## QUEENSLAND INDUSTRIAL RELATIONS COMMISSION

*Industrial Relations Act 1999* – ss. 140G and 140GC – Variation of modern award ss. 140G(3)(a) and 140GC(2)(a) – Commission acting on its own initiative

## NURSES AND MIDWIVES (QUEENSLAND HEALTH) AWARD - STATE 2015

## Matter No. MA/2016/30

## DEPUTY PRESIDENT O'CONNOR DEPUTY PRESIDENT SWAN INDUSTRIAL COMMISSIONER THOMPSON

## 1 March 2017

## DETERMINATION

This matter coming on for hearing before the Commission at Brisbane on 1 March 2017 this Commission orders that the said Award be varied as follows as from 1 March 2017:

- 1. By deleting clause 1 and inserting the following in lieu thereof:
  - 1. Title

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

2. By deleting clause 2 and inserting the following in lieu thereof:

### 2. Operation

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

### 3. In clause 3:

(a) By deleting the definition of "Act" and inserting the following in lieu thereof:

Act means the Industrial Relations Act 2016

(b) By deleting the definition of "QES" and inserting the following in lieu thereof:

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

(c) By deleting the definition of "rostered day/s off" and inserting the following in lieu thereof:

### 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
- 4. By deleting clause 4.1(c)(i) and inserting the following in lieu thereof:
  - (i) Queensland Nurses and Midwives' Union of Employees with respect to callings contained in this Award which the Union has eligibility to represent; and

5. By deleting clause 5 and inserting the following in lieu thereof:

## 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. By deleting clause 6.1(c) and inserting the following in lieu thereof:
  - (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.
- 7. By deleting clause 6.2(d) and inserting the following in lieu thereof:
  - (d) In determining the outcome from facilitative provisions neither party should unreasonably withhold agreement.
- 8. By deleting clause 6.2(f) and inserting the following in lieu thereof:
  - (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.
- 9. By deleting clause 6.2(h) and inserting the following in lieu thereof:
  - (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.
- 10. By deleting clause 7.1(d) and (e) and inserting the following in lieu thereof:
  - (d) In the event of any disagreement between the parties as to the interpretation or implementation of this Award, the following procedures shall apply:
    - 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.
- 11. By deleting the heading of clause 7.2 as well as clauses 7.2(a) and (b) and inserting the following in lieu thereof:

### 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.
- 12. By deleting clause 8.1 and inserting the following in lieu thereof:

### 8.1 Full-time employment

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

- 13. By deleting clauses 8.2(a) to (d), inclusive, and inserting the following in lieu thereof:
  - (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.
- 14. By deleting clause 8.3(c) and inserting the following in lieu thereof:
  - (c) Subject to clause 8.3(e), a casual employee is to be paid a loading of 23% 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.
- 15. By deleting clause 8.3(f) and inserting the following in lieu thereof:
  - (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
- 16. By deleting clause 8.7(b) and inserting the following in lieu thereof:
  - (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.
- 17. By deleting clause 9.1 and inserting the following in lieu thereof:

### 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.

18. By deleting clause 9.2 and inserting the following in lieu thereof:

### 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.

19. By deleting clause 9.4 and inserting the following in lieu thereof:

### 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.

20. By deleting clause 9.6 and inserting the following in lieu thereof:

### 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.

21. By deleting clause 10.1 and inserting the following in lieu thereof:

#### **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.

22. By deleting clause 10.2 and inserting the following in lieu thereof:

#### **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.
- 23. By deleting clause 10.5(b) and inserting the following in lieu thereof:
  - (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.
- 24. By deleting clause 10.6(a) and inserting the following in lieu thereof:
  - (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.
- 25. By deleting clause 10.7(a) and inserting the following in lieu thereof:
  - (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
- 26. By deleting clause 10.8 and inserting the following in lieu thereof:

### **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.

27. By deleting clause 10.9 and inserting the following in lieu thereof:

### **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.
- 28. By deleting clause 11.1(a) and inserting the following in lieu thereof:
  - (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.
- 29. By deleting clause 11.2 and inserting the following in lieu thereof:

### 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.
- 30. By deleting clause 11.5(a)(ii) and inserting the following in lieu thereof:
  - (ii) search for mutual gains while managing conflicts in interests; and
- 31. By deleting the indicative titles of "Undergraduate Student Nurses/Midwives" and "Enrolled Nurses" in clause 12.2(a) and inserting the following in lieu thereof:

Undergraduate Student Nurse/Midwife	Nursing Grade 2		2nd Year Students	1,818	47,430
	Nursing Grade 2		3rd Year Students	1,846	48,160
Ennelled Nume	Nurse Grade 3		1	1,945	50,743
Enrolled Nurse			2	1,975	51,526

	3	2,006	52,335
	4	2,039	53,195
	5	2,073	54,082

- 32. By deleting clauses 12.4(c)(i) and (ii) and inserting the following in lieu thereof:
  - (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).
- 33. By deleting clause 12.5(b) and inserting the following in lieu thereof:
  - (b) Nurse Grade 3
    - (i) Subject to clause 12.5(b)(ii), an employee appointed to Nurse Grade 3 will be appointed 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 a 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.
- 34. By deleting clause 12.6(e) and inserting the following in lieu thereof:
  - (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.
- 35. By deleting clause 13.1(a) and inserting the following in lieu thereof:
  - (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.
- 36. By deleting clause 13.1(f)(iii) and inserting the following in lieu thereof:
  - (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.
- 37. By deleting clause 13.2(c) and inserting the following in lieu thereof:
  - (c) The allowance is not payable to a RANIP employee in receipt of a locality allowance.
- 38. By deleting the Note under clause 13.5 and inserting the following in lieu thereof:

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.

- 39. By deleting clause 13.6(a) and inserting the following in lieu thereof:
  - (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.
- 40. By deleting clause 13.7 and inserting the following in lieu thereof:

## **13.7** Laundry allowance

The employer will launder the employee's uniforms or an allowance of \$3.70 per fortnight shall be paid.

