

QUEENSLAND INDUSTRIAL RELATIONS COMMISSION

Industrial Relations Act 2016

Nurses and Midwives (Queensland Health) Award – State 2015

Matter No. B/2026/59 and B/2026/60

REPRINT OF AWARD UNDER SECTION 980

Certification of Reprint

Following the general ruling made by the Commission in the 2026 State Wage Case, the *Nurses and Midwives (Queensland Health) Award – State 2015* is hereby reprinted, under s 980 of the *Industrial Relations Act 2016*.

I hereby certify that the Award contained herein is a true and correct copy of the *Nurses and Midwives (Queensland Health) Award – State 2015* as at 1 September 2026.

Name of modern award: *Nurses and Midwives (Queensland Health) Award – State 2015*

Operative date of the modern award reprint: 1 September 2026

Operative date of modern award: As per clause 2 of the modern award

By the Registrar

M. SHELLEY

11 September 2026

NURSES AND MIDWIVES (QUEENSLAND HEALTH) AWARD – STATE 2015

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PART 1 - Title and Operation

1. Title

This Award is known as the *Nurses and Midwives (Queensland Health) Award – State 2015*.

2. Operation

This Award, made on 30 November 2015, operates from 5 October 2016.

3. Definitions and interpretation

Unless the context otherwise requires, in this Award:

accrued day off (ADO) means a day accrued as a result of the method of working ordinary hours where employees are rostered off on various days of the week during a particular work cycle. An employee may have one or more days off during that cycle

Act means the *Industrial Relations Act 2016*

afternoon shift means a shift commencing at or after 1200 and before 1800

AHPRA means Australian Health Practitioner Regulation Agency

Biala means Biala City Community Health Centre

Biala employee means a nurse or midwife employed at Biala in any classification

Chief Executive means the Chief Executive of the Department of Health

Clinical Unit means the employee's immediate work area

Commission means the Queensland Industrial Relations Commission

Community Health Service means a service which provides comprehensive primary health care services to individuals outside of a Public Hospital including but not limited to the individual's home, residential care facility, school or other community venue

continuous shift work means work done by employees where the hours of work are regularly rotated in accordance with a shift roster covering a 24 hour per day operation over a 7 day week

Correctional Health Services employee means a nurse or midwife employed in a correctional facility in any classification

Department means the Department of Health and includes the work areas/units listed in Schedule 1 from time to time

directive means a directive, or part of a directive, made under section 222 or section 223 of the *Public Sector Act 2022*.

employee means and includes an employee within a classification defined in Schedule 1 of this Award

employer means:

- (a) the Chief Executive of the Department; or
 - (b) a Hospital and Health Service,
- in their capacity as the employer of employees covered by this Award

Enrolled Nurse means an employee who appears on the Register of Practitioners of the Australian Health Practitioners Regulation Agency as an Enrolled Nurse Division 2

Eventide Homes means the Eventide Homes located at Sandgate, Rockhampton and Charters Towers

Eventide Homes (Nursing Grade 1 to Nurse Grade 4) employee means a nurse or midwife employed at or in connection with Eventide Homes and engaged at Nursing Grade 1 to Nurse Grade 4, inclusive

Eventide Homes (Nurse Grade 5 and above) employee means a nurse or midwife employed at or in connection with Eventide Homes and engaged at Nurse Grade 5 and above

FIFO employee means an employee engaged pursuant to clause 29

four weekly work cycle means a work cycle of 28 calendar days in which each employee works ordinary hours of work on no more than 19 days in the work cycle

generic level statement means a broad, concise statement of the duties, skills and responsibilities indicative of a given classification level

Health Service has the same meaning as Hospital and Health Service

Hospital - see Public Hospital

Hospital and Health Service means a Hospital and Health Service established in accordance with the *Hospital and Health Boards Act 2011*

Integrated Mental Health Service means a service that provides comprehensive mental health care in a Public Hospital, Psychiatric Hospital, correctional facility and through community mental health services

Integrated Mental Health Service employee means a nurse or midwife working in a service that provides comprehensive mental health care in a Public Hospital, Psychiatric Hospital, correctional facility and through community mental health services

midwifery means the care of women during pregnancy, labour and the postpartum period, as well as care of the new born

NMBA means the Nursing and Midwifery Board of Australia

night shift means a shift commencing at or after 1800 and before 0730, the major portion of which is worked between 1800 and 0730

non-continuous shift work means work regularly rotated in accordance with a roster which prescribes 2 or more shifts (day, afternoon or night) per day, but does not cover a 24 hour per day operation over a 7 day week (see continuous shift work)

paypoint means the specific rate of remuneration payable to employees within a nurse grade

Psychiatric Hospital means the psychiatric/mental health facilities or hospitals known as The Park (Wacol), Baillie Henderson (Toowoomba) and Charters Towers Rehabilitation Unit

Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) employee means a nurse or midwife employed at or in connection with a Psychiatric Hospital and engaged at Nursing Grade 1 to Nurse Grade 8, inclusive

Psychiatric Hospital (Nurse Grade 9 and above) employee means a nurse or midwife employed at or in connection with a Psychiatric Hospital and engaged at Nurse Grade 9 and above

public holiday has the same meaning as that provided in Schedule 5 of the Act

Public Hospital means any health facility or premises for the reception and treatment of the sick operated by a hospital and health service or the Department and includes: a mental health unit or nursing home attached to a Public Hospital, a health centre, clinic, dental hospital and dental clinic

Public Hospital employee means a nurse or midwife at any classification level who works in a Public Hospital

Public Service means nurses and midwives employed in a community health service or the Department

Public Service employee means a nurse or midwife employed in the Public Service in any classification

QES means the Queensland Employment Standards contained in Part 3 of Chapter 2 of the Act

RANIP employee means a permanent or long term temporary (greater than 12 months) Nurse Grade 3 and above, employed or working in a rural or remote location, as listed in Schedule 4, under the Remote Area Nurse Incentive Package

Registered Midwife means an employee who appears on the Register of Practitioners of the Australian Health Practitioners Regulation Agency as a Registered Midwife

Registered Nurse means an employee who appears on the Register of Practitioners of the Australian Health Practitioners Regulation Agency as a Registered Nurse Division 1

rostered day off means a day free of duty:

- for an employee whose ordinary hours of duty are Monday to Friday: Saturday and Sunday
- for an employee whose ordinary hours of duty include a Saturday and/or Sunday: one of the two days each week, or four days each fortnight, that the employee is not rostered for duty in accordance with clause 15.1. Depending on the working arrangements, a Saturday and/or Sunday may also be a rostered day off

service means, unless otherwise specially stated, all continuous employment whether temporary, probationary or permanent

shift worker means an employee who works non-continuous shift work or continuous shift work

Union means one of the industrial organisations of employees mentioned in clause 4.1(c)

4. Coverage

4.1 This Award applies to:

- (a) all nurses and midwives employed by an employer covered by this Award who are engaged in a classification listed in Schedule 2; and
- (b)
 - (i) the Chief Executive of the Department; and
 - (ii) each Hospital and Health Service,in their capacity as the employer of employees covered by this Award; and
- (c) the following industrial organisations of employees:
 - (i) Queensland Nurses and Midwives' Union of Employees with respect to callings contained in this Award which the Union has eligibility to represent; and
 - (ii) The Australian Workers' Union of Employees, Queensland with respect to callings contained in this Award which the Union has eligibility to represent,to the exclusion of any other award.

4.2 Existing conditions of employment

- (a) The making of this Award is not intended to increase or decrease entitlements or terms and conditions of employment as they existed immediately prior to the commencement of this Award by reason only of the coming into force of this Award.
- (b) As such, no employee is to suffer any loss or diminution of entitlements or terms of conditions of employment enjoyed immediately prior to the commencing of this Award.
- (c) Where the making of this Award creates any unintended consequence for an employer or an employee, the status quo as it existed prior to the commencing of this Award shall apply.

5. The Queensland Employment Standards and this Award

This Award together with the QES provide for a minimum safety net of enforceable conditions of employment for employees covered by this Award.

6. Enterprise flexibility and facilitative award provisions

6.1 Enterprise flexibility

- (a) As part of a process of improvement in productivity and efficiency, discussion should take place at an enterprise level to provide more flexible working arrangements, improvement in the quality of working life, enhancement of skills, training and job satisfaction and to encourage consultative mechanisms across the workplace.
- (b) The consultative processes established in an enterprise in accordance with clause 6.1 may provide an appropriate mechanism for consideration of matters relevant to clause 6.1(a). Union delegates at the place of work may be involved in such discussions.
- (c) Any proposed genuine agreement reached between the Chief Executive and employees in an enterprise is contingent upon the agreement being submitted to the Commission in

accordance with Chapter 4 of the Act and is to have no force or effect until approval is given.

6.2 Procedures to implement facilitative award provisions

Wherever facilitative provisions appear in this Award which allow for determination of the conditions of employment by agreement between the employer and the Union, or the employer and the majority of employees affected, the following procedures shall apply:

- (a) Facilitative award provisions can be negotiated between management and employees who are directly affected by such proposals or between management and the Union depending on the particular award provisions.
- (b) Employees may be represented by their local Union delegate/s and shall have the right to be represented by their local Union official/s.
- (c) Facilitative award provisions can only be implemented by agreement.
- (d) In determining the outcome from facilitative provisions neither party should unreasonably withhold agreement.
- (e) Agreement is defined as obtaining consent of greater than 50% of employees directly affected or of the Union depending upon the particular award provisions.
- (f) Where a provision refers to agreement by the majority of employees affected, all employees directly affected shall be consulted. This consultation shall be undertaken where practicable as a group, or in groups. Should the consultation process identify employees with specific concerns which relate to either equity or occupational health and safety issues, such concerns may be catered for on an individual basis subject to operational requirements.
- (g) Any agreement reached must be documented and shall incorporate a review period.
- (h) Where the agreement relates to either the working of ordinary hours on other than a Monday to Friday basis, the introduction of shift work or a change to the shift roster, the relevant Union/s are to be notified in writing at least one week in advance of agreement being sought.

PART 2 - Dispute Resolution

7. Dispute resolution

7.1 Prevention and settlement of disputes - Award matters

- (a) The objectives of this procedure are the avoidance and resolution of any disputes over matters covered by this Award by measures based on the provision of information and explanation, consultation, co-operation and negotiation.
- (b) Subject to legislation, while the dispute procedure is being followed normal work is to continue except in the case of a genuine safety issue. The *status quo* existing before the emergence of a dispute is to continue whilst the procedure is being followed. No party shall be prejudiced as to the final settlement by the continuation of work.

- (c) There is a requirement for management to provide relevant information and explanation and consult with the appropriate employee representatives.
- (d) In the event of any disagreement between the parties as to the interpretation or implementation of this Award, the following procedures shall apply:
 - (i) the matter is to be discussed by the employee's Union representative and/or the employee/s concerned (where appropriate) and the immediate supervisor in the first instance. The discussion should take place within 24 hours and the procedure should not extend beyond 7 days;
 - (ii) if the matter is not resolved as per clause 7.1(d)(i), it shall be referred by the Union representative and/or the employee/s to the appropriate management representative who shall arrange a conference of the relevant parties to discuss the matter. This process should not extend beyond 7 days;
 - (iii) if the matter remains unresolved it may be referred to the employer for discussion and appropriate action. This process should not exceed 14 days;
 - (iv) if the matter is not resolved then it may be referred by either party to the Commission.
- (e) Nothing contained in this procedure shall prevent a Union or the employer from intervening in respect of matters in dispute should such action be considered conducive to achieving resolution.

7.2 Employee grievance procedures - other than Award matters

- (a) The objectives of the procedure are to promote the prompt resolution of grievances by consultation, co-operation and discussion to reduce the level of disputation and to promote efficiency, effectiveness and equity in the workplace.
- (b) The following procedure applies to all industrial matters within the meaning of the Act:
 - Stage 1: In the first instance the employee shall inform such employee's immediate supervisor of the existence of the grievance and they shall attempt to solve the grievance. It is recognised that an employee may exercise the right to consult such employee's Union representative during the course of Stage 1.
 - Stage 2: If the grievance remains unresolved, the employee shall refer the grievance to the next in line management ("the manager"). The manager will consult with the relevant parties. The employee may exercise the right to consult or be represented by such employee's Union representative during the course of Stage 2.
 - Stage 3: If the grievance is still unresolved, the manager will advise the employer and the aggrieved employee may submit the matter in writing to the employer if such employee wishes to pursue the matter further. If desired by either party the matter shall also be notified to the relevant Union.
- (c) The employer shall ensure that:
 - (i) the aggrieved employee or such employee's Union representative has the opportunity to present all aspects of the grievance; and
 - (ii) the grievance shall be investigated in a thorough, fair and impartial manner.

- (d) The employer may appoint another person to investigate the grievance. The employer may consult with the relevant Union in appointing an investigator. The appointed person shall be other than the employee's supervisor or manager.
- (e) If the matter is notified to the Union, the investigator shall consult with the Union during the course of the investigation. The employer shall advise the employee initiating the grievance, such employee's Union representative and any other employee directly concerned of the determinations made as a result of the investigation of the grievance.
- (f) The procedure is to be completed in accordance with the following time frames unless the parties agree otherwise:
 - Stage 1: Discussions should take place between the employee and such employee's supervisor within 24 hours and the procedure shall not extend beyond 7 days.
 - Stage 2: Not to exceed 7 days.
 - Stage 3: Not to exceed 14 days.
- (g) If the grievance is not settled the matter may be referred to the Commission by the employee or the Union.
- (h) Subject to legislation, while the grievance procedure is being followed normal work is to continue except in the case of a genuine safety issue. The *status quo* existing before the emergence of a grievance or dispute is to continue while the procedure is being followed. No party shall be prejudiced as to the final settlement by the continuation of work.
- (i) Where the grievance involves allegations of sexual harassment an employee should commence the procedure at Stage 3.

PART 3 - Types of Employment, Consultation and Termination of Employment

8. Types of employment

Employees covered by this Award are to be advised in writing of their employment category upon engagement. Employment categories are:

- (a) full-time;
- (b) part-time;
- (c) casual; and
- (d) temporary.

8.1 Full-time employment

A full-time employee is one who is engaged to work an average of 38 ordinary hours per week.

8.2 Part-time employment

- (a) A part-time employee is an employee, other than a casual employee, engaged as such to work regular hours fewer than 38 ordinary hours per week and who receives on a *pro rata*

basis equivalent pay and conditions to those of a full-time employee of the same classification.

- (b) A part-time employee is entitled to a minimum payment of 4 hours per engagement with a maximum of 10 hours engagement on any one day, subject to clause 15.3 of this Award.
- (c) A part-time employee is to have their contracted hours of work specified in writing and such hours are to equate to the actual hours the part-time employee works.
- (d) A part-time employee is entitled to public holiday penalty provisions as set out in clause 23. Payment must only be made for hours actually worked, with the appropriate minimum payments applied where necessary.
- (e) A part-time employee who usually works on a day of the week on which a public holiday falls, and who is not required to work or who is rostered off duty on that day, must be paid for the hours that would otherwise have been worked on that day.
- (f) The termination entitlements of a part-time employee are to take into account periods of both full-time and part-time employment in accordance with the relevant provisions of this Award based on the periods of respective service.

8.3 Casual employment

- (a) A casual employee means an employee engaged as such for not more than 32 ordinary hours per week, who is paid on an hourly basis.
- (b) To meet an exigency, a casual employee may work more than 32 hours in any week if the employee is paid at the appropriate overtime rate for all time worked in excess of 32 hours.
- (c) Subject to clause 8.3(e), a casual employee is to be paid a loading of 25% of the ordinary hourly rate for the level of work the employee is engaged to perform with a minimum payment as for two hours' work in respect of each engagement.
- (d) The casual loading of 25% is paid instead of annual leave, paid personal/carer's leave, notice of termination, redundancy benefits and other attributes of full-time or part-time employment. The loading constitutes part of the casual employee's salary for the purposes of calculating overtime, weekend penalties, public holiday and shift payments, where relevant.
- (e) The penalty paid for casual work on Sundays is inclusive of the casual loading paid to such an employee.
- (f) The method of calculating overtime and penalty rate payments for casual employees are as follows:
 - (i) weekend penalty - Saturday
(ordinary rate + casual loading) x 1.5
 - (ii) weekend penalty - Sunday
[Note: the casual loading is not payable on Sundays]
 - (A) Nursing Grade 1
(ordinary rate) x 2

- (B) Nursing Grade 2 and above
(ordinary rate) x 1.75
- (iii) public holidays
(ordinary rate + casual loading) x 2.5
- (iv) overtime
 - (A) Nursing Grade 1 (not rostered to work shift work)
(ordinary rate + casual loading) x 1.5 for first three hours
(ordinary rate + casual loading) x 2 after three hours
 - (B) Nursing Grade 1 (rostered to work shift work)
(ordinary rate + casual loading) x 2
 - (C) Nursing Grade 2 and above
(ordinary rate + casual loading) x 1.5 for first three hours
(ordinary rate + casual loading) x 2 after three hours
- (v) afternoon shift
 - (A) Nursing Grade 1
(ordinary rate + casual loading) + 15% of ordinary rate on hours that attract shift loading
 - (B) Nursing Grade 2 and above
(ordinary rate + casual loading) + 12.5% of ordinary rate on hours that attract shift loading
- (vi) night shift
 - (A) Nursing Grade 1
(ordinary rate + casual loading) + 17.5% of ordinary rate on hours that attract shift loading
 - (B) Nursing Grade 2 and above
(ordinary rate + casual loading) + 20% of ordinary rate on hours that attract shift loading

8.4 Temporary/fixed-term engagements

- (a) Each employer covered by this Award is committed to maximising permanent employment. A temporary or fixed-term employee is an employee engaged to meet temporary circumstances existing within the Department or a hospital and health service.
- (b) A temporary employee is to be notified in writing prior to the commencement of employment of the starting and finishing dates of employment or, in lieu of a finishing date, notified of the specific circumstance/s or contingency relating to a specific task, project or reason, upon the occurrence of which the term of employment is to expire.
- (c) A temporary/fixed-term employee will not be required to serve a probationary period.
- (d) Any period of employment of a temporary/fixed term employee will be counted as continuous service for the purpose of calculating entitlements in accordance with the relevant provisions of this Award.

8.5 Probationary employment

- (a) Except where the employer and an employee agree to a different period or no period of probation prior to commencement of employment, the engagement of a full-time or part-time employee will in the first instance be subject to a probationary period of 3 months duration. If a period of probation of longer than 3 months is agreed, it must:
 - (i) be agreed in writing; and
 - (ii) be a reasonable period having regard to the nature and circumstances of the employment.
- (b) The employer may terminate the employment of an employee who is on probation at any time during the probationary period.
- (c) Where an employee's service is considered satisfactory or where an employee's service exceeds the designated probationary period or agreed extension the employee's employment will be deemed to be confirmed.

8.6 Incidental or peripheral tasks

An employer may direct an employee to carry out duties that are within the particular employee's skill, competence and educational preparation provided:

- (a)
 - (i) the duties are consistent with those performed by classifications in this Award and within the educational preparation required for employment at such classifications; or
 - (ii) if not consistent with the terms of clause 8.6(a)(i), the duties are essential duties of an urgent, special or unusual nature required to be carried out because of the non-availability of the classification of employee usually assigned to that class of work and are not required on a regular basis; and
- (b) this provision will not affect an employee's entitlement to higher or other duties and allowances as otherwise provided in this Award; and
- (c) all such directions are consistent with the employer's responsibilities to provide a safe, healthy working environment.

8.7 Anti-discrimination

- (a) In fulfilling their obligations under this Award, the parties must take reasonable steps to ensure that neither the Award provisions nor their operation are directly or indirectly discriminatory in their effects. Discrimination includes:
 - (i) discrimination on the basis of sex, relationship status, family responsibilities, pregnancy, parental status, breastfeeding, age, race, impairment, religious belief or religious activity, political belief or activity, trade Union activity, lawful sexual activity, gender identity, sexuality and association with, or in relation to, a person identified on the basis of any of the above attributes;
 - (ii) sexual harassment; and
 - (iii) racial and religious vilification.

- (b) Nothing in clause 8.7 is to be taken to affect:
 - (i) any different treatment (or treatment having different outcomes) which is specifically exempted under the *Anti-Discrimination Act 1991*;
 - (ii) an employee, employer or registered organisation, pursuing matters of discrimination, including by application to the Australian Human Rights Commission/Anti-Discrimination Commission Queensland.

9. Termination of employment

9.1 Notice of termination by the employer

Notice of termination by the employer is provided for in Division 13 of the QES. Clauses 9.2 to 9.6 supplement the QES provisions.

9.2 Notice of termination by an employee

Unless otherwise agreed between the employer and an employee the notice of termination required by an employee, other than a casual employee, will be two weeks or two weeks' salary forfeited in lieu. If an employee fails to give the required notice the employer will have the right to withhold monies due to the employee with a maximum amount equal to the ordinary time rate of salary for the period of notice not provided.

9.3 Notice cannot be offset

In the absence of mutual agreement between the employer and the employee, annual leave or any part thereof cannot be considered as or nominated as notice for the purpose of giving notice of termination of employment.

9.4 Job search entitlement

Where an employer has given notice of termination to an employee for reasons other than redundancy, the employee must be allowed up to one day's time off without loss of pay for the purpose of seeking other employment. The time off is to be taken at times that are convenient to the employee after consultation with the employer.

9.5 Accrued ADO entitlement

Where an employee ceases employment and has accrued credits that have not been used under the ADO system, such credits must be paid to the employee on termination. Where the ADO has been taken in anticipation of credits, any shortfall at the date of termination may be recovered from the employee. The shortfall may be recovered from any final monies payable to the employee.

9.6 Statement of employment

The employer shall, in the event of termination of employment, provide upon request to an employee who has been terminated a written statement specifying the period of employment and the classification or type of work performed by the employee.

10. Redundancy

10.1 Redundancy pay

Redundancy pay is provided for in Division 13 of the QES. Clauses 10.2 to 10.9 supplement the QES provisions.

Note: Where a directive about employees requiring placement, transfer within and between classification levels and systems or early retirement, redundancy and retrenchment covers an employee, the provisions of the relevant directive apply to the employee to the extent they provide a more generous entitlement than those set out in the QES or in clauses 10.2 to 10.9, inclusive.

10.2 Consultation before termination

- (a) Where an employer decides that the employer no longer wishes the job an employee/s has been doing to be done by anyone, and this is not due to the ordinary and customary turnover of labour, and that decision may lead to termination of employment, the employer shall consult the employee/s directly affected and, where relevant, their Union/s.
- (b) The consultation shall take place as soon as it is practicable after the employer has made a decision which will invoke the provisions of clause 10.2(a) and shall cover the reasons for the proposed terminations and measures to avoid or minimise the terminations and/or their adverse effects on the employee/s concerned.
- (c) For the purpose of the consultation the employer shall, as soon as practicable, provide in writing to the employee/s concerned and, where relevant, their Union/s, all relevant information about the proposed terminations including the reasons for the proposed terminations, the number and categories of employees likely to be affected, the number of workers normally employed and the period over which the terminations are likely to be carried out.
- (d) Notwithstanding the provision of clause 10.2(c), the employer shall not be required to disclose confidential information, the disclosure of which would be adverse to the employer's interests.
- (e) The emphasis of consultation will be on minimum disruption to the workforce and maximum placement of affected staff within the Department and hospital and health services.

10.3 Transfer to lower paid duties

- (a) Where an employee is transferred to lower paid duties by reason of redundancy the employee shall be entitled to the same period of notice of transfer as the employee would have been entitled to if the employee's employment had been terminated under the redundancy pay provisions of the QES.
- (b) The employer may, at the employer's option, make payment in lieu thereof of an amount equal to the difference between the former amounts the employer would have been liable to pay and the new lower amount the employer is liable to pay the employee for the number of weeks of notice still owing.
- (c) The amounts must be worked out on the basis of:
 - (i) the ordinary working hours to be worked by the employee; and

- (ii) the amounts payable to the employee for the hours including, for example, allowances, loadings and penalties; and
- (iii) any other amounts payable under the employee's employment contract.

10.4 Employee leaving during notice period

An employee given notice of termination in circumstances of redundancy may terminate their employment during the period of notice. The employee is entitled to receive the benefits and payments they would have received under this clause had they remained in employment until the expiry of the notice, but is not entitled to payment instead of notice.

10.5 Job search entitlement

- (a) An employee given notice of termination in circumstances of redundancy must be allowed up to one day's time off without loss of pay during each week of notice for the purpose of seeking other employment.
- (b) If the employee has been allowed paid leave for more than one day during the notice period for the purpose of seeking other employment the employee must, at the request of the employer, produce proof of attendance at an interview or the employee will not receive payment for the time absent. For this purpose a statutory declaration will be sufficient.
- (c) Clause 10.5 applies instead of clause 9.4 in cases of redundancy.

10.6 Transmission of business

- (a) Where a business is, whether before or after the date of commencement of this Award, transmitted from the employer (transmittor) to another employer (transmittee) and an employee who at the time of such transmission was an employee of the transmittor of the business becomes an employee of the transmittee:
 - (i) the continuity of the employment of the employee shall be deemed not to have been broken by reason of such transmission; and
 - (ii) the period of employment which the employee has had with the transmittor or any prior transmittor shall be deemed to be service of the employee with the transmittee.
- (b) In clauses 10.6 and 10.7, 'business' includes trade, process, business or occupation and includes a part or subsidiary (which means a corporation that would be taken to be a subsidiary under the Corporations Law, whether or not the Corporations Law applies in the particular case) of any such business and 'transmission' includes transfer, conveyance, assignment or succession whether by agreement or by operation of law and 'transmitted' has a corresponding meaning.

10.7 Exemption where transmission of business

The provisions of clause 10.6 are not applicable where a business is, before or after the date of commencement of this Award, transmitted from the employer (transmittor) to another employer (transmittee) in any of the following circumstances:

- (a) where the employee accepts employment with the transmittee which recognises the period of continuous service which the employee had with the transmittor and any prior transmittor to be continuous service of the employee with the transmittee; or

- (b) where the employee rejects an offer of employment with the transmittee:
 - (i) in which the terms and conditions are substantially similar and no less favourable, considered on an overall basis, than the terms and conditions applicable to the employee at the time of ceasing employment with the transmittor; and
 - (ii) which recognises the period of continuous service which the employee had with the transmittor and any prior transmittor to be continuous service of the employee with the transmittee.

