC concurrently.

7 UNINTENDED CONSEQUENCES

The signatories recognise that, due to the complexity of this Agreement and changes to the *Nurses (Tasmanian Public Sector) Award 2005* and the *Nurses (Tasmanian Public Sector) Enterprise Agreement 2007* this may result in unintended consequences. The signatories to this Agreement are committed to working cooperatively to resolve such differences wherever they arise.

8 HEADS OF AGREEMENT APPENDIX

New terms and conditions of employment are as detailed in appendix A.

9 SIGNATORIES

For and on behalf of the Minister administering the *State Service Act 2000*:

Name

Philip Baker

Signature

[Signature]

Date

23. 12. 2010.

For the Australian Nursing Federation, Tasmanian Branch:

Name

NEROLI ELIAS

Signature

[Signature]

Date

23 December 2010

This Agreement is registered pursuant to Section 56(1) of the Industrial Relations Act 1984

REGISTRAR

u. Mahony

23/12/2010



APPENDIX A

THE TASMANIAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

NURSES AND MIDWIVES HEADS OF AGREEMENT 2010

Between

THE MINISTER ADMINISTERING THE STATE SERVICE ACT (2000)

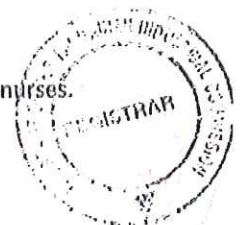
And

AUSTRALIAN NURSING FEDERATION, TASMANIAN BRANCH

1. PARTIES, OPERATION AND MACHINERY PROVISIONS

- 1.1 This Heads of Agreement (HoA) is made on 23 December 2010 between the Minister Administering the State Service Act (2000) and the Australian Nursing Federation, Tasmanian Branch. It is intended to reflect changes to current or the introduction of new entitlements.
- 1.2 The terms of this HoA apply to all Nurses¹ and Assistants in Nursing employed in the Department of Health and Human Services (DHHS). The final Registered Agreement (Agreement) will operate from 1 December 2010 to 30 June 2013..
- 1.3 The HoA is in full and final settlement of the ANF claims raised through the Interest Based Bargaining process.
- 1.4 The parties agree that the finalized Agreement will include a term requiring negotiations for a replacement Agreement to begin no later than 31 March 2013. Prior to that date and to facilitate this process, the DHHS will issue a written invitation to the ANF to commence negotiations.
- 1.5 Where improvements to current conditions are made by the Tasmanian Government or resulting from the *Fair Work Act*, affect the provisions of the *Tasmanian State Sector Award* or the *Health and Human Services Award* the variations shall flow through to the nurses Award and / or Agreement, e.g. Parental Leave.
- 1.6 In the event of a dispute or grievance arising under the Intended Agreement, this HoA may be used to provide evidence as to the meaning of, or eligibility for, a procedure or an entitlement.
- 1.7 Unless mentioned otherwise all current conditions of the Award and the Agreement will continue.

¹Reference to nurses includes midwives, mental health nurses, child and family health nurses and enrolled nurses.



2. OBLIGATION TO REGISTERED AGREEMENT / ACTION TO IMPLEMENT

- 2.1 The parties agree to lodge a section 55 Industrial Agreement with the Tasmanian Industrial Commission consistent with the terms of this HoA.
- 2.2 The Registered Agreement will be entitled *The Nurses and Midwives (Tasmanian Public Sector) Enterprise Agreement 2010*.
- 2.3 The parties agree to establish a Joint Consultative Committee (JCC) to oversee the implementation of the Registered Agreement. The JCC will meet on a regular basis and will include ANF and DHHS nominated representatives. A key role of the JCC will be to ensure that the Agreement is properly implemented including ensuring the development of the various policies and procedures (see 7.1.2).

3. PREVIOUS AGREEMENTS

- 3.1 The parties agree, to the extent practicable, to consolidate all terms and conditions of employment into the simplified *Nurses (Tasmanian Public Sector) Award* as well as registering a new single Agreement. The parties also agree to retire the *Nurses (Tasmanian Public Sector) Enterprise Agreement 2007*. This consolidation process will not delay lodgment of the Agreement for registration.

4. NO EXTRA CLAIMS

- 4.1 The parties undertake not to pursue any claims for additional increases in remuneration and/or conditions of service during the life of this Agreement.

5. SUBSTANTIVE ISSUES

5.1 Wages

The parties agree to the payment of cumulative wage increases as follows:

- 3.5% from the first full pay period (FFPP) on or after 1 December 2010
- 2.75% from the FFPP on or after 1 December 2011
- 3% from the FFPP on or after 1 December 2012

5.2 Career Structure

- 5.2.1 The parties agree to introduce a new career structure in respect of the *Nurses (Tasmanian Public Sector) Award* – see Schedule 1.
- 5.2.2 The new structure is designed to create a professional career pathway from novice to expert with a commensurate wage progression along a single spine – see Schedule 2. It consists of 9 grades ranging from Assistant in Nursing to Executive Director of Nursing.
- 5.2.3 It places a greater emphasis on skills acquisition and maintenance of those skills.
- 5.2.4 Translation to the new classification structure will be on a wage point to wage point basis – see Schedule 3. Each employee will translate directly to the equivalent classification level and wage point in the new structure. Some positions may need to be 'grandfathered' on translation. No-one will be disadvantaged and there



will be no 'spill and fill of positions'.

5.2.5 The top incremental point in grades 2, 3 and 4 will be introduced from the FFPP on or after 1 December 2011.

5.2.6 Features of the classification structure are:

Grade 1 – Introduction of the role of Assistant in Nursing (AIN) to undertake delegated routine care tasks currently carried out by nurses. The Grade 1 role will be included in the nursing workload staffing model as per Schedule 4 for the period of the trial.

Grade 2 – is the entry point for Enrolled Nurses with Certificate IV or Diploma.

Grade 3 – Is the entry point for all Registered Nurses. Whilst there are 8 incremental points on this scale progression from year 4 to year 5 will depend on successful application of a Formal Capability Assessment. Application for Advanced Progression to year 6 will also be available for those who have completed year 4. A review of the implementation and direct entry points for nurses entering / working in the community will be undertaken by the parties by the end of February 2011 with the outcome of the review to be included in the Agreement.

Grade 4 – Is the entry point following completion of year 8 in Grade 3 and successful application of a Formal Capability Assessment. In applying to progress to Grade 4 the nurse is committing to maintain their skills and competence and to perform in accordance with the criteria for Grade 4.

Nurses at Grade 4 will be required to undertake a Formal Capability Review after 2 years and every 2 years thereafter, to ensure maintenance of their skills and competency of practice. If unable to meet the capability review criteria they will not progress to the next incremental point until the required criteria is met. A supported program will be implemented and reassessment will occur within six months. An appeal process will be available.

Current Level 2 nurses will translate to Grade 4 and will be exempt from the above process however will be subject to the current Performance Development Assessment requirements for the life of this agreement.

Grade 5 – access to this grade is through appointment / promotion and is only available for those nurses in management and equivalent like roles.

Grade 6 – access to this grade is through appointment / promotion and is only available for those nurses pursuing specialist practice, education or practitioner status.

Grade 7 – there are two levels at this grade. The difference in the levels include but are not limited to the size and nature of the role in terms of responsibility, for beds, FTE, budget, scope of role and service provided. Access to Grade 7 is normally through promotion or appointment.

Grade 8 – access to this grade is through appointment / promotion. It is divided into non-incremental levels. Included are Nurse Practitioners, senior nurse managers or nurses with state-wide responsibilities in specific areas of practice, e.g.



Infection Control.

Grade 9 – access to this grade is through appointment / promotion. Included in this classification are Executive Directors of Nursing or equivalent.