41. By deleting clause 13.9 and inserting the following in lieu thereof:

### 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 \$44.00 per fortnight.

- 42. By deleting clause 13.10(a) and inserting the following in lieu thereof:
  - (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 \$0.77 per kilometre; and
    - (ii) motorcycle \$0.26 per kilometre.
- 43. By deleting clause 13.13 and inserting the following in lieu thereof:

### 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 \$12.85 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 \$12.85 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 \$12.85 for the prepared meal.
- (d) Overtime meal allowances are not payable if a meal of reasonable quality and quantity is provided by the employer.
- 44. By deleting clauses 13.15(a)(iii) and (iv) and inserting the following in lieu thereof:
  - (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.
- 45. By deleting clause 13.15(b)(v) and inserting the following in lieu thereof:
  - (v) The allowance is paid out on termination from employment, including resignation and retirement, on a *pro-rata* basis.
- 46. By deleting clause 13.16(a) and inserting the following in lieu thereof:
  - (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 \$11.57 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.
- 47. By deleting clause 13.16(d) and inserting the following in lieu thereof:
  - (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.
- 48. By deleting clause 13.19(g) and inserting the following in lieu thereof:
  - (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.
- 49. By deleting clause 13.21 and inserting the following in lieu thereof:

### 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:

Allowance	Eight Capitals Consumer Price Index (ABS Cat No. 6401.0 - Table 7)
Accommodation allowance (last adjusted 1 September 2015)	Domestic holiday, travel and accommodation sub-group
Motor vehicle allowance (last adjusted 1 September 2014)	Private motoring sub-group
Overtime meal allowance (last adjusted 1 September 2016)	Take-away and fast foods sub-group
Uniforms (last adjusted 1 September 2014)	Clothing and footwear group

- 50. By deleting clause 14(b) and inserting the following in lieu thereof:
  - (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.
- 51. By deleting the heading of Part 5, where it appears in the Award itself as well as in the Table of Contents, and inserting the following in lieu thereof:

# **PART 5 - Hours of Work and Related Matters**

52. By deleting the heading of clause 15, where it appears in the Award itself as well as in the Table of Contents, and inserting the following in lieu thereof:

## 15. Hours of duty

- 53. By deleting clause 15.1(a) and inserting the following in lieu thereof:
  - (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 work 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 work 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.
- 54. By deleting clause 15.3(c) and inserting the following in lieu thereof:
  - (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.
- 55. By deleting clauses 15.5(e) to (i), inclusive and inserting the following in lieu thereof:
  - (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.
- 56. By deleting clauses 15.6(c) and (d) and inserting the following in lieu thereof:
  - (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.
- 57. By deleting clause 15.10(a) and inserting the following in lieu thereof:
  - (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.

- 58. By deleting clauses 15.12(a) and (b) and inserting the following in lieu thereof:
  - (a) Afternoon shifts
    - (i) An employee (excluding a Nursing Grade 1 employee referred to in clause 15.12(a)(ii), a midwife participating in a caseload model of care and a Nurse Grade 9 employee in receipt of an all inclusive salary) 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), a midwife participating in a caseload model of care and a Nurse Grade 9 employee receiving an all inclusive salary) 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).
- 59. By deleting the introductory paragraph in clause 15.12(d)(i) and inserting the following in lieu thereof:
  - (i) An employee working night shift before and during a public holiday is to be paid as follows:
- 60. By deleting the words "one half" in clause 15.12(e)(iii) and wherever they appear in the Award thereafter, and replace them with the term "one-half".
- 61. By deleting clause 17(b) and inserting the following in lieu thereof:

- (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.
- 62. By deleting clauses 18.1(b) and (c) and inserting the following in lieu thereof:
  - (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 8, 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 a 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.
- 63. By deleting clause 18.2(b) to (f) and inserting the following in lieu thereof:
  - (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	\$21.81 per night <sup>1</sup>	\$21.81 per on call period between rostered shifts or part thereof
Saturday, Sunday, public holiday, rostered day off or ADO	\$39.94 where on call for the whole day <sup>2</sup> \$25.09 where on call for the night only	\$39.94 per on call period between rostered shifts or part thereof

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 \$2.66 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.
- 64. By deleting clause 18.4 and inserting the following in lieu thereof:

## **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.
- 65. By deleting the heading and introductory paragraph of clause 19 and inserting the following in lieu thereof:

## **19.** Annual leave

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

- 66. By deleting clause 19.3(b) and inserting the following in lieu thereof:
  - (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.
- 67. By deleting clause 19.4(c) and inserting the following in lieu thereof:
  - (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.
- 68. By deleting clause 19.10(b) and inserting the following in lieu thereof:
  - (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.
- 69. By deleting clauses 20(a) and (b) and inserting the following in lieu thereof:
  - (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.
- 70. By deleting clause 21 and inserting the following in lieu thereof:

## 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; and
  - (iii) surrogacy 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 she has given her employer written notice of the date/s on which she proposes to start and/or end maternity leave, must:
  - (A) commence maternity leave at least 6 weeks prior to the expected date of birth of her child; and
  - (B) remain on maternity 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 maternity leave; or
    - (D) the day of the employee's confinement,

whichever happens first.

(d) An employee who is pregnant, during the term of her pregnancy until 6 weeks before the expected date of birth of her child or lesser period as approved by the employer, may request to work not time on other flexible work error coments.

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.

- 71. By deleting clause 22(a) and inserting the following in lieu thereof:
  - (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.
- 72. By deleting clause 23 and inserting the following in lieu thereof:

### 23. Public holidays

(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:

Relev	ant employees	Labour Day	Show Day Easter Saturday	All other public holidays
(i)	Public Hospital (excluding dental hospital and dental clinic)			
(ii)	Biala employees ordinarily required to work on public holidays	Full day's wage at 100% and	Double and one-	One and one-half
(iii)	<ul> <li>employees ordinarily required to work on public holidays under extended hours service arrangements, restricted to:</li> <li>Public Service</li> <li>Eventide Homes (Nurse Grade 5 and above)</li> <li>Correctional Health Services</li> </ul>	one and one-half times (150%) the ordinary rate of pay	half times (250%) the ordinary rate of pay	times (150%) the ordinary rate of pay
(iv)	Dental hospital and dental clinic			
(v)	<ul> <li>employees not ordinarily required to work on a public holiday, restricted to:</li> <li>Biala</li> <li>Public Service</li> <li>Eventide Homes (Nurse Grade 5 and above)</li> <li>Correctional Health Services</li> </ul>	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) (vii)	Eventide Homes (Nursing Grade 1 to Nurse Grade 4) 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	All other public holidays
<ul> <li>(i) Public Hospital (excluding dental hospital and dental clinic)</li> <li>(ii) Biala</li> </ul>	A full day's wage at the ordinary rate (100%) <sup>1,2</sup>	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 <sup>1,</sup> <sup>2</sup>	A full day's wage at the ordinary rate (100%) where the employee would ordinarily be required to work on that day
<ul> <li>(iii) Dental hospital and dental clinic</li> <li>(iv) Employees not ordinarily required to work on a public holiday restricted to: <ul> <li>Public Service</li> <li>Eventide Homes (Nurse Grade 5 and above)</li> <li>Correctional Health Services</li> </ul> </li> </ul>	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
<ul><li>(v) Eventide Homes (Nursing Grade 1 to Nurse Grade 4)</li><li>(vi) all Psychiatric Hospitals</li></ul>	A full day's wage at the ordinary rate (100%) <sup>3</sup>	A full day's wage at the ordinary rate (100%) <sup>3</sup>	A full day's wage at the ordinary rate $(100\%)^3$
<ul> <li>(vii) Correctional Health Services</li> <li>employee engaged in continuous</li> <li>shift work or work on two shifts</li> <li>per day over seven days</li> </ul>	A full day's wage at the ordinary rate (100%) <sup>2</sup>	A full day's wage at the ordinary rate (100%) <sup>2</sup>	A full day's wage at the ordinary rate (100%) <sup>2</sup>