10.8 Alternative employment

An employer, in a particular case, may make application to the Commission to have the general severance pay prescription amended if the employer obtains acceptable alternative employment for an employee.

10.9 Employees exempted

Clauses 10.1 to 10.8 shall not apply:

- (a) where employment is terminated as a consequence of misconduct on the part of the employee; or
- (b) to an employee engaged for a specific period or task/s; or
- (c) to a casual employee; or
- (d) to an employee with less than one year's continuous service, in which case the general obligation on an employer should be no more than to give the relevant employee an indication of the impending redundancy at the first reasonable opportunity and to take such steps as may be reasonable to facilitate the obtaining by the employee of suitable alternative employment.

11. Consultation

11.1 Employer's duty to notify

- (a) Where the employer decides to introduce changes in production, program, organisation, structure or technology that are likely to have significant effects on employees, the employer shall notify the employees who may be affected by the proposed changes and, where relevant, their Union/s.
- (b) 'Significant effects' includes termination of employment; major changes in the composition, operation or size of the employer's workforce or in the skills required; the elimination or diminution of job opportunities or job tenure; the alteration of hours of work; the need for retraining or transfer of employees to other work or locations and the restructuring of jobs.
- (c) Where the Award makes provision for alteration of any of the matters referred to in clauses 11.1(a) and (b) an alteration shall be deemed not to have significant effect.

11.2 Employer's duty to consult over change

- (a) The employer shall consult the employees affected and, where relevant, their Union/s about the introduction of the changes, the effects the changes are likely to have on employees (including the number and categories of employees likely to be dismissed, and the time when, or the period over which, the employer intends to carry out the dismissals) and ways to avoid or minimise the effects of the changes (e.g. by finding alternate employment).
- (b) The consultation must occur as soon as practicable after making the decision referred to in clause 11.1.
- (c) For the purpose of such consultation the employer shall provide in writing to the employees concerned and, where relevant, their Union/s, all relevant information about the changes including the nature of the changes proposed, the expected effects of the changes on employees, and any other matters likely to affect employees.
- (d) Notwithstanding the provision of clause 11.2(c) the employer shall not be required to disclose confidential information, the disclosure of which would be adverse to the employer's interests.
- (e) The consultation process will not be used to frustrate or delay the changes but rather ensure that all viable options are considered.

11.3 Commitment to consultation

- (a) The parties to this Award recognise entitlements contained within this Award need to be implemented through an open and consultative process.
- (b) As such, the parties are committed to involving employees and their Union representatives in the decision-making processes affecting the workforce. Employees will participate in the consultation processes by the provision of adequate time to understand, analyse, seek appropriate advice from their Union or other advisor and respond to information.
- (c) Consultation requires the exchange of timely information relevant to the issues at hand, and a genuine desire for the consideration of each party's views, before making a final decision.

11.4 Hospital and Health Service Consultative Forum (HHSCF) and Local Consultative Forums (LCFs)

- (a) Each hospital and health service will establish and maintain a HHSCF and LCFs.
- (b) HHSCF and LCFs or equivalent will continue in accordance with the Terms of Reference agreed by the parties represented on such forums.
- (c) Such forums may include previously titled District Consultative Forums (DCF), or equivalent.

11.5 Nurses and Midwives Implementation Group (NaMIG)

- (a) The parties agree that an interest based approach (mutual gains) will be adopted. An interest based approach aims to:
 - (i) promote a relationship based on trust;

- (ii) search for mutual gains while managing conflicts in interests; and
 - (iii) arrive at a fair outcome.
- (b) NaMIG will be comprised of equal representation from the Department, Hospital and Health Services and the QNU. This group will be established and operate in accordance with the agreed terms of reference.
- (c) NaMIG will develop an agreed monitoring framework and will report progress on the nursing and midwifery workforce at least annually.

11.6 Nurses and Midwifery consultative forums

Nursing and Midwifery consultative forums established prior to the commencement of this Award will continue in accordance with the terms of reference agreed by the parties represented on such forums.

PART 4 - Minimum Salary Levels, Allowances and Related Matters

12. Classifications and minimum wage and salary levels

12.1 Classification of employees

- (a) Employees covered by this Award are to be classified into the appropriate classification utilising the nursing and midwifery generic level statements which are contained in Schedule 2.
- (b) These statements reflect the degree of complexity and responsibility of duties, skills and knowledge proceeding from the lowest to the highest nurse grades.

12.2 Minimum salary levels

- (a) The minimum salaries payable to nurses and midwives covered by this Award are prescribed in the table below:

Classification level				Wage Rates as at 1 September 2026 ¹	
Indicative Title	Nurse Grade	Band	Paypoint	Fortnightly Salary \$ ²	Annual ³ Salary \$ ²
Assistant in Nursing	Nursing Grade 1	1	1	2,536	66,162
			2	2,599	67,805
			3	2,640	68,875
			4	2,709	70,675
			5	2,778	72,475
			6	2,815	73,441
Assistant in Nursing - Sterilising Services		2	1	2,778	72,475
			2	2,820	73,571
			3	2,868	74,823

Classification level				Wage Rates as at 1 September 2026 ¹	
Indicative Title	Nurse Grade	Band	Paypoint	Fortnightly Salary \$ ²	Annual ³ Salary \$ ²
Undergraduate Student Nurse/Midwife	Nursing Grade 2		2nd Year Students	2,599	67,805
			3rd Year Students	2,640	68,875
Enrolled Nurse	Nurse Grade 3		1	2,778	72,475
			2	2,820	73,571
			3	2,868	74,823
			4	2,913	75,997
			5	2,961	77,250
Enrolled Nurse Advanced Skill	Nurse Grade 4		1	3,048	79,519
			2	3,100	80,876
Registered Nurse Registered Midwife	Nurse Grade 5		Re-entry	3,100	80,876
			1	3,245	84,659
			2	3,398	88,650
			3	3,553	92,694
			4	3,708	96,738
			5	3,862	100,756
			6	4,016	104,773
			7	4,168	108,739
Clinical Nurse	Nurse Grade 6	1	1	4,240	110,617
			2	4,340	113,226
			3	4,441	115,861
			4	4,545	118,575
Associate Clinical Nurse Consultant Associate Nurse Unit Manager Associate Nurse Associate Educator Associate Nurse Manager Associate Nurse Researcher	Nurse Grade 6	2	1	4,905	127,967
Clinical Nurse Consultant Nurse Unit Manager Nurse Educator Nurse Manager Nurse Researcher	Nurse Grade 7		1	5,213	136,002
			2	5,448	142,133
			3	5,583	145,655
			4	5,662	147,716
Nurse Practitioner	Nurse Grade 8		1	5,873	153,221
			2	6,020	157,056
Director of Nursing - Rural or Remote	Nurse Grade 9		1	5,997	156,456
			2	6,269	163,552
			3	6,423	167,570
Assistant Director of Nursing	Nurse Grade 10		1	6,135	160,056
			2	6,432	167,804

Classification level				Wage Rates as at 1 September 2026 ¹	
Indicative Title	Nurse Grade	Band	Paypoint	Fortnightly Salary \$ ²	Annual ³ Salary \$ ²
Nursing Director Director of Nursing	Nurse Grade 11		1	6,868	179,179
Nursing Director Director of Nursing	Nurse Grade 12		1	7,562	197,285
Health Service Director of Nursing Executive Director of Nursing and Midwifery	Nurse Grade 13	1	1	8,096	211,217
Executive Director of Nursing and Midwifery		2	1	9,848	256,924

Notes:

¹ Includes the arbitrated wage adjustment payable under the 1 September 2026 Declaration of General Ruling.

² Rounded to the nearest dollar.

³ Annual salaries (fortnightly rate x 26.089) are for reference purposes only.

12.3 Payment of salaries

Salaries payable to all employees covered by this Award will be paid fortnightly and may at the discretion of the Chief Executive be paid by electronic funds transfer.

12.4 Progression within classification levels

Progression within a Grade or Band is based on meeting the following requirements:

- (a) For a Grade or Band for which there is more than one paypoint, progression is to occur having regard to the acquisition and utilisation of skills and knowledge through experience in the employee's practice setting/s over the following periods:
 - (i) full-time and part-time employees -12 months' service (annual increment);
 - (ii) casual employees - 1200 hours and 12 months' continuous service with the same employer.
- (b) Movement from one Grade or Band to the next is by promotion only. Upon promotion from one Grade or Band to another, or if the employee has advanced to the next paypoint by some other method, progression to the next paypoint within the Grade or Band must only occur as follows:
 - (i) full-time and part-time employees - after a further 12 month period from the date of new promotion;
 - (ii) casual employees - after a further 1200 hours and 12 months of continuous service.

(c) Nursing Grade 1

- (i) A Nursing Grade 1, Band 1 employee at paypoint 1 will progress to paypoint 2 in accordance with clause 12.4(a).
 - (ii) A Nursing Grade 1, Band 1, paypoint 2 employee must hold a relevant Certificate III to progress to paypoint 3 and all further paypoints in accordance with clause 12.4(a).
 - (iii) Where a Nursing Grade 1, Band 1 employee has more than 12 months at paypoint 2 and obtains a relevant Certificate III, the employee will progress to paypoint 3 from the date of the approval of the qualification.
- (d) For the purpose of this provision, **continuous service** for a casual employee is considered to be broken if more than 3 months, excluding any public holidays, has elapsed between the end of one employment contract and the start of the next employment contract.

12.5 Engagement at classification

(a) Nursing Grade 1, Band 2

- (i) Where a Nursing Grade 1, Band 1 paypoint 6 employee is promoted to Nursing Grade 1, Band 2, the employee will be employed at paypoint 2 of Band 2.
- (ii) Where a Nursing Grade 1, Band 1 employee who is in receipt of the targeted training allowance in accordance with clause 13.18 is promoted to Nursing Grade 1, Band 2 the employee will be employed at paypoint 3 of Band 2.

(b) Nurse Grade 3

- (i) Subject to clause 12.5(b)(ii), an employee employed at Nurse Grade 3 will be employed at paypoint 2 subject to the recognition of previous service provisions at clause 12.6.
- (ii) Re-entry enrolled nurse

An employee who is an enrolled nurse holding provisional registration who does not meet the NMBA's Recency of Practice Registration Standard, and who is undertaking an approved program of study/supervision for re-entry as an enrolled nurse as determined by the NMBA, is to be treated as follows:

- (A) The employee will remain at paypoint 1 while undertaking the approved program of study/supervision for re-entry until the employee appears on the AHPRA Register of Practitioners and holds a current practising certificate as an enrolled nurse.
- (B) During the period of engagement at Nurse Grade 3 paypoint 1, the employee will work under the direct or indirect supervision of a registered nurse by assisting with the care of residents/patients as delegated by the registered nurse.
- (C) Once the employee has gained registration as an enrolled nurse all service, including the period of engagement at Nurse Grade 3 paypoint 1, will be recognised in accordance with clause 12.6.

12.6 Recognition of previous nursing experience

- (a) For the purpose of determining the applicable paypoint, an employee is to be given credit for all previous nursing/midwifery experience at the relevant nursing/midwifery level or higher. This will include time spent in obtaining additional nursing/ midwifery certificates/qualifications other than the general nursing certificate/qualification.
- (b) In calculating nursing/midwifery experience for the purposes of clause 12.5(a), any period of employment covered by a relevant nursing award or relevant nursing agreement registered with an industrial tribunal or for which a licence to practice was required is to be recognised in accordance with the matrix in clause 12.5(j).
- (c) In respect to casual experience, 1200 hours' experience or 12 months in time, whichever is the later, in such casual capacity will be deemed to be equivalent of one full year full-time experience for the purposes of clause 12.5(a).
- (d) On termination of employment in any health facility, each employee is to be given a certificate, signed by the delegated officer, setting out the duration of employment and the capacity in which the employee was employed.
- (e) The onus of proof rests with the employee to present proof of past experience within a period of four weeks of commencement of duty. In cases where satisfactory proof has not been produced within four weeks, payment of salary for years of experience will only be paid from the date satisfactory proof is produced.
- (f) In cases where documentary evidence is unable to be obtained, consideration may be given in special circumstances to the production of other evidence that is considered satisfactory to the employer.
- (g) The temporary service of an employee who is permanently employed will be counted towards the employee's length of service for all purposes of this Award, providing such service is continuous and immediately preceded the employee's employment.
- (h) Where recognising previous experience after a period of absence from nursing, the matrix in clause 12.5(j) applies for the purposes of determining the applicable paypoint.
- (i) If the absence is greater than 5 years AHPRA re-entry requirements must be satisfied before recognition of previous services can be counted.
- (j) Matrix:

Years of nursing experience	Years of absence from nursing						
	<5 yrs	>5 yrs but <7 yrs	>7 yrs but <9 yrs	>9 yrs but <11 yrs	>11 yrs but <13 yrs	>13 yrs but <15 yrs	>15 yrs
Less than 1 yr	1	1	1	1	1	1	1
>1 yr but <2 yrs	2	1	1	1	1	1	1
>2 yrs but <3 yrs	3	2	1	1	1	1	1
>3 yrs but <4 yrs	4	2	1	1	1	1	1

>4 yrs but <5 yrs	5	3	2	1	1	1	1
>5 yrs but <6 yrs	6	3	2	1	1	1	1
>6 yrs but <7 yrs	7	4	3	2	1	1	1
>7 yrs but <8 yrs	7	5	4	3	1	1	1
>8 yrs but <15 yrs	7	6	5	4	3	1	1
>15 yrs but <25 yrs	7	7	6	5	4	3	2
>25 yrs	7	7	7	6	5	4	3

- (k) In applying this matrix to a classification, recognition of previous experience will apply consistent with the matrix up to the maximum paypoint of the applicable classification.

For example, if in accordance with the matrix six years previous experience is recognised and the applicable classification has only four paypoints, the employee would be employed at paypoint 4.

12.7 Salary sacrifice arrangements

- (a) Eligible employees covered by this Award may participate in salary sacrifice arrangements as determined by the Chief Executive to the extent allowed by the relevant Commonwealth legislation.
- (b) The administrative processes to accommodate salary sacrifice arrangements shall be established by the Chief Executive and may be varied from time to time as required, for example to reflect changes in the relevant Commonwealth legislation or changes in procedures adopted by a particular salary packaging bureau service.
- (c) The following principles will apply where employees avail themselves of salary sacrifice arrangements:
- (i) there will be no additional costs incurred by the employer, either directly or indirectly;
 - (ii) as part of the salary sacrifice arrangements, the costs for administering the package via a salary packaging bureau service, and including any applicable Fringe Benefit Tax (FBT), will be met without delay by the participating employee;
 - (iii) there will be no additional increase in superannuation costs or to FBT payments made by the employer that would not otherwise be payable had the employee not engaged in salary sacrifice arrangements;
 - (iv) the employee may cancel any salary sacrificing arrangements by giving one month's notice of cancellation to the employer, and similarly the employer will give the employee one month's notice of termination;
 - (v) employees should obtain independent financial advice prior to taking up salary sacrifice arrangements; and

- (vi) there will be no significant additional administrative workload or other ongoing costs to the employer.
- (d) Where the employee has elected to sacrifice a portion of the payable salary:
 - (i) subject to Australian Tax Office requirements, the sacrificed portion will reduce the salary subject to appropriate tax withholding deductions by the amount sacrificed;
 - (ii) any allowance, penalty rate, overtime, weekly workers' compensation benefit, or other payment, to which an employee is entitled under an industrial instrument, Act or Statute which is expressed to be determined by reference to the employee's salary, will be calculated by reference to the gross salary which the employee would receive if not taking part in salary sacrifice arrangements;
 - (iii) salary sacrifice arrangements will be maintained during all periods of leave on full pay, including the maintenance of cash and non-cash benefits; and
 - (iv) the employee's salary for superannuation purposes and severance and termination payments will be the gross salary which the employee would receive if not taking part in salary sacrifice arrangements.
- (e) For the purposes of this clause **eligible employees** means full-time, part-time and long-term casual employees as defined in the Act.
- (f) Authorised industrial officers (see clause 38) will be entitled to inspect any record of the employer and external salary packaging bureau service to ensure compliance with the salary packaging or salary sacrifice arrangements.

13. Allowances

13.1 Accelerated paypoint advancement and qualifications allowance

- (a) The following provisions apply to an employee Nurse Grade 5 to 7, inclusive, or Nurse Grade 9 who holds a qualification or advanced qualification recognised by the employer as relevant to the employee's current position which is in addition to the qualification required for registration as a registered nurse or registered midwife with AHPRA.
- (b) A **qualification** is:
 - (i) a graduate certificate, graduate diploma, or a qualification of equivalent value; or
 - (ii) a second bachelor degree.
- (c) An **advanced qualification** is a masters degree or PhD.
- (d) Accelerated paypoint advancement

An employee who obtains a qualification or advanced qualification, and who is not at the maximum paypoint of their classification, will be advanced by one paypoint from the date the qualification is accepted by the employer but will retain their existing increment date.

- (e) Qualification and advanced qualification allowance

- (i) The qualification allowance is calculated on the basis of 3.5% of the wage rate of a Nurse Grade 5, paypoint 7.
 - (ii) The advanced qualification allowance is calculated on the basis of 5.5% of the wage rate of a Nurse Grade 5, paypoint 7.
 - (iii) The qualification allowance and advanced qualification allowance is payable for all purposes of this Award.
- (f) The qualification allowance and advanced qualification allowance is payable as follows:
- (i) Employees at the maximum paypoint:
 - (A) An employee who qualifies for an allowance under clause 13.1(a) and who is at the maximum paypoint of their classification is entitled to receive the relevant allowance from the date the qualification is accepted by the employer.
 - (B) There is no requirement for such an employee to be at the top paypoint for 12 months before receiving the relevant allowance.
 - (ii) Employees at the second last paypoint:

When an employee is on the second last paypoint at the time of receiving the accelerated advancement in paypoint in accordance with clause 13.1(d), which would then place them on the maximum payment, the relevant allowance is payable from their next increment date and not upon the completion of 12 months' service at the maximum paypoint.
 - (iii) Employees not at the second last or maximum paypoint:
 - (A) An employee who qualifies for an allowance under clause 13.1(a) and who is not at the second last or the maximum paypoint of their classification is entitled to the relevant allowance upon the completion of 12 months' service at the maximum paypoint.
 - (B) Part-time employees are required to have either 12 months' service or 1200 hours, whichever is the greater.
- (g) Qualification allowance upon promotion and higher duties
- (i) An employee who has received an accelerated paypoint advancement under clause 13.1(d) and who is not in receipt of an allowance, and who is subsequently promoted to a higher level, Nurse Grades 5 to 7, inclusive, or undertakes higher duties, automatically becomes eligible for the relevant allowance subject to the qualification being recognised by the employer as relevant to the employee's higher position.
 - (ii) An employee in receipt of an allowance under clause 13.1(g)(i) is entitled to retain the relevant allowance upon promotion to a higher level, Nurse Grades 5 to 7, inclusive, subject to the qualification being recognised by the employer as relevant to the employee's higher position.
 - (iii) An employee in receipt of an allowance who relieves in a higher position which does not attract the allowance will be placed on the paypoint within the classification

of the higher position which ensures the employee's current rate of pay (including the relevant qualification allowance but excluding penalty rates) is not reduced.

- (h) Qualification allowance where more than one qualification
 - (i) An employee who has advanced a paypoint under the above provisions is not eligible for any further advancement with respect to a qualification of equivalent value.
 - (ii) An employee who has been advanced a paypoint in respect of a qualification relevant to a lower classification may also be advanced a paypoint in a higher classification when the employee attains an advanced qualification. In such cases the employee also retains the qualification allowance of 3.5%.
 - (iii) In such a case, following 12 months' service at the maximum paypoint of the higher classification, the employee forfeits the qualification allowance of 3.5% and the advanced qualification allowance of 5.5% is payable.
 - (iv) Only one allowance is to be paid at any one time.
- (i) Qualifications no longer relevant

When an employee's qualification is no longer recognised by the employer as relevant to the employee's current position, any allowance payable under the above provisions will cease from the date the employer formally advises the employee of such situation in writing.

13.2 Annual isolation allowance

- (a) A RANIP employee is entitled, on a *pro rata* basis, to an annual isolation allowance calculated on the basis of years of service in remote areas, as follows:

Period of service	Allowance (full-time) \$
At the conclusion of one year of service	3500
At the conclusion of two years of service	10500
At the conclusion of three or more years of service	7000

- (b) The allowance is to be paid as a single annual payment at the completion of each 12 months' service and is not cumulative.
- (c) The allowance is not payable to a RANIP employee in receipt of a locality allowance.
- (d) Service for the purposes of determining eligibility to the allowance will include all periods of paid leave.
- (e) Unpaid leave in excess of nine working days is not to be recognised as service for the purposes of this payment.
- (f) The allowance is a flat amount and is not payable for all purposes of this Award.
- (g) The allowance is not payable to casual or temporary employees engaged for less than 12 months.

13.3 Broken shift allowance - Public Hospitals

A Public Hospital employee engaged on a shift or shifts in which the ordinary hours of duty are subject to a break in continuity other than for the purpose of meal breaks and rest pauses is to be paid a broken shift allowance of \$4.26 per shift for each shift so worked.

13.4 Divisional and District parities - Public Hospitals

- (a) Public Hospital employees in the Divisions and Districts set out in the table below are to be paid the following additional amounts:

Division/District	Per week \$
Northern Division, Eastern District	1.05
Northern Division, Western District	2.20
Mackay Division	0.90
Southern Division, Western District	1.05

- (b) Divisions:

- (i) Northern Division - That portion of the State along or north of a line commencing at the junction of the sea coast with the 21st parallel of south latitude; then from that latitude due west to 147 degrees of east longitude; then from that longitude due south to 22 degrees 30 minutes of south latitude; then from that latitude due west to the western border of the State.
- (ii) Mackay Division - That portion of the State within the following boundaries: Commencing at the junction of the sea-coast with the 21st parallel of south latitude; then from that latitude due west to 147 degrees of east longitude; then from that longitude due south to 22 degrees of south latitude; then from that latitude due east to the sea coast; then from the sea-coast northerly to the point of commencement.
- (iii) Southern Division - That portion of the State not included in the Northern or Mackay Divisions.

- (c) Districts:

- (i) Northern Division:

Eastern District - That portion of the Northern Division along or east of 144 degrees 30 minutes of east longitude.

Western District - The remainder of the Northern Division.

- (ii) Southern Division:

Eastern District - That portion of the Southern Division along or east of a line commencing at the junction of the southern border of the State with 150 degrees of east longitude; then from that longitude due north to 25 degrees of south latitude; then from that latitude due west to 147 degrees of east longitude; then from that longitude due north to the southern boundary of the Mackay Division.

Western District - The remainder of the Southern Division.

13.5 Higher or special duties allowance

- (a) A Public Hospital employee (other than a Nursing Grade 2) who is required to perform special duties or to relieve for one week or more in a higher classification must be paid at the higher rate for the whole of the period of special duty or relief.
- (b) A registered nurse who is not permanently on the staff of a Hospital and who is employed to relieve a Public Hospital Nurse Grade 9 and above employee must be paid the relevant rate for the position being relieved during the period.

Note: Where a directive about higher duties covers an employee, the provisions of the relevant directive apply to the employee to the extent it provides a more generous entitlement.

13.6 Hyperbaric allowance

- (a) An employee working in hyperbaric chambers is not able to "dive" more than three days in a row for short and shallow dives. There must also be an 18 hour surface interval between dives which means only one dive is permitted per day. For longer dives a 48 hour surface interval is required.
- (b) An employee working in a hyperbaric chamber is entitled to an allowance at the rate of \$31.35 per week.

13.7 Laundry allowance

The employer will launder the employee's uniforms or an allowance of \$5.60 per fortnight shall be paid.

13.8 Locality Allowance - Eventide Homes, Public Service, Correctional Health Services, Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) and Biala employees

Note: Where a directive about locality allowance covers an employee, the provisions of the directive apply to the employee.

13.9 Mental health environment allowance

All employees working in high security and/or medium security mental health units shall be paid an allowance at the rate of \$62.70 per fortnight.

13.10 Motor vehicle allowance

- (a) Where an employer requires an employee to use their own vehicle in or in connection with the performance of their duties, the employee shall be paid an allowance for each kilometre of authorised travel as follows:
 - (i) motor vehicle - \$1.00 per kilometre; and
 - (ii) motorcycle - \$0.34 per kilometre.
- (b) An employer may require an employee to record full details of all such official travel requirements in a log book.

13.11 Night supervisor allowance - Public Hospitals

A Public Hospital employee, Nurse Grades 5 to 7, inclusive, who is required to undertake the duties of night supervisor (e.g. after-hours Nurse Manager) is to be paid the following additional amounts per night while so engaged:

- (a) \$8.47 per night where the daily average of occupied beds is 100 and under; or
- (b) \$16.83 per night where the daily average of occupied beds is over 100.

13.12 Operating theatre allowance - Public Hospitals

A Public Hospital employee, Nurse Grade 5 and above, appointed to be in charge of theatre is to be paid an additional \$3.80 per day.

13.13 Overtime meal allowance

- (a) An employee who is required to work overtime for more than one hour after their ordinary rostered ceasing time shall be paid an allowance of \$18.10 where the usual meal time occurs during that overtime.
- (b) In addition, an Eventide Homes (Nursing Grade 1 to Nurse Grade 4) or Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) employee required to work overtime (not in conjunction with an ordinary rostered shift) for more than two hours, without receiving notice of the overtime on the previous day or earlier, shall be paid an allowance of \$18.10 where the meal time occurs during that overtime.
- (c) An Eventide Homes (Nursing Grade 1 to Nurse Grade 4) or Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) employee who has been given notice to work overtime on the previous working day or earlier, and has brought to work a prepared meal and such overtime is cancelled, shall be paid a meal allowance of \$18.10 for the prepared meal.
- (d) Overtime meal allowances are not payable if a meal of reasonable quality and quantity is provided by the employer.