5.2.9 Implementation – the parties have agreed that the career structure will be implemented in accordance with Schedule 3 attached.

5.2.10 Assistants in Nursing – will be introduced via a 6-month trial which will commence on 1 April 2011. The agreed conditions of the pilot scheme will include a minimum 2 trials in each of the four (4) main hospitals – see Schedule 4. AINs will work morning and afternoon shifts each day (including weekends) and will not normally be required to overlap at change of shifts. If the trial is successful the conditions for full implementation of the role will be agreed between the parties and the Agreement varied to reflect the agreed conditions.

5.2.11 Review of the Nurse Unit Manager Role – the parties have agreed that a review of the Nurse Unit Manager role will be undertaken over the next 12 months.

5.2.12 Work Value Review – new classification descriptors have been jointly developed by the parties to reflect the new classification standards for Grades 5, 6, 7, 8 and 9. As a consequence of this the parties have agreed to undertake a full work value review of the new classification standards of each of these grades. It is agreed that an interim position will be arrived at by the end of January 2011 with a review and any necessary adjustment occurring during the first 12 months of the Agreement. The Joint Consultative Committee (see 7.1.1) will oversee this process.

5.3 Safe Staffing Levels

5.3.1 Safe Staffing levels will be based on efficient and effective care, system improvement, workload management and affordability. The staffing levels will be determined using the NHPPD model and Guiding Principles, the e-Staffing Tool, proper management and governance processes and phasing of implementation and appropriate skill mix using the breadth of grades in the career structure e.g. Enrolled Nurses, Assistants in Nursing, Clinical Coordinators.

- The Consent Order T13323 of 2008 will be maintained. It will be reviewed over the first 12 months of the Agreement by the parties. This is not intended to impede the ongoing implementation of the Consent Order
- Implementation of efficient and effective care and workload management will be monitored by Safe Staffing and Outcomes of Care Committee (exact title to be agreed).
- The Safe Staffing and Outcomes of Care Committee will also consider ways and means of minimising:
 - Disruptions of normal sleep routines as a consequence of working extended hours or responding to 'call-outs'
 - Call-outs which require intensive periods of concentration



- o Recall to duty which result in significant disruption to work patterns.

5.3.2 Flexible Shifts - the length of shifts can be modified to six (6) hours by mutual agreement to meet the needs of the service and enable nurses to work flexibly and provide a more responsive staffing structure. The parties have agreed to work to introduce rosters that minimise shift overlap, where clinically appropriate on weekends and public holidays with the work to be completed during the first 12 months of the Agreement.

The process for this will be agreed between the parties. Further, the parties agree to work together to introduce agreed conditions for 10 and 12 hour shift-working nurses.

5.3.4 Managing Fatigue - In recognition that tired nurses are a risk to safe patient care the parties have agreed to develop and implement a Leave Management policy which will seek to ensure that all nurses are able to take their annual leave entitlement at appropriate intervals throughout the year by mutual agreement and that there is a proper distribution of leave.

Furthermore, any requirement for a nurse to work a 'double shift' must be treated as a serious clinical incident and recorded on the Electronic Incident Monitoring System (EIMS).

Nurse attending a call-out will have a sufficient break following the call-out prior to commencing the next shift without loss of pay.

5.4 Conditions of Employment

5.4.1 Shift Penalties - for afternoon working to be increased from 12.5% to 13.75% (12-hour shift - 15% to 16%) from 1 July 2011 and to 15% from 1 July 2012 (12-hour shift - 16.75%). Penalties for night duty shifts will be increased from 25% to 26.25% (12-hour shift - 20% to 21%) from 1 July 2011 and to 27.5% (12-hour shift - 21.75%) from 1 July 2012.

5.4.2 Public Holidays - nurses rostered on duty on a public holiday will be paid a loading of 250% (with no additional day of leave).

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

5.4.3 Wage Related Allowances - will be increased by 9% and will continue to increase in line with wage increases included in this Agreement - see Schedule 5.

5.4.4 Wage Related Issues - the parties have committed to work towards a fully retrospective pay period to be implemented during the first 12 months of the Agreement. They have also agreed that:

- Nurses will be paid for actual hours worked on night shift during the changeover of 'daylight savings'.
- Nurses will be paid shift penalties relative to hours actually worked pre and post midnight on Friday, Saturday and Sunday



nights from the FFPP on or after 1 April 2011.

- 5.4.5, **Uniform Allowances** – nurses who provide direct care and who are required not to wear a uniform, i.e. mental health and child and family health nurses will be paid \$500 (*pro rata*) in year 1 of the Agreement and \$250 (*pro rata*) in years 2 and 3 of the Agreement. The first payment will be made from the FFPP on or after 1 February 2011 and annually each year thereafter.

Where uniforms are provided nurses will be given six (6) items of uniform (*pro rata*) with community and out-reach nurses to receive an additional item of a warm windproof jacket. Outdoor weather protective clothing will also be provided at the discretion of the manager. Replacement of uniform items will be through normal 'wear and tear'.

- 5.4.6 **Lead Apron Allowance** – of \$2 per hour (or part thereof) will be introduced for the time a nurse is required to wear a lead apron.
- 5.4.7 **Rural and Remote Working** – the current rural and remote settings allowance structure has been reformed – see Schedule 5 – Rural and Remote Conditions Package.
- 5.4.8 **Professional Development** – every nurse is required to continue their professional development to maintain their professional registration. The parties will develop a professional development policy to recognise the continuing professional development needs of nurses and make available a nominal sum of \$150 per year, (*pro rata*) per nurse from the FFPP on or after 1 May of each year of the Agreement.
- 5.4.9 **Post-graduate / Enrolled Nurse Qualification Allowance** – will be extended to Enrolled Nurses for Advanced Diploma (4%) or a recognised specialist qualification in a relevant area of practice (2%). Nurse Practitioners (Grade 8) are not entitled to a post-graduate allowance.
- 5.4.10 **Preceptor Allowance** – will be paid to nurses in Grades 2, and 3 who are required to undertake preceptor roles.
- 5.4.11 **In-charge of Shift Allowance** – will be paid to Grade 3 nurses.

The in-Charge of Shift Allowance currently paid to Level 2 nurses (when in charge of another Level 2 nurse) will be 'grandfathered' upon translation to Grade 4. It will continue to be paid for the life of the Agreement.

Furthermore, if a Grade 4 nurse is the only Grade 4 on the shift and In Charge of the shift, the In-charge allowance will be paid. This will apply for the life of the Agreement.

- 5.4.12 **Sabbatical** – a program will be established that will provide up to eight (8) sabbatical packages (\$30,000) (exclusive of up to 12 weeks' paid leave) annually for nurses in Grades 8 and 9 who have completed five (5) years of continuous service in Grades 8 and/or 9. Two (2) will be available in 10/11, five (5) in 2011/12 and eight (8) in 2012/13 and thereafter. The parties will develop a Sabbatical Leave Policy. Applications for sabbaticals will be determined on merit.



5.4.13 Private Plated Cars – Executive Directors of Nursing (and equivalent) will be entitled to a private plated car and a petrol card. It is envisaged that this entitlement will only apply to six (6) positions.

5.4.14 Non-wage Related Allowances - included in the previous *Nurses (Tasmanian Public Sector) Agreement 2007* will be increased in accordance with movements in allowances prescribed by the Tasmanian Industrial Commission's Minimum Wage Decision.

5.4.15 On-Call / Call-Back and Close-Call / Standby – the parties have agreed to rename On-call and Call-Back to 'On-call' and Close-Call / Standby to 'Standby'.

A nurse rostered on-call may be required to provide a telephone service from home. If called, the nurse shall be paid time-for-time at the relevant hourly rate rounded to the nearest hour.