#### 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.
- 73. By deleting clause 24 and inserting the following in lieu thereof:

## 24. Jury service

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

- 74. By deleting clause 25.1(a) and inserting the following in lieu thereof:
  - (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.
- 75. By deleting the Note under clause 26(a) and inserting the following in lieu thereof:

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.

76. By deleting the Note under clause 27 and inserting the following in lieu thereof:

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.

- 77. By deleting clauses 29(f) and (g) and inserting the following in lieu thereof:
  - (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.
- 78. By deleting clause 31 and inserting the following in lieu thereof:

## **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 \$51.70 per week;
  - (ii) for Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and all Psychiatric Hospital employees \$16.50 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 \$19 per week;
  - (ii) for Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and all Psychiatric Hospital employees \$6 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 \$0.60 for each breakfast, \$0.75 for each lunch and \$0.75 for each dinner.
- 79. By deleting clause 32(c) and inserting the following in lieu thereof:
  - (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.
- 80. By deleting clause 38 and inserting the following in lieu thereof:

## 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.

- 81. By deleting clause 39.3(d) and inserting the following in lieu thereof:
  - (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.
- 82. By deleting clause 39.3(f)(iii) and inserting the following in lieu thereof:
  - (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.
- 83. By deleting Schedule 2 "Generic Level Statements" and replacing it with a new Schedule 2, as attached to this Determination.

- 84. By deleting Schedule 3.2(b) and inserting the following in lieu thereof:
  - (b) The working group should include representative midwives, the employer, the Queensland Nurses and Midwives' Union and other key stakeholders to consider the appropriate midwifery model.
- 85. By deleting Schedule 5 "Directives Which Apply to Employees Covered by this Award" and inserting the following in lieu thereof:

# Schedule 5 - Directives Which Apply to Employees Covered by this Award

## Directives which apply by the operation of Schedule 3 of the Public Service Regulation 2008

- Appeals
- Change of pay date for employees of Queensland Health
- Domestic travelling and relieving expenses
- Early retirement, redundancy and retrenchment
- Employment screening
- International travelling, relieving and living expenses
- Leave without salary credited as service
- Paid parental leave
- Recognition of previous service and employment
- Recruitment and selection
- Support for employee affected by domestic and family violence
- Supporting employees affected by workplace change (previously titled Employees requiring placement)
- Transfer and appointment expenses
- Transfer within and between classification levels and systems
- Workforce establishment management

### Directives which apply as a term of this Award

The terms and conditions of employment of the directives specified in the table below shall apply until 30 November 2017 after which, where a directive covers an employee, the provisions of the directive continue to apply to the employee.

Directive name	Applies to
Locality allowances	<ul> <li>Public Service</li> <li>Eventide Homes</li> <li>Correctional Health Services</li> <li>Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8)</li> </ul>
Higher duties	<ul> <li>Public Service</li> <li>Eventide Homes (Nurse Grade 5 and above)</li> <li>Correctional Health Services</li> </ul>

Dated: 23 March 2017

By the Commission, M. Shelley, Deputy Industrial Registrar.

Released: 23 March 2017

Operative Date: 1 March 2017 Determination - Correction of error

# **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.

#### CITATION: Nurses and Midwives (Queensland Health) Award – State 2015 (MA/2016/30) – Determination (01/03/17) http://www.girc.gld.gov.au

## 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	Policies, protocols, guidelines and standards	<ul><li>Attend education sessions.</li><li>Maintain personal ongoing</li></ul>	• Contribute to evaluative research activities as	N/A
• Accountable for own healthcare practice and to the responsible registered nurse/registered midwife for delegated episodes of care.	• Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation.	education and development portfolio.	appropriate.	
<ul> <li>Responsible for accepting delegated tasks/duties which require basic skills, training and experience.</li> <li>Skills and Knowledge</li> <li>Training to apply standardised practices and procedures, as delegated.</li> <li>Role in clinical care</li> <li>Perform a range of duties that require basic skills, knowledge, training and experience.</li> <li>Performance of patient care needs such as -</li> </ul>	<ul> <li>Quality/Safety/Risk management</li> <li>Contribute to the maintenance of a physically, culturally and psychosocially safe environment for recipients of healthcare services and staff.</li> <li>Engage in incident reporting to promote safe and /or rectify unsafe practice.</li> </ul>			

$\triangleright$	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		
	U		
	nurse/registered		
	midwife.		
$\triangleright$	Assist with the personal		
	hygiene and appearance		
	of the recipients of		
	healthcare services.		
$\triangleright$	Contribute to and		
ŕ	maintaining the		
	healthcare environment.		
~			
$\triangleright$	Contribute to the		
	maintenance of a safe and		
	secure environment for		
	staff and the recipients of		
	healthcare services.		

## 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 ResponsibilityPoil and• Accountable for own healthcare practice and to the 	blicies, protocols, guidelines ad standards Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. uality/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.	<ul> <li>Attend education sessions.</li> <li>Maintain personal ongoing education and development portfolio.</li> </ul>	• Contribute to evaluative research activities as appropriate.	N/A

# 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
<ul> <li>Accountability and Responsibility</li> <li>Accountable for own healthcare practice and to the responsible registered nurse/registered midwife for delegated episodes of care.</li> <li>Responsible for accepting delegated tasks/duties, which are commensurate with training and assessed competencies.</li> <li>Skills and Knowledge</li> <li>Demonstrate skills commensurate with the level of undergraduate training and competencies.</li> <li>Role in clinical care</li> <li>Contribute to the care needs of recipients of healthcare services.</li> </ul>	<ul> <li>Policies, protocols, guidelines and standards</li> <li>Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation.</li> <li>Quality/Safety/Risk management</li> <li>Contribute to the maintenance of a physically, culturally and psychosocially safe environment for recipients of healthcare services and staff.</li> <li>Engage in incident reporting to promote safe and /or rectify unsafe practice.</li> </ul>	• Contribute to quality healthcare through lifelong learning and professional development of self and others.	• Contribute to evaluative research activities as appropriate.	N/A
-				

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.		