13.14 Pharmacy allowance

- (a) Public Hospitals

A Public Hospital employee, Nurse Grade 5 and above, required to perform dispensing work in a Public Hospital in which a dispenser is not employed is to be paid an additional \$2.83 per hour for time actually engaged on dispensing work.

- (b) Correctional Health Services

- (i) A Correctional Health Services employee required to perform pharmacy duties including but not limited to:

- (A) ordering of stock;
- (B) storage of stock;
- (C) dispense and supply of drugs,

is to be paid an additional \$43 per week.

- (ii) A part-time and casual employee is paid on a *pro rata* basis for ordinary hours worked.
- (iii) The allowance is not paid during periods of paid or unpaid leave or with respect to overtime.
- (iv) A Correctional Health Services employee who ceases to perform pharmacy duties in accordance with this clause is not entitled to this allowance.

13.15 Professional development allowance

(a) Nurse Grade 3 and above - non RANIP employee

- (i) Subject to clause 13.15(b), a permanent Nurse Grade 3 and above working 16 hours or more a fortnight is entitled to be paid the following professional development allowance on a *pro rata* basis in accordance with the categories of Hospital and Health Service facilities recorded in Schedule 4:

Category	Last pay period in March \$	Last pay period in September \$	Annual total \$
A	1,148.50	1,177.00	2,325.50
B	1,435.00	1,471.00	2,906.00
C	861.00	882.50	1,743.50

- (ii) The allowance is payable in respect of periods of paid leave, but is not payable for any other purpose of this Award (such as: calculation of overtime, penalty payments, superannuation etc.).
 - (iii) The allowance shall be paid directly to nurses and midwives via the payroll system.
 - (iv) The allowance is paid out on termination from employment, including resignation and retirement, on a *pro-rata* basis. The rate for calculating payment of the allowance upon termination will be the rate applicable as at date of termination.
- #### (b) Nurse Grade 3 and above - RANIP employee
- (i) In lieu of the allowance at clause 13.15(a) a RANIP employee, working 16 hours or more a fortnight, is entitled to reimbursement for travel, enrolment and conference costs for attendance at all approved courses and conferences.
 - (ii) Without limiting this provision, if a RANIP employee does not receive a financial benefit under clause 13.15(b)(i) equivalent to the Category B annual rate prescribed in clause 13.15(a) prior to the last pay period of September each year, the employer is to pay the difference between any amount received by the employee and the Category B annual rate.
 - (iii) This payment will be made in the last pay period of September each year. This will ensure the RANIP employee is not overall disadvantaged with respect to any RANIP professional development entitlement and the professional development allowance available to other nurses and midwives.

- (iv) For the purpose of calculating the allowance, nurses and midwives engaged after 30 September in any calendar year will receive a *pro rata* entitlement for the period from the date of engagement to the last pay period of the following September.
- (v) The allowance is paid out on termination from employment, including resignation and retirement, on a *pro-rata* basis.

13.16 Relieving in-charge allowance

- (a) Subject to clause 13.16(b), if for one entire shift or more an employee Nurse Grade 6 or above should normally be rostered but is not rostered to work or is unavailable, a Nurse Grade 5 employee designated by the employer to act "in charge" is to be paid an additional \$16.52 for each shift of ordinary hours worked unless that employee is already being paid a higher rate of pay for the performance of higher or special duties.
- (b) The allowance prescribed in this provision is not payable if an employee Nurse Grade 6 or above is "in-charge" of more than one unit/area and is rostered on duty. However, the appropriate professional standards will apply to ensure that the employee Nurse Grade 6 or above could exercise their "in-charge" responsibilities appropriately across the clinical units for which they are responsible.
- (c) The allowance prescribed in this provision is also payable to a Psychiatric Hospital employee where on one shift or more in respect of a vacant position or a position the occupant of which is on leave:
 - (i) a Nurse Grade 5 relieves in a position of Nurse Grade 6; or
 - (ii) a Nurse Grade 6 relieves in a position of Nurse Grade 7.
- (d) The allowance prescribed in this provision to be paid as an hourly rate, based on a 7.6 hour day, and is to be taken into account for the purpose of calculating weekend penalties, overtime and public holidays only. The allowance is not to be included for calculating shift penalties, superannuation or leave entitlements.

13.17 Special payment - Eventide Homes and Psychiatric Hospitals

- (a) An Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) employee is entitled to a special payment of \$26.50 per fortnight which is to operate for all purposes of this Award.
- (b) A Psychiatric Hospital (Nurse Grade 9 and above) employee is entitled to a special payment of \$27.40 per fortnight which is to operate for all purposes of this Award.

13.18 Targeted training allowance - Nursing Grade 1 Band 1

A targeted training allowance of \$42.60 per fortnight, payable for all purposes of this Award, is to be paid to a Nursing Grade 1, Band 1 employee who has Certificate III qualifications and has been at paypoint 6 for 12 months or more.

13.19 Uniforms

- (a) The employer will supply free of charge, and replace on a fair wear and tear basis, an adequate number of uniforms appropriate to each employee's occupation that meet workplace health and safety standards.

- (b) The employer will ensure that the supply of nurses' uniforms will provide flexibility in the range of items supplied. Employees will be provided with a choice of different shirt styles and lower garments including, but not limited to: shirts, polos, shorts, culottes, trousers, pants, skirts and dresses.
- (c) The style of the uniforms will be determined by the employer after consultation with the Union/s.
- (d) In addition, the employer will provide to Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and all Psychiatric Hospital employees an overcoat of proper fit and good quality or reimburse the employee for the cost of such an overcoat.
- (e) Subject to clause 13.19(f), where a uniform is not provided the employer will pay an allowance at the rate of \$283.00 per annum (\$10.85 per fortnight). The allowance is calculated at the cost, from time to time, for an employee to purchase five each of the most expensive uniform upper and lower garments from a supplier approved by the employer.
- (f) A Biala employee is entitled to be paid a uniform allowance of \$6.40 per fortnight.
- (g) The allowances prescribed in clauses 13.19(e) and (f), respectively, will be paid each fortnight and will also be payable during periods of absence on sick, annual or other paid leave.
- (h) The employer will replace or reimburse to Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and all Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) employees the cost of private clothing which is damaged or destroyed in the discharge of duty where the employee is not supplied with uniforms or is required to wear private clothing while on duty.

13.20 X-ray and radium allowance - Public Hospitals

A Grade 9 or Public Hospital employee, Nurse Grade 5 and above, whose duties requires them to use or assist in using x-ray apparatus or radium is entitled to an additional \$29.30 per fortnight.

13.21 Adjustment of allowances

- (a) Other than the allowances at clauses 13.2 (annual isolation allowance), 13.4 (divisional and district parities), 13.10 (motor vehicle allowance), 13.13 (overtime meal allowance), 13.15 (professional development allowance) and 13.19 (uniforms), respectively, all other monetary allowances specified in clause 13 shall be automatically adjusted from the same date and in the same manner as monetary allowances are adjusted in any State Wage Case decision or other decision of the Commission adjusting minimum wage rates in this Award.
- (b) In addition to the monetary allowances specified in clause 13, the monetary allowances in clauses 18.2(b) and (e) (on call and recall), respectively, shall also be adjusted in the same manner and at the same time as prescribed in clause 13.21(a).
- (c) At the time of any adjustment to the wage rates in this Award the expense related allowances at clauses 13.10 (motor vehicle allowance), 13.13 (overtime meal allowance), 13.19 (uniforms) and 31 (board and lodging), respectively, shall be automatically adjusted by the relevant adjustment factor. The relevant adjustment factor for this purpose is the percentage movement in the applicable index figure most recently published by the Australian Bureau of Statistics since the allowance was last adjusted.

- (d) The applicable index figure is the index figure published by the Australian Bureau of Statistics for the Eight Capitals Consumer Price Index, as follows:

<u>Allowance</u>	<u>Eight Capitals Consumer Price Index (ABS - Table 18)</u>
Accommodation allowance (last adjusted 1 September 2026)	Domestic holiday, travel and accommodation sub-group
Motor vehicle allowance (last adjusted 1 September 2026)	Private motoring sub-group
Overtime meal allowance (last adjusted 1 September 2026)	Take-away and fast foods sub-group
Uniforms (last adjusted 1 September 2026)	Clothing and footwear group

14. Superannuation

- (a) Subject to Commonwealth legislation, all employers subject to this Award must comply with superannuation arrangements prescribed in the *Superannuation (State Public Sector) Act 1990* (and associated Deed, Notice and Regulation).
- (b) Where Commonwealth legislation provides for choice of fund rights to an employee subject to this Award, and that employee fails to elect which superannuation fund to which employer contributions are directed, the employer will direct contributions to the appropriate fund as prescribed by the abovementioned Queensland legislation.

PART 5 - Hours of Work and Related Matters

15. Hours of duty

15.1 Nursing Grade 1 to Nurse Grade 9 employees

- (a) Subject to clauses 15.2 and 15.3, the ordinary hours of duty of employees will be an average of 38 hours per week, but no greater than 80 in any one fortnight, to be worked according to a roster as follows:
- (i) 19 days (or shifts) of 8 hours' duration worked and one day (also of 8 hours) to be taken as an ADO (with pay) in any four weekly cycle; or
 - (ii) In shifts as required, not exceeding 10 hours and not less than 4 hours in duration, with the hours worked in excess of an average of 38 per week over a four weekly cycle being credited towards an ADO; or
 - (iii) Where circumstances exist in a hospital, facility, ward, or some discrete section of a hospital or facility that warrant a different method of working the 38 hour week other than that provided above, the employer, in consultation with the relevant Union and the employees directly affected, may agree to vary the methods of working the 38 hour week for that particular hospital, facility, ward or discrete section of a hospital or facility.

- (b) The ordinary working hours of a Nursing Grade 1 to Nurse Grade 9 employee covered by this Award will be worked in shifts the length of which must be agreed between the employer and the Union in consultation with the affected employees.
- (c) ADOs may be accumulated up to a maximum of five days, or 12 days in exceptional circumstances, and taken at a mutually acceptable time.
- (d) ADOs will be arranged so that they do not occur on a public holiday. An ADO will be taken on another day as agreed by the employee and employer within the same four weekly cycle where possible.
- (e) Notwithstanding that an employee may not be required to work on a public holiday it will still be regarded as a day worked for the purposes of the accrual of an ADO.

15.2 Nurse Grade 10 and above

- (a) The usual hours of work for a Nurse Grade 10 and above employee is an average of 38 hours per week, 76 hours per fortnight or 152 hours in a four week period. However, to perform the job effectively, a Nurse Grade 10 and above employee may be required to work additional hours as appropriate.
- (b) A Nurse Grade 10 and above employee may work flexibly. This flexibility includes the option of available times off during the week (for example an afternoon off) or as a more formal accumulated day off arrangement.

15.3 Twelve hour shift arrangements

- (a) Where an employer identifies a need to extend the shifts of ordinary hours of employees to support new models of care and/or changing health needs, it is to consult with the Union and the employees concerned. Introduction of 12 hour shifts will be implemented after agreement with the Union and a majority of the employees affected.
- (b) Prior to the commencement of a 12 hour shift arrangement, the parties are to establish a method for evaluation of the workability and effectiveness of the proposed shift arrangement. Such evaluation is to include, but is not to be limited to, consideration of the following factors:
 - (i) patient outcomes;
 - (ii) health and safety;
 - (iii) adverse incidents;
 - (iv) staff satisfaction;
 - (v) financial implications;
 - (vi) sick leave;
 - (vii) childcare implications;
 - (viii) effects on family and social life;

- (ix) effects on work performance;
 - (x) effects/impacts upon other clinical units;
 - (xi) professional development;
 - (xii) communication;
 - (xiii) effects on management - recruitment and retention; and
 - (xiv) impact on other work units.
- (c) Employees working 12 hour shift arrangements will have the following conditions apply:
- (i) participation in the 12 hour shift arrangements will be on a voluntary basis provided that an employee who does not wish to participate will be redeployed at the same classification level only if no reasonably practicable alternative to working the 12 hour shift is available and acceptable to the employee;
 - (ii) the maximum continuous ordinary hours to be worked in such circumstances will be 12 hours in any one day;
 - (iii) subject to clause 15.3(c)(iv), an employee who works a shift of 12 ordinary hours is entitled to one paid meal break and one unpaid meal break, each of 30 minutes duration. The first meal break is to occur between the fourth and sixth hours of duty and the second meal break is to occur during the ninth or tenth hours from the commencement of duty;
 - (iv) A Correctional Health Services employee who works a shift of 12 ordinary hours is entitled to two paid meal breaks, each of 30 minutes duration. The first meal break is to occur between the third and sixth hours of duty and the second meal break is to occur no later than the tenth hour from the commencement of duty.
 - (v) employees will be entitled to two 10 minute rest pauses in the first and second half of an ordinary 12 hour shift, to be taken at a time to suit the convenience of the employer;
 - (vi) for occupational health and safety reasons an employee should not perform overtime immediately before or following a 12 hour shift of ordinary hours;
 - (vii) each employee will be allowed in each fortnight either:
 - (A) two blocks of three consecutive days off in each week; or
 - (B) two consecutive days off in one week and four consecutive days off in the other week; or
 - (C) where mutually agreed, three blocks of two consecutive days off,
 - (viii) an employee may work a maximum span of four 12 hour shifts where those shifts are a combination of:
 - (A) two day and two night shifts; or

- (B) one day and three night shifts; or
 - (C) three days and one night,
 - (ix) where an employee works a combination of 8 and 12 hour shifts a maximum of five shifts in a row may be worked. This will include a minimum of two 8 hour shifts;
 - (x) an employee who completes a 12 hour shift will be allowed a break of 10 hours between the termination of the 12 hour shift and the commencement of another shift; and
 - (xi) a part-time employee may be rostered up to 12 ordinary hours on any one day.
 - (xii) A Correctional Health Services employee engaged in 12 hour shift arrangements is entitled to a 10 hour break between the end of an ordinary rostered shift and the beginning of the next ordinary rostered shift except in emergent circumstances where the minimum will be 8 hours.
- (d) The annual leave entitlements of an employee working 12 hour shift arrangements is recorded in clauses 19.1 and 19.2.

15.4 Integrated Mental Health Services arrangements

The following arrangements apply to Integrated Mental Health Service employees:

- (a) An Integrated Mental Health Service employee may be employed in any part of an Integrated Mental Health Service including the following settings:
 - (i) Public Hospital;
 - (ii) Psychiatric Hospital;
 - (iii) Public Service, such as a community health service; and
 - (iv) Correctional Health Services.

Participation of all employees in these settings is a mandatory condition of employment.

- (b) An Integrated Mental Health Service employee will receive entitlements under this Award in accordance with the setting, as described in clause 15.4(a), in which the employee works for greater than 50% of ordinary working hours.
- (c) If the period of time spent in the setting described in clause 15.4(b) should fall below 50%, the employee's conditions of employment will be maintained for a period of 3 months after which time they will be employed in accordance with the conditions of employment for that work setting.
- (d) Where an Integrated Mental Health Service employee is transferred from one setting to another setting, the employer must consult with the employee and give consideration to the needs of the new setting and any change of entitlement under this Award arising from the transfer.
- (e) Where there is an extended hours arrangement in place, a paid meal break will be provided on afternoon, night, weekend and public holiday shifts. Meal breaks during other periods of work will be taken in accordance with clause 16.

- (f) To facilitate integration and provide opportunity for training and development, a registered nurse may work in a Community Health Service as part of an Integrated Mental Health Service. The inclusion of Nurse Grade 5 employees in such a service will not affect the number of existing Nurse Grade 6 employees in that service.

15.5 Rostering

- (a) No employee will be rostered to perform ordinary duty for more than 10 consecutive days or shifts unless mutually agreed otherwise.
- (b) Each employee will be allowed two whole consecutive rostered days off in each week which are not to include accrued days off.
- (c) In lieu of two whole consecutive rostered days off in each week an employee may be allowed in each fortnightly period:
 - (i) one day off in one week and three consecutive days off in the other week; or
 - (ii) four consecutive days off at any point in the fortnight.
- (d) Two consecutive days off, one at the end of one week and one at the beginning of the following week, may be counted as meeting the requirements of clause 15.5(c).
- (e) Rosters setting out the employee's rostered days of duty and starting and finishing times on each day must be displayed in a place conveniently accessible to employees at least seven days before the commencement of each four weekly work cycle.
- (f) Notwithstanding the provisions of clause 15.5(e), a roster for accrued days off must be posted at least four weeks before the commencement of a four weekly work cycle.
- (g) For Biala employees:
 - (i) rosters must be mutually agreed between the employer and the Union in consultation with the affected employees; and
 - (ii) the employer must give an employee not less than 24 hours' notice of any change to the rostered hours or double time will be payable for the employee's next shift.
- (h) When an Eventide Homes (Nursing Grade 1 to Nurse Grade 4) or Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) employee's shift is altered in emergency circumstances the employee must be notified as promptly as possible.
- (i) For Correctional Health Services employees:
 - (i) engaged in shift work - rosters will have two whole consecutive days off between midnight and midnight, in each seven day period;
 - (ii) an attempt will be made to average out the number of weekends worked with the number of weekends not worked during the cycle of the roster;
 - (iii) rosters will range from one to 30 weeks long but will average 38 hours per week over the life of the roster in accordance with rostering arrangements in place for each correctional facility as at 1 April 2016; and

- (iv) wherever possible, day shifts will not commence before 0600. It is acknowledged that specific operations requirements may necessitate a start prior to 0600. However, this will be by exception.

15.6 Rest breaks between rostered shifts

- (a) Subject to clause 15.6(b), an employee is to be allowed a rest break of not less than 10 hours between the termination of a shift of ordinary hours and the commencement of another shift of ordinary hours.
- (b) By agreement in writing between the employee and the employer, the break between shifts may be reduced to eight hours.
- (c) Where the required break of 10 hours (or 8 hours by agreement in writing) has not occurred, the employee will be paid double rates until released from duty for 8 or 10 hours, as the case may be.
- (d) The provisions of clause 15.6 will apply in the case of a shift worker as if 8 hours were substituted for 10 hours when overtime is worked:
 - (i) for the purpose of changing shift rosters; or
 - (ii) where a shift worker does not report for duty and a day worker or a shift worker is required to replace the absent shift worker; or
 - (iii) where a shift is worked by arrangement between employees themselves.
- (e) For the purpose of this clause **double rates** means single time in addition to the prescribed rate payable depending upon when the work is performed.

15.7 Change of leave days and of working shifts - Eventide Homes, Psychiatric Hospitals and Biala

- (a) Mutual changes of leave days and of working shifts for Eventide Homes (Nursing Grade 1 to Nurse Grade 4), Biala and all Psychiatric Hospital employees will be permitted between similar classes of employees by the delegated officer upon written application of the employees concerned if, in the opinion of the delegated officer, the change is not detrimental to the effective carrying out of the proper function of an organisational unit.
- (b) Eventide Homes (Nursing Grade 1 to Nurse Grade 4), Biala and all Psychiatric Hospital employees must be not more than one level (e.g. pay point) removed from the employee they wish to change with.
- (c) The change of leave days/working shifts must not extend beyond three weeks.

15.8 Change over of shifts - Biala, Eventide Homes and Psychiatric Hospitals

Biala, Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and all Psychiatric Hospital employees must work such time beyond the rostered shift as is necessary for the changing of shifts and will not receive extra payment for such time.

15.9 Payment for cancelled shifts - Eventide Homes and Psychiatric Hospitals

When the rostered shift of an Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) employee is cancelled by the employer with less than 24 hours' notice, the employee will be paid for four hours at the ordinary rate.

15.10 Breaks after night shift - Correctional Health Services

- (a) Following the last night shift worked, a Correctional Health Services employee will have a minimum break of two clear days between midnight and midnight.

For example: if an employee completed a block of night shifts at 0600 on Monday morning they would not commence duty until at least 0600 on Thursday.

- (b) Overtime shifts/changes of duty may be worked by consent after a break of one whole day, midnight to midnight, subject to all other guidelines being observed.

15.11 Extended hours of services - Public Service, Eventide Homes (Nurse Grade 5 and above) and Corrective Correctional Health Services employees

- (a) Where an employer identifies a need to extend the hours of services for Public Service, Eventide Homes (Nurse Grade 5 and above) or Correctional Health Services employees to support new models of care and/or changing health needs, consultation with the Union and the employees concerned will occur and an extended hours service arrangement will be entered into.
- (b) The annual leave entitlements of employees working extended hours of service arrangements are recorded in clauses 19.1 and 19.2.
- (c) The public holiday entitlements of employees working extended hours of service arrangements are recorded in clause 23.
- (d) A Public Service, Eventide Homes (Nurse Grade 5 and above) or Correctional Health Services employee who was employed as at 16 May 2003 pursuant to a contract of employment that expressly stipulates that the employee will not be required to work outside a particular arrangement of hours of work will not be required to participate in an extended hours of service arrangement inconsistent with that stipulation except by agreement between the employer and the employee concerned.

15.12 Shift work and weekend work

- (a) Afternoon shifts
 - (i) An employee (excluding a Nursing Grade 1 employee referred to in clause 15.12(a)(ii), and a midwife participating in a caseload model of care) working an afternoon shift is to be paid an allowance of 12.5% for all ordinary hours worked, except for work performed on a Saturday, a Sunday or a public holiday, which is to be paid in accordance with clauses 15.12(e) and 23(a) and (b).
 - (ii) A Nursing Grade 1 employee working an afternoon shift is to be paid an allowance of 15% for all ordinary hours worked, except for work performed on a Saturday, a Sunday or a public holiday, which is to be paid in accordance with clauses 15.12(e) and 23(a) and (b).
- (b) Night shifts

- (i) An employee (excluding a Nursing Grade 1 employee referred to in clause 15.12(b)(ii), and a midwife participating in a caseload model of care) working night shift is to be paid an allowance of 20% for all ordinary hours worked, except for work performed on a Saturday, a Sunday or a public holiday, which is to be paid in accordance with clauses 15.12(e) and 23(a) and (b).
 - (ii) A Nursing Grade 1 employee working a night shift is to be paid an allowance of 17.5% for all ordinary hours worked, except for work performed on a Saturday, a Sunday or a public holiday, which is to be paid in accordance with clauses 15.12(e) and 23(a) and (b).
- (c) Limitation on night duty
- (i) Subject to clauses 15.12(c)(ii) and (iii), night duty must be limited to a period not exceeding 3 months at any one time, and any employee who has performed night duty continuously for a period of 3 months must not be again employed on night duty during the 6 months following such period.
 - (ii) Any employee may, by written agreement with the employer, be employed permanently on night duty.
 - (iii) Clause 15.12(c) does not apply to any employee classified as a Nurse Grade 6 and above.
 - (iv) A Nursing Grade 2 employee sitting for an examination relevant to their nursing or midwifery course of study will not be required to perform night duty on the night before the examination day.
- (d) Night shift and public holiday work
- (i) An employee working night shift before and during a public holiday is to be paid as follows:

Shift	Allowance
Night shift before a public holiday until midnight	Shift penalty applicable for that day
Night shift before a public holiday after midnight	Public holiday penalty rates
Night shift on public holiday until midnight	Public holiday penalty rates
Night shift on public holiday after midnight	Shift penalty applicable for that day

- (e) Weekend work
- (i) Afternoon and night shift allowances do not apply to shift work performed on a Saturday or on a Sunday, where the extra payments prescribed in clauses 15.12(e)(ii), (iii) and (iv) apply.
 - (ii) In respect of ordinary hours worked where the rostered starting and finishing times of a shift occur before and after midnight on a Friday, Saturday or Sunday night, the penalty rates to be paid are as follows:

Shift	Allowance
Friday night shift until midnight	Night shift allowance
Friday night shift after midnight	Saturday penalty rates
Saturday night shift until midnight	Saturday penalty rates
Saturday night shift after midnight	Sunday penalty rates
Sunday night shift until midnight	Sunday penalty rates
Sunday night shift <u>after</u> midnight	Night shift allowance

(iii) Saturday penalty rate:

All time worked by an employee up to and including 10 hours in any rostered shift of ordinary hours between 0000 and 2400 on a Saturday is to be paid at the rate of time and one-half.

(iv) Sunday penalty rate:

(A) Except for a Nursing Grade 1 employee, all time worked by an employee between 0000 and 2400 on a Sunday is to be paid at the rate of time and three-quarters.

(B) All time worked by a Nursing Grade 1 employee between 0000 and 2400 on a Sunday is to be paid at the rate of double time.

(v) Where more than 10 ordinary hours are worked in any one shift of ordinary hours on a weekend double time must be paid for all time in excess of 10 hours.

(vi) The method of calculating penalty rate payments for a casual employee is recorded in clause 8.3(f).

16. Meal breaks

(a) All employees covered by this Award are entitled to a meal break of a minimum of 30 minutes duration as provided in the table below:

Relevant employees	Meal break
(i) - Public Hospital - Public Service - Eventide Homes (Nurse Grade 5 and above) - Correctional Health Services	Meal break unpaid (i.e. not included in ordinary hours of work)
(ii) - Biala - Eventide Homes (Nursing Grade 1 to Nurse Grade 4) - all Psychiatric Hospitals	Meal break paid (i.e. included in ordinary hours of work)

(b) Subject to clause 16(c), the meal break will be taken between the fourth and sixth hours of duty.

- (c) No meal break will be taken by an employee on an ordinary rostered shift of six hour or less. However, a Public Hospital employee is entitled to a meal break unless it is agreed between the employer and employee that no meal break will be taken.

17. Rest pauses

- (a) Every employee covered by this Award is entitled to a rest pause of 10 minutes duration in the employer's time in the first and second half of the working day. Such rest pauses are to be taken at times to suit the convenience of the employer and so as not to interfere with the continuity of work where continuity, in the opinion of the employer, is necessary.
- (b) The employer may determine that the rest pauses may be combined into one 20 minute rest pause to be taken in the first part of the ordinary working day, with such 20 minute rest pause and the meal break arranged in such a way that the ordinary working day is broken up into three approximately equal working periods.