5.5 Leave Management

5.5.1 Annual Leave – may be taken as single days or any combination of days in accordance with the needs of the service and the Leave Management Policy. Leave loading will be paid on each day of annual leave taken.

5.5.2 Reduction of Excess Leave - a one off option will be provided for nurses to convert leave in excess of 4 weeks to cash in the first year of the Agreement. Leave loading will be paid, where appropriate.

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

5.5.4 Annual Leave for Shift Workers – shift workers will be required to work twenty (20) weekend shifts in any combination rather than ten (10) Saturday and ten (10) Sunday shifts (*pro rata*) in order to accrue the additional five (5) days annual leave.

5.6 Community Work Value Issues

5.6.1 Community Mental Health Multi-disciplinary Allowance – the parties have agreed that nurses in a community settings within the Statewide and Mental Health Service (SMHS) who work as part of a multi-disciplinary team comprising allied health practitioners (AHP) and nurses who fulfil an equivalent role in delivering a case management function to clients of SMHS or a multi-disciplinary team co-ordination or leadership role will be eligible to be paid a Community Mental Health Multi-disciplinary Allowance.

The allowance will be paid as part of wages (and be included for superannuation purposes) on an hourly basis. It will be calculated by reference to the relevant wage differential between relevant nurse and AHP wage structures. The level of the allowance will be adjusted to take account of payment of post-graduate allowances to eligible nurses.

The parties are committed to the urgent resolution of the job and service design



factors that have given rise to the concerns now being addressed. It is anticipated that the period for resolution will be no more than 12 months with a review of progress after six (6) months. The allowance provides an interim arrangement subject to the parties agreeing and implementing a long-term resolution. The allowance will cease immediately upon joint agreement and classification of nursing roles referred to in this position.

6. OTHER AMENDMENTS

6.1 Award Deletions

- Howard Hill Rosters
- X ray Allowance
- Drivers Licence Allowance
- Burnie and Mersey operating theatre roster

7. FUTURE UNION / MANAGEMENT COLLABORATION

7.1 Implementation

7.1.1 Joint Oversight - the parties have agreed to continue to work in collaboration to oversee the proper implementation of this Agreement. This will include regular meetings at state-wide level to ensure that implementation of the Agreement is applied consistently across all Operating Units, and at local level to ensure that the local benefits in terms of improvements for nurses and patient care are achieved.

7.1.2 Workplace Safety and Well-being – the parties have committed to work in collaboration to foster a culture which supports:

- Zero Tolerance to Violence
- Ageing Workforce
- Safe Access to and from work
- Workplace Health and Well-being
- Elimination of Bullying and Harassment behavior

Safety and Security for nurses working in community including in solo positions. This will include establishing a Joint Safety and Well-being Committee to develop and implement effective strategies and policies over the next 12 months.

7.1.3 Delivering the Savings – the parties to this Agreement commit to working in collaboration to ensure that savings are realised in a timely fashion. This will include clarity and agreement on the phasing in (if appropriate) of the changes being implemented. It will also include regular monitoring and review by the parties and supporting agreed corrective strategies and actions. DHHS management will implement the corrective strategies and actions to ensure that any shortfall in savings is appropriately dealt with. This is consistent with the expectations and intent of the partnership model being developed.