## 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

- (a) 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.
- (b) Seeks assistance and support in decision making from a registered nurse/registered midwife.

## Title

(a) Enrolled 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
<ul> <li>Accountability and Responsibility</li> <li>Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice and supervision of unregulated healthcare workers.</li> <li>Provide direct and indirect care, engage in reflective and analytical practice and demonstrate professional and collaborative practice.</li> </ul>	<ul> <li>Policies, protocols, guidelines and standards</li> <li>Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation.</li> <li>Quality/Safety/Risk management</li> <li>Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work</li> </ul>	<ul> <li>Contribute to quality healthcare through lifelong learning and professional development of self and others.</li> <li>Provide health promotion and education to recipients of healthcare services and carers.</li> </ul>	<ul> <li>Participate as appropriate in evaluative and local action research activities.</li> <li>Apply evidence-based guidelines to achieve positive care outcomes for recipients of healthcare services as delegated by the registered nurse/registered midwife.</li> </ul>	<ul> <li>Collaborate with the registered nurse/registered midwife in clinical and organisational governance.</li> <li>Under the guidance of the registered nurse/registered midwife work to achieve best practice outcomes within the work unit environment.</li> </ul>

# 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	Policies, protocols, guidelines and standards	• Contribute to quality healthcare through lifelong	• Participate as appropriate in evaluative and local action	• Collaborate with the registered nurse/registered
• Accountable for NMBA and own standards, actions and the outcomes of own	• Adhere to established guidelines, protocols, procedures, standards and	learning and professional development of self and others.	research activities.	midwife in clinical and organisational governance through active participation

nursing/midwifery practice and supervision of unregulated healthcare	<ul><li>systems of work as set out by the organisation.</li><li>May assist in reviewing and</li></ul>	• Provide health promotion and education to recipients of healthcare services and	• Apply evidence-based guidelines to achieve positive care outcomes for recipients	<ul><li>in team leadership and decision making.</li><li>Under the guidance of the</li></ul>
<ul> <li>workers.</li> <li>Provide direct and indirect care, engage in reflective and analytical practice and demonstrate professional and collaborative practice.</li> </ul>	<ul><li>evaluating nursing/midwifery standards at the local level.</li><li>May hold a portfolio in an area of advanced skill</li></ul>	<ul> <li>carers.</li> <li>Educate and support less experienced staff in relation to the provision of care where appropriate.</li> </ul>	of healthcare services as delegated by the registered nurse/registered midwife.	registered nurse/registered midwife work to achieve best practice outcomes within the work unit environment.
Skills and Knowledge	Quality/Safety/Risk management			
• Demonstrate a greater depth of knowledge, skills, experience, competence and more effective integration of theory to practice than a Nurse Grade 3.	<ul> <li>Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment.</li> </ul>			
• Provide support and direction and act as a role model to others where appropriate.	• Engage in incident reporting and participate in quality improvement activities to promote safe and /or rectify			
Role in clinical care	unsafe practice.			
• Demonstrate greater experience and competence in the development, implementation and evaluation of care plans than a Nurse Grade 3.	<ul> <li>Mentorship/Reporting lines</li> <li>Participate with other members of the healthcare team in providing support and mentorship to new and less experienced staff.</li> </ul>			
• 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.				

# 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

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

healthcare within and across		
the continuum of care.		

## **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
<ul> <li>Accountability and Responsibility</li> <li>Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice.</li> <li>Skills and Knowledge</li> <li>Consolidate and increase knowledge and skills while moving through a program of study/supervision for re- entry as a registered midwife.</li> <li>Role in clinical care</li> <li>Participate in assessing, planning and evaluating care in collaboration with the supervising registered midwife.</li> </ul>	<ul> <li>Policies, protocols, guidelines and standards</li> <li>Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation.</li> <li>Quality/Safety/Risk management</li> <li>Maintain the safety of mothers and babies, participate in risk minimisation and maintain safe work activities within the practice setting.</li> <li>Participate in quality improvement activities, incident reporting and investigation.</li> </ul>	<ul> <li>Contribute to quality healthcare through lifelong learning and professional development of self and others.</li> <li>Provide health promotion and education to mothers and families in collaboration with the registered midwife.</li> </ul>	<ul> <li>Apply evidence-based guidelines to achieve positive midwifery outcomes for mothers and babies.</li> </ul>	N/A

• Collaborate with the registered midwife to partner with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period.		
<ul> <li>Collaborate with the registered midwife in the provision of midwifery services across settings including the home, community, hospitals, clinics or health units.</li> </ul>		

## 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	Policies, protocols, guidelines and standards	• Contribute to quality healthcare through lifelong learning and professional	• Participate in evaluative and local action research activities.	• Provide clinical leadership for professional and clinical practice.

<ul> <li>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.</li> <li>Accountable for delegation of activities to others and shifting accountability/coordination as allocated.</li> <li>Skills and knowledge</li> <li>Consolidate educational preparation and increase knowledge and skills while moving from beginner to experienced practitioner.</li> <li>Role in clinical care</li> <li>Assess, plan, implement and evaluate nursing care in collaboration with individuals, peers and the healthcare team to achieve goals and health outcomes.</li> <li>Take a leadership role in the coordination of nursing and provision of health services across the continuum of care.</li> <li>Make appropriate referral to, and consult with peers, other relevant health professionals, service</li> </ul>	<ul> <li>Participate in developing, reviewing and evaluating clinical/nursing standards, guidelines, protocols, pathways, procedures, standards and systems of work.</li> <li>Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation.</li> <li>Quality/Safety/Risk management</li> <li>Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment.</li> <li>Participate in incident investigation and quality improvements to promote safe and /or rectify unsafe practice.</li> <li>Mentorship/Reporting lines</li> <li>Provide support, guidance, preceptorship, supervision and mentoring to healthcare team as appropriate.</li> <li>Delegate to and supervise enrolled nurses and students consistent with the NMBA decision making framework and registered nurse standards for practice.</li> </ul>	<ul> <li>development of self and others.</li> <li>Provide health promotion and education to recipients of healthcare services and carers.</li> <li>Support nursing/midwifery practice and learning experiences by providing inservice teaching, orientation and preceptorship for the nursing/midwifery team.</li> </ul>	Apply evidence-based guidelines to achieve positive care outcomes for recipients of healthcare services.	<ul> <li>Collaborate in clinical and organisational governance.</li> <li>Proactively engage with the clinical nurse and others to achieve best practice outcomes within the work environment.</li> </ul>
providers, and community and support services.	• Depending on service size/location may take on the			

role of team leader and/or shift coordinator, commensurate with the level	
of competence.	