18. Overtime

18.1 General provisions

- (a) This clause does not apply to:
 - (i) Nurse Grade 10 and above employees; and
 - (ii) Registered midwives participating in a caseload model receiving an annualised salary.
- (b) Nursing Grade 1
 - (i) All authorised overtime worked in excess of rostered ordinary hours Monday to Saturday, inclusive, by a Nursing Grade 1 employee not rostered to work shift work, shall be paid at the rate of time and one-half for the first 3 hours and double time thereafter.
 - (ii) All authorised overtime worked in excess of rostered ordinary hours by a Nursing Grade 1 employee, rostered to work shift work, shall be paid at the rate of double time.
 - (iii) A minimum payment of 2 hours applies to work on Saturday and Sunday.
 - (iv) The minimum payment prescribed in clause 18.1(b)(iii) does not apply where a Nursing Grade 1 employee works overtime in conjunction with or as an extension of the normal ordinary rostered shift.
 - (v) A Nursing Grade 1 employee recalled to perform duty after completing an ordinary shift or on any accrued day off shall be paid at overtime rates for such duty with a minimum payment of 2 hours at overtime rates.
 - (vi) A Nursing Grade 1 employee who is not a shift worker who is required to work on their first rostered day off shall be paid at one and one-half times the ordinary rate for the first 3 hours and double time thereafter, with a minimum of 3 hours.
 - (vii) A Nursing Grade 1 employee required to work on their second rostered day off shall be paid at the rate of double time, with a minimum payment of 3 hours.

- (viii) All authorised overtime worked on a public holiday, shall be paid at the rate of double time and one-half.
- (c) Nursing Grade 2 to Nurse Grade 9, inclusive
 - (i) All authorised overtime worked in excess of an employee's rostered ordinary hours of work Monday to Saturday, inclusive, is to be paid at the rate of time and one-half for the first three hours and double time thereafter.
 - (ii) All authorised overtime worked on Sunday is to be paid at the rate of double time.
 - (iii) All authorised overtime worked on a public holiday is to be paid at the rate of double time and one-half.
 - (iv) A Correctional Health Services employee:
 - (A) May be required to work reasonable time in excess of ordinary hours.
 - (B) Shall not perform more than 16 hours of consecutive duty inclusive of overtime. Overtime in combination with a 12 hour ordinary shift should be worked in exceptional circumstances only.
 - (C) In receipt of the aggregated shift allowance or who is a shift worker whose hours of work are regularly rotated in accordance with a shift roster covering two or more shifts per day will be paid for all overtime at the rate of double time. Overtime will be paid on the employee's base rate.
 - (D) Engaged as a casual employee, an ordinary shift is to be no more than 12 hours.
- (d) Time off in lieu
 - (i) Subject to mutual agreement between an employee and their employer, an employee who performs overtime work may be granted time off in lieu of monetary compensation for such overtime at a mutually convenient time on a time for time basis.
 - (ii) Accrual of such time off will be to a maximum of 24 hours. Any time accrued in excess of 24 hours is to be paid at the appropriate overtime rate.
- (e) Work performed by a Correctional Health Services employee on Labour Day outside the ordinary starting and finishing times is to be paid for at double the overtime rate prescribed for an ordinary working day.

18.2 On call and recall

- (a) This clause does not apply to registered midwives participating in a caseload model receiving an annualised salary
- (b) An employee who is rostered to be on call at their private residence, within the hospital precincts or at any other mutually agreed place, will receive an additional amount as specified in the table below:

	AIN Nurse Grade 1	Nurse Grade 3 and above
Monday to Friday	\$31.17 per night ¹	\$31.17 per on call period between rostered shifts or part thereof
Saturday, Sunday, public holiday, rostered day off or ADO	\$57.07 where on call for the whole day ²	\$57.07 per on call period between rostered shifts or part thereof
	\$35.86 where on call for the night only	

Notes:

1. **night** means between 1700 and 0800 or mainly between these hours.
2. **whole day** means a 24 hour period.

- (c) A Nurse Grade 3 and above employee rostered to be on call for a period spanning two days over which two different on call allowances apply will receive a payment which is equal to the allowance payable for the day attracting the higher allowance.
- (d) An employee rostered to be on call is required to remain at their private residence or any other mutually agreed place as will enable the employer to readily contact them by telephone or other electronic device during the hours for which they have been placed on call.
- (e) An employee who is rostered to be on call and required to remain within the hospital precincts will be provided with board and lodging free of charge. A Nursing Grade 1 employee will receive a further \$3.80 for each period on call in addition to the amount provided in clause 18.2(b).
- (f) (i) An employee who is rostered to be on call and who is recalled to work for any purpose will be paid at the appropriate overtime rate for time worked as specified as below:
- (A) a Nursing Grade 1 employee will receive a minimum payment as for two hours' work, with time spent travelling to and from the place of duty counting as time worked;
- (B) a Nurse Grade 3 and above employee will receive a minimum payment as for three hours' work commencing from the time the employee starts work.
- (ii) However, the employee will not be required to work for three hours if the work for which the employee was recalled to perform, and any other further work for which the employee otherwise would have been recalled, is completed in less than three hours.
- (g) An employee who is rostered to be on call and who is recalled to work will be provided with transport to and from their home to the hospital/facility or will be refunded the cost of such transport.

18.3 Recall to duty (other than from on call) - Nurse Grade 3 and above

- (a) This clause does not apply to registered midwives participating in a caseload model receiving an annualised salary.

- (b) A Nurse Grade 3 and above employee who is not rostered to be on call and who is recalled to work will be paid a minimum of three hours at the appropriate overtime rate. The time spent travelling to and from the place of duty will be counted as time worked.
- (c) An employee recalled to work:
 - (i) will be provided with transport to and from their home or will be refunded the cost of such transport; and
 - (ii) will not be obliged to work for three hours if the work for which the employee was recalled, and any other further work for which the employee otherwise would have been recalled, is completed in less than three hours.
- (d) Where an employee is recalled within three hours of commencing normal duty and the employee remains at work:
 - (i) the employee will not be obliged to work for three hours if the work for which the employee was recalled, and any other further work for which the employee otherwise would have been recalled, is completed in less than three hours.
 - (ii) only time spent in travelling to work will be included with the period of actual duty for the purpose of calculating overtime payment; and
 - (iii) the employee will be provided with transport from their home to the hospital/facility or will be refunded the cost of such transport.

18.4 Rest breaks after overtime and recall

- (a) When overtime is necessary it will, wherever reasonably practicable, be so arranged that employees have at least 10 hours off duty between successive shifts, including overtime.
- (b) An employee who works so much overtime between the termination of ordinary work on one day and the commencement of ordinary work on the next day, so that at least 10 consecutive hours off duty has not elapsed between those times, is to be released from duty until they have had 10 consecutive hours off duty without loss of pay for ordinary working time occurring during such absence.
- (c) If, on the instruction of the employer, an employee resumes or continues work without having had 10 consecutive hours off duty, the employee is to be paid double rates until they are released from duty and shall then be entitled to be absent until they have had 10 consecutive hours off duty without loss of pay for ordinary working time occurring during such absence.
- (d) An employee entitled to on call or recall allowances under the Award will not be entitled to the additional payment of double rates prescribed in clause 18.4(c) if they are recalled for a total of less than two hours during an on call period. However, in accordance with clause 18.4(c), the employee remains entitled to be absent for 10 consecutive hours off duty without loss of pay for ordinary working time occurring during that absence.

18.5 On call, home visiting and telephone counselling: outreach service arrangements

- (a) This clause relates to Nurse Grade 5 and above employees working in the specific area of the Paediatric Oncology Palliative Care Outreach Service (the Service), Children's Health Queensland Hospital and Health Service. The service includes:

- (i) on call home visiting for the purposes of coordinating and providing direct nursing care; and
 - (ii) liaising with health professionals involved in the shared palliative care of clients.
- (b) A Nurse Grade 5 and above employee, authorised to provide telephone advice and/or counselling outside ordinary working hours (without the need to visit the patient or return to the facility) is to be paid for the actual time spent providing telephone advice up to a maximum of two hours on any one day at the prescribed overtime rate. The employee will be responsible for the recording of such requests for advice for subsequent verification by the employer.
- (c) With specific authorisation and where clinical intervention is deemed necessary, a Nurse Grade 5 and above employee may be authorised to provide an after hours home visit. Where such visit occurs, the employee will be paid at the appropriate overtime rate for actual hours worked.
- (d) Similar arrangements to those provided above may be extended to other services by agreement between an employer and a Union, in consultation with the affected employees.

PART 6 - Leave of Absence and Public Holidays

19. Annual leave

Annual leave is provided for in Division 5 of the QES. Clauses 19.1 to 19.9 supplement the QES.

19.1 Period of annual leave

- (a) All full-time employees covered by this Award are entitled to the following annual leave on full pay after 12 months' continuous service:

Relevant employees	Period of annual leave
(i) Public Hospital (excluding dental hospital and dental clinic)	190 hours/5 weeks (includes 38 hours in lieu of extra payment for work done on the public holidays listed at clause 23(c))
(ii) Biala employees ordinarily required to work on a public holiday	190 hours/5 weeks (includes 38 hours in lieu of extra payment for work done on the public holidays listed at clause 23(c))
(iii) Employees ordinarily required to work on public holidays under extended hours service arrangements, restricted to: • Public Service • Eventide Homes (Nurse Grade 5 and above) • Correctional Health Services	190 hours/5 weeks (includes 38 hours for work in extended hours service arrangements on public holidays)
(iv) Eventide Homes (Nursing Grade 1 to Nurse Grade 4) (v) all Psychiatric Hospitals (vi) Dental hospital and dental clinic (vii) employees not ordinarily required to work on a public holiday, restricted to: • Biala • Public Service • Eventide Homes (Nurse Grade 5 and above) • Correctional Health Services	152 hours/4 weeks

19.2 Additional annual leave

- (a) In addition to the minimum amount of annual leave prescribed in clause 19.1, employees working in the workplaces/facilities in the table below are entitled to an additional 38 hours/1 week of annual leave:

Reason	Relevant employees	Eligibility requirement
(i) Continuous shift worker	- Public Hospital (including dental hospital and dental clinic) - Public Service - Eventide Homes (Nurse Grade 5 and above) - Correctional Health Services	Where a roster provides 3 shifts per day over a period of 7 days per week and an employee works all 3 shifts, allocated in rotation, and has worked at least 20 rostered night shifts each year.
	Biala	Where a roster provides 3 shifts per day over a period of 7 days per week and an employee works all 3 shifts, allocated in rotation.
	- Employees on 12 hours shift arrangements - FIFO	Where a roster provides 2 x 12 hour shifts per day over a period of 7 days per week and an employee works shifts allocated in rotation.
(ii) Locality ^{1 2 3}	- Public Service - Eventide Homes (Nurse Grade 5 and above) - Correctional Health Services	Where the employee's headquarters is in the Northern and Western Region.
(iii) Continuous operation of facility	- Eventide Homes (Nursing Grade 1 to Nurse Grade 4) - all Psychiatric Hospitals	Work in a facility which is in continuous operation and where a roster provides 3 shifts per day over a period of 7 days per week.
(iv) Extended spread of hours	Nurse Grade 9	Nurse Grade 9

Notes:

1. The **Northern and Western Region** consists of any part of the State **not** contained within the Southern and Eastern Region.
2. The **Southern and Eastern Region** consists of any part of the State, which is both -
 - (i) south of the 22nd parallel of south latitude; and
 - (ii) east of the 147° east longitude; but excluding the township of Moranbah.
3. Employees who are continuous shift workers and entitled to the additional leave prescribed at clause 19.2(a)(i) are not also entitled to the additional annual leave for locality prescribed at clause 19.2(a)(ii).

19.3 Accumulation of annual leave

- (a) Subject to clause 19.3(b), all annual leave accumulates from year to year.
- (b) By mutual agreement between the employer and employee, Public Hospital and Biala employees may accumulate annual leave for a period not exceeding two years.

19.4 Calculation of annual leave pay - annual leave loading

- (a) All annual leave is to be paid in advance or as agreed by the employer and employee.

- (b) During a period of annual leave, each employee is to be paid their ordinary pay for the period of annual leave taken as well as the greater of the additional amount specified below:

Type of employee	Additional amount		
	Projected roster	or	Loading
(i) Non-continuous shift worker	The weekend, shift and public holiday penalties the employee would have received had they not been on leave during the relevant period	or	17.5% of the employee's ordinary rate of pay on a maximum of 152 hours annual leave per year
(ii) Continuous shift worker	Not applicable		27.5% of the employee's ordinary rate of pay on a maximum of 190 hours annual leave per year
(iii) Non shift worker	Not applicable		17.5% of the employee's ordinary rate of pay on a maximum of 152 hours annual leave per year

- (c) For the purposes of calculating payment for annual leave, an Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) employee in receipt of a rate of pay in excess of the ordinary rate of pay prescribed in this Award immediately prior to taking annual leave must be paid at that excess rate.

19.5 Taking annual leave

- (a) By mutual agreement between the employer and an employee leave may be taken in one or more parts, including single days.
- (b) When an employee takes annual leave, their leave accrual will be debited at a rate equivalent to the ordinary hours the employee would have worked had they not been on paid leave.

19.6 Annual leave at half pay

Subject to service delivery requirements and financial considerations, the employer may approve an application by an employee to take annual leave at half pay for double the period of time.

19.7 Compulsory Christmas/new year closure

- (a) All employees will have their annual leave entitlement debited by the number of working days between Christmas and New Year's Day, inclusive, when there is a compulsory closure of their usual place of work during the Christmas/New Year period.
- (b) An employee receiving an additional period of annual leave in accordance with clauses 19.2(a)(i) and (iii) will not be required to participate in a compulsory closure over the Christmas/New Year period.

19.8 Airfares - RANIP employees

- (a) A full-time RANIP employee is entitled to two return airfares per annum from their work location to the nearest east coast provincial city to be taken in conjunction with a period of paid annual leave. In addition, two return airfares per annum are to be provided for a spouse and dependent children of the employee.
- (b) A part-time RANIP employee is entitled to one return airfare per annum from their work location to the nearest east coast provincial city to be taken in conjunction with a period of paid annual leave. In addition, one return airfare per annum is to be provided for a spouse and dependent children of the employee.
- (c) Airfares are non-accruing and can only be used during each year of entitlement. Airfares are in addition to travel for professional development, as provided in clause 25.3.
- (d) When the employee does not have access to an airport with commercial services, the employee is entitled to the motor vehicle allowance prescribed in clause 13.10 for travel to the nearest airport with commercial services or east coast provincial city, whichever is closer.

19.9 Payment on termination

Where an employee's employment ends before the employee's annual leave has become due, the employee will receive a *pro rata* amount of annual leave on full pay.

19.10 Extra leave for proportionate salary/purchased leave

- (a) An employee may by agreement access between one and six weeks unpaid leave per annum, in a minimum one week block, in addition to other paid leave. This unpaid leave is treated as leave without pay but is paid under the purchased leave scheme.
- (b) Under the purchased leave scheme, an employee enters into an agreement to have an amount deducted from their net pay for the agreement period of 12 months, which is held by the employer to be paid back to the employee when the related leave is taken.

20. Personal leave

- (a) Personal leave is provided for in Division 6 of the QES and covers:
 - (i) sick leave;
 - (ii) carer's leave;
 - (iii) bereavement leave; and
 - (iv) cultural leave.
- (b) In addition to the provisions of Subdivision 2 of Division 6 of the QES, an employee is entitled to use any sick leave to which they have an entitlement for carer's leave purposes.
- (c) An employee may also elect, with the consent of the employer, to take annual leave for carer's leave purposes.

- (d) An application for sick leave of more than 3 days is to be supported by a medical certificate or any other evidence of the illness that is acceptable to the employer.

21. Parental leave

- (a) Parental leave is provided for in Division 8 of the QES and covers:
 - (i) birth-related leave for an employee who is pregnant or whose spouse gives birth;
 - (ii) adoption leave;
 - (iii) surrogacy leave; and
 - (iv) cultural parent leave.
- (b) Notwithstanding the provisions of Subdivision 2 of Division 8 of the QES, all full-time and part-time employees are entitled to parental leave upon commencement of employment.
- (c)
 - (i) An employee who is pregnant, whether or not they have given their employer written notice of the date/s on which they propose to start and/or end maternity leave, must:
 - (A) commence parental leave at least 6 weeks prior to the expected date of birth of the child; and
 - (B) remain on parental leave until at least 6 weeks after the birth of the child.
 - (ii) An employer may at the request of the employee and on receipt of a certificate from a medical practitioner certifying that in the opinion of the medical practitioner:
 - (A) the employee is fit for duty until a specified date - reduce the period mentioned in clause 21(c)(i)(A); or
 - (B) the employee is fit to resume duty - reduce the period mentioned in clause 21(c)(i)(B).
 - (iii) If the employer makes a decision under clause 21(c)(ii)(A) to reduce the period, the approval is of effect until:
 - (A) the day specified in the medical certificate; or
 - (B) the day 14 days after the day the employer revokes the decision by giving written notice to the employee; or
 - (C) the employee commences parental leave; or
 - (D) the day of the employee's confinement, whichever happens first.
- (d) An employee who is pregnant, during the term of their pregnancy until 6 weeks before the expected date of birth of their child or lesser period as approved by the employer, may request to work part-time or other flexible work arrangements.

- (e) An employee who has taken leave to attend compulsory interviews or examinations as part of an adoption process or who has taken leave to attend compulsory interviews or court hearings associated with a surrogacy arrangement may request that such leave be taken as paid annual leave.
- (f) In addition to the provisions of Subdivision 6 of Division 8 of the QES an employee who has returned to work on a part-time basis may seek to return to the position they held prior to commencing parental leave.
- (g) If the position mentioned in clause 21(f) no longer exists but there are other positions available that the employee is qualified for and is capable of performing, the employee is entitled to be employed in a position that is, as nearly as possible, comparable in status and remuneration to that of the employee's former position.
- (h) The employer must make a position to which the employee is entitled available to the employee.
- (i)
 - (i) An employee who is the parent of a child may apply, at any time, to their employer to work on a part-time basis in order to be the child's primary caregiver when not at work.
 - (ii) The requirements concerning the manner in which the employee may make an application to work part-time under clause 21(i)(i) are the same as those contained in the QES with respect to applications to return to work on a part-time basis for an employee on parental leave (i.e. s 75).
 - (iii) The period in relation to which an application under clause 21(i) may be made cannot extend beyond the day the child is required to be enrolled for compulsory schooling under the *Education (General Provisions) Act 2006*.
 - (iv) The requirements concerning the manner by which the employer is to assess any application by an employee to work part-time are the same as those contained in the QES with respect to assessing applications to return to work on a part-time basis for an employee on parental leave (i.e. s 76).

Note: Where a directive about paid parental leave covers an employee, the provisions of the relevant directive apply to the employee to the extent it provides a more generous entitlement.

22. Long service leave

- (a) Long service leave, including for casual employees, is provided for in Division 9 of the QES. Clauses 22(b), (c) and (d) supplement the QES.
- (b) Employees who complete 10 years' continuous service are entitled to long service leave at the rate of 1.3 weeks on full pay for each year of continuous service and a proportionate amount for an incomplete year of service.
- (c) Employees who have completed 7 years' continuous service are entitled to take long service leave on full pay or half pay.
- (d) Employees are entitled to a cash equivalent of long service leave in the following circumstances:

Specific circumstances	Minimum period of continuous service
Retrenchment	1
Ill health retirement	5
Retirement if 55 years or older	5
Death	5
Termination except where termination is due to dismissals or career advancement	7
All other circumstances	10

23. Public holidays

Public holidays are provided for in Division 10 of the QES. Clauses 23(a) to 23(d) supplement the QES provisions.

- (a) Subject to clause 23(d), an employee who performs work on a public holiday as part of ordinary rostered hours shall be paid as prescribed in the table below, for all hours worked, with a minimum payment as for 4 hours' work:

Relevant employees	Labour Day	Show Day Easter Saturday Easter Sunday	All other public holidays
(i) Public Hospital (excluding dental hospital and dental clinic) (ii) Biala employees ordinarily required to work on public holidays (iii) employees ordinarily required to work on public holidays under extended hours service arrangements, restricted to: - Public Service - Eventide Homes (Nurse Grade 5 and above) - Correctional Health Services	Full day's wage at 100% and one and one-half times (150%) the ordinary rate of pay	Double and one-half times (250%) the ordinary rate of pay	One and one-half times (150%) the ordinary rate of pay
(iv) Dental hospital and dental clinic (v) employees not ordinarily required to work on a public holiday, restricted to: - Biala - Public Service - Eventide Homes (Nurse Grade 5 and above) - Correctional Health Services	Full day's wage at 100% and one and one-half times (150%) the ordinary rate of pay	Double and one-half times (250%) the ordinary rate of pay	Double and one-half times (250%) the ordinary rate of pay
(vi) Eventide Homes (Nursing Grade 1 to Nurse Grade 4) (vii) all Psychiatric Hospitals	Full day's wage at 100% (up to a maximum of 7.6 hours) and one and one-half times (150%) the ordinary rate of pay	Full day's wage at 100% (up to a maximum of 7.6 hours) and one and one-half times (150%) the ordinary rate of pay	Full day's wage at 100% (up to a maximum of 7.6 hours) and one and one-half times (150%) the ordinary rate of pay
(viii) Casual employees	Clause 8.3(f)	Clause 8.3(f)	Clause 8.3(f)

- (b) Subject to clause 23(d), an employee who does not work on a public holiday shall be paid as prescribed in the table below:

Relevant employees	Labour Day	Show Day Easter Saturday Easter Sunday	All other public holidays
(i) Public Hospital (excluding dental hospital and dental clinic) (ii) Biala	A full day's wage at the ordinary rate (100%) ^{1,2}	A full day's wage at the ordinary rate (100%) where the employee would ordinarily be required to work on that day or where the employee is on a rostered day off ^{1, 2}	A full day's wage at the ordinary rate (100%) where the employee would ordinarily be required to work on that day
(iii) Dental hospital and dental clinic (iv) Employees not ordinarily required to work on a public holiday restricted to: • Public Service • Eventide Homes (Nurse Grade 5 and above) • Correctional Health Services	A full day's wage at the ordinary rate (100%)	A full day's wage at the ordinary rate (100%) where the employee would ordinarily be required to work on that day	A full day's wage at the ordinary rate (100%) where the employee would ordinarily be required to work on that day
(v) Eventide Homes (Nursing Grade 1 to Nurse Grade 4) (vi) all Psychiatric Hospitals	A full day's wage at the ordinary rate (100%) ³	A full day's wage at the ordinary rate (100%) ³	A full day's wage at the ordinary rate (100%) ³
(vii) Correctional Health Services employee engaged in continuous shift work or work on two shifts per day over seven days	A full day's wage at the ordinary rate (100%) ²	A full day's wage at the ordinary rate (100%) ²	A full day's wage at the ordinary rate (100%) ²

Notes:

1. Where the public holiday occurs during a period of annual leave an extra day must be added to the employee's annual leave except where the public holiday falls on Saturday or Sunday with respect to a Monday to Friday employee.
2. Where the public holiday falls on an employee's rostered day off the employee must be paid:
 - (i) a full day's wage at the ordinary rate; or
 - (ii) a day's holiday in lieu; or
 - (iii) granted an additional day of annual leave except where the public holiday falls on Saturday or Sunday with respect to a Monday to Friday employee.
3. Any period of annual leave is exclusive of public holidays.

(c) For the purpose of clause 23, **all other public holidays** include:

- New Year's Day (1 January)
- 26 January
- Good Friday
- Easter Monday
- 25 April (ANZAC Day)

- the Birthday of the Sovereign
 - Christmas Day (25 December)
 - Boxing Day (26 December)
 - any day appointed under the *Holidays Act 1983* to be kept in place of any such holiday.
- (d) A Public Hospital Nurse Grade 10 and above employee receives an ordinary rate of pay inclusive of public holidays. Such employees will only be required to work on a public holiday in emergency situations and by mutual agreement.
- (e)
- i. A public holiday is to be observed for the part of the day on 24 December (Christmas Eve) from 6.00pm to midnight.
 - ii. All work performed between 6.00pm and midnight on 24 December (Christmas Eve) shall be paid at the rate of double time and one-half (250%).
 - iii. An employee who would ordinarily be required to work between 6.00pm and midnight on 24 December (Christmas Eve), but does not work, will be paid for the hours they would have worked between 6pm and midnight at the ordinary rate (100%).

24. Jury service

Jury service is provided for in Division 12 of the QES.

25. Professional development

25.1 Seminar and conference leave

- (a) Leave to attend and travel to and from an approved seminar or conference, both within and outside Australia, may be granted up to a maximum of five working days on full pay per calendar year.
- (b) Leave does not accumulate from year to year.
- (c) Leave may be granted to attend more than one seminar or conference in any year up to the maximum amount of leave.

25.2 Professional development leave - Nurse Grade 3 and above

- (a) Subject to clause 25.3, a permanent employee working 16 hours or more per fortnight may be granted three days paid leave, *pro rata* for part time, to attend approved professional development activities relevant to nursing and midwifery practice including:
 - (i) study support;
 - (ii) short courses; and
 - (iii) professional association events.
- (b) The leave will be paid at single time.

- (c) The full annual entitlement to leave is available from 1 January each year or anniversary date if the employee is engaged after 1 January 2007.
- (d) Professional development leave may be accumulated for two years.
- (e) Any component of the leave entitlement not accessed after two years will be waived. The leave is not paid out on termination from employment, including resignation and retirement.
- (f) All reasonable travel time associated with accessing professional development leave is paid work time on the basis of no more than eight hours single time for each day of travel.
- (g) Paid professional development leave is an entitlement over and above all current entitlements, assistance or obligations. That is, this leave will not be used as a substitute for mandatory training, maintenance of ongoing nursing skills necessary for a nurse or midwife to perform the normal duties and functions of their position or other training required by the employer.
- (h) Professional development leave is not a substitute for the assistance provided by the Study and Research Assistance Scheme (SARAS).
- (i) The employer will ensure that back-filling for professional development leave is fully funded and incorporated in service budgets.