8. SCHEDULES TO THIS AGREEMENT

Schedule 1 – Tasmanian Nursing and Midwifery Career Structure 2010

Schedule 2 – Career Structure – Wage Structure

Schedule 3 – Career Structure - Implementation Process

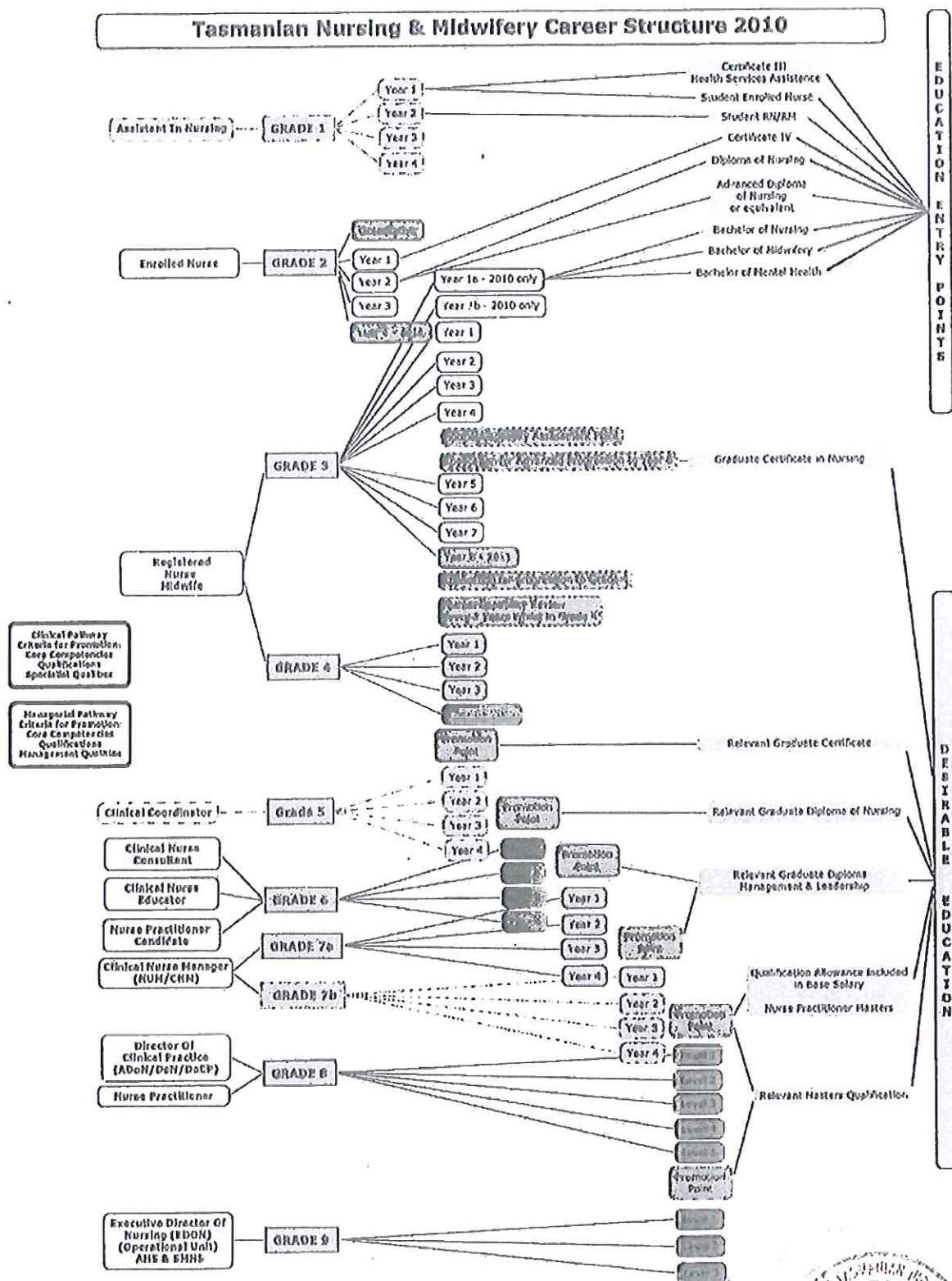
Schedule 4 – Assistants in Nursing

Schedule 5 – Wage Related Allowances

Schedule 6 – Rural and Remote Professional Development Package



Tasmanian Nursing & Midwifery Career Structure 2010



Schedule Career structure – Wage Structure

Point	Grading		Salary			
			Current	FFPPOOA 1-Dec-10	FFPPOOA 1-Dec-11	FFPPOOA 1-Dec-12
				3.50%	2.75%	3.00%
1	G1 Y1		42151	43,626	44,826	46,171
2	G1 Y2		43539	45,063	46,302	47,691
3	G1 Y3		44927	46,499	47,778	49,211
4	G1 Y4		46315	47,936	49,254	50,732
5a		G2 YG	46,298	47,918	49,236	50,713
5		G2 Y1	47,703	49,373	50,731	52,253
6	G3 Y1a	G2 Y2	49,044	50,761	52,157	53,722
7	G3 Y1b	G2 Y3	50,454	52,220	53,656	55,266
8		G2 Y4 2011			54,527	56,163
8	G3 Y1		51,273	53,068	54,527	56,163
9	G3 Y2		53,533	55,407	56,931	58,639
10	G3 Y3		55,796	57,749	59,337	61,117
11	G3 Y4		58,055	60,087	61,739	63,591
12	G3 Y5		60,318	62,429	64,146	66,070
13	G3 Y6		62,576	64,766	66,547	68,543
14	G3 Y7		64,842	67,111	68,957	71,026
15	G3 Y8 2011				69,758	71,851
16	G4 Y1		66,348	68,670	70,558	72,675
17	G4 Y2		67,855	70,230	72,161	74,326
18	G4 Y3		69,363	71,791	73,765	75,978
19	G4 Y4 2011				74,620	76,859
20	G5 Y1		71,265	73,759	75,787	78,061
21	G5 Y2		72,379	74,912	76,972	79,281
22	G5 Y3		73,884	76,470	78,573	80,930
23	G5 Y4	G6 Y1	74,577	77,187	79,310	81,689
24		G6 Y2	76,226	78,894	81,064	83,496
25	G7a Y1	G6 Y3	77,975	80,704	82,923	85,411
26	G7a Y2	G6 Y4	79,725	82,515	84,784	87,328
27	G7a Y3		81,611	84,467	86,790	89,394
28	G7a Y4	G7b Y1	83,496	86,418	88,794	91,458
29		G7b Y2	85,246	88,230	90,656	93,376
30		G7b Y3	86,319	89,340	91,797	94,551
31	G8 L1	G7b Y4	87,392	90,451	92,938	95,726
32	G8 L2		90,719	93,894	96,476	99,370
33	G8 L3		95,119	98,448	101,155	104,190
34	G8 L4		99,510	102,993	105,825	109,000
35	G8 L5		107,048	110,795	113,842	117,257
36		G9 L1	120,235	124,443	127,865	131,701
37		G9 L2	126,829	131,268	134,878	138,924
38		G9 L3	133,424	138,094	141,892	146,149

PLEASE NOTE:

5a will be grandfathered

6 is a salary point for G3 nurses in 2010 only – they will continue for G2 nurses

7 is a salary point for G3 nurses in 2010 and 2011 – they will continue for G2 nurses

8, 15 & 19 are new incremental points which will come into effect from 1 December 2011

(Payable on next normal anniversary / incremental date or immediately if already completed 12 months since previous increment. In this case, the incremental date will change to 1 December).

G5, G6, G7, G8 & G9 are subject to finalisation of classification standards and review of work value during the first 12 months of the Agreement



TRANSLATION

For those employees who have been at the maximum salary point of their former classification level as at 1 December 2011 for 12 months or more, access to the additional maximum salary point of the new classification grade occurs at 1 December 2011.

For employees who are not at the maximum salary point of their previous classification level or who have been at the maximum salary increment for less than 12 months at 1 December 2011, access to their next salary progression point in the new classification grades will occur on the anniversary date of their appointment or promotion to their previous classification level after these dates.

Current Enrolled Nurse (Level 2 Year 2)

		Wage Point	Grade	Salary
	Current	7	G2 Y3	50,454
FFPP 1/12/2010	Increase 3.5%	7	G2 Y3	52,220
FFPP 1/12/2011	Increase 2.75%	7	G2 Y3	53,656
	Anniversary/ Increment	8	G2 Y4	54,527
FFPP 1/12/2012	Increase 3.0%	8	G2 Y4	56,163

New Registered Nurses who commenced from January 2010

		Wage Point	Grade	Salary
	Current	6	G3 Y1a	49,044
FFPP 1/12/2010	Increase 3.5%	6		50,761
	Anniversary/ Increment	7	G3Y1b	52,220
FFPP 1/12/2011	Increase 2.75%	7		53,656
	Anniversary/ Increment	9	G3 Y2	56,931
FFPP 1/12/2012	Increase 3.0%	9		58,639
	Anniversary/ Increment	10	G3Y3	61,117

New Registered Nurses commencing from January 2011

		Wage Point	Grade	Salary
FFPP 1/12/2010	Starting Salary	6	G3 Y1a	50,761
FFPP 1/12/2011	Increase 2.75%	6		52,157
	Anniversary/ Increment	8	G3Y1	54,527
FFPP 1/12/2012	Increase 3.0%	8		56,163
	Anniversary/ Increment	9	G3 Y2	58,639

New Registered Nurses commencing from January 2012

		Wage Point	Grade	Salary
FFPP 1/12/2011	Starting Salary	7	G3Y1b	53,656
FFPP 1/12/2012	Increase 3.0%	7		55,266
	Anniversary/ increment	8	G3 Y1	56,163



Current Registered Nurse (Level 1 Year 8)

		Wage Point	Grade	Salary
	Current	14	G3 Y7	64,842
FFPP 1/12/2010	Increase 3.5%	14	G3 Y7	67,111
FFPP 1/12/2011	Increase 2.75%	14	G3 Y7	68,957
	Anniversary/ increment	15	G3 Y8	69,758
FFPP 1/12/2012	Increase 3.0%	15	G3 Y8	71,851

Current Registered Nurse (Level 2 Year 4)

		Wage Point	Grade	Salary
	Current	18	G4 Y3	69,363
FFPP 1/12/2010	Increase 3.5%	18	G4 Y3	71,791
FFPP 1/12/2011	Increase 2.75%	18	G4 Y3	73,765
	Anniversary/ Increment	19	G3 Y4	74,620
FFPP 1/12/2012	Increase 3.0%	19	G3 Y4	76,859



CAREER STRUCTURE – IMPLEMENTATION PROCESS

1. Schedule 2 outlines the new Nurses and Midwives Career Structure with the associated grades and salary points.
2. Translation of nurses employed in the current Nurses and Midwives Career Structure under the current classification standards will be subject to no disadvantage.
3. Nurses will translate wage point to wage point to the new pay structure. Increments will advance within the relevant grade from 1 December 2010.
4. Nurses will translate to the relevant grade and current positions will not be declared vacant and re-advertised (i.e. no spill and fill).
5. It is recognised that some Statements of Duties are out-of-date and may need to be rewritten to reflect current responsibilities and roles.
6. Following translation nurses may request a review of their new classification during the first six (6) months of the Agreement.

Assistant in Nursing (Grade 1)

1. Schedule 4 details the conditions for the trial of the introduction of Assistants in Nursing (AINs).
2. AINs with a Certificate III HLT32507 Certificate in Health Services Assistance (acute care) and student enrolled nurses will commence at Grade 1, Year 1.
3. Undergraduate student nurses who have completed their second year practicum may be appointed as an AIN and will commence at Grade 1, Year 2.
4. Once the trial is completed and if the evaluation demonstrates that AINs will be introduced, the salary conditions outlined above will be retained.