#### **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
<ul> <li>Accountability and responsibility</li> <li>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.</li> <li>Accountable for delegation of activities to others and</li> </ul>	<ul> <li>Policies, protocols, guidelines and standards</li> <li>Assist in developing, reviewing and evaluating midwifery standards, established guidelines, protocols, procedures, standards and systems of work.</li> <li>Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation.</li> <li>Quality/Safety/Risk management</li> </ul>	<ul> <li>Contribute to quality healthcare through lifelong learning and professional development of self and others.</li> <li>Counsel in health and education, not only for the woman, but also within the family and the community.</li> <li>Support midwifery practice and learning experiences by providing in-service teaching, orientation and preceptorship for the nursing/midwifery team.</li> </ul>	<ul> <li>Participate in evaluative and local action research activities.</li> <li>Apply evidence-based guidelines to achieve positive care outcomes for recipients of health care services.</li> </ul>	<ul> <li>Provide clinical leadership for professional and clinical practice.</li> <li>Collaborate in clinical and organisational governance.</li> <li>Proactively engage with the clinical midwife and others to achieve best practice outcomes within the work environment.</li> </ul>

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

## 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.

- (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
<ul> <li>Accountability and Responsibility</li> <li>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.</li> <li>Accountable for the delivery of safe clinical practice and professional advice.</li> <li>Work collaboratively with peers and others to create a positive practice environment that achieves best practice outcomes for recipients of healthcare services.</li> <li>Identify, select, implement and evaluate</li> </ul>	<ul> <li>Policies, protocols, guidelines and standards</li> <li>Adhere to established guidelines, protocols, procedures, standards and systems of work as set by the organisation.</li> <li>Participate in developing, evaluating and updating clinical service procedures, protocols, standards and guidelines.</li> <li>Quality/Safety/Risk management</li> <li>Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment.</li> <li>Engage in incident reporting/investigation and conduct quality improvements audits and develop risk minimisation</li> </ul>	<ul> <li>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.</li> <li>Provide and update education resources for staff, recipients of healthcare services, carers and others in consultation.</li> <li>Act as a clinical and educational resource within an area based on knowledge, skills and experience.</li> <li>Work collaboratively with the Nurse Educator on provision of orientation to new staff.</li> <li>Act as a role model in supporting staff e.g.</li> </ul>	<ul> <li>Participate in developing and undertaking quality initiatives, clinical audits, clinical trials and research.</li> <li>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.</li> <li>Identify inconsistencies between policy and practice.</li> <li>Work collaboratively in leading implementation of policy, practice changes and clinical innovations.</li> </ul>	<ul> <li>Provide clinical leadership for professional and clinical practice, education and research.</li> <li>Collaborate in clinical and organisational governance.</li> <li>Proactively engage with the Clinical Nurse Consultant and others to achieve best practice outcomes within the work unit environment.</li> <li>Responsible for coordination of portfolios and providing professional advice.</li> </ul>

nursing/midwifery	strategies/activities to	Orientation and capacity	
interventions that have less	promote safe and /or rectify	building within the clinical	
predictable outcomes.	unsafe practice.	environment.	
Skills and Knowledge	• Consult and provide	• Contribute to the support of	
• Responsible for a specific	nursing/midwifery advice on	undergraduate and post	
client population and able to	the development and application of quality and	graduate students.	
function in more complex	risk management	Maintain own professional	
situations while providing support and direction to	frameworks.	development portfolio.	
registered nurses/registered	• Apply a quality framework		
midwives, enrolled nurses,	to improve service delivery		
unregulated healthcare	and outcomes for recipients		
workers and other healthcare	of healthcare services.		
workers.	Mentorship/Reporting lines		
• Demonstrate the following:-	• Provide support, guidance,		
> advanced clinical and	mentoring, preceptorship,		
problem solving skills;	role modelling and promote		
expert planning and	cooperation and		
coordination skills in	collaborative teamwork.		
the clinical	Management		
management;	• Assist and support the Nurse		
> ability to work without	Grade 7 in contemporary		
a collegiate/team	human, material and		
structure;	financial resource		
➢ knowledge of contamporary	management.		
contemporary nursing/midwifery	• Lead a team in conjunction		
practice and theory.	with a Nurse Grade 7 to assist and support with the		
• Utilise the principles of	following activities:		
contemporary human,	<ul> <li>team shift coordination;</li> </ul>		
material and financial	<ul> <li>performance</li> </ul>		
resource management in	management/review;		
consultation with others.	<ul> <li>change management;</li> </ul>		
Role in clinical care			
• Provide nursing or	<ul> <li>rostering/staffing;</li> </ul>		
midwifery care to a group of	workplace culture.		
recipients of healthcare	• Collaborate with after-hours		
services.	Nurse Manager with regards		

• Act as a role model for registered nurses/registered midwives, enrolled nurses and unregulated healthcare workers in the provision of holistic healthcare.	<ul> <li>to clinical and management issues.</li> <li>Change Management</li> <li>Apply change management principles.</li> </ul>	
• 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.		

## 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.

- (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
<ul> <li>Accountability and Responsibility</li> <li>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.</li> <li>Accountable for the delivery of safe clinical practice and professional advice.</li> <li>Responsible for a specific portfolio within one of the following streams: management, clinical care/leadership, education or research.</li> <li>Provide clinical and professional leadership.</li> </ul>	<ul> <li>Policies, Protocols, Guidelines and Standards:         <ul> <li>Adhere to established guidelines, protocols, procedures, standards and systems of work as set by the organisation.</li> <li>Participate in developing, evaluating and updating clinical service guidelines, procedures, protocols, standards and guidelines in collaboration with Nurse Grade 7.</li> </ul> </li> <li>Quality/Safety/Risk Management</li> <li>Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment.</li> <li>Consult and provide nursing/midwifery advice on the development and</li> </ul>	<ul> <li>Participate in the development and sustainability in the culture of learning resulting in a capable and educated nursing/midwifery workforce.</li> <li>Provide clinical teaching, inservice education, and assisting/supporting others to maintain portfolios/records of learning.</li> <li>Develop education resources for staff and recipients of healthcare services in consultation.</li> <li>Participate in orientation and induction of new staff.</li> <li>Facilitate the support of undergraduate and post graduate students.</li> </ul>	<ul> <li>Coordinate the undertaking of quality initiatives, clinical audits, clinical trials and research.</li> <li>Use contemporary information, research evidence, personal knowledge and experience to support translating contemporary evidence to practice.</li> <li>Identify inconsistencies between policy and practice and takes steps to rectify.</li> <li>Work collaboratively in leading implementation of policy, practice changes and clinical innovations.</li> </ul>	<ul> <li>In collaboration with the Nurse Grade 7:</li> <li>Provide policy advice on issues relating to professional and clinical practice, education and research;</li> <li>Participate in innovation and change to develop responses to address emerging service needs;</li> <li>Contribute to the unique body of knowledge when engaging with others.</li> </ul>