25.3 Professional development leave - RANIP employees

- (a) In lieu of the entitlement in clause 25.2, a RANIP employee working 16 hours or more per fortnight is entitled to a minimum of two weeks of paid leave per year to attend, and travel to and from, approved professional development activities.
- (b) A part-time RANIP employee is entitled to the same period of leave as a full-time employee. Leave will be paid on the basis of the employee's ordinary hours of work.
- (c) Leave is to be taken at a time mutually agreed between the RANIP employee and the employer.
- (d) Professional development leave may be taken prior to the completion of each 12 months' service. Leave is credited on 1 July each year for nurses and midwives employed as at 1 July 1995 or the date of commencement for those employees who commenced employment after that date.
- (e) Leave does not accumulate from year to year and must be taken within each 12 month period.
- (f) In special circumstances the Chief Executive, a Hospital and Health Service Chief Executive, or their delegate, may allow accumulation up to a maximum of two years' entitlement.
- (g) Leave is not paid out on termination from employment, including resignation, retirement or transfer out of a remote area.
- (h) Where possible, attendance at courses or seminars organised within the employer should be encouraged as these are generally recognised as being more cost effective than commercial events.

PART 7 - Transfers, Travelling and Working Away from Usual Place of Work

26. Transfer and appointment expenses

- (a) A Nurse Grade 9 employee and a RANIP employee is entitled to reasonable relocation and transfer expenses, including for the following purposes:
 - (i) to convey the employee and the employee's family and effects to the centre to which the employee is transferred or appointed;
 - (ii) to obtain temporary board and lodging; and
 - (iii) to meet other items of expenditure related to taking up duty.

Note: Where a directive about travelling and relieving expenses or excess travel covers an employee, the provisions of the relevant directive apply to the employee to the extent it provides a more generous entitlement.

- (b) A Public Hospital employee required to travel or transfer to take up an appointment away from their usual place of residence is allowed actual and reasonable travel expenses. If the employee uses a personal vehicle they are entitled to reimbursement of the motor vehicle allowance as prescribed in clause 13.10.

27. Travelling and relieving expenses

An employee who is required to:

- (a) travel on official duty; or
- (b) take up duty away from the employee's usual place of work to relieve another employee; or
- (c) perform special duty,

is allowed actual and reasonable expenses for accommodation, meals and incidental expenses necessarily incurred by the employee.

Note: Where a directive about travelling and relieving expenses or international travelling relieving and living expenses covers an employee, the provisions of the relevant directive apply to the employee to the extent it provides a more generous entitlement.

28. Transfer of employees - Public Service, Eventide Homes (Nurse Grade 5 and above) and Correctional Health Services employee

A Public Service, Eventide Homes (Nurse Grade 5 and above) and Correctional Health Services employee who has served for 3 years or more continuously in an office or offices in an isolated location shall be entitled to be transferred, without detriment, to some other position in a more favourable locality as soon as opportunity offers.

29. Fly in/fly out (FIFO) arrangements

- (a) An employee may be asked to become involved in fly in/fly out (FIFO) arrangements. No employee will be forced to become a FIFO employee.
- (b) A FIFO employee will be paid in accordance with the pay rates in clause 12.2 and will receive all of the other benefits and conditions contained in this Award.
- (c) The specific conditions of employment applicable to FIFO employees are as follows:
 - (i) FIFO employees will be required to work ordinary hours of up to 12 hours in any one day;
 - (ii) FIFO employees will work a four weekly work cycle as follows:
 - (A) a total of 152 ordinary hours in the first 14 consecutive days, including travel time to and from the workplace from home; and
 - (B) the second 14 consecutive days free from duty. The employee is entitled to travel home for this period.
 - (iii) Over the 4 weekly cycle, FIFO employees will be paid for ordinary hours on a fortnightly basis at the rate of 76 hours per fortnight.
- (d) Any time worked in excess of ordinary rostered hours will be paid at the appropriate overtime rate.
- (e) Employees engaged in FIFO arrangements will not be entitled to the remote area nursing incentive package (RANIP).
- (f) FIFO employees who work a shift of 12 ordinary hours are entitled to one paid meal break and one unpaid meal break, each of 30 minutes duration, during each 12 hour shift. The first meal break is to occur between the fourth and sixth hours of duty and the second meal break is to occur during the ninth and tenth hours from the commencement of duty.
- (g) FIFO employees will be entitled to a 10 minute rest pause in each of the first and second half of an ordinary 12 hour shift to be taken at a time to suit the convenience of the employer.
- (h) All reasonable travel expenses related to the FIFO arrangements - including travel time to and from an employee's home, travel time to the workplace and accommodation and meals while travelling - will be met by the employer.
- (i) The employer will provide free board and lodging or, at its discretion, pay reasonable expenses for accommodation and meals to FIFO employees while at a FIFO workplace.
- (j) The annual leave entitlements of a FIFO employee are recorded in clauses 19.1 and 19.2.

30. Patient escorts

- (a) Where an employee is required to travel as an escort for a patient, and the employee is not required to stay away from home overnight, the employee will be paid:
 - (i) ordinary time during ordinary rostered hours; and
 - (ii) the appropriate overtime rate outside of ordinary rostered hours.

- (b) Where an employee is required to escort a patient and the employee is required to stay away from home overnight, the employee will be paid:
 - (i) ordinary time during the rostered ordinary hours; and
 - (ii) the appropriate overtime rate outside of ordinary rostered hours for all time the patient is under the employee's care.
- (c) When returning from an escort without a patient but required to stay away from home overnight, the employee will be paid a maximum of 12 hours out of every 24 at ordinary rates.
- (d) If returning home from a patient escort on a rostered day off, the employee will be granted an additional day off in lieu or an additional day will be added to the employee's annual leave entitlement.

31. Board, lodging and provision of meals

- (a) Where board and lodging is supplied to an employee residing in employer accommodation, the employer is entitled to deduct the following amount from the employee's wages:
 - (i) for Public Hospital employees - \$78.05 per week;
 - (ii) for Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and all Psychiatric Hospital employees - \$25.00 per week.
- (b) Where an employee is provided with accommodation only by the employer, the employer is entitled to deduct the following amount from the employee's wages:
 - (i) for Public Hospital employees - \$28.65 per week;
 - (ii) for Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and all Psychiatric Hospital employees - \$9.10 per week.
- (c) Where an Eventide Homes (Nursing Grade 1 to Nurse Grade 4) or a Psychiatric Hospital employee not living in employer accommodation is provided with meals by the employer, a deduction may be made from their wages at the rate of \$0.85 for each breakfast, \$1.00 for each lunch and \$1.00 for each dinner.

PART 8 - Training, Learning and Development

32. Training, learning and development

- (a) The parties to this Award recognise that in order to increase efficiency and productivity a greater commitment to learning and development is required.
- (b) Accordingly, the parties commit themselves to developing a more highly skilled and flexible workforce and providing employees with career opportunities through appropriate training to acquire additional skills and knowledge for performance of their duties.
- (c) Within each Hospital and Health Service and relevant work area/unit in the Department, a consultative mechanism and procedures involving representatives of management,

employees and relevant unions shall be established as determined by the employer, having regard to the size, structure and needs of the employer.

- (d) Following consultation the employer shall develop a learning and development strategy consistent with:
 - (i) the current and future needs of the employer;
 - (ii) the size, structure and nature of the operations of the employer;
 - (iii) the need to develop vocational skills relevant to the employer through courses conducted wherever possible by accredited educational institutions and providers.
- (e) Learning and development may be both on-the-job or off-the-job and either internal or external to the organisation.
- (f) Learning and development provided should assist employees in obtaining accredited competencies, knowledge and skills.
- (g) All such learning and development should be directed at enabling employees to enhance skills relevant to duties to be performed. Employees will be expected to attend scheduled learning and development activities.

PART 9 - Workplace Health and Safety Advisory Committee

33. Queensland Health Workplace Health and Safety Advisory Committee

- (a) A Queensland Health Workplace Health and Safety Advisory Committee has been established jointly with the Department and the public health sector Unions which will continue to oversee progress on workplace health and safety issues.
- (b) Without limiting the issues which may be included, the parties agree to address the following issues:
 - (i) guidelines on security for health care establishments;
 - (ii) aggressive behaviour management;
 - (iii) workplace stress;
 - (iv) workplace bullying;
 - (v) working off-site;
 - (vi) workplace rehabilitation;
 - (vii) Workers' compensation;
 - (viii) management of ill or injured employees; and
 - (ix) guidelines for work arrangements (including hours of work).

34. Personal protective appliances - Eventide Homes and Psychiatric Hospitals

An Eventide Homes (Nursing Grade 1 to Nurse Grade 4) or Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) employee required to attend post-mortem examinations and infectious cases will be provided with the necessary protective appliances. All employees will be supplied with appropriate materials as required to maintain relevant and appropriate infection control procedures.

PART 10 - Union Related Matters

35. Union encouragement

- (a) The parties recognise the right of individuals to join a Union and will encourage that membership. However, it is also recognised that Union membership remains at the discretion of individuals.
- (b) An application for Union membership and information on the relevant Union/s will be provided to all employees at the point of engagement.
- (c) Information on the relevant Union/s will be included in induction materials.
- (d) Union representative/s will be provided with the opportunity to discuss Union membership with new employees.

36. Union delegates

- (a) The parties acknowledge the constructive role democratically elected Union delegates undertake in the workplace in relation to Union activities that support and assist members. That role will be formally recognised, accepted and supported.
- (b) Employees will be given full access to Union delegates/officials during working hours to discuss any employment matter or seek Union advice, provided that service delivery is not disrupted and work requirements are not unduly affected.
- (c) Provided that service delivery and work requirements are not unduly affected, delegates will be provided convenient access to facilities for the purpose of undertaking Union activities. Such facilities include: telephones, computers, e-mail, photocopiers, facsimile machines, storage facilities, meeting rooms and notice boards. It is expected that management and delegates will take a reasonable approach to the responsible use of such facilities for information and communication purposes.
- (d) Subject to the relevant employee's written approval and any confidentiality provisions, delegates may request access to documents and policies related to a member's employment.

37. Industrial relations education leave

- (a) Industrial relations education leave is paid time off to acquire knowledge and competencies in industrial relations. Such knowledge and competencies can allow employees to effectively participate in consultative structures, perform a representative role and further the effective operation of grievance and dispute settlement procedures.

- (b) Employees may be granted up to 5 working days (or the equivalent hours) paid time off (non-cumulative) per calendar year, approved by the employer, to attend industrial relations education sessions.
- (c) Additional leave, over and above 5 working days non-cumulative (or the equivalent hours) in any one calendar year may be granted where approved structured employees' training courses involve more than 5 working days (or the equivalent). Such leave will be subject to consultation between the employer, the relevant Union and the employee.
- (d) Upon request and subject to approval by the employer, employees may be granted paid time off in special circumstances to attend management committee meetings, Union conferences, and Australian Council of Trade Unions Congress.
- (e) The granting of industrial relations education leave or any additional special leave should not impact adversely on service delivery, work requirements or the effectiveness and efficiency of the HHS/work unit concerned. At the same time, such leave shall not be unreasonably refused.
- (f) At the discretion of the employer, employees may be granted special leave without pay to undertake work with their Union.

38. Right of entry

- (a) Authorised industrial officer
 - (i) An 'authorised industrial officer' is any Union official holding a current authority issued by the Industrial Registrar.
 - (ii) Right of entry is limited to workplaces where the work performed falls within the registered coverage of the Union.
- (b) Entry procedure
 - (i) An authorised industrial officer may enter a workplace at which an employer carries on a calling of the officer's organisation, during the employer's business hours, to exercise a power under Chapter 9, Part 1, Division 5, Subdivision 2 of the Act as long as the authorised industrial officer:
 - (A) has notified the employer or the employer's representative of the officer's presence; and
 - (B) produces their authorisation, if required by the employer or the employer's representative.
 - (ii) Clause 38(b)(i) does not apply if, on entering the workplace, the officer discovers that neither the employer nor the employer's representative having charge of the workplace is present.
 - (iii) A person must not obstruct or hinder any authorised industrial officer exercising their right of entry.
 - (iv) If the authorised industrial officer does not comply with a condition of clause 38(b)(i) the authorised industrial officer may be treated as a trespasser.
- (c) Inspection of records

- (i) An authorised industrial officer is entitled to inspect the time and wages record required to be kept under section 339 of the Act.
 - (ii) An authorised industrial officer is entitled to inspect such time and wages records of any current employee except if the employee:
 - (A) is ineligible to become a member of the authorised industrial officer's Union; or
 - (B) has made a written request to the employer that they do not want their record inspected.
 - (iii) The authorised industrial officer may make a copy of the record, but cannot require any help from the employer.
 - (iv) A person must not, by threats or intimidation, persuade or attempt to persuade an employee or prospective employee to make, or refuse to make, a written request to the employer or prospective employer that the record not be available for inspection by an authorised industrial officer.
- (d) Discussions with employees
- An authorised industrial officer is entitled to discuss with the employer, or a member or employee eligible to become a member of the Union:
- (i) matters under the Act during working or non-working time; and
 - (ii) any other matter with a member or employee eligible to become a member of the Union, during non-working time.
- (e) Conduct
- (i) The employer must not obstruct the authorised industrial officer exercising their right of entry powers.
 - (ii) An authorised industrial officer must not wilfully obstruct the employer, or an employee during the employee's working time.

Note: Clause 38 - Right of entry, deals with comparable provisions contained within the Act. In order to ensure the currency of existing legal requirements parties are advised to refer to Chapter 9, Part 1, Division 5 of the Act as amended from time to time.

PART 11 - Workload Management

39. Workload management - Business Planning Framework (BPF)

39.1 Overview

- (a) The Business Planning Framework: a tool for nursing workload management (BPF), and any agreed variations, is the tool for managing nursing and midwifery resources and workload management. The BPF is the agreed methodology for the resolution of disputes

regarding workload and safe staffing levels. The parties also recognise that professional judgement is a valid criterion for deeming a definitive staffing level of nurses and midwives as being safe.

- (b) The business planning approach to nursing/midwifery resource management focuses on achieving a balance between service demand and the supply of nursing resources necessary to meet the identified demand.
- (c) The service profile will detail hours per patient day (or occasions of service where relevant) in each clinical unit and will be varied in accordance with changing acuity and activity. Notional, ward/unit based nurse:patient ratios will be defined. Patient safety and sustainable workloads will be the guiding principles in defining the nursing/midwifery hours required.
- (d) The BPF will be used daily to identify minimum, consistent and enforceable nursing/midwifery hours per patient day (or per occasion of service) for clinical units on a shift by shift basis.
- (e) A maximum number of available beds per clinical unit will be calculated by reference to the rostered productive hours and the Nursing Hours per Patient Day (NHPPD) for the clinical unit on any particular day.
- (f) Bed availability will be defined at the clinical unit level in accordance with the productive nursing hours available.
- (g) Any bed closure will occur within the context of the integrated bed management arrangements of the facility.
- (h) Training in the application of the BPF will be provided to develop specialists in the application of the tool across all facilities under the guidance of a dedicated project officer.

39.2 Nursing Workload Committee

The Department and each hospital and health service will establish a joint employer/Union workloads committee (a Steering Committee or Nursing Consultative Forum can be agreed alternatives) to deal with issues of nursing/midwifery workload management. The committee or consultative forum will provide specialist advice, training and workload management review in relation to the local application of the tool and with grievances or disputes relating to its application.

39.3 Workloads management concern escalation process

- (a) This is the process for the resolution of workload concerns including those that may impact on patient and staff safety. Any nurse, midwife, employer or union representative may raise a workload concern.
- (b) Where a workload concern creates an immediate and substantial risk to the safety of patients or staff, the parties will work together to address the concern as a matter of urgency by immediate escalation to stage 3.
- (c) **Stage 1**
 - (i) Where a nurse/midwife identifies a workload concern, it will be raised immediately at the service level with the line manager responsible for ensuring the BPF has been correctly applied.

- (ii) The parties will engage to resolve the concern within 24 hours.
 - (iii) The line manager or after-hours nurse/midwife manager is responsible for immediately investigating the workload concern identified and implementing actions (including implementing service agreed low priority strategies) to resolve the identified concern, mitigate risk to patient safety and/or prevent reoccurrence.
- (d) **Stage 2**
- (i) If the workload concern is not resolved at the service level at Stage 1, it may be escalated for discussion between the nurse/midwife, union representative and Nursing/Midwifery Executive team (that is Nurse Grade 9 and above depending on the nursing executive structure of the facility).
 - (ii) The parties will review the identified workload concern and determine and implement further actions to resolve the concern, mitigate risk to patient safety and/or prevent re-occurrence, within seven days of the workload concern being referred to Stage 2.
- (e) **Stage 3**
- (i) If the workload concern is not resolved at Stage 2, the nurse/midwife, employer and/or union representative party may escalate for resolution.
 - (ii) Resolution will be by discussion between the Executive Director of Nursing/Midwifery, or when a workload concern is within the Department the professional lead equivalent, and union representative.
 - (iii) Discussions will be held within seven days of the concern being escalated to Stage 3 by any party to the concern.
 - (iv) The workload concern should also be tabled for reporting purposes to the next immediate Workload Management Committee / Nursing Consultative Forum.
- (f) **Stage 4**
- (i) If the workload concern is not resolved at Stage 3, a specialist panel must be convened by the Hospital and Health Service Executive Director of Nursing/Midwifery or Department equivalent within seven days (or longer as agreed by the parties) of the concern being escalated from Stage 3 by a party to the concern.
 - (ii) The specialist panel will be made up of the following nominees:
 - (A) Employer nominees:
 - Hospital and Health Service Executive Director of Nursing/Midwifery or Department equivalent
 - External Executive Director of Nursing peer (optional)
 - Hospital and Health Service /Department BPF expert
 - External BPF expert - other Hospital and Health Service or Office of Chief Nurse and Midwifery Officer

- Hospital and Health Service /Department HR/IR representative

(B) QNMU nominees:

- Industrial Officer
- Professional Officer
- Organiser
- QNU Workplace representatives

(iii) The specialist panel will review the identified workload concern and jointly recommend actions to resolve the concern, mitigate risk to patient safety and/or prevent re-occurrence of the identified concern. The recommendations should include timeframes for implementation.

(iv) The recommendations of the specialist panel meeting must be published and feedback on the actions taken and those actions to be taken must be provided to staff affected by the identified workload concern within three days of the conclusion of the panel's deliberations.

(g) **Stage 5**

(i) If the workload concern is not resolved at stage 4, a party to the concern may refer the matter to the QIRC for conciliation and if necessary arbitration.

(ii) For the purposes of this stage, an unresolved concern may include but is not limited to instances where the specialist panel is unable to reach an agreed position or the recommendations of the specialist panel are not implemented or are only partly implemented.

Schedule 1 - Work areas/units included in Department of Health (as at 1 March 2017)

- Office of the Director-General;
- Clinical Excellence Division;
- Corporate Services Division;
- Healthcare Purchasing and System Performance Division;
- Prevention Division;
- Strategy, Policy and Planning Division;
- Queensland Ambulance Service;
- Health Support Queensland; and
- eHealth Qld.

Schedule 2 - Generic Level Statements

S2.1 Introduction

All nursing and midwifery provisions should use the indicative titles as listed in each nurse grade. Descriptors may be added to the title to provide more details of what the position entails, for example: Clinical Nurse - Community Mental Health; Nurse Unit Manager - Oncology; Director of Nursing - Rural and/or Remote.

S2.2 Definitions

NMBA means Nursing and Midwifery Board of Australia

Scope of practice for a Nurse Practitioner means the scope of practice as defined in the NMBA.

Specialist means a nurse or midwife who is recognised for their breadth of knowledge or skill within their specialised area of practice. This definition differs from the recognised definition under the Australian Health Practitioners Registration Authority which restricts the use of the term by national law.

Specialised means a more focused area of practice where the nurse or midwife works with a discrete patient/client group in a defined setting.

Supervision means, subject to the Codes and Guidelines of NMBA, the oversight, direction, instruction, guidance and/or support provided to an employee by a registered nurse or midwife. The registered nurse or registered midwife is responsible for ensuring such an employee is not placed in situations where they would be required to function beyond the employee's preparation and competence.

Specifically:

- (a) **direct supervision** means the employee works side by side continuously with a registered nurse/registered midwife responsible for observing and directing the employee's activities in circumstances where, in the judgement of the registered nurse/registered midwife, such an arrangement is warranted in the interests of safe and/or effective work practice;
- (b) **indirect supervision** means supervision where the delegating and supervising registered nurse or midwife is known to the person being supervised by name and is readily contactable and accessible, but does not constantly observe the person performing the activity. The supervisor must be available for reasonable access. What is reasonable will be dependent upon the context of care, the context of the patient and the competence of the person performing the care.

S2.3 Nursing Grade 1, Band 1

An employee who provides nursing care under the direction and supervision of a registered nurse/registered midwife.

Autonomy

- (a) Works at all times under the direct or indirect supervision of a registered nurse/registered midwife.
- (b) Work may be overseen by an enrolled nurse.
- (c) Onsite supervision required.

Title

- (a) Assistant in Nursing

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and Responsibility - Accountable for own healthcare practice and to the responsible registered nurse/registered midwife for delegated episodes of care. - Responsible for accepting delegated tasks/duties which require basic skills, training and experience. Skills and Knowledge - Training to apply standardised practices and procedures, as delegated. Role in clinical care - Perform a range of duties that require basic skills, knowledge, training and experience.	Policies, protocols, guidelines and standards - Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. Quality/Safety/Risk management - Contribute to the maintenance of a physically, culturally and psychosocially safe environment for recipients of healthcare services and staff. - Engage in incident reporting to promote safe and /or rectify unsafe practice.	- Attend education sessions. - Maintain personal ongoing education and development portfolio.	Contribute to evaluative research activities as appropriate.	N/A

• Performance of patient care needs such as - ➤ Gather information about resident/patient care needs by observing the resident/patient and reporting to the registered nurse to assist the registered nurse to assess, plan and evaluate care. ➤ Perform and report on outcomes of care delivery as delegated by the registered nurse/registered midwife. ➤ Assist with the personal hygiene and appearance of the recipients of healthcare services. ➤ Contribute to and maintaining the healthcare environment. ➤ Contribute to the maintenance of a safe and secure environment for staff and the recipients of healthcare services.				
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S2.4 Nursing Grade 1, Band 2

An employee, **under the direction and supervision of a registered nurse/registered midwife**, who:

- (a) has completed a Certificate III in Sterilising Services; and
- (b) is engaged in the provision of sterilising services.

Autonomy

- (a) Works at all times under the direct or indirect supervision of a registered nurse/registered midwife.
- (b) Work may be overseen by an enrolled nurse with qualifications in sterilising services.
- (c) Onsite supervision required.

Title

- (a) Assistant in Nursing - Sterilising Services

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and Responsibility - Accountable for own healthcare practice and to the responsible registered nurse/registered midwife for delegated episodes of care. - Responsible for accepting delegated tasks/duties which require basic skills, training and experience. Skills and Knowledge - Training to apply standardised practices and procedures, as delegated. Technical Role - Gather information about stocks and supplies to assist the registered nurse to plan sterilising work. - Perform and report on procedures as delegated by the registered nurse.	Policies, protocols, guidelines and standards - Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. Quality/Safety/Risk management - Contribute to the maintenance of a physically, culturally and psychosocially safe environment for recipients of healthcare services and staff. - Engage in incident reporting to promote safe and /or rectify unsafe practice.	- Attend education sessions. - Maintain personal ongoing education and development portfolio.	Contribute to evaluative research activities as appropriate.	N/A

Maintaining the integrity of the sterilising environment Contribute to the maintenance of a safe practice - infection control and sterilization measures.				
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S2.5 Nursing Grade 2

An employee who:

- (a) is an undergraduate student of nursing or midwifery; and
- (b) is undertaking or has completed, on a full time basis, the second semester of the second year of a pre-registration university program or is undertaking the fourth semester of a second year post graduate pre-registration university program in a nursing or midwifery qualification approved by the NMBA.

Autonomy

- (a) Works under the direct or indirect supervision of a registered nurse/registered midwife assisting with the care of recipients of healthcare services as delegated by the registered nurse/registered midwife.

Title

- (a) Undergraduate Student in Nursing/Midwifery

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and Responsibility - Accountable for own healthcare practice and to the responsible registered nurse/registered midwife for delegated episodes of care. - Responsible for accepting delegated tasks/duties, which are commensurate	Policies, protocols, guidelines and standards - Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. Quality/Safety/Risk management - Contribute to the maintenance of a physically,	Contribute to quality healthcare through lifelong learning and professional development of self and others.	Contribute to evaluative research activities as appropriate.	N/A

with training and assessed competencies. Skills and Knowledge • Demonstrate skills commensurate with the level of undergraduate training and competencies. Role in clinical care • Contribute to the care needs of recipients of healthcare services. • Perform a range of duties commensurate with the level of training and assessed competencies as delegated by the registered nurse/ registered midwife. • Work within a healthcare team under the supervision of a registered nurse/registered midwife.	culturally and psychosocially safe environment for recipients of healthcare services and staff. • Engage in incident reporting to promote safe and /or rectify unsafe practice.			
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S2.6 Nurse Grade 3

An employee who is a enrolled nurse who supports a registered nurse/registered midwife in the provision of patient centred care as specified by registration requirements, NMBA standards and codes, educational preparation, relevant legislation and context of care.

Autonomy

- Practises under the direct or indirect supervision of a registered nurse/registered midwife assisting with the care of recipients of healthcare services as delegated by the registered nurse/registered midwife.
- Seeks assistance and support in decision making from a registered nurse/registered midwife.