Enrolled Nurse (Grade 2)

1. Enrolled Nurses who are not 'medication endorsed' and who are currently employed as an EN Level 1-3 will be 'grandfathered' in that position and translated across to wage point 5a. They will remain on that point and continue to receive salary indexation. Progression to additional salary points are only possible through upgrading to 'medication endorsement'.
2. The introduction of wage point 8 for Grade 2 nurses will be effective from the FFPP on or after 1 December 2011.
3. An additional qualification allowance of 4% will be paid to those Enrolled Nurses who have gained an Advanced Diploma relevant to the area they are working in and employed as such. This allowance will be introduced from 1 December 2010.
4. An Enrolled Nurse who has completed a 'Re-entry to Practice' program and is successfully appointed to a Grade 2 position will enter the scale at a point that recognises relevant previous experience / increment.

The entry point for new Enrolled Nurses will be:



- Certificate IV - point 5
- Diploma in Nursing - point 6.



6. Enrolled Nurses (except non medication endorsed) will continue through increments to Grade 2 Year Four (point 8).

Grade 3

1. From 1 December 2010 (FFPP), new graduates with a Bachelor of Nursing, Direct Entry Bachelor of Midwifery or Bachelor of Mental Health will commence at point 6. On completion of the first year of service, graduates will progress to wage point 7. Wage point 6 will be phased out in 2011 and wage point 7 will be phased out 2012.
2. From 1 December 2012 (FFPP), new graduates will commence at wage point 8 (Grade 3 year 1).
3. All Grade 3 nurses will have a Formal Capability Assessment prior to the completion of Grade 3 Year 4 to determine advancement through to Year 5. Nurse Unit Managers are required to ensure that applications for Progression are completed within 28 days of receipt. If the application is not completed within 28 days the applicant will automatically progress. In the event that a nurse does not meet the criteria to progress, a supported program of up to six (6) months will be provided and re-assessment will be undertaken nearing completion of the program to enable progression in a timely manner. On successful completion of the program the nurse will progress through to Year 5 on the date of notification of successful completion. If the program is not successfully completed by the nurse s/he will remain on Grade 3 year 4. If the Nurse Unit Manager fails to undertake the reassessment within the agreed reassessment period the nurse will automatically progress to year 5.
4. Advanced Progression is available for Grade 3 nurses from year 4 to year 6. It is the responsibility of the individual nurse to apply for personal progression from Grade 3 (year 4 to year 6). They will need to demonstrate that they are meeting the required criteria that are specified in the Agreement. Assessment shall be through a process which includes peer review.
5. The application review and appeal process for Advanced Progression will be detailed in the Agreement. On successful application the progression to Grade 3, Year 6 will commence from FFPP following notification. Nurse Unit Managers are required to ensure that applications for Advanced Progression are completed within 28 days of receipt. If the application is not completed within 28 days, or if completed and unsuccessful, the applicant will have the right of appeal to the Executive Director of Nursing giving reasons for the appeal. If the appeal is successful progression to year 6 will be backdated to FFPP 28 days after the original application. All nurses shall be provided with a written outcome of all decisions.
6. Grade 3 will provide an entry point for nurses who wish to undertake a career pathway within the Community Sector. It is envisaged that a limited number of placements will be available to enable novice community nurses to work with experienced nurses in a team environment. The parties have agreed to undertake a review of all entry points / career pathways for nurses working in community settings. This review shall be completed by the end of February 2011.
7. A registered nurse, who has completed the 'Re-entry to Practice' program and is successfully appointed to a Grade 3 position, will enter the scale at a wage point that recognises previous relevant experience up to Grade 3 year 4.





Grade 4

1. Entry to Grade 4 is through an application to progress. It is the responsibility of the individual nurse to apply to progress to Grade 4. They must be able to demonstrate the appropriate criteria to progress as outlined in the Agreement.
2. Progression to Grade 4 is voluntary and based on the applicant's ability to demonstrate that they meet the established criteria and the fulfillment of this advanced role.
3. Application to Grade 4 may be made following completion of Grade 3 year 7 (In 2010) or Grade 3 year 8 from 1 December 2011. Nurse Unit Managers are required to ensure that all applications for progression to Grade 4 are completed within 28 days of receipt. If the application is not completed within 28 days, or if completed and is unsuccessful, the applicant will have the right of appeal by writing to the Executive Director of Nursing giving reasons for the appeal. If the appeal is successful progression to Grade 4 will be backdated to FFPP 28 days after the original application. All nurses shall be provided with a written outcome of all decisions.
4. Nurses who progress to Grade 4 are subject to mandatory Formal Capability Reviews after two (2) years and every two (2) years thereafter in accordance with the Agreement.

Grade 5

1. Grade 5 is a new position and as such will require a Statement of Duties that reflects the new role. New positions will be advertised at the discretion of the Operating Unit commencing in 2011.
2. Grade 5 and above will be subject to a work value review in accordance with the Agreement.

Grade 6

1. Current L3 positions with titles such as, but not limited to, 'Nurse Manager', 'Project Manager', 'Research Nurse', 'Safety and Quality Nurse', 'Immunisation Nurse', 'Infection Control Nurse', 'Clinical Nurse Consultant and Clinical Nurse Educator' will be translated wage point to wage point.

Grade 7

1. To reflect the level of responsibility and accountability of different Nurse Unit Manager (NUM) roles, Grade 7 will be divided into Grade 7a and Grade 7b.
2. In the interim, all NUMs will translate wage point to wage point in Grade 7a and will progress as per incremental points.
3. A classification review will be undertaken against specific criteria which will be clearly determined in the Agreement. The criteria will delineate the roles between Grade 7a and Grade 7b.
4. The Executive Directors of Nursing will, within three (3) months of registration of the full Agreement determine the appropriate classification for NUM positions. No nurse will be disadvantaged if an increment falls during the interim period. Individual NUMs will have a right of appeal to their Chief Executive Officer.

Grade 8

To reflect the level of responsibility and accountability associated with positions in Grade 8, Levels 1 to 5 have been created with associated classification criteria. Nurses in



positions that are currently at Director of Nursing, Assistant Director of Nursing or equivalent will be translated at their existing wage point.

2. Nurse Practitioners will have a direct entry point at Grade 8 Level 3.

Grade 9

1. To reflect the level of responsibility and accountability of the role Executive Directors of Nursing (or equivalent) will translate to Grade 9.



ASSISTANTS IN NURSING

Conditions of the introduction of Assistant in Nursing (AIN) / Midwifery (AIM) within DHHS to be included in the Nurses and Midwives EBA 2010

1. A minimum of two (2) trials in each of the 4 main hospitals, shall be undertaken for a six (6) month period commencing April 2011:
 - a. Second year undergraduates / Student Enrolled Nurses as AIN;
 - b. AINs with relevant Certificate III [Health Services Assistance (Acute Care)].
2. Trials will run for a six (6) month period, commencing in April 2011 and participants will be employed on a nine (9) month fixed term contract, as per schedule for Tasmanian Nursing and Midwifery Career Structure 2010 – Certificate III / Student EN commence at grade 1 year 1 and undergraduate at grade 1 year 2.
3. Agreement to pilot ward / unit trial, final Terms of Reference including evaluation to be agreed by the parties.
4. Trials shall be implemented where deemed clinically appropriate as determined by the Nurse Unit Manager in consultation with nursing staff and the Director of Nursing.
5. The trial will be implemented concurrent with re-benchmarking of the unit/area to ensure AINs are employed in any identified additional / new positions and not replacing any current nursing positions.
6. AIN hours shall be weighted. NUM in consultation with nursing staff and the DON, will determine the weighting of each hour worked by an AIN which will be counted as 0.25 - 0.5 per hour as direct hours in the NHPPD, i.e. 0.25 weighting is 2 hours direct / 6 hours indirect hours across the clinical area.
7. AINs to be employed in a variety of shift lengths from 4-8 hours (morning and afternoon – 7 days) as determined by NUM to meet workload requirements. They will not normally be required to overlap at change of shifts.
8. Statement of Duties for the AIN role are to be drafted in consultation with ANF.
9. Increments of the AIN classification shall be included in the Nurse's Career structure and pay scale will have relativity to other nursing positions.
10. All current support staff positions (ward clerks, hospital aides, orderlies etc) to remain as differing roles / specialisation required.
11. AINs are to work at all times under the supervision of a registered nurse / midwife and may be overseen by Enrolled Nurses within the nursing team.
12. Patient outcomes and required skill mix to be the priority.
13. Review process to be built in and transparent reporting of Introduction as per WMC reporting.