• Contribute to organisational key objectives and performance indicators.	application of quality and risk management frameworks.		
• Work collaboratively with a Nurse Grade 7 to create a positive practice environment that achieves best practice outcomes for recipients of healthcare services.	• Monitor quality activities against agreed standards and initiate the development of quality benchmarks to measure service performance and outcomes for recipients of healthcare services.		
Skills and Knowledge:	• Monitor and report emerging		
Demonstrate specialised knowledge, experience and clinical skills and	trends and respond as relevant in consultation with others.		
competence in a particular area of expertise.	• Identify and conduct quality improvement activities in		
• Demonstrate higher level of contemporary	collaboration with Nurse Grade 7.		
nursing/midwifery	Mentorship/Reporting lines		
knowledge practice and theory than a Nurse Grade 6 Band 1.	• Provides support, guidance, mentoring, preceptorship, role modelling and promote		
• Utilise and apply the principles of contemporary	cooperation and collaborative teamwork.		
human, material and financial resource management for the multidisciplinary	• Undertake clinical supervision of nurses and midwives in consultation with Nurse Grade 7.		
environment in consultation	Management		
with a Nurse Grade 7.	Participate in contemporary		
Role in clinical care	human, material and		
• Apply advanced clinical knowledge and skills in coordination with the Nurse Grade 7 or participation in the delivery of direct and indirect clinical care.	<ul> <li>financial resource management in collaboration with the Nurse Grade 7.</li> <li>May work across professional and organisational boundaries to</li> </ul>		
• Use evidence-based clinical practice to facilitate positive	influence outcomes.		

<ul><li>outcomes for recipients of healthcare services.</li><li>Integrate and translate the principles of contemporary</li></ul>	<ul> <li>Change Management</li> <li>Apply change management principles in facilitating change.</li> </ul>	
nurse/midwifery education into practice.	<ul> <li>Act as a change agent and assist in the implementation of change strategy at a local level.</li> </ul>	

### S2.12 Nurse Grade 7

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

- (a) is appointed to 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.

- (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
<ul> <li>Accountability and Responsibility</li> <li>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.</li> <li>Demonstrate advanced application of clinical and professional leadership.</li> <li>Accountable for the delivery of safe clinical practice and professional advice.</li> <li>Work collaboratively with peers and others to create a positive practice environment that achieves best practice outcomes for</li> </ul>	<ul> <li>Policies, protocols, guidelines and standards</li> <li>Integrate key objectives from the strategic plan (facility/division, clinical service) into service delivery for a clinical unit/departments.</li> <li>Adhere to established guidelines, protocols, procedures, standards and systems of work as set by the organisation.</li> <li>Coordinate, develop, implement, translate and evaluate clinical practice standard guidelines, procedures and protocols using an evidence-based approach.</li> <li>Advise and contribute to the application of information systems to improve clinical practice environment inform decision-making.</li> </ul>	<ul> <li>Develop and encourage a learning environment by mentoring and promoting team development and individual capacity building.</li> <li>Participate in the development and sustainability in the culture of learning resulting in a capable and educated nursing/midwifery workforce.</li> <li>Support education and research to promote innovation specific to healthcare trends, to promote patient and service outcomes within the scope of their position.</li> <li>Promote engagement by self and others in professional development and maintain own professional development portfolio.</li> <li>Lead and coordinate education activities to build expertise and midwifery workforce.</li> </ul>	<ul> <li>Engage in quality initiative and research projects to inform practice change.</li> <li>Use contemporary information, research evidence, personal knowledge and experience to support decision making.</li> <li>Contribute to the development of unique body of knowledge and translates it into practice.</li> <li>Action policy and evidence- based research for application</li> </ul>	<ul> <li>Collaborate with others in the provision of policy advice on issues relating to professional and clinical practice, education and research.</li> <li>Participate in innovation and change to develop responses to address emerging service needs.</li> <li>Contribute to the unique body of knowledge within scope of practice when engaging with internal and external groups/partners/bodies.</li> <li>Collaborate in the provision of advice on nursing/midwifery matters.</li> </ul>

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recipients of healthcare	Quality/Safety/Risk	• Exhibit educational leadership	
services.	Management	and expertise in determining	
• Contribute to organisational	• Maintain the safety of	learning needs and mechanisms to foster a culture	
key objectives and	recipients of healthcare		
performance indicators.	services and staff by	of learning in the workplace.	
• Accountable for outcomes	fostering safe work standards	• Translate evidence into	
and achievement of service	within the clinical practice	practice to foster achievement	
performance targets.	environment.	of best practice outcomes.	
Skills and Knowledge	• Consult with and provide		
Demonstrate advanced	expert nursing/midwifery		
specialist knowledge,	advice to achieve integrated		
experience and clinical skills	care within health services.		
in a particular area of	• Responsible for the		
expertise.	implementation of a quality		
• Demonstrate critical	and risk management		
thinking and reasoning,	framework to improve		
advanced problem solving	quality of care and work		
skills and expert clinical	environment.		
judgement.	• Promote and support a		
Demonstrate advanced	culture of continuous quality		
knowledge and application	improvement.		
of contemporary	• Respond to emerging trends		
nursing/midwifery practice	in healthcare services in		
and theory.	consultation with other		
• Lead the application and	relevant stakeholders.		
• Lead the application and evaluation of contemporary	• Responsible for compliance		
human, material and	with professional standards.		
financial resource	• Initiate and conduct quality		
management for the	improvement activities.		
multidisciplinary	Mentorship/Reporting lines		
environment.			
Role in clinical care	Coordinate and guide     montoring presentorship		
• Provide leadership in	mentoring, preceptorship, role modelling and promote		
professional decision-	cooperation and		
making through the	collaborative teamwork.		
application of advanced			
clinical knowledge and	• Provide leadership and act as a clinical resource, advisor,		
skills.			
	mentor, role model, technical		

<ul> <li>Coordinate clinical practice delivery in a clinical specialty or area of expertise.</li> <li>Participate directly or indirectly in the delivery of clinical care to individuals/groups in a specialty area of clinical practice.</li> <li>Use evidence-based clinical practice to facilitate positive outcomes for recipients of healthcare services.</li> <li>Integrate and translate the principles of contemporary nurse/ midwifery education into practice.</li> </ul>	<ul> <li>expert, to registered nurses/registered midwives, enrolled nurses and members of multi-disciplinary team.</li> <li>Provide clinical supervision, mentorship and professional leadership to registered nurses/registered midwives and enrolled nurses.</li> <li>Apply the principles of succession management and mentoring to involve colleagues in ongoing career development and growth.</li> <li>Undertake supervision and act as a role model and/or mentor.</li> </ul>		
-	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.		