Title

- Enrolled Nurse

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
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Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and Responsibility - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice and supervision of unregulated healthcare workers. - Provide direct and indirect care, engage in reflective and analytical practice and demonstrate professional and collaborative practice. Skills and Knowledge - Consolidate educational preparation and increase knowledge and skills while moving from beginner to experienced. Role in clinical care - Collaborate and consult with healthcare recipients, their families and community as well as registered nurses/registered midwives and other health professionals, to plan, implement and evaluate nursing care.	Policies, protocols, guidelines and standards - Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. Quality/Safety/Risk management - Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment. - Engage in incident reporting and participate in quality improvement activities to promote safe and /or rectify unsafe practice. Mentorship/Reporting lines - Participate with other members of the healthcare team in providing support and mentorship to new and less experienced staff.	- Contribute to quality healthcare through lifelong learning and professional development of self and others. - Provide health promotion and education to recipients of healthcare services and carers.	- Participate as appropriate in evaluative and local action research activities. - Apply evidence-based guidelines to achieve positive care outcomes for recipients of healthcare services as delegated by the registered nurse/registered midwife.	- Collaborate with the registered nurse/registered midwife in clinical and organisational governance. - Under the guidance of the registered nurse/registered midwife work to achieve best practice outcomes within the work unit environment.

S2.7 Nurse Grade 4

An employee who is a enrolled nurse with advanced skill who supports a registered nurse/registered midwife in the provision of patient centred care as specified by registration requirements, NMBA standards and codes, educational preparation, relevant legislation and context of care.

Autonomy

- (a) Practises predominately with indirect supervision while assisting with the care of recipients of healthcare services as delegated by the registered nurse/registered midwife.
- (b) Seeks assistance and support in decision making from a registered nurse/registered midwife.

Title

- (a) Enrolled Nurse Advanced Skill

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and Responsibility - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice and supervision of unregulated healthcare workers. - Provide direct and indirect care, engage in reflective and analytical practice and demonstrate professional and collaborative practice. Skills and Knowledge - Demonstrate a greater depth of knowledge, skills, experience, competence and more effective integration of theory to practice than a Nurse Grade 3. - Provide support and direction and act as a role	Policies, protocols, guidelines and standards - Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. - May assist in reviewing and evaluating nursing/midwifery standards at the local level. - May hold a portfolio in an area of advanced skill Quality/Safety/Risk management - Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment.	- Contribute to quality healthcare through lifelong learning and professional development of self and others. - Provide health promotion and education to recipients of healthcare services and carers. - Educate and support less experienced staff in relation to the provision of care where appropriate.	- Participate as appropriate in evaluative and local action research activities. - Apply evidence-based guidelines to achieve positive care outcomes for recipients of healthcare services as delegated by the registered nurse/registered midwife.	- Collaborate with the registered nurse/registered midwife in clinical and organisational governance through active participation in team leadership and decision making. - Under the guidance of the registered nurse/registered midwife work to achieve best practice outcomes within the work unit environment.

model to others where appropriate. Role in clinical care • Demonstrate greater experience and competence in the development, implementation and evaluation of care plans than a Nurse Grade 3. • Provide effective communication with members of the healthcare team, recipients of healthcare services, families and other agencies in collaboration with the registered nurse/registered midwife.	• Engage in incident reporting and participate in quality improvement activities to promote safe and /or rectify unsafe practice. Mentorship/Reporting lines • Participate with other members of the healthcare team in providing support and mentorship to new and less experienced staff.			
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S2.8 Nurse Grade 5, Re-entry

Re-entry Registered Nurse

An employee who is a registered nurse holding provisional registration who does not meet the NMBA's Recency of Practice Registration Standard and who is undertaking an approved program of study/supervision for re-entry as a registered nurse as determined by the NMBA.

Autonomy

- Works under the direct or indirect supervision of a registered nurse by assisting with the care of recipients of healthcare services as delegated by the registered nurse.
- Through an approved program of study/supervision and commensurate with skills, knowledge and competence the employee increasingly assumes the full responsibilities of a registered nurse in accordance with conditions and limitations imposed by the NMBA.

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership

Accountability and Responsibility - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. Skills and Knowledge - Consolidate and increase knowledge and skills while moving through a program of study/supervision for re-entry as a registered nurse. Role in clinical care - Participate in assessing, planning, implementing and evaluating nursing care in collaboration with other registered nurses and the healthcare team so as to achieve goals and health outcomes. - Collaborate with the registered nurse in the coordination of nursing and healthcare within and across the continuum of care.	Policies, protocols, guidelines and standards - Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. Quality/Safety/Risk management - Maintain the safety of recipients of healthcare services, participate in risk minimisation and maintain safe work activities within the practice setting. - Participate in quality improvement activities, incident reporting and investigation.	- Contribute to quality healthcare through lifelong learning and professional development of self and others. - Provide health promotion and education to recipients of healthcare services and carers in collaboration with the registered nurse.	Apply evidence-based guidelines to achieve positive outcomes for recipients of healthcare services.	N/A
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Re-entry Registered Midwife

An employee who is a registered midwife holding provisional registration who does not meet the NMBA's Regency of Practice Registration Standard and who is undertaking an approved program of study/supervision for re-entry as a registered midwife as determined by the NMBA.

Autonomy

- (a) Works under the direct or indirect supervision of a registered midwife by assisting with the care of mothers, newborns and infants as delegated by the registered midwife.

- (b) Through the period of training and commensurate with skills, knowledge and competence the employee increasingly assumes the full responsibilities of a registered midwife in accordance with conditions and limitations imposed by the NMBA.

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and Responsibility - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. Skills and Knowledge - Consolidate and increase knowledge and skills while moving through a program of study/supervision for re-entry as a registered midwife. Role in clinical care - Participate in assessing, planning and evaluating care in collaboration with the supervising registered midwife. - Collaborate with the registered midwife to partner with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period. - Collaborate with the registered midwife in the provision of midwifery	Policies, protocols, guidelines and standards - Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. Quality/Safety/Risk management - Maintain the safety of mothers and babies, participate in risk minimisation and maintain safe work activities within the practice setting. - Participate in quality improvement activities, incident reporting and investigation.	- Contribute to quality healthcare through lifelong learning and professional development of self and others. - Provide health promotion and education to mothers and families in collaboration with the registered midwife.	Apply evidence-based guidelines to achieve positive midwifery outcomes for mothers and babies.	N/A

services across settings including the home, community, hospitals, clinics or health units.				
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S2.9 Nurse Grade 5

Registered Nurse

An employee who is a registered nurse who:

- (a) provides nursing services within health service settings; and
- (b) demonstrates competence in the provision of nursing care as specified by registration requirements, NMBA standards and codes, educational preparation, relevant legislation and context of care.

Autonomy

- (a) Practises independently and interdependently.
- (b) Assumes accountability and responsibility for own actions and delegation of care to enrolled nurses, assistants in nursing and healthcare workers.
- (c) Demonstrates evidence of increasing autonomy and exercises greater levels of professional judgement in the clinical environment as the employee moves from a beginning to experienced practitioner.

Title

- (a) Registered Nurse

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and responsibility Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice, professional advice given and for activities delegated to a registered nurse/registered midwife, enrolled nurse or	Policies, protocols, guidelines and standards Participate in developing, reviewing and evaluating clinical/nursing standards, guidelines, protocols, pathways, procedures, standards and systems of work.	- Contribute to quality healthcare through lifelong learning and professional development of self and others. - Provide health promotion and education to recipients of healthcare services and carers.	- Participate in evaluative and local action research activities. - Apply evidence-based guidelines to achieve positive care outcomes for recipients of healthcare services.	- Provide clinical leadership for professional and clinical practice. - Collaborate in clinical and organisational governance. - Proactively engage with the clinical nurse and others to achieve best practice outcomes within the work environment.

unregulated healthcare worker. - Accountable for delegation of activities to others and shifting accountability/coordination as allocated. Skills and knowledge - Consolidate educational preparation and increase knowledge and skills while moving from beginner to experienced practitioner. Role in clinical care - Assess, plan, implement and evaluate nursing care in collaboration with individuals, peers and the healthcare team to achieve goals and health outcomes. - Take a leadership role in the coordination of nursing and provision of health services across the continuum of care. - Make appropriate referral to, and consult with peers, other relevant health professionals, service providers, and community and support services.	- Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. Quality/Safety/Risk management - Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment. - Participate in incident investigation and quality improvements to promote safe and /or rectify unsafe practice. Mentorship/Reporting lines - Provide support, guidance, preceptorship, supervision and mentoring to healthcare team as appropriate. - Delegate to and supervise enrolled nurses and students consistent with the NMBA decision making framework and registered nurse standards for practice. Management - Depending on service size/location may take on the role of team leader and/or shift coordinator, commensurate with the level of competence.	Support nursing/midwifery practice and learning experiences by providing in-service teaching, orientation and preceptorship for the nursing/midwifery team.		
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Registered Midwife

An employee who is a registered midwife who:

- (a) provides midwifery services within health service settings; and
- (b) demonstrates competence in the provision of midwifery care as specified by registration requirements, NMBA standards and codes, educational preparation, relevant legislation and context of care.

Autonomy

- (a) Responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the registered midwife's own responsibility and to provide care for the newborn and the infant.
- (b) Demonstrates evidence of increasing autonomy and exercises greater levels of professional judgement in the clinical environment as the employee moves from beginning to experienced practitioner.

Title

- (a) Registered Midwife

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and responsibility - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice, professional advice given and for activities delegated to a registered nurse/registered midwife, enrolled nurse or unregulated healthcare worker. - Accountable for delegation of activities to others and shifting accountability and coordination as allocated.	Policies, protocols, guidelines and standards - Assist in developing, reviewing and evaluating midwifery standards, established guidelines, protocols, procedures, standards and systems of work. - Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. Quality/Safety/Risk management	- Contribute to quality healthcare through lifelong learning and professional development of self and others. - Counsel in health and education, not only for the woman, but also within the family and the community. - Support midwifery practice and learning experiences by providing in-service teaching, orientation and preceptorship for the nursing/midwifery team.	- Participate in evaluative and local action research activities. - Apply evidence-based guidelines to achieve positive care outcomes for recipients of health care services.	- Provide clinical leadership for professional and clinical practice. - Collaborate in clinical and organisational governance. - Proactively engage with the clinical midwife and others to achieve best practice outcomes within the work environment.

Skills and knowledge • Consolidate educational preparation in midwifery and increase knowledge and skills while moving from beginner to experienced practitioner. Role in clinical care • Provide midwifery care in any setting including the home, community, hospitals, clinics or health units to assess needs, plan and implement or coordinate appropriate service delivery in partnership with women and/or other healthcare providers. • Develop in partnership with women individualised care plans for antenatal, postnatal and intrapartum care and may extend to women's health, sexual or reproductive health, preparation for parenthood and child care.	• Maintain mother/newborn/infant safety, risk minimisation and safe work activities within the practice setting. • Participate in incident investigation and quality improvements and incident investigation to promote safe and /or rectify unsafe practice. Mentorship/Reporting lines • Provide support, guidance, preceptorship, supervision and mentoring to new and less experienced staff. • Delegate to and supervise registered nurses, enrolled nurses and students consistent with the NMBA decision making framework and registered midwife standards for practice. Management • Depending on service size/location may take on the role of team leader and/or shift coordinator, commensurate with the level of competence.			
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S2.10 Nurse Grade 6, Band 1

An employee who is a registered nurse/registered midwife who:

- (a) provides nursing and/or midwifery services in health service settings; and

- (b) is responsible for a portfolio with a focus on clinical care/leadership, management, education and/or research.

The activities required of roles at this level are predominantly clinical in nature, but also provide support to a Nurse Grade 7 or above in management activities.

Autonomy

- (a) Practices autonomously.
- (b) Provides leadership in clinical decision making to give and/or coordinate care to particular recipients of healthcare services.
- (c) Assumes responsibility for professional leadership for a ward, service or unit in the absence of the Nurse Grade 7.
- (d) Applies critical thinking across all the domains.

Indicative title/s

- (a) Clinical Nurse
- (b) Clinical Midwife

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and Responsibility - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice, professional advice given and for activities delegated to a registered nurse/registered midwife, enrolled nurse or unregulated healthcare worker. - Accountable for the delivery of safe clinical practice and professional advice. - Work collaboratively with peers and others to create a positive practice	Policies, protocols, guidelines and standards - Adhere to established guidelines, protocols, procedures, standards and systems of work as set by the organisation. - Participate in developing, evaluating and updating clinical service procedures, protocols, standards and guidelines. Quality/Safety/Risk management - Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work	- Assist the clinical facilitator /coach and nurse educator to promote a learning culture by encouraging reflection and professional development, providing clinical teaching, in-service education, and assisting/supporting others to maintain portfolios/records of learning. - Provide and update education resources for staff, recipients of healthcare services, carers and others in consultation. - Act as a clinical and educational resource within	- Participate in developing and undertaking quality initiatives, clinical audits, clinical trials and research. - Integrate advanced theoretical knowledge, evidence from a range of sources and own experience to devise and achieve agreed care outcomes for recipients of healthcare services in line with organisational priorities. - Identify inconsistencies between policy and practice. - Work collaboratively in leading implementation of policy, practice changes and clinical innovations.	- Provide clinical leadership for professional and clinical practice, education and research. - Collaborate in clinical and organisational governance. - Proactively engage with the Clinical Nurse Consultant and others to achieve best practice outcomes within the work unit environment. - Responsible for coordination of portfolios and providing professional advice.

environment that achieves best practice outcomes for recipients of healthcare services. - Identify, select, implement and evaluate nursing/midwifery interventions that have less predictable outcomes. Skills and Knowledge - Responsible for a specific client population and able to function in more complex situations while providing support and direction to registered nurses/registered midwives, enrolled nurses, unregulated healthcare workers and other healthcare workers. - Demonstrate the following:- - advanced clinical and problem solving skills; - expert planning and coordination skills in the clinical management; - ability to work without a collegiate/team structure; - knowledge of contemporary nursing/midwifery practice and theory. - Utilise the principles of contemporary human,	activities within the clinical practice environment. - Engage in incident reporting/investigation and conduct quality improvements audits and develop risk minimisation strategies/activities to promote safe and /or rectify unsafe practice. - Consult and provide nursing/midwifery advice on the development and application of quality and risk management frameworks. - Apply a quality framework to improve service delivery and outcomes for recipients of healthcare services. Mentorship/Reporting lines - Provide support, guidance, mentoring, preceptorship, role modelling and promote cooperation and collaborative teamwork. Management - Assist and support the Nurse Grade 7 in contemporary human, material and financial resource management. - Lead a team in conjunction with a Nurse Grade 7 to assist and support with the following activities:	an area based on knowledge, skills and experience. - Work collaboratively with the Nurse Educator on provision of orientation to new staff. - Act as a role model in supporting staff e.g. Orientation and capacity building within the clinical environment. - Contribute to the support of undergraduate and post graduate students. - Maintain own professional development portfolio.		
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material and financial resource management in consultation with others. Role in clinical care • Provide nursing or midwifery care to a group of recipients of healthcare services. • Act as a role model for registered nurses/registered midwives, enrolled nurses and unregulated healthcare workers in the provision of holistic healthcare. • Lead the management and coordination of comprehensive care for individual recipients of healthcare services or cohorts that is additional to the responsibility of a Nurse Grade 5. • Adhere to the quality and safety standards and contribute to or participate in the continuous improvement of clinical outcomes. • Use evidence-based clinical practice to facilitate positive outcomes for recipients of healthcare services.	➤ team shift coordination; ➤ performance management/review; ➤ change management; ➤ rostering/staffing; ➤ workplace culture. • Collaborate with after-hours Nurse Manager with regards to clinical and management issues. Change Management • Apply change management principles.			
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S2.11 Nurse Grade 6, Band 2

An employee who is a registered nurse/registered midwife who demonstrates:

- (a) competence in the provision of nursing or midwifery care as specified by registration requirements, NMBA standards and codes, educational preparation, relevant legislation and context of care and reports professionally to a Nurse Grade 7; and
- (b) specialised clinical expertise, greater experience and/or specialised skills in clinical care, leadership, management, education and or research.

Classification may include but is not limited to:

- (a) Provision of clinical, professional and/or education and research advice.
- (b) Professional portfolio content and context expertise.

Autonomy

- (a) Advanced level of autonomous clinical and professional practice and decision making in collaboration with a Nurse Grade 7 or above.
- (b) Applies operational leadership and principles of clinical governance in collaboration with Nurse Grade 7 or above.
- (c) Operationalises the strategies that support a work-based culture that promotes and supports education, learning, research and workforce development.
- (d) Applies critical thinking and expert clinical judgement across all the domains.

Indicative title/s

- (a) Associate Clinical Nurse/Midwife Consultant
- (b) Associate Nurse/Midwife Unit Manager
- (c) Associate Nurse/Midwife Manager
- (d) Associate Nurse/Midwife Educator
- (e) Associate Nurse/Midwife Researcher

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and Responsibility Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice, professional advice given and for activities delegated to a registered nurse/registered midwife,	Policies, Protocols, Guidelines and Standards: - Adhere to established guidelines, protocols, procedures, standards and systems of work as set by the organisation. - Participate in developing, evaluating and updating clinical service guidelines,	- Participate in the development and sustainability in the culture of learning resulting in a capable and educated nursing/midwifery workforce. - Provide clinical teaching, in-service education, and assisting/supporting others	- Coordinate the undertaking of quality initiatives, clinical audits, clinical trials and research. - Use contemporary information, research evidence, personal knowledge and experience to support translating	- In collaboration with the Nurse Grade 7: ➤ Provide policy advice on issues relating to professional and clinical practice, education and research; ➤ Participate in innovation and change to develop

enrolled nurse or unregulated healthcare worker. - Accountable for the delivery of safe clinical practice and professional advice. - Responsible for a specific portfolio within one of the following streams: management, clinical care/leadership, education or research. - Provide clinical and professional leadership. - Contribute to organisational key objectives and performance indicators. - Work collaboratively with a Nurse Grade 7 to create a positive practice environment that achieves best practice outcomes for recipients of healthcare services. Skills and Knowledge: - Demonstrate specialised knowledge, experience and clinical skills and competence in a particular area of expertise. - Demonstrate higher level of contemporary nursing/midwifery knowledge practice and	procedures, protocols, standards and guidelines in collaboration with Nurse Grade 7. Quality/Safety/Risk Management - Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment. - Consult and provide nursing/midwifery advice on the development and application of quality and risk management frameworks. - Monitor quality activities against agreed standards and initiate the development of quality benchmarks to measure service performance and outcomes for recipients of healthcare services. - Monitor and report emerging trends and respond as relevant in consultation with others. - Identify and conduct quality improvement activities in collaboration with Nurse Grade 7. Mentorship/Reporting lines	to maintain portfolios/records of learning. - Develop education resources for staff and recipients of healthcare services in consultation. - Participate in orientation and induction of new staff. - Facilitate the support of undergraduate and post graduate students.	contemporary evidence to practice. - Identify inconsistencies between policy and practice and takes steps to rectify. - Work collaboratively in leading implementation of policy, practice changes and clinical innovations.	responses to address emerging service needs; ➤ Contribute to the unique body of knowledge when engaging with others.
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theory than a Nurse Grade 6 Band 1. - Utilise and apply the principles of contemporary human, material and financial resource management for the multidisciplinary environment in consultation with a Nurse Grade 7. Role in clinical care - Apply advanced clinical knowledge and skills in coordination with the Nurse Grade 7 or participation in the delivery of direct and indirect clinical care. - Use evidence-based clinical practice to facilitate positive outcomes for recipients of healthcare services. - Integrate and translate the principles of contemporary nurse/midwifery education into practice.	- Provides support, guidance, mentoring, preceptorship, role modelling and promote cooperation and collaborative teamwork. - Undertake clinical supervision of nurses and midwives in consultation with Nurse Grade 7. Management - Participate in contemporary human, material and financial resource management in collaboration with the Nurse Grade 7. - May work across professional and organisational boundaries to influence outcomes. Change Management - Apply change management principles in facilitating change. - Act as a change agent and assist in the implementation of change strategy at a local level.			
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S2.12 Nurse Grade 7

An employee who is a registered nurse/registered midwife who:

- (a) is employed in an advanced practice nursing and/or midwifery position; and
- (b) demonstrates a specialised clinical expertise and/or specialised skill set.

Classification may include but is not limited to:

- (a) Responsibility for explicit professional portfolio content and context expertise.
- (b) Expertise in the provision of direct care and/or support of systems and/or education and/or research and/or professional leadership.
- (c) Consultation and provision of professional advice.
- (d) Responsibility for a cohort of staff reporting to the position.

Autonomy

- (a) Advanced level of autonomous clinical and professional practice.
- (b) Advanced level of decision making in collaboration with a multi-disciplinary team.
- (c) Undertakes operational leadership.
- (d) Works collectively to apply the principles of clinical governance.
- (e) Applies professional and clinical expertise in collaboration with nursing and midwifery and multi-disciplinary stakeholders.
- (f) Responsible for enacting strategies that supports a work-based culture that promotes and supports education, learning, research and workforce development.

Indicative title/s

- (a) Clinical Nurse/Midwife Consultant
- (b) Nurse/Midwife Unit Manager
- (c) Nurse/Midwife Manager
- (d) Nurse/Midwife Educator
- (e) Nurse/Midwife Researcher
- (f) Public Health Nurse
- (g) Nurse Navigator
- (h) Nurse Practitioner Candidate

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership

Accountability and Responsibility • Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice, professional advice given and for activities delegated to a registered nurse/registered midwife, enrolled nurse or unregulated healthcare worker. • Demonstrate advanced application of clinical and professional leadership. • Accountable for the delivery of safe clinical practice and professional advice. • Work collaboratively with peers and others to create a positive practice environment that achieves best practice outcomes for recipients of healthcare services. • Contribute to organisational key objectives and performance indicators. • Accountable for outcomes and achievement of service performance targets. Skills and Knowledge • Demonstrate advanced specialist knowledge,	Policies, protocols, guidelines and standards • Integrate key objectives from the strategic plan (facility/division, clinical service) into service delivery for a clinical unit/departments. • Adhere to established guidelines, protocols, procedures, standards and systems of work as set by the organisation. • Coordinate, develop, implement, translate and evaluate clinical practice standard guidelines, procedures and protocols using an evidence-based approach. • Advise and contribute to the application of information systems to improve clinical practice environment inform decision-making. Quality/Safety/Risk Management • Maintain the safety of recipients of healthcare services and staff by fostering safe work standards within the clinical practice environment. • Consult with and provide expert nursing/midwifery	• Develop and encourage a learning environment by mentoring and promoting team development and individual capacity building. • Participate in the development and sustainability in the culture of learning resulting in a capable and educated nursing/midwifery workforce. • Support education and research to promote innovation specific to healthcare trends, to promote patient and service outcomes within the scope of their position. • Promote engagement by self and others in professional development and maintain own professional development portfolio. • Lead and coordinate education activities to build expertise and capability within the nurse and midwifery workforce. • Exhibit educational leadership and expertise in determining learning needs and mechanisms to foster a culture of learning in the workplace. • Translate evidence into practice to foster achievement of best practice outcomes.	• Engage in quality initiative and research projects to inform practice change. • Use contemporary information, research evidence, personal knowledge and experience to support decision making. • Contribute to the development of unique body of knowledge and translates it into practice. • Action policy and evidence-based research for application	• Collaborate with others in the provision of policy advice on issues relating to professional and clinical practice, education and research. • Participate in innovation and change to develop responses to address emerging service needs. • Contribute to the unique body of knowledge within scope of practice when engaging with internal and external groups/partners/bodies. • Collaborate in the provision of advice on nursing/midwifery matters.
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experience and clinical skills in a particular area of expertise. • Demonstrate critical thinking and reasoning, advanced problem solving skills and expert clinical judgement. • Demonstrate advanced knowledge and application of contemporary nursing/midwifery practice and theory. • Lead the application and evaluation of contemporary human, material and financial resource management for the multidisciplinary environment. Role in clinical care • Provide leadership in professional decision-making through the application of advanced clinical knowledge and skills. • Coordinate clinical practice delivery in a clinical specialty or area of expertise. • Participate directly or indirectly in the delivery of clinical care to individuals/groups in a	advice to achieve integrated care within health services. • Responsible for the implementation of a quality and risk management framework to improve quality of care and work environment. • Promote and support a culture of continuous quality improvement. • Respond to emerging trends in healthcare services in consultation with other relevant stakeholders. • Responsible for compliance with professional standards. • Initiate and conduct quality improvement activities. Mentorship/Reporting lines • Coordinate and guide mentoring, preceptorship, role modelling and promote cooperation and collaborative teamwork. • Provide leadership and act as a clinical resource, advisor, mentor, role model, technical expert, to registered nurses/registered midwives, enrolled nurses and members of multi-disciplinary team. • Provide clinical supervision, mentorship and professional leadership to registered			
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specialty area of clinical practice. • Use evidence-based clinical practice to facilitate positive outcomes for recipients of healthcare services. • Integrate and translate the principles of contemporary nurse/ midwifery education into practice.	nurses/registered midwives and enrolled nurses. • Apply the principles of succession management and mentoring to involve colleagues in ongoing career development and growth. • Undertake supervision and act as a role model and/or mentor. Management • Lead and coordinate a nursing/midwifery team and/or healthcare team and oversees and provide clinical support or relevant expertise. • May work across professional and organisational boundaries to influence health service and/or professional outcomes. Change Management • Lead change management processes. • Participate in innovation, monitor and report on the impact of change within the scope of the position and service.			
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S2.13 Nurse Grade 8

An employee who is a registered nurse/registered midwife endorsed to practise as a Nurse Practitioner by the NMBA.

Classification may include but is not limited to:

- (a) Functioning autonomously and collaboratively in an advanced and expanded clinical role.
- (b) Use of expanded skills and knowledge in assessment planning and implementation, diagnosis and evaluation of nursing care required.
- (c) Assessment and management of recipients of healthcare services using nursing knowledge and skills which may include, but is not limited to:
 - direct referral of recipients of healthcare services to other healthcare professionals;
 - prescribing medications, and
 - ordering and interpreting results of diagnostic investigations.

Autonomy

- (a) Clear authority for advanced scope of practice in an extended nursing role with autonomous decision making.
- (b) Works autonomously and collaboratively within the multi-disciplinary team.
- (c) Exercises professional and clinical expertise in collaboration with nursing and midwifery and multi-disciplinary stakeholders.
- (d) Advanced level decision making.
- (e) Partners with other health professionals to operationalise clinical and corporate governance requirements aligned with the defined scope of practice.