Wage Related Allowances

ALLOWANCES**Uniform**

New level of allowance agreed to for life of agreement.

Preceptor

Increased by 9% to \$2.18 per hour to be varied by percentage increase in minimum wage case – TIC.

Post Graduate and Advanced Diploma

Percentage of salary – no change.

Addition Enrolled Nurse Allowance for Advanced Diploma.

(Or) Allowance for recognised specialist qualification in a relevant area of practice.

In Charge of Shift

Increased by 9% to \$16.35 per hour to be varied by percentage increase in minimum wage case – TIC.

Correctional and Forensic Health Services

Percentage of salary (6.5%) – no change.

Location Allowances

To be derived from the H&HSA, H&HSA Clause includes:

- (a) **District Allowance**
Subject to review as whole of Government.
Allowance to increase subject to existing provisos.
- (b) **Air Fares from Bass Strait Islands**
No change.
- (c) **District Allowance – Part-Time Employees**

Rural & Remote

Percentage of salary – no change in calculation.

Some percentage figures have altered as a result of replacement agreement.

Availability and Recall

Provision will be re-written.

Allowances increased by 9% to \$3.82, \$30.56, \$4.91 & \$39.24 respectively.

To be varied by percentage increase in minimum wage case – TIC.

Travel Allowances

To be derived from the H&HSA, H&HSA Clause includes:

- (a) **Travelling.**
- (b) **Private Vehicle Use.**

Lead Apron

New, \$2.00 per hour, to be varied by percentage increase in minimum wage case – TIC.

Meal Allowances

- (a) **Meals on Duty.**
- (b) **Meal Allowance – Day Travel.**
- (c) **Meal Allowance – Overtime.**
- (d) **Meal Allowance – Rates.**

No change.

Provision of employee accommodation



New wording to replace salary deduction and meals allowance scenarios.

Extra Duties

Allowance based on relevant salary – no change.

Higher Duties

Allowance based on relevant salary – no change.

Registered Nurse - Community Health, Family and Child Health

Award allowance of \$1302.80 per annum paid at discretion of employer (never paid). Salaries are to be derived from the EA.



RURAL AND REMOTE PROFESSIONAL DEVELOPMENT PACKAGE

The agreement will provide for a revised package of conditions to improve attraction and the retention of nurses to rural and remote work locations. The rural and remote allowance is only payable to nurses for the period when they are working in rural and remote sites. This schedule is to be read in conjunction with the Rural and Remote briefing paper.

REMOTE SITES:

- Remote sites are defined as Queenstown, Rosebery, Zeehan, Strahan, King Island, Flinders Island and Cape Barren Island.
- A remote staffing incentive package will be introduced comprising:
 - A professional development package of \$3,000 per annum;
 - A one off Enrolled Nurse (Grade 2) development program to gain medication endorsement;
 - Improved accommodation arrangements;
 - A remote area allowance of 10% of base salary.

RURAL SITES

- Rural sites will comprise (Swansea, Triabunna, Scottsdale, Southern Midlands, Beaconsfield, Campbelltown, Deloraine, Esperance, Georgetown, Smithton, St Helens and St Marys) being those currently in receipt of the 4% allowance.
- The Ouse area will be classified as 'rural' and be eligible for allowance at 4%. Nurses currently in receipt of the 6% will be grandfathered for the life of the Agreement.
- Nurses located on Bruny Island will continue to receive an allowance of 6% for the duration of the agreement but the site will be classified with the rural group.
- Locations currently attracting a 2% allowance will cease to be classified as rural for the purpose of the allowance. These sites are Huon, Longford, Westbury, Ulverstone, Wynyard, New Norfolk and Hayes Prison Farm. Payment of the 2% allowance will continue for the life of this agreement for existing staff. New staff in these sites will not be eligible for a rural allowance.

CLINICAL DEVELOPMENT NETWORK

- An Area Health Service Clinical Development Network will be established progressively over the life of the agreement with an increase of 6.4 FTE CNE to support programs in rural and remote sites.

RURAL AND REMOTE GRADUATE INCENTIVE PROGRAM

- A rural and remote graduate incentive program will be established to allow new graduates to gain experience in the rural and remote health settings. This will include ten (10) weeks induction and four (4) weeks in an acute clinical unit and four (4) weeks in an emergency care setting – working in addition to normal staffing within the unit.
- It is planned that 9 FTE positions within the program will be made available in Year 1 utilising existing vacancies in rural and remote site.
- The parties agree that the program is designed to reduce the cost of agency nursing and will generate savings to ensure sustainability of the program.

REMOTE AND RURAL RECRUITMENT

- The parties agree that there will be development of improved recruitment strategies to support rural and remote sites.



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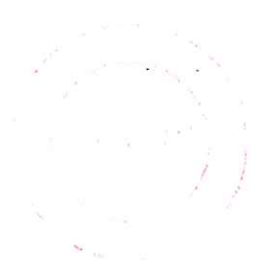
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Schedule 7

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 Classification 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:

- o Grade 1 - Assistant in Nursing
- o Grade 4 - Personal Classification
- o Grade 5 - Clinical Co-ordinator
- o 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 management²: 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 portfolios³: 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 College 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 1 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 patient's/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 experienced 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 1 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</u> senior leadership, strategic direction and high level professional advice in relation to the development of <u>defined areas of nursing practice</u> that have strategic, political and operational significance at a state and national level.
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 statewide 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 < 700 FTE.			
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 ≥ 700 FTE.			
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 employee's anniversary date. In this instance the employee's anniversary for incremental progression will be the date of advancement.



Schedule 9 – Arrangements for Nurses Working in Community Settings

Community Entry Points Grade 3/4

- a) The following interim arrangement is to apply to Grade 3/4 registered nurses working in community settings.
- b) This Schedule covers nurses working in Community Health settings including but not limited to Community Health, Family Child Health, Palliative Care, and Mental Health.
- c) This interim arrangement is to operate from 9 August 2013 and is to only apply for the term of the current *Nurses and Midwives Heads of Agreement 2010*.
- d) This interim arrangement is not to create a precedent for future industrial agreements.

Community Entry Points Grade 3/4

- The number of Registered Nurses -Grade 3/4 Community Nurses employed in each community team is dependent on the size of the team, the specialist requirements, scope of practice and supportive frameworks.
- Any proposed change to skill mix in teams is to be undertaken in consultation with the nurses within the team. Grievances are to be managed by way of the Grievance Procedure, outlined in Clause 5 of the NHPPD Model (Consent Order T13323 of 2008).

Registered Nurse – Grade 3, Graduate Nurse Community

- A limited number of graduate Registered Nurses are to be employed to work in the community setting under the support and direction of experienced community nurses in a team environment.
 - The number of new graduate Registered Nurses employed is dependent on the size of the team, specialist requirements, scope of practice, and supportive frameworks.
 - The Registered Nurse is to commence in the transition (graduate) program at Grade 3, year 1. The transition (graduate) program may be up to 12 months in duration.
 - Graduate Nurses are to have an induction that is to include indirect hours that are specified in the transition process. On completion of the first year of service, the graduate nurse may apply for Grade 3 vacant positions:-
 - Appointments are to be on merit based selection process in accordance with the *State Service Act 2000*.
 - The Registered Nurse who continues employment with DHHS/ THOs shall progress to Grade 3, year 2 as prescribed in Schedule 1 of the *Nurses and Midwives Heads of Agreement 2010*.