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

<ul> <li>defined patient population within a scope of practice.</li> <li>Accountable for practicing in accordance with NMBA nurse practitioner registration standards.</li> <li>Accountable for clinical practice, professional advice given, delegations of care.</li> <li>Work collaboratively with others to contribute to resource and health quality development.</li> <li>Accountable for addressing inconsistencies between practice and policy.</li> <li>Use critical analysis, problem solving and acute decision making to support optimal outcomes for recipients of healthcare services.</li> <li>Skills and knowledge</li> <li>Specialist/expert knowledge, skills, and extended practice in a clinical specialty area.</li> <li>Role in clinical Care</li> <li>Primarily provide direct expert nursing care for a specified population/group.</li> <li>Provide extended comprehensive assessment, history and physical</li> </ul>	<ul> <li>and health service, the service program and the profession, for provision of safe clinical care.</li> <li>May develop, guide or contribute to the application of clinical informatics.</li> <li>Quality/Safety/Risk management</li> <li>Contribute expert nursing assessment and advice to achieve integrated nursing care within a risk management and best practice framework.</li> <li>Promote and support a culture of continuous quality improvement.</li> <li>Monitor and address emerging trends with potential to influence nursing/midwifery and/or facility/ service portfolios.</li> <li>Comply with legal requirements governing healthcare and professional standards relevant to the defined scope of practice.</li> <li>Accountable for own actions and delegations to mitigate risk and improve facility/ service/portfolio outcomes.</li> <li>Mentorship</li> </ul>	<ul> <li>Support education and research to promote innovation specific to healthcare trends, to promote patient and service outcomes within the scope of their position.</li> <li>Promote engagement by self and others in professional development and maintain own professional development portfolio.</li> </ul>	of knowledge and translate into practice.	external groups/partners/bodies.
<ul> <li>comprehensive assessment, history and physical examination.</li> <li>Initiate, implement and</li> </ul>	<ul> <li>Mentorship</li> <li>Apply the principles of succession management and mentoring to involve</li> </ul>			
monitor interventional therapies.	colleagues in ongoing career development and growth.			

<ul> <li>Prescribe medications, order, initiate and interpret diagnostic pathology and/or radiology.</li> <li>Direct referrals to other healthcare professionals.</li> </ul>	<ul> <li>Provide professional nursing/midwifery leadership in a support capacity.</li> <li>Undertake a supervision role model and/or mentor role for nurse practitioner candidates.</li> </ul>		
	Management		
	• Demonstrate effective management of services and/or specified portfolio.		
	<ul> <li>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.</li> <li>Contribute clinical expertise for the management of assets and equipment.</li> <li>Participate in implementing, evaluating and reporting on health services, policies, practices, outcomes and</li> </ul>		
	performance targets.		
	Change Management		
	• Facilitate change management.		
	• Participate in change management, including monitoring and reporting on the impact of change within the scope of the position and services.		

### S2.14 Nurse Grade 9

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) clinical expertise and proven operational management for a rural and/or remote area facility.

Classification may include but is not limited to:

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

#### Autonomy:

- (a) Advanced level of autonomous decision making for clinical, operational and administrative interventions based on policy and regulatory frameworks.
- (b) Community engagement, partnership and leadership representation with key stakeholders.
- (c) Responsible for operational management of multi professional groups and others.
- (d) Works collectively to apply the principles of clinical governance.

### Indicative title/s

(a) Director of Nursing - Rural and/or Remote

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
<ul> <li>Accountability/Responsibility:</li> <li>Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice.</li> <li>May have multi-service responsibilities.</li> <li>Responsible for the leadership and management of all staff in the rural / remote facility.</li> </ul>	<ul> <li>Policies, protocols, guidelines and standards</li> <li>Develop, guide and contribute to the application of information systems.</li> <li>Monitor and evaluate information systems relevant to rural and/or remote services/facilities/community.</li> <li>Collaborate in the implementation and</li> </ul>	<ul> <li>Support education specific to the requirements of a rural and/or remote facility.</li> <li>Sponsor education, scholarly activities and translation of evidence into practice within the strategic direction of the health service.</li> <li>Develop and encourage a learning environment by mentoring and promoting</li> </ul>	<ul> <li>Promote and/or engage in ongoing nursing and/or midwifery research within the facility.</li> <li>Sponsor research, scholarly activities and translation of evidence into practice within rural and/or remote settings.</li> </ul>	<ul> <li>Act as leader in the health service community.</li> <li>Responsible for the senior leadership and management of nursing/midwifery.</li> <li>Contribute to strategic policy advice in relation to rural and/or remote health services.</li> <li>Provide expertise on nursing/midwifery</li> </ul>

	avaluation of a		
<ul> <li>Responsible for the overall coordination of policies relating to the provision of healthcare in the rural / remote facility.</li> <li>Responsible for own standards and actions of nursing/midwifery care and for activities delegated to others.</li> <li>Responsible for provision of and outcomes relating to nursing/midwifery management practices.</li> <li>Responsible for financial and human resource management.</li> <li>Consult with nursing/ midwifery and other key stakeholders in planning health services, workforce and resource requirements.</li> <li>Responsible for application and operational management of the BPF.</li> <li>Skills and Knowledge</li> <li>Demonstrate advanced specialist knowledge, experience and clinical skills in a particular area of expertise.</li> <li>Demonstrate critical thinking and reasoning, advanced problem solving skills and expert clinical judgement.</li> <li>Demonstrate advanced knowledge and application</li> </ul>	<ul> <li>evaluation of a nursing/midwifery professional practice framework.</li> <li>Advise and participate in planning, coordination, and development of policies, procedures, protocols and standards for provision of safe and effective clinical care in rural and/or remote services/facilities/community.</li> <li>Review existing systems and processes to support infrastructure changes.</li> <li>Quality/Safety/Risk management</li> <li>Identify and implement opportunities for innovation</li> <li>Promote and support a culture of continuous improvement in line with relevant standards, operational/strategic direction.</li> <li>Monitor and address emerging trends with potential to influence nursing/midwifery and/or facility/ service portfolios.</li> <li>Monitor and report compliance with legal requirements governing healthcare and professional standards.</li> <li>Mentorship:</li> <li>Provide professional advice and leadership to others.</li> </ul>	<ul> <li>team development and individual capacity building.</li> <li>Responsible for capacity building/up-skilling of staff within facility/service to enable the provision of safe quality care.</li> <li>Work cooperatively with stakeholders to create a culture of learning and professional development that results in a capable and educated workforce.</li> <li>Promote engagement by self and others in professional development and maintain own professional development portfolio.</li> <li>Role model the application of education principles.</li> </ul>	professional issues in relation to rural and/or remote health services.