Title

- (a) Nurse Practitioner

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability/Responsibility - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. - May have multi-site responsibilities within the defined scope of practice. - Provide direct individual or group care for a complete occasion of service to a	Policies, protocols, guidelines and standards - Lead and collaborate in the development and evaluation of clinical protocols, standards, policies and procedures. - Participate in the planning, coordination, development and evaluation of policies, procedures, protocols, standards and systems as	- Develop and encourage a learning environment by mentoring and promoting team development and individual capacity building. - Participate in the development and sustainability in the culture of learning resulting in a capable and educated nursing/midwifery workforce.	- Use contemporary information, research, evidence, personal knowledge and experience to support decision making. - Conduct and guide clinical research and quality initiatives to inform practice change. - Contribute to the development of unique body	- Collaborate with others in the provision of policy advice on issues relating to professional and clinical practice, education and research. - Participate in innovation and change to develop responses to address emerging service needs. - Contribute to the unique body of knowledge within

defined patient population within a scope of practice. - Accountable for practicing in accordance with NMBA nurse practitioner registration standards. - Accountable for clinical practice, professional advice given, delegations of care. - Work collaboratively with others to contribute to resource and health quality development. - Accountable for addressing inconsistencies between practice and policy. - Use critical analysis, problem solving and acute decision making to support optimal outcomes for recipients of healthcare services. Skills and knowledge - Specialist/expert knowledge, skills, and extended practice in a clinical specialty area. Role in clinical Care - Primarily provide direct expert nursing care for a specified population/group. - Provide extended comprehensive assessment, history and physical examination.	established by the hospital and health service, the service program and the profession, for provision of safe clinical care. - May develop, guide or contribute to the application of clinical informatics. Quality/Safety/Risk management - Contribute expert nursing assessment and advice to achieve integrated nursing care within a risk management and best practice framework. - Promote and support a culture of continuous quality improvement. - Monitor and address emerging trends with potential to influence nursing/midwifery and/or facility/ service portfolios. - Comply with legal requirements governing healthcare and professional standards relevant to the defined scope of practice. - Accountable for own actions and delegations to mitigate risk and improve facility/ service/portfolio outcomes. Mentorship	- Support education and research to promote innovation specific to healthcare trends, to promote patient and service outcomes within the scope of their position. - Promote engagement by self and others in professional development and maintain own professional development portfolio.	of knowledge and translate into practice.	scope of practice when engaging with internal and external groups/partners/bodies.
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• Initiate, implement and monitor interventional therapies. • Prescribe medications, order, initiate and interpret diagnostic pathology and/or radiology. • Direct referrals to other healthcare professionals.	• Apply the principles of succession management and mentoring to involve colleagues in ongoing career development and growth. • Provide professional nursing/midwifery leadership in a support capacity. • Undertake a supervision role model and/or mentor role for nurse practitioner candidates. Management • Demonstrate effective management of services and/or specified portfolio. • Participate in the implementation and evaluation of systems and processes to foster the development of a positive facility/service culture and values, and optimum standards of practice and performance. • Contribute clinical expertise for the management of assets and equipment. • Participate in implementing, evaluating and reporting on health services, policies, practices, outcomes and performance targets. Change Management			
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	• Facilitate change management. • Participate in change management, including monitoring and reporting on the impact of change within the scope of the position and services.			
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S2.14 Nurse Grade 9

An employee who is a registered nurse/registered midwife who demonstrates:

- competence in the provision of nursing/midwifery care as specified by registration requirements, NMBA standards and codes, educational preparation, relevant legislation and context of care; and
- clinical expertise and proven operational management for remote area facility.

Classification may include

- Operational management/coordination of a remote facility within a health service.
- Management of staff including – nursing, midwifery, operational, administrative, health professionals, medical, technical and other support services.
- Overseeing the delivery of health services to geographically diverse environment/s and population groups.
- Provision of expert clinical care.

Autonomy:

- Advanced level of autonomous decision making for clinical, operational and administrative interventions based on policy and regulatory frameworks.
- Community engagement, partnership and leadership representation with key stakeholders.
- Responsible for operational management of multi professional groups and others.
- Works collectively to apply the principles of clinical governance.
- Responsible for the majority of after-hours clinical on call and recall duties because the nursing employee numbers and skill mix do not allow on call to be done predominantly by other employees.

Indicative title/s

- Director of Nursing – Remote

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Director comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability/Responsibility - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. - May have multi-service responsibilities. - Responsible for the leadership and management of all staff in the remote facility. - Responsible for the overall coordination of policies relating to the provision of healthcare in the remote facility. - Responsible for own standards and actions of nursing/midwifery care and for activities delegated to others. - Responsible for provision of and outcomes relating to nursing/midwifery management practices. - Responsible for financial and human resource management. - Consult with nursing/midwifery and other key stakeholders in planning health services, workforce and resource requirements. - Responsible for application and operational management of the BPF. Skills and Knowledge	Policies, protocols, guidelines and standards - Develop, guide and contribute to the application of information systems. - Monitor and evaluate information systems relevant to remote services/facilities/community. - Collaborate in the implementation and evaluation of a nursing/midwifery professional practice framework. - Advise and participate in planning, coordination, and development of policies, procedures, protocols and standards for provision of safe and effective clinical care in remote services/facilities/community. - Review existing systems and processes to support infrastructure changes. Quality/Safety/Risk management - Identify and implement opportunities for innovation. - Promote and support a culture of continuous improvement in line with relevant standards, operational/strategic direction.	- Support education specific to the requirements of a remote facility. - Sponsor education, scholarly activities and translation of evidence into practice within the strategic direction of the health service. - Develop and encourage a learning environment by mentoring and promoting team development and individual capacity building. - Responsible for capacity building/up-skilling of staff within facility/service to enable the provision of safe quality care. - Work cooperatively with stakeholders to create a culture of learning and professional development that results in a capable and educated workforce. - Promote engagement by self and others in professional development and maintain own professional development portfolio. - Role model the application of education principles.	- Promote and/or engage in ongoing nursing and/or midwifery research within the facility. - Sponsor research, scholarly activities and translation of evidence into practice within remote settings.	- Act as leader in the health service community. - Responsible for the senior leadership and management of nursing/midwifery. - Contribute to strategic policy advice in relation to remote health services. - Provide expertise on nursing/midwifery professional issues in relation to remote health services.

• Demonstrate advanced specialist knowledge, experience and clinical skills in a particular area of expertise. • Demonstrate critical thinking and reasoning, advanced problem solving skills and expert clinical judgement. • Demonstrate advanced knowledge and application of contemporary nursing/midwifery practice and theory. • Lead the application and evaluation of contemporary human, material and financial resource management for the multidisciplinary environment. Role in clinical care • Provide leadership in professional decision-making through the application of advanced clinical knowledge and skills. • Coordinate clinical practice delivery in a clinical speciality or area of expertise. • Participate directly or indirectly in the delivery of clinical care to individuals/groups in a specialty area of clinical practice. • Use evidence-based clinical practice to facilitate positive outcomes for recipients of healthcare services. • Integrate and translate the principles of contemporary nurse/midwife education into practice.	• Monitor and address emerging trends with potential to influence nursing/midwifery and/or facility/service portfolios. • Monitor and report compliance with legal requirements governing healthcare and professional standards. Mentorship • Provide professional advice and leadership to others. • Apply the principles of succession management and mentoring to engage staff in ongoing career development, growth and lifelong learning. Management • Accountable for budget integrity and fiscal management according to financial and HR delegations. • Implement and report on key performance indicators of the nursing/midwifery strategic and related plans. • Demonstrate effective management of a facility/service. • Implement and evaluate systems and processes to foster the development of a positive facility/service culture and promote values which support optimum standards of practice and performance. • Promote professionalism, and a positive practice environment.			
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• Provide the majority of after-hours clinical on call and recall duties.	Action workforce priorities that contribute to effective recruitment and retention of staff. • Demonstrate expertise in the management of assets and equipment. • Develop and report on key performance indicators and targets in accordance with the hospital and health service, service agreement. Change management • Effectively apply change management expertise. • Participate in innovation, and monitor and report on the impact of change on practice and service needs.			
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S2.15 Nurse Grade 10

An employee who is a registered nurse/registered midwife who demonstrates:

- (a) competence in the provision of nursing/midwifery care as specified by registration requirements, NMBA standards and codes, educational preparation, relevant legislation and context of care; and
- (b) advanced clinical management and/or a specified portfolio expertise.

Classification may include but is not limited to:

- (a) Working within an expansive and/or complex health service environment.
- (b) Working within a large facility/service/area.
- (c) Responsible for all staff working in a rural facility.
- (d) Responsible for a cohort of staff directly reporting.
- (e) Working in geographically diverse environment/s and complex population demographics.
- (f) Consultation and provision of advice on health policy and strategy impacting on the profession.
- (g) Development, coordination of operational management of a designated service improvement and/or service portfolio.

Autonomy:

- (a) Autonomous decision making based on nursing, policy and regulatory frameworks.
- (b) Works collaboratively with leadership groups and healthcare team members.
- (c) Partners with nursing/midwifery executives members to operationalise clinical and corporate governance.
- (d) Works collectively to apply the principles of clinical governance.
- (e) Employs professional and clinical expertise in collaboration with nursing/midwifery executive and multidisciplinary stakeholders.

Indicative title/s

- (a) Assistant Director of Nursing
- (b) Director of Nursing – Rural

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Director comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability/Responsibility - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. - May have multi-site/service responsibilities. - May be responsible for the provision of human and material resources for a clinical service and/or an assigned number of clinical units/services within a hospital and health service or facility. - Responsible for nursing/midwifery activities in a	Policies, protocols, guidelines and standards - May develop, guide or contribute to the application of information systems to inform decision making. Contribute to the development, implementation and evaluation of a nursing/midwifery professional practice framework. - Monitor and evaluate information systems relevant to rural facilities/communities. - Contribute to the planning, coordination, and development of policies, procedures, protocols and	- Experience in education, scholarly activities and translation of evidence into practice within the health service direction. - Collaborate in the development of a vision and strategy for a work based culture that promotes education initiatives, and lifelong learning. - Support education specific to the requirements of a rural facility. - Implement education and workforce development framework to support capability and capacity building.	- Multi-site//multi-disciplinary hospital and health service responsibilities. - Demonstrate expertise in research. - Use contemporary information and research evidence and personal knowledge and experience to support decision making. - Promote and/or engage in ongoing nursing/midwifery research within the facility/service or delegated portfolio. - Engage in projects/research. - Action and evaluate policy and evidence-based research for application.	- Contribute to professional strategic direction, imperatives and actions. - Collaborate with others in the provision of policy advice on issues relating to professional and clinical practice, workforce, legislation, education and/or research. - Act as professional leader in health service community. - Participate in scholarly activities. - Lead cross-disciplinary team/portfolios. - Contribute to strategic policy advice in relation to rural health services.

facility/service/specified portfolio and contribute to strategic and operational policy development to achieve best practice outcomes. • Responsible for the leadership and management of all staff in a rural facility. • Responsible for the overall coordination of policies relating to the provision of healthcare in a rural facility. • Work collaboratively with others to contribute to resource and health strategy development. • Responsible for application and operational management of the BPF. • Accountable for the outcomes, management practices and achievement of performance targets. • Contribute to application of services and standards, and operationalise corporate and clinical governance frameworks. • Collaborate in the development and evaluation of the effectiveness of systems supporting continuous improvement in nursing/midwifery and/or	standards relating to the provision of safe and effective clinical care. • Advise and participate in planning, coordination and development of policies, procedures, protocols and standards for provision of safe and effective clinical care in rural facility/community. • Collaborate in and/or coordinate the evaluation of nursing/midwifery practice, systems, process and policies. • Participate in the implementation, application and evaluation of established guidelines, protocols, procedures, standards and systems as established by the hospital and health service, the service program and the profession. Quality/Safety/Risk management • Identify and implement opportunities for innovation. • Promote and support a culture of continuous quality improvement in line with nursing/midwifery professional strategic direction.	• Participate in internal and external stakeholder engagement. • Develop and encourage a learning environment by mentoring and promoting team development and individual capacity building. • Support education specific to healthcare trends to promote the nursing/midwifery profession. • Promote engagement by self and others in professional development and maintain own professional development portfolio. • Role model application of education principles.	• Sponsor research, scholarly activities and translation of evidence into practice within a rural setting.	• Provide expertise on nursing/midwifery professional issues in relation to rural health services.
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healthcare team practice and healthy work environments. • Accountable for professional leadership and operational management in the planning and delivery of safe quality care. Skills and Knowledge • Demonstrate comprehensive knowledge of contemporary nursing/midwifery theory and practice. • Demonstrate advanced capability in leadership, human financial and resource management including professional standards and policy. • Collaborate and consult with nursing/midwifery and other key stakeholders in planning health services, workforce and resource requirements. Role in Clinical Care • Contribute to planning, coordination and formulation of healthcare policies that support professional decision making in alignment with professional standards and frameworks. • Integrate and evaluate models of care in the	• Monitor and address emerging trends with potential to influence nursing/midwifery and/or facility/service portfolios. • Monitor and report compliance with legal requirements governing healthcare and professional standards relevant to a facility/service/portfolios. Mentorship • Provide professional nursing/midwifery advice and leadership in a support capacity. • Apply the principles of succession management and mentoring to engage staff in ongoing career development, growth and lifelong learning. Management • Contribute to budget integrity and fiscal management according to financial and HR delegations. • Implement and report on key performance indicators of the nursing/midwifery strategic and related plans. • Demonstrate effective management of services and/or specified portfolios. • Implement and evaluate systems and processes to foster the development of a			
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achievement of a cost effective service. • Contribute to strategic and operational governance and direction. • Collaborate with external and internal stakeholders to realise targets/outcomes. • Accountable for clinical and professional standards of self and others.	positive facility/service culture and promote values which support optimum standards of practice and performance. • Promote professionalism and a positive practice environment. • Action workforce priorities that contribute to enhanced recruitment and retention of nurses and midwives. • May contribute clinical or portfolio expertise for the management of assets and equipment. • Implement, evaluate and report on health services, policies practice outcomes and performance targets. Change management • Effectively apply change management expertise. • Participate in innovation, and monitor and report on the impact of change on practice and service needs.			
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S2.16 Nurse Grade 11

An employee who is a registered nurse/registered midwife who works with in an expansive and/or complex health service environment.

Classification may include but is not limited to:

- Responsibility for a cohort of staff directly reporting.
- Working in geographically diverse environments and complex population demographics.
- Responsibility for a designated portfolio and context expertise and/or service line accountability.

- (d) Exercising advanced clinical, management leadership and/or specific portfolio expertise, experience and aptitude to provide highly developed corporate support to optimise nursing/midwifery practice and services.

Autonomy:

- (a) Autonomous decision making based on nursing, policy and regulatory frameworks.
- (b) Works collaboratively with leadership groups and healthcare team members.
- (c) Shapes clinical and corporate governance.
- (d) Partners with nursing/midwifery executives to apply clinical governance principles.
- (e) Exercises professional and clinical expertise in collaboration with nursing/midwifery executive and multidisciplinary stakeholders.

Indicative title/s

- (a) Director of Nursing (program or portfolio)
- (b) Nursing Director

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability/Responsibility: - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. - May have multi-site/multi-disciplinary responsibilities. - Responsible for nursing/midwifery activities in a facility/service/specified portfolio and contribute to strategic and policy development to achieve best practice outcomes. - Accountable for leadership, coordination of resources and the development of	Information systems, policies, protocols, guidelines and standards: - Lead, develop and guide the application of information systems to inform decision making. - Contribute to the development, implementation and evaluation of a nursing/midwifery professional practice framework. - Collaborate in planning, coordination, formulation and direction of policies, procedures, protocols and standards relating to the	- Expertise in education, scholarly activities and translation of evidence into practice within the health service strategic direction. - Collaborate in the development of a vision and strategy for a work based culture that promotes education initiatives, and lifelong learning. - Collaborate in the implementation and reporting of key performance indicators of the nursing/midwifery education and workforce development plans.	- Demonstrate expertise in research and provide advice. - Integrate contemporary information and research evidence with personal knowledge and experience to support executive level decision making. - Promote and/or engage in ongoing nursing/midwifery research within the facility/service or delegated portfolio. - Develop, implement and evaluate significant projects/research.	- Contribute to professional strategic direction, imperatives and actions. - Provide leadership and policy advice on issues relating to professional and clinical practice, workforce, legislation, education and/or research. - Engage in robust nursing/midwifery governance and leadership to inform professional direction. - Participate in scholarly activities. - Lead cross-disciplinary teams/portfolios.

health strategies in collaboration with others. - Accountable for coordination of services and standards and application of corporate and clinical governance for the facility/ service/specified portfolio. - Lead development and evaluate effectiveness of systems to support continuous improvement in nursing/midwifery and/or healthcare team practice and healthy work environments. - Accountable for professional leadership, management planning and delivery of safe, quality care. Skills and knowledge: - Demonstrate comprehensive knowledge of contemporary nursing/midwifery theory and practice. - Demonstrate expertise in leadership, human, financial and resource management including professional standards and policy. - Collaborate and consult with nursing/midwifery and other key stakeholders in planning health services, workforce and resource requirements. Role in clinical Care:	provision of safe and effective clinical care. - Collaborate in and/or coordinate the evaluation of nursing practice, systems, process and policies. - Promote and apply established guidelines, protocols, procedures, standards and systems of work as established by the hospital and health service, the service program and the profession. Quality/Safety/Risk Management - Identify and implement opportunities for innovation. - Promote and support a culture of continuous quality improvement in line with nursing/midwifery professional strategic direction. - Implement and report effectiveness of corporate administrative and risk management frameworks. - Investigate and address emerging trends with potential to influence nursing/midwifery and/or facility/ service portfolios. - Monitor and report compliance with legal requirements governing	- Participate in the integration of contemporary education and workforce development policies and strategies. - Implement education and workforce development framework to support capability and capacity building. - Monitor and report emerging trends relating to contemporary education initiatives and health service priorities. - Participate in internal and external stakeholder engagement. - Develop and encourage a learning environment by mentoring and promoting team development, workforce learning and individual capacity building. - Support education specific to healthcare trends to promote the nursing/midwifery profession. - Promote engagement by self and others in professional development and maintain own professional development portfolio. - Role model application of education principles.	Action and evaluate policy and evidence-based research recommendations.	
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• Apply clinical knowledge, experience and/or content expertise to achieve strategic and operational leadership and governance. • Liaise with clinical networks and other external and internal stakeholders in relation to nursing/midwifery standards and practice to achieve targets and/or healthcare outcomes. • Liaise with other stakeholders to optimise the reputation of nursing/midwifery. • Accountable for clinical and professional standards for self and others.	healthcare and professional standards relevant to a facility/service/portfolio. Mentorship/Reporting lines • Provide professional nursing/midwifery advice and leadership and management assistance. • Provide informed advice and support to nursing/midwifery colleagues and others as relevant. • Apply the principles of succession management and mentoring to engage staff in ongoing career development, growth and lifelong learning. Management • Contribute to budget integrity and fiscal management according to financial and HR delegations. • Implement and report on key performance indicators of the nursing/midwifery strategic and related plans. • Demonstrate effective management of services and/or specified portfolios. • Implement and evaluate systems and processes to foster development of a positive facility/service			
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	culture and promote values which support optimum standards of practice and performance. • Promote professionalism and a positive practice environment. • Implement workforce priorities that enhance recruitment and retention of nurses and midwives to develop and build workforce capacity and capability. • May contribute clinical or portfolio expertise to functional planning for capital works and asset equipment management. • Implement, evaluate and report on health services, policies, practices, outcomes and performance targets. Change management • Effectively apply change management expertise. • Initiate innovation, and review responses to implementation of change on practice and service needs.			
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S2.17 Nurse Grade 12

An employee who is a registered nurse/registered midwife who:

- (a) may have delegated responsibilities to support the EDNMS role.
- (b) may work collaboratively with hospital and health service and/or facility executive team members in the planning of health services and associated budgetary accountabilities.
- (c) demonstrates expert clinical, management leadership and/or specific portfolio expertise, experience and aptitude to provide advanced corporate support to optimise nursing/midwifery practice and services.

Classification may include but is not limited to:

- (a) Responsibility for a cohort of staff directly reporting.
- (b) Working in geographically diverse environments and complex population demographics.
- (c) Limited infrastructure supporting role.
- (d) Responsibility for a designated professional portfolio.

Autonomy

- (a) Autonomous decision making based on nursing and broader health policy and regulatory frameworks from a tactical and operational perspective.
- (b) Practices in co-operative partnership with multi-disciplinary executive members and other leadership groups.
- (c) Accountable for clinical and corporate governance.
- (d) Works collaboratively with Nurse Grade 13 and other executive members in aspects of clinical governance.
- (e) Applies professional and clinical expertise in partnership with the Nurse Grade 13 and multidisciplinary stakeholders.

Indicative title/s

- (a) Director of Nursing
- (b) Nursing Director

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability/Responsibility: - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. - May have multi-site/multi-disciplinary responsibilities.	Information Systems, Policies, Protocols, Guidelines and Standards: Responsible for overarching planning, coordination, formulation and direction of policies, procedures, protocols and standards relating to the provision of	- Expert strategic leadership of education, scholarly activities and translation of evidence into practice within the Hospital and Health Service strategic direction. - Lead the development of a vision and strategy for a	- Demonstrate research expertise and provide strategic advice and leadership. - Collaborate in the development of a vision and strategy for research and quality projects.	- Collaborate on professional strategic direction, imperatives and actions to foster professional principles, governance and growth. - Provide strategic and operational leadership, governance and direction to

- Responsible for nursing/midwifery activities in a facility/service/specified portfolio and contribute to strategic and policy development to achieve best practice outcomes. - Responsible for application and operational management of the BPF. - Accountable for leadership, coordination of resources and the development of health strategies in collaboration with others. - Accountable for coordination of services and standards and the application of corporate and clinical governance for the facility/ service/specified portfolio. - Lead development and evaluate effectiveness of systems to support continuous improvement in nursing/midwifery and/or healthcare team practice and healthy work environments. - Accountable for professional leadership, management planning and delivery of safe, quality care. Skills and knowledge:	safe and effective clinical care. - Provide advice regarding development and evaluation in the use of information systems. - Oversee the development, implementation and evaluation of a nursing/midwifery professional practice framework. - Role model and apply established guidelines, protocols, procedures, standards and systems of work as established by the hospital and health service, the service program and the profession. - Implement, monitor and evaluate information systems relevant to nursing/midwifery. Quality/Safety/Risk management - Identify and implement opportunities for innovation. - Lead and support a culture of continuous quality improvement in alignment with nursing/midwifery professional strategic direction. - Collaborate with multidisciplinary hospital	work based culture that promotes education initiatives, and lifelong learning. - Implement and report on key performance indicators of the nursing/midwifery education and workforce development plans. - Apply and integrate contemporary education and workforce development policies and strategies to optimise health service outcomes and performance targets. - Implement and monitor application of education and workforce development framework to support capability and capacity building. - Analyse emerging trends relating to contemporary education initiatives and health service priorities. - Collaborate with internal and external stakeholders to foster a culture of learning and professional development to build a capable and educated nursing/midwifery workforce. - Lead opportunities for strategic progress and growth through mentoring,	- Monitor and report on key performance indicators of the nursing/midwifery research. - Advocate for a strategic approach to the development and implementation of research projects. - Analyse and report the impact of high level policy and evidence-based research decisions on nursing/midwifery. - Provide sponsorship and foster ongoing nursing/midwifery research within the facility/service or delegated portfolio.	inform the nursing/midwifery profession. - Lead robust nursing/midwifery governance and leadership to inform the professional direction of the HHS/facility. - Participate in scholarly activities. - Lead cross-disciplinary teams/portfolios
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• Demonstrate comprehensive knowledge of contemporary nursing/midwifery theory and practice. • Demonstrate expertise in leadership, human, financial and resource management including professional standards and policy. • Collaborate and consult with nursing/midwifery and other key stakeholders in planning health services, workforce and resource requirements. Role in clinical Care: • Apply clinical knowledge, experience and/or content expertise to achieve strategic and operational leadership, governance and direction. • Liaise with clinical networks and other external and internal stakeholders in relation to nursing/midwifery standards and practice to achieve targets and/or healthcare outcomes. • Liaise with other stakeholders to optimise the reputation of nursing/midwifery. • Accountable for clinical and professional standards for self and others.	and health service executive members to develop, implement and evaluate quality governance and risk management frameworks. • Analyse and address emerging trends with the potential to influence nursing/midwifery and/or facility/ service portfolios. • Promote quality governance and risk mitigation strategies to improve facility/service/portfolio outcomes. • Accountable for compliance with legal requirements governing healthcare and professional standards. Mentorship/Reporting lines • Provide professional leadership and managerial support to nursing/midwifery within sphere of influence. • Provide authoritative advice and support to nursing/midwifery colleagues and other stakeholders. • Apply the principles of succession management and mentoring to engage staff in ongoing career development, growth and lifelong learning.	team development and individual capacity building through commitment to nursing/midwifery workforce learning and development. • Demonstrate commitment to supporting contemporary education and research specific to healthcare trends to promote the nursing/midwifery profession. • Role model professional development principles and maintain own portfolio.		
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	Management • Accountable for budget integrity and fiscal management according to financial and HR delegations. • Participate in development of strategic plan. • May have single point of accountability for the nursing/midwifery workforce of facility and/or service program. • Implement and report on key performance indicators of the nursing/midwifery strategic and related plans. • Foster professionalism, and a positive practice environment and culture. • Apply and integrate contemporary policies and practices to optimise health service outcomes and performance targets. • Apply strategic direction and priorities for quality improvement including the establishment of a quality framework which supports nursing/midwifery professional standards and safety of recipients of healthcare services. • Analyse emerging trends within the broader service			
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	and industry and evaluate the impact on nursing/midwifery and/or health services. • Provide clinical expertise to functional planning for capital works and asset equipment management. • Lead the implementation of workforce priorities that enhance recruitment and retention of nurses and midwives to develop and build workforce capacity and capability. Change management • Initiate and/or oversee innovations, systemic change processes and co-ordination of responses to nursing/midwifery practice and health service needs. • Lead and sustain strategic change in a dynamic multidisciplinary healthcare environment and evaluate effectiveness to achieve outcomes that promote the professional standards and practice of nurses and midwives. • Demonstrate extensive and effective change management expertise.			
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S2.18 Nurse Grade 13, Band 1

An employee who is a registered nurse/midwife who:

- (a) is responsible for ensuring a professional reporting/supervision framework is in place for all nursing and midwifery employees across the Hospital and Health Service.
- (b) (i) in a Health Service where there are no tertiary or quaternary services or hospitals, is an equal and collaborative partner on the Hospital and Health Service Executive in the planning and delivery of health services with the associated budgetary accountabilities and is accountable for the governance of the nursing and midwifery professional practice framework; or
- (ii) provides expert advice to Hospital and Health Service key stakeholders, including the Nurse Grade 13, Band 2, the Chief Executive and Board on all matters in relation to nursing and midwifery.