Registered Nurse -Grade 3, Community Nurse

- Registered Nurses with limited experience in community settings are to work with the support and direction of experienced Community Nurses (Grade 3/4) for a period that is commensurate with their learning needs.
- The Statement of Duties is to be in accordance with the Classification Descriptors prescribed by Schedule 7 of the *Nurses and Midwives Heads of Agreement 2010* for Grades 3 and 4.
- The Registered Nurse's entry point into the wage structure as prescribed by Schedule 1 of the *Nurses and Midwives Heads of Agreement 2010* is to be based on years of service. Registered Nurses will be eligible for Advanced Progression and all relevant entitlements for Grade 3 Registered Nurses as prescribed by the *Nurses (Tasmanian State Service) Award 2012* and *Nurses and Midwives Heads of Agreement 2010*.

Registered Nurse- Grade 4, Community Nurse

- Entry to Registered Nurse – Grade 4, Community Nurse positions is to be by:
 - a Formal Capability Assessment Process (FCAP) in accordance with the *Nurses and Midwives Heads of Agreement 2010*, or
 - as an interim arrangement there is agreement by the parties, by appointment to Grade 4 through a merit based selection process in accordance with the *State Service Act 2000*.
- A new Interim Statement of Duties outlining the Registered Nurse – Grade 4, Community Nurse role is to be developed. The role and responsibilities described in the Statement of Duties is to be consistent with the classification descriptors Registered Nurse - Grade 4 in accordance Schedule 7 of the *Nurse and Midwives Heads of Agreement 2010*.

Appointment to Registered Nurse – Grade 4, Community Nurse by a merit based selection process

- The selection process is to include the selection criteria based on, but not limited to, the three criteria of the Grade 4 Formal Capability Assessment; clinical knowledge and skills, education of self and others and clinical leadership and management (the eight years of service and submission of Assessment documentation will not be required for appointment).
- Internal and external applicants are eligible to apply for these positions.
- The Registered Nurse- Grade 4, Community Nurse may be appointed to Grade 4 at a wage point based on their years of relevant experience
- DHHS/THOs will advertise for experienced Registered Nurse – Grade 4, Community Nurse roles at Grade 4 and if unable able to recruit at level, are to readvertise to ensure Registered Nurse – Grade 4, Community Nurse positions are filled with the required skill set.



APPENDIX C - NURSING HOURS PER PATIENT DAY MODEL

1. Duty to prevent sustained unreasonable workload

The employer is to ensure that the work to be performed by an employee:

- (a) is of a nature that is reasonably consistent with the performance over the ordinary time hours of a regular periodic roster of duties and tasks within the employee's classification description at the standard required for observance of the Australian Nursing and Midwifery Council (ANMC) Code of Professional Conduct. The ANMC requires that the nursing care provided or about to be provided to a patient client of the respondent employer is to be adequate, appropriate, and not adversely affect the rights, health or safety of the patient client; and
- (b) constitutes a workload at a level that is not unsustainable, manifestly unfair or unreasonable having regard to the skills, experience and classification of the employee.

Provided that this clause shall not operate in respect of work that is required to be performed to meet extra-ordinary circumstances of an urgent kind and is not work regularly added to the employee's weekly or daily roster

2. Duty to allocate and roster nurses in accordance with process consistent with reasonable workload principles.

- (a) The employer shall apply the staffing model described as NHPPD model in accordance with the entirety of this Appendix
- (b) The parties are to agree to a timeframe for the development of an implementation plan for areas yet to be benchmarked
- (c) The parties agree that future benchmarking of areas not covered by this appendix shall reflect recognised national nursing staffing standards and models as a minima
- (d) The parties shall consult and agree on the development and implementation of the model and the agreed process and ongoing management of the NHPPD model.
- (e) The parties agree that the development and implementation of the model shall have regard to the following key principles:
 - (i) clinical assessment and delivery of patient needs;
 - (ii) reasonable workloads to enable safety and quality of patient care;
 - (iii) the demands of the environment such as ward layout;
 - (iv) statutory obligations including workplace safety and health legislation;
 - (v) the requirements of nurse regulatory legislation and professional standards; and



3. Duty to consult, to communicate, and constructively interact about health service provision to patients.

- (a) The Department, ANF and HSU shall together constitute and participate in a process for consultation and communication at an Agency level and at service delivery level about overall nursing care requirements as an element in the provision of health services to patients.
- (b) NHPPD Steering Committee

For the purpose of complying at Agency level with the duties in clause 3, the parties shall participate in the NHPPD Steering Committee. The membership of this committee shall comprise of four Agency nominees, three ANF and one HSU representatives.

- (i) The function of the committee is to oversee the implementation, refinement, development and monitoring of the NHPPD model at an Agency level.
- (ii) The parties agree to trial other models during the life of this agreement. The Steering Committee shall agree on the terms of reference dealing with the implementation and evaluation of any agreed trials of alternative workload models.
- (iii) The parties agree that the Steering Committee shall develop agreed business processes, systems and definitions of the model. In development of these matters, the parties agree that consistency in application across the State will occur.
- (iv) For the purpose of undertaking its functions the committee shall initially meet monthly and thereafter the frequency shall be determined by the committee. A committee quorum requires equal representation of management and union representatives and such quorum shall be no less than four (4) members.
- (v) The parties agree the Steering Committee shall receive and review reports from the NHPPD Workload Monitoring Committees on all relevant matters including implementation progress and evaluation of the NHPPD model every six months, and as required.



(c) NHPPD Workload Monitoring Committee

- (i) To facilitate the implementation and monitoring of the NHPPD model a Workload Monitoring Committee (WMC) will be established at each facility and/or sector/area prior to the implementation of the model at the worksite/sector.
- (ii) The WMC is to consist of equal union and employer representation with a minimum of four and a maximum of eight members. Where possible, representation on the WMC shall include Nurse Unit Managers (NUM). The parties can co-opt relevant specialised representation as agreed.
- (iii) The WMC shall make recommendations within parameters agreed by the Steering Committee to the Chief Executive Officer (CEO) or delegate on the implementation, review and assessment of the application of the model, having regard to the areas where nursing services are provided.

Factors to be considered, but not limited to the following are:

- Nursing workloads generally (including outpatient clinics attached to inpatient wards)
 - Admissions, discharges and patient movements generally, including transfers;
 - Bed usage and management generally.
 - Change to service delivery
 - Monitoring of grievances
- (iv) In addition to the data reports agreed by the NHPPD Steering Committee, the WMC's shall agree on additional relevant data and reporting arrangements to enable appropriate consideration of all matters set out in Clause 3 of this schedule..
 - (v) The consultative procedures in relation to the NHPPD shall operate as far as practicable without formality with a view to reaching a consensus about matters to be considered.
 - (vi) Any unresolved issues arising out of the WMC shall be dealt with under the Grievance Procedure and shall commence at the beginning of Step 2 of those procedures.
 - (vii) The WMC shall undertake an annual review of the implementation of the model at the end of each financial year as a minimum. This report shall be forwarded to the CEO or delegate and the NHPPD Steering Committee.

4. Visibility of implementation of NHPPD model

The employer shall ensure that the implementation of the NHPPD model shall be made clearly visible to nurses at all levels. Agreed educational resources will be developed by the parties within



four months of the date of registration of this Agreement. Additionally an education program will be delivered by the Department throughout the life of the agreement.

5. Grievance Procedure

Any grievance or dispute relating to nursing workloads will be resolved by following the steps set out below. Any nurse or group of nurses or a party to the Award may raise a grievance or dispute under this procedure.

The grounds for a grievance shall include but not be limited to:

- (a) Unreasonable or excessive patient care or nursing duties is required of a nurse other than occasionally and infrequently;
- (b) To perform nursing duty to a professional standard, a nurse is effectively obliged to work unpaid overtime on a regularly recurring basis;
- (c) A reasonable complaint to the appropriate hospital authority about capacity to observe professional mandatory patient care standards has not been responded to or acted upon within a reasonable time; or
- (d) A particular nurse or group of nurses is being consistently placed under an unreasonable or unfair burden or lack of adequate professional guidance because of the workload or the staffing skill mix of the team
- (e) The workload requirement effectively denies any reasonable access to professional development.

Work shall continue in accordance with the status quo while any grievance or dispute is being dealt with under this procedure unless interim arrangements are agreed by the parties which shall be implemented immediately. Interim measures shall ensure employee and patient safety throughout the grievance process.

Step 1 – Ward/Unit Level

If a grievance or dispute arises regarding an NHPPD issue it must first be raised by the individual nurse, group of nurses at ward/unit level or by a party to this agreement with the Nurse Unit Manager (NUM) for resolution. The NUM shall consult the Director of Nursing to assist in the resolution of the workload dispute.

The parties shall agree on interim measures to ensure employee and patient safety.

This step shall be concluded within one calendar week from the time it was raised with the relevant Nurse Unit Manager. If the grievance remains unresolved, Step 2 commences immediately.

Step 2 – Hospital Level



If a grievance or dispute cannot be resolved at Step 1, the matter is to be referred in writing to the Director of Nursing who will convene a Specialist Panel without delay.

The specialist panel will include one each ANF and HSU nominee and two management nominees (approved by the CEO/ Director of Operational Unit or delegate). Recommendations from the specialist review panel shall be achieved by consensus. If a consensus is reached then the terms shall be reduced to writing with a copy to each party. If consensus cannot be reached the grievance or dispute remains unresolved.

The Specialist Panel shall make recommendations to the CEO/ Director of Operational Unit (or delegate) for the resolution of the grievance or dispute. Should the CEO/ Director of Operational Unit (or delegate) rejects the recommendations he/she shall advise the Specialist Panel of the reasons.

This step shall be concluded within two calendar weeks from the commencement of Step 2.

Step 3

If the grievance or dispute cannot be resolved at Step 2, either party may refer the matter to the Tasmanian Industrial Commission for its assistance which is to include conciliation and if necessary, arbitration.

6. NHPPD Guiding Principles

(Incorporating Mental Health Inpatient Units)

WARD CATEGORY	HPPD (OVER 24HRS)	CRITERIA FOR MEASURING DIVERSITY, COMPLEXITY AND NURSING TASKS REQUIRED
A	7.5	<ul style="list-style-type: none"> • High Complexity • High Dependency Unit @ 6 beds within a ward • Tertiary Step Down ICU • High Intervention Level • Specialist Unit/Ward Tertiary Level 1:2 staffing • Tertiary Paediatrics • MH- high risk of self-harm and aggression • -intermittent 1:1/2 Nursing • -Patient frequently on 15 minutely observations
B	6.0	<ul style="list-style-type: none"> • High Complexity • No High Dependency Unit • Tertiary Step Down CCU/ICU • Moderate/High Intervention Level • Special Unit/Ward including extended secure Mental Health Unit • High Patient Turnover⁽¹⁾ > 50% • FHHS Paediatrics⁽²⁾ • Secondary Paediatrics • Tertiary Maternity • MH – high risk of self-harm and aggression • - Patients frequently on 30 minute observations



		<ul style="list-style-type: none"> • - Occasional 1:1 Nursing • - a mixture of open and closed beds
C	5.75	<ul style="list-style-type: none"> • High Complexity • Care Unit/Ward • Moderate Patient Turnover > 35%, OR • Emergency Patient Admissions > 50% • MH – Moderate risk of self-harm and aggression • - Psychogeriatric Mental Health Unit
D	5.0	<ul style="list-style-type: none"> • Moderate Complexity • Acute Rehabilitation Secondary Level • Acute Unit/Ward • Emergency Patients Admissions > 40% OR • Moderate Patient Turnover > 35% • Secondary Maternity • MH – Medium to low risk of self- harm and aggression
E	4.5	<ul style="list-style-type: none"> • Moderate Complexity • Moderate Patient Turnover > 35% • Sub-Acute Unit/Ward • Rural Paediatrics
F	4.0	<ul style="list-style-type: none"> • Moderate/Low Complexity • Low Patient Turnover < 35% • Care Awaiting Placement/Age Care • Sub-Acute Unit/Ward • MH Slow stream rehabilitation
G	3.0	<ul style="list-style-type: none"> • Ambulatory Care including: • Day Surgery Unit and Renal Dialysis Unit

(1) Turnover = Admissions + Transfers + Discharges divided by Bed Number

(2) FHHS Paediatrics additional formulae: Birth; Neonates; ED; OR.

7. Model Application Process

The NHPPD model is a systematic nursing workload monitoring and measuring system and is not designed to be used as a rigid mandatory determinant of staffing. This is because actual staffing arrangements must reflect health service specific criterion and clinical assessments. The parties agree that the Nursing Hours Per Patient Day model is subject to ongoing development and refinement, and the guiding principles are the starting point.

Implementation of the NHPPD model into wards or other clinical units where nursing services are provided beyond those previously 'benchmarked' wards shall be in accordance with the NHPPD guiding principles and the Model Application Process described below.

(1) Application of applicable Guiding Principles as per Appendix 1



- (a) The parties through the NHPPD Steering Committee shall investigate, negotiate and agree on appropriate NHPPD Guiding Principles for the relevant beds, wards or other clinical units where nursing services are provided. The parties will consult with relevant stakeholders throughout the process.
- (b) The CEO/Director of Operational Unit and/or delegate in conjunction with the relevant Nurse Unit Manager will calculate, using the NHPPD for each category, the total number of nursing hours relevant to the ward or other clinical units where nursing services are provided and compare it to actual staffing levels assessed against occupancy levels and activity levels.

There is to be no more than 3 Categories from the NHPPD Guiding Principles, applied to a ward or clinical unit where nursing services are provided, unless otherwise agreed between the parties.

- (c) The Director of Nursing and the Nurse Unit Manager will review and forward the calculations and outcomes to the CEO/Director of Operational Unit for review and then forward to the Workload Monitoring Committee.
- (d) In the event the Director of Nursing, the NUM or the parties to the agreement dispute the outcome of the calculated nursing hours as being appropriate for the ward or other clinical units where nursing services are provided, the dispute may be raised through the Grievance Procedure.

(2) Application of the Model where NHPPD Guiding Principles are not applicable

Where the parties agree the NHPPD guiding principles are not applicable to the service area the process for determination of an appropriate workload model will be agreed between the parties.

A working party shall be formed to develop an agreed model for application in such areas. The membership of this working party shall comprise four Department nominees, three ANF and one HSU representatives. The working party has the ability to co-opt members as agreed.

(3) Trial of other models

The parties are agreed to trial other models. Furthermore, the NHPPD Steering Committee shall agree on the Terms of Reference dealing with the implementation and evaluation of any agreed trials of workload models. These should be implemented in areas which have been previously benchmarked to enable analysis. However, other areas may implement trials by mutual agreement.

In the event of the parties not reaching agreement regarding trials of other models the dispute may be raised through the Grievance Procedure commencing at Step 3.

8. Appropriate Skill Mix

The ANF and HSU shall not unreasonably oppose the best use being made of all available and appropriately skilled nursing staff without unnecessary conditions or task demarcations to bring about the most effective team for the optimal provision of health services to patients at general and ward level under the NHPPD model.