C			]
of contemporary	• Apply the principles of		
nursing/midwifery practice	succession management and		
and theory.	mentoring to engage staff in		
• Lead the application and	ongoing career development,		
evaluation of contemporary	growth and lifelong learning.		
1 2			
human, material and	Management:		
financial resource	• Accountable for budget		
management for the	integrity and fiscal		
multidisciplinary	management according to		
environment.	financial and HR delegations.		
Role in clinical care	e		
	• Implement and report on key		
• Provide leadership in	performance indicators of the		
professional decision-	nursing/midwifery strategic		
making through the	and related plans.		
application of advanced	• Demonstrate effective		
clinical knowledge and			
skills.	management of a facility/		
	service.		
Coordinate clinical practice	• Implement and evaluate		
delivery in a clinical	systems and processes to		
specialty or area of	foster the development of a		
expertise.	positive facility/service		
• Participate directly or	culture and promote values		
indirectly in the delivery of	which support optimum		
clinical care to	standards of practice and		
individuals/groups in a	performance.		
• •	-		
specialty area of clinical	• Promote professionalism, and		
practice.	a positive practice		
• Use evidence-based clinical	environment. Action		
practice to facilitate positive	workforce priorities that		
outcomes for recipients of	contribute to effective		
healthcare services.	recruitment and retention of		
	staff.		
• Integrate and translate the			
principles of contemporary	• Demonstrate expertise in the		
nurse/ midwifery education	management of assets and		
into practice.	equipment.		
	• Develop and report on key		
	performance indicators and		
	targets in accordance with the		
	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.	

### 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) Responsibility for cohort of staff directly reporting.
- (d) Working in geographically diverse environment/s and complex population demographics.
- (e) Consultation and provision of advice on health policy and strategy impacting on the profession.
- (f) Development, coordination or 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 executive 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

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
<ul> <li>Accountability/Responsibility:</li> <li>Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice.</li> <li>May have multisite/service responsibilities.</li> <li>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.</li> <li>Responsible for nursing/midwifery activities in a facility/service/specified portfolio and contribute to strategic and operational policy development to achieve best practice outcomes.</li> <li>Work collaboratively with others to contribute to resource and health strategy development.</li> <li>Responsible for application and operational management of the BPF.</li> <li>Accountable for the outcomes, management</li> </ul>	<ul> <li>Policies, protocols, guidelines and standards</li> <li>May develop, guide or contribute to the application of information systems to inform decision making.</li> <li>Contribute to the development, implementation and evaluation of a nursing/midwifery professional practice framework.</li> <li>Contribute to the planning, coordination, and development of policies, procedures, protocols and standards relating to the provision of safe and effective clinical care.</li> <li>Collaborate in and/or coordinate the evaluation of nursing/midwifery practice, systems, process and policies.</li> <li>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.</li> </ul>	<ul> <li>Experience in education, scholarly activities and translation of evidence into practice within the health service strategic direction.</li> <li>Collaborate in the development of a vision and strategy for a work based culture that promotes education initiatives, and lifelong learning.</li> <li>Implement education and workforce development framework to support capability and capacity building.</li> <li>Participate in internal and external stakeholder engagement.</li> <li>Develop and encourage a learning environment by mentoring and promoting team development and individual capacity building.</li> <li>Support education specific to healthcare trends to promote the nursing/midwifery profession.</li> <li>Promote engagement by self and others in professional development and maintain own professional development portfolio.</li> </ul>	<ul> <li>Multi-site/multi- disciplinary hospital and health service responsibilities.</li> <li>Demonstrate expertise in research.</li> <li>Use contemporary information and research evidence and personal knowledge and experience to support decision making.</li> <li>Promote and/or engage in ongoing nursing/midwifery research within the facility/service or delegated portfolio.</li> <li>Engage in projects/research.</li> <li>Action and evaluate policy and evidence-based research for application.</li> </ul>	<ul> <li>Contribute to professional strategic direction, imperatives and actions.</li> <li>Collaborate with others in the provision of policy advice on issues relating to professional and clinical practice, workforce, legislation, education and/or research.</li> <li>Act as professional leader in health service community.</li> <li>Participate in scholarly activities.</li> <li>Lead cross-disciplinary teams/portfolios.</li> </ul>

practices and achievement of performance targets.	Quality/Safety/Risk management	• Role model application of education principles.	
<ul> <li>Contribute to application of services and standards, and operationalise corporate and clinical governance frameworks.</li> <li>Collaborate in the development and evaluation of the effectiveness of systems supporting continuous improvement in nursing/midwifery and/or healthcare team practice and healthy work environments.</li> </ul>	<ul> <li>Identify and implement opportunities for innovation.</li> <li>Promote and support a culture of continuous quality improvement in line with nursing/midwifery professional strategic direction.</li> <li>Monitor and address emerging trends with potential to influence nursing/midwifery and/or facility/ service portfolios.</li> </ul>		
• Accountable for professional leadership and operational management in the planning and delivery of safe quality care.	• Monitor and report compliance with legal requirements governing healthcare and professional standards relevant to a		
Skills and Knowledge:	facility/service/portfolios.		
• Demonstrate comprehensive knowledge of contemporary nursing/midwifery theory and practice.	<ul> <li>Mentorship:</li> <li>Provide professional nursing/midwifery advice and leadership in a support capacity.</li> </ul>		
• Demonstrate advanced capability in leadership, human, financial and resource management including professional standards and policy.	• Apply the principles of succession management and mentoring to engage staff in ongoing career development, growth and lifelong learning.		
• Collaborate and consult with nursing/midwifery and other key stakeholders in planning health services,	<ul> <li>Management:</li> <li>Contribute to budget integrity and fiscal management according to</li> </ul>		

workforce and resource	financial and HR
requirements.	delegations.
<ul> <li>Role in clinical Care:</li> <li>Contribute to planning, coordination and formulation of healthcare policies that support professional decision making in alignment with professional standards and frameworks.</li> <li>Integrate and evaluate models of care in the achievement of a cost effective service.</li> <li>Contribute to strategic and operational governance and direction.</li> </ul>	<ul> <li>Implement and report on key performance indicators of the nursing/midwifery strategic and related plans.</li> <li>Demonstrate effective management of services and/or specified portfolios.</li> <li>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.</li> <li>Promote professionalism</li> </ul>
<ul