Autonomy

- (a) Autonomous decision making based on nursing/midwifery and broader health policy and regulatory frameworks from a strategic perspective.
- (b) May collaborate as an equal member of the strategic executive hospital and health service leadership team.
- (c) Responsible for the governance of nursing/midwifery across the hospital and health service, facility or program.
- (d) Engages as an Executive team member in aspects of clinical and corporate governance.
- (e) Exercises professional and clinical expertise in partnership with multi-disciplinary members of the hospital and health service executive.

Indicative title/s

- (a) Health Service Director of Nursing
- (b) Executive Director of Nursing and Midwifery

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Director comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability/Responsibility - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. - Must have multi-site/multi-disciplinary tertiary/quaternary facility	Information systems, Policies, Protocols, Guidelines and standards Responsible for the strategic governance of planning, coordination, formulation and direction of policies, procedures, protocols and standards	- Sponsor education, scholarly activities and translation of evidence into practice consistent with the health service strategic direction. - Sponsor a HHS wide vision and strategy for a work based culture that promotes and supports engagement in	- Demonstrate research expertise and provide strategic advice and leadership. - Sponsor HHS wide vision and strategy for a work-based culture that promotes and supports engagement in research.	- Lead professional strategic direction, imperatives and actions to foster professional principles, governance and growth. - Sponsor the strategic direction of nursing/midwifery through collaboration to shape the

or hospital and health service designated portfolio responsibility. • Accountable for strategic development of the nursing/midwifery workforce to optimise outcomes for a tertiary hospital, service/facility. • Responsible for the strategic implementation and compliance with the BPF. • Accountable for corporate and clinical governance and practice standards of nurses/midwives. • Responsible for strategic direction in developing and implementing contemporary human resource management policies and practices to optimise performance. • Lead integration and translation of nursing/midwifery performance indicators. • Accountable for informing and supporting nursing/midwifery leadership in relation to governance, strategic direction and achievement of Key Performance Indicators. • Responsible for evaluating and consistently improving	relating to the provision of safe and effective clinical care. • Appraise and guide development and evaluation in the use of information systems. • Sponsor the development, implementation and evaluation of nursing/midwifery professional practice framework. • Role model, lead and apply established guidelines, protocols, procedures, standards and systems of work as established by the hospital and health service, the service program and the profession. • Translate and evaluate information systems relevant to nursing/midwifery. Quality/Safety/Risk management • Identify, sponsor and lead opportunities for strategic innovation. • Appraise, lead and support a culture of continuous quality improvement in alignment with nursing/midwifery professional strategic direction.	education, learning, research and workforce. • Lead and report on key performance indicators of the nursing/midwifery education and workforce development plans. • Inform, appraise and integrate contemporary education and workforce development policies and strategies to optimise health service outcomes and performance targets. • Lead the application of an education and workforce development framework to support capability and capacity building. • Analyse emerging trends relating to contemporary education initiatives and health service priorities. • Initiate and lead consultation with internal and external stakeholders to foster a culture of learning and professional development. • Initiate and lead opportunities for strategic progress and growth through mentoring, team development and individual capacity building through commitment to nursing/midwifery	• Lead and report on key performance indicators of the nursing/midwifery research. • Advocate for and lead a strategic approach to the development of research projects for a tertiary hospital, service or program. • Analyse and report the impact of high level policy and evidence-based research decisions on nursing/midwifery. • Provide sponsorship and foster ongoing nursing/midwifery research within the facility/service or delegated portfolio. • Oversee research and quality projects that impact on nursing practice and outcomes in relation to nursing/midwifery governance. • Inform HHS executive decision making through application of professional knowledge and experience, data, contemporary literature and research.	professional image of the healthcare system. • Sponsor robust nursing/midwifery governance and leadership to inform professional direction at state and national levels. • Provide strategic and operational leadership, governance and direction to inform the nursing/midwifery profession and others, and service/portfolio outcomes. • Advocate for robust nursing/midwifery governance and leadership to inform professional direction at state and national levels. • Lead and participate in scholarly activities. • Lead cross-disciplinary teams/portfolios.
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nursing/midwifery practice that fosters engagement, a positive work environment and culture. • Collaborate in evaluating and incorporating emerging trends within facility/service/portfolio. • Accountable for strategic leadership management, planning and service delivery of safe, quality care and coordination of nursing/midwifery services. • Work collaboratively with HHS executive, finance and Directors of Nursing in the planning of health services and associated budgetary accountabilities to achieve budget integrity and strategic outcomes. Skills and knowledge • Demonstrate expert contemporary knowledge of all aspects of the profession from an international, national and state perspective. • Demonstrate expertise in human, financial and resource management including professional standards, policy and guidelines development, design and implementation to optimise outcomes in the	• Collaborate with multidisciplinary hospital and health service executive members to develop, implement and evaluate quality governance and risk management frameworks. • Analyse and address emerging trends with the potential to influence nursing/midwifery practice and outcomes. • Be responsible for or promote quality governance and risk mitigation strategies to improve facility/service/portfolio outcomes. • Accountable for compliance with legal requirements governing healthcare and professional standards for a tertiary/quaternary hospital, facility/service and/or program across the HHS. • May be responsible for compliance with legislative, regulatory, professional requirements relevant to nursing/midwifery across the HHS. • Influence and sponsor national and state strategies	workforce learning and development. • Demonstrate commitment to supporting contemporary education and workforce development initiatives specific to healthcare trends to promote the nursing/midwifery profession. • Role model professional development principles and maintain own portfolio.		
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context of a multidisciplinary workforce. • Lead, collaborate and consult with key stakeholders in the planning of health services and associated budgetary accountabilities. Role in clinical care • Accountable for clinical and professional standards for nursing/midwifery services across the HHS. • May be responsible for other clinical services and initiatives within a multi-disciplinary framework. • Partner with internal and external stakeholders to optimise the reputation of and regard for nursing/midwifery in the achievement of best practice outcomes.	in relation to safe, quality care. • Provide strategic leadership in clinical governance and performance of the nursing/midwifery workforce across the hospital and health service. Mentorship/Reporting lines • Provide professional leadership to the nursing/midwifery profession. • Provide authoritative advice and support to nursing/midwifery colleagues and other stakeholders. • Sponsor succession management and mentorship to build workforce capability and a culture of lifelong learning. Management • Accountable for budget integrity and fiscal management according to financial and HR delegations for tertiary/quaternary hospital facility/service and/or program across the HHS or as part of the executive team. • Collaborate in development of the strategic plan.			
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	• Enact the HHS strategic direction for nursing/midwifery to achieve service targets. • May have single point of accountability for the nursing/midwifery workforce facility/service and/or program/hospital and health service. • Demonstrate strategic leadership expertise that engages staff. • Responsible for the nursing/midwifery strategic plan including and not limited to ➢ Workforce; ➢ Quality; ➢ Education; ➢ Research to inform and support an organisational culture of continuous improvement and innovation. • Sponsor professionalism and a positive practice environment and culture. • Implement and report on key performance indicators of the nursing/midwifery strategic and related plans. • Inform, appraise and integrate contemporary policies and practices to optimise health service outcomes and performance targets.			
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	• Provide executive professional nursing/midwifery governance across the healthcare system. • Apply strategic direction and priorities for quality improvement including the establishment of a quality framework which supports nursing/midwifery professional standards. • Analyse emerging trends within the broader service and business and evaluate the impact on nursing/midwifery and/or health services. • Provide strategic input into capital works and major asset and equipment management. • Oversee and guide the implementation of workforce priorities that enhance recruitment and retention of nurses and midwives to develop and build workforce capacity and capability. • Determine strategic priorities, work standards and allocation of resources to support nursing/midwifery professional standards. Change management			
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	• Initiate and/or oversee innovations, systemic change processes and co-ordination of responses to nursing/midwifery practice and health service needs for a tertiary hospital, facility/service and/or program across the HHS. • Lead and sustain strategic change in a dynamic multidisciplinary healthcare environment and evaluate effectiveness to achieve outcomes that promote the professional standards and practice of nurses and midwives.			
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S2.19 Nurse Grade 13, Band 2

An employee who is a registered nurse/midwife who:

- in a Health Service with a tertiary or quaternary service or hospital, is an equal and collaborative partner on the Hospital and Health Service Executive in the planning and delivery of health services with the associated budgetary accountabilities;
- provides the highest level of advice to the Chief Executive and Board on all matters in relation to nursing and midwifery and is accountable for the governance of the nursing/midwifery professional practice framework; and
- is responsible for ensuring a professional reporting/supervision framework is in place for all nursing and midwifery employees across the Hospital and Health Service.

Autonomy:

- Autonomous decision making based on nursing/midwifery and broader health policy regulatory frameworks from a strategic perspective.
- Responsible for the governance of nursing/midwifery across the hospital and health service.
- Engages as an Executive team members in aspects of clinical and corporate governance.
- Exercises professional and clinical expertise in partnership with multidisciplinary members of the hospital and health service executive.

Title

- Executive Director of Nursing and Midwifery

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Director comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability/Responsibility: - Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. - Must have multi-site/multi-disciplinary hospital and health service responsibilities. - Responsible for strategic direction in developing and implementing contemporary human resource management policies and practices to optimise performance. - Responsible for the strategic development of the nursing/midwifery workforce. - Responsible for the strategic implementation and compliance with the BPF. - Work collaboratively with hospital and health service executive, finance and Directors of Nursing in the planning of health services and associated budgetary accountabilities to achieve	Information Systems, Policies, Protocols, Guidelines and Standards - Responsible for the strategic governance of planning, coordination, formulation and direction of policies, procedures, protocols and standards relating to the provision of safe and effective nursing/midwifery practice. - Role model, lead and apply established guidelines, protocols, procedures, standards and systems of work as established by the hospital and health service, the service program and the profession. - Sponsor and appraise the strategic planning, development and evaluation of the use of information systems relevant to nursing/midwifery. - Sponsor the development, implementation and evaluation of a nursing/midwifery professional practice framework.	- Sponsor Hospital and Health Service wide vision and strategy for a work-based culture that promotes and supports engagement in education, learning, research and workforce management. - Lead and report on key performance indicators of the nursing/midwifery education and workforce development plans. - Inform, appraise and integrate contemporary education and workforce development policies and strategies to optimise health service outcomes and performance targets. - Lead the application of an education and workforce development framework to support capability and capacity building. - Analyse emerging trends relating to contemporary education initiatives and health service priorities. - Collaborate with internal and external stakeholders to lead a culture of learning and professional development to build a capable and educated	- Sponsor hospital and health service wide vision and strategy for a work-based culture that promotes and supports engagement in research. - Lead and report on key performance indicators of the nursing/midwifery research. - Analyse and report the impact of high level policy and evidence-based research decisions on nursing/midwifery. - Provide sponsorship and foster ongoing nursing/midwifery research within the facility/service or delegated portfolio. - Collaborate with internal and external stakeholders to promote and embed a research culture. - Lead the strategic direction to promote a positive commitment to nursing/midwifery research. - Sponsor systems and processes to facilitate research that supports and promotes a sustainable,	- Sponsor the strategic direction of nursing/midwifery through collaboration to shape the professional image in the healthcare system. - Lead health policy and strategy on behalf of the nursing/midwifery profession. - Sponsor robust nursing/midwifery governance and leadership to inform professional direction at state and national levels. - Lead and participate in scholarly activities to inform strategic direction for nursing/midwifery. - Lead executive cross-disciplinary portfolios across the healthcare system. - Accountable for professional practice standards for nursing/midwifery.

budget integrity and strategic outcomes. • Lead evaluation and consistent improvement of nursing/midwifery practice that fosters engagement, a positive work environment and culture. • Accountable for strategic leadership, management, planning and service delivery of safe, quality care and co-ordination of nursing/midwifery services. • Lead integration and translation of nursing/midwifery performance indicators. Skills and knowledge • Demonstrate expert contemporary knowledge of all aspects of the profession from an international, national and state perspective. • Demonstrate expertise in material, financial and resource management including the strategic approach to developing and integrating contemporary resource management policies, practices, guidelines and standards for nursing and midwifery. • Lead, collaborate and consult with key	Quality/Safety/Risk Management • Identify sponsors and lead opportunities for strategic innovation. • Collaborate with multidisciplinary hospital and health service executive members to develop, implement and evaluate quality governance and risk management frameworks. • Responsible for quality governance and risk mitigation strategies in nursing/midwifery. • Provide strategic leadership in clinical governance and performance of the nursing/midwifery workforce across the hospital and health service. • Responsible for compliance with legislative, regulatory and professional requirements relevant to nursing/midwifery. • Influence and sponsor national and state strategies in relation to safe, quality health care. Mentorship/reporting lines • Provide professional leadership to nursing/midwifery executive members and others.	nursing/midwifery workforce. • Lead the strategic direction to promote a positive commitment to nursing/midwifery workforce learning and development. • Sponsor education, scholarly activities and translation of evidence into practice consistent with the health service strategic direction. • Demonstrate commitment to supporting contemporary education and workforce development initiatives specific to healthcare trends to promote the nursing/midwifery profession. • Act as a role model for professional development principles and maintain own portfolio.	capable and educated nursing/midwifery workforce. • Inform hospital and health service executive decision-making through application of professional knowledge and experience, data, contemporary literature and research.	
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stakeholders in planning health services and associated budgetary accountabilities. Role in clinical care • Accountable for the clinical and professional standards for nursing/midwifery services across the Hospital and Health Service. • May be responsible for other clinical services and initiatives within a multidisciplinary framework. • Partner with internal and external stakeholders to optimise the reputation of and regard for nursing/midwifery in the achievement of best practice outcomes.	• Influence and guide nursing/midwifery colleagues and other stakeholders. • Sponsor succession management and mentorship to build workforce capability and a culture of lifelong learning. Management • Accountable for budget integrity and fiscal management according to financial and HR delegations, as part of the executive team. • Enact the Hospital and Health Service strategic direction for nursing/midwifery to achieve service targets. • Single point of accountability for the nursing/midwifery workforce. • Demonstrate strategic leadership expertise that engaged staff. • Provide executive, professional, nursing/midwifery governance across the healthcare system. • Sponsor professionalism, and a positive practice environment and culture. • Responsible for the nursing/midwifery strategic			
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	plan including but not limited to: ➤ Workforce; ➤ Quality; ➤ Education; ➤ Research; to inform and support an organisational culture of continuous improvement and innovation. • Determine strategic priorities, work standards and allocation of resources to support nursing/midwifery professional standards. • Analyse emerging trends within the broader service and business and evaluate the impact on nursing/midwifery and/or health services. • Provide strategic input into capital works and major asset and equipment management. • Oversee and guide the implementation of workforce priorities that enhance recruitment and retention of nurses and midwives to develop and build workforce capacity and capability. Change management • Governance of innovations, systemic change processes, and co-ordination of			
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	responses to nursing/midwifery practice and health service needs. • Lead and sustain strategic change in a dynamic multidisciplinary healthcare environment and evaluate effectiveness to achieve outcomes that promote the professional standards and practice of nurses and midwives.			
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Schedule 3 - Midwifery Models of Care

S3.1 Models of care definitions

- (a) **caseload care** is a model of maternity care where women have a primary midwife assigned to them through pregnancy, labour and birth and the postnatal period. Each midwife has an agreed number (caseload) of women per year and acts as a second or “back up” midwife for women who have another midwife as their primary carer. Caseload midwives usually work on a 24-hour on call basis (this may be organised within a group).
- (b) **caseload** means the number of women carried by each midwife in a caseload model.
- (c) **core midwives** work rostered shifts to provide midwifery care within a facility and may be rostered on call in accordance with clause 18.2.
- (d) **midwifery group practice (MGP)** is the organisational unit in which caseload midwives usually work. The purpose of the MGP is to support the practice of the caseload midwives within it and to facilitate communication with the MGP and with management. A MGP is one or more groups of two or three caseload midwives working together. Each pair of group of three may work with other pairs or groups of three to support matters such as emergent leave and periods of fatigue but this does not extend to routine on call.
- (e) **primary midwife** is the midwife who provides the majority of midwifery care and is the woman’s maternity care coordinator. Each woman receiving the caseload midwifery care will have a primary midwife. ‘Known midwife’ and ‘named midwife’ have the same meaning as ‘primary midwife’.
- (f) **team midwifery** is a model of maternity care where a team of up to eight midwives provide care to a group of women. Team midwives work in shifts, and rotate across the antenatal, intrapartum and postnatal stages of care. On call periods are rostered across the whole team. Team midwives are not eligible for annualised salary in accordance with this schedule.

S3.2 Local arrangements for caseload midwifery

- (a) Before a midwifery model of care is developed in a facility, a working group should be established.
- (b) The working group should include representative midwives, the employer, the Queensland Nurses and Midwives’ Union (QNMU) and other key stakeholders formed under the governance of the Nursing and Midwifery Consultative Forum (NaMCF).
- (c) The working group should take into consideration consumers’ and community needs.
- (d) Each Hospital and Health Service will develop local agreements to support the midwifery caseload model of care.
- (e) Each Hospital and Health Service will review and analyse the service provided on an ongoing basis. The review process should be built into the local agreements.

- (f) Local agreements must be sent to the QNMU for final review before it is signed by the relevant Hospital and Health Service and the QNMU.

S3.3 Industrial arrangements

(a) Participation

- (i) Participation in a caseload midwifery model of care will be voluntary, except as provided at S3.3(a)(ii).
- (ii) If a midwife is employed in a position as part of a midwifery caseload model under this agreement and there is no core midwifery service in the hospital, the midwife will be a permanent employee of the midwifery caseload model.

(b) Reversion

- (i) Midwives who participate in a caseload midwifery model may revert to a core or team midwifery position if there is a suitable vacant position.
- (ii) In such cases the midwife should provide 4 weeks' notice of their intention to return to the core midwifery service, unless otherwise agreed.

(c) Caseload

- (i) The caseload for a full-time midwife working an average of 38 hours per week will be up to 40 clients in a 12 month period.
- (ii) The caseload of a midwife may vary depending upon the nature of the midwifery service, geography, the skill mix of the midwives within the midwifery service and the risk profile of the women (for example: indigenous women, women of psycho-social disadvantage or women with other complexities). Accordingly, the determination of specific caseloads will be determined during the consultation for the local agreement.

(d) Annualised salary

- (i) Midwives working in a midwifery model are to be paid an annualised salary to provide appropriate remuneration for the flexible patterns of work.
- (ii) The annualised salary is the ordinary rate of pay as set out in clause 12.2 and an all purpose loading of 35%, which is in compensation for ordinary hours worked and for the following:
 - A. public holiday penalty rates;
 - B. Saturday shift penalty rates;
 - C. Sunday shift penalty rates;
 - D. afternoon shift penalty rates;
 - E. night shift penalty rates;
 - F. meal allowances relating to overtime;
 - G. overtime payments, except as provided for in clause S3.3(f), (excess hours), including recall payments;
 - H. on call allowances; and
 - I. annual leave loading on 5 weeks' annual leave.
- (iii) The adequacy of the annualised salary loading may be reviewed in accordance with criteria between the parties.
- (iv) Midwives working in a team or core midwifery model are not eligible for an annualised salary.

(e) Patterns of work

- (i) Caseload midwives will organise their own hours of work in consultation with their line manager to ensure that the needs of the women and the organisation are met.
- (ii) Midwives will schedule and hold clinics at a time that suits their workload.
- (iii) Midwives will not be required to work for periods longer than 8 hours and can choose to hand over care of the woman at that time. The midwife will have the discretion to work up to, but not longer than, 12 hours to meet the needs of the woman.
- (iv) Each midwife will have a period of at least 8 hours, within any 24 hour period, continuously free of duty other than on call and recall.
- (v) Each midwife will have an average of 4 days off duty per fortnight, free of planned work and on call or recall. At least two of these days must be consecutive.
- (vi) Midwives will not be permitted to work for more than 7 days in succession other than where the midwife is recalled to work.

(f) On call arrangements

- (i) On call/recall applies to the day/night cover by a caseload midwife for their allocated women, or to assist/relieve for another caseload midwife.
- (ii) Caseload midwives will generally be on call for their own women except for days off as provided at S3.3(e)(v). However, a midwife may enter into a reciprocal arrangement with another midwife in the MGP with the same or similar caseload to manage their caseloads in a way that is mutually agreed.
- (iii) A caseload midwife will not be rostered to work or be on call in the core maternity service except in specific circumstances described in the Local Agreement, such as to cover emergency maternity presentations or theatre in rural facilities or other roles.

(g) Excess hours

- (i) The hours of work will be averaged over an 8 week cycle. The first 30 hours worked in excess of 304 hours in an 8 week cycle will be taken as time off in lieu (TOIL). Hours worked in excess of 334 will be paid at the overtime rate of time and a-half for the first 3 hours and double time thereafter. The midwife may elect to take TOIL instead of overtime payments.
- (ii) A maximum of 30 hours TOIL may be carried from one 8 week cycle to the next. The line manager of midwifery may approve TOIL above 30 hours in exceptional circumstances, provided the hours in excess of 30 are taken in the next work cycle.

(h) Debit carryover

A maximum TOIL debit of 16 hours is allowed at any one time and may be carried over from one 8 week cycle to the next.

(i) Time records

Midwives will be required to keep accurate records of all time worked including travel time, administrative work, staff development and other non-clinical activity.

(j) Review of workloads

Where a midwife works above or below the accepted range of hours (288 hours to 334 hours) the line manager of midwifery is to review the midwife's hours of work and ensure that future hours do not fall above or below the accepted range of hours which underpin the annualised salary.

(k) Annual leave

Annual leave is 6 weeks per year and the all purpose loading provided in S3.3(d) is paid for the entire period of leave.

(l) Part-time case load midwives

- (i) Part-time caseload midwives will be designated a caseload on a pro rata basis.
- (ii) Clause S3.3(g), (h) and (i) apply to part-time midwives on a pro rata basis.

Schedule 4 - Hospital and Health Service and Facility Categories

Hospital and Health Service	Facility			
	Category A	Category B	Category C	RANIP
Cairns and Hinterland	- Atherton - Babinda - Herberton - Innisfail - Malanda - Mareeba - Millaa Millaa - Mossman - Ravenshoe - Tully		- Cairns - Gordonvale - Yarrabah	- Chillagoe - Cow Bay (Diwan) - Croydon - Dimbulah - Forsayth - Georgetown - Mt Garnet
Central Queensland	- Baralaba - Biloela - Blackwater - Cracow - Dingo - Emerald - Moura - Springsure - Theodore - Tieri		- Duaringa - Gladstone - Marlborough - Mt Morgan - Rockhampton - Yeppoon	- Capella - Gemfields - Many Peaks - Woorabinda
Central West		- Alpha - Barcaldine - Blackall - Longreach - Winton		- Aramac - Bedourie - Birdsville - Boulia - Isisford - Jundah - Muttaburra - Tambo - Windorah - Yaraka
Children's Health Queensland			- Royal Children's Hospital - Lady Cilento Children's Hospital	

Hospital and Health Service	Facility			
	Category A	Category B	Category C	RANIP
Darling Downs	• Cherbourg • Chinchilla • Dalby • Glenmorgan • Goondiwindi • Inglewood • Jandowae • Kingaroy • Meandarra • Miles • Millmerran • Moonie • Murgon • Nanango • Stanthorpe • Tara		• Baillie Henderson • Oakey • Toowoomba	
Darling Downs	• Taroom • Texas • Wandoan • Warwick • Wondai			
Gold Coast			• Gold Coast • Robina	
Mackay	• Bowen • Clermont • Collinsville • Dysart • Moranbah • Proserpine		• Mackay • Sarina	
Metro North			• Caboolture • Kilcoy • Redcliffe • Royal Brisbane and Women's • The Prince Charles	
Metro South			• Beaudesert • Logan • Princess Alexandra • Queen Elizabeth II • Wynnum • Dunwich • Redland	

Hospital and Health Service	Facility			
	Category A	Category B	Category C	RANIP
North West				• Burketown • Camooweal • Cloncurry • Dajarra • Doomadgee • Gunpowder • Julia Creek • Karumba • Mornington Island • Mt Isa • Normanton
South West	• Bollon • Dirranbandi • Injune • Mitchell • Mungindi • Roma • St George • Surat	• Augathella • Charleville • Cunnamulla • Quilpie		• Morven • Thargomindah • Wallumbilla
Sunshine Coast			• Caloundra • Gympie • Maleny • Nambour • Sunshine Coast University Hospital	

Hospital and Health Service	Facility			
	Category A	Category B	Category C	RANIP
Torres and Cape				• Aurukun • Badu • Bamaga • Coen • Cooktown • Hope Vale • Horn Island • Kowanyama (Edward River) • Laura • Lockhart River • Mapoon • Mer Island (Murray Island) • Napranum (Malakoola) • Pormpuraaw • Saibai • St Pauls • Thursday Island • Weipa • Wujal Wujal (Bloomfield River) • Yorke Island
Townsville	• Ayr • Charters Towers • Home Hill • Ingham	• Hughenden • Richmond	• Magnetic Island • Townsville	• Palm Island
West Moreton			• Boonah • Esk • Gatton • Ipswich • Laidley • The Park	
Wide Bay	• Biggenden • Eidsvold • Gayndah • Monto • Mundubbera		• Bundaberg • Childers • Gin Gin • Hervey Bay • Mt Perry • Maryborough	

By the Commission,
[L.S.] M. SHELLEY,
Industrial Registrar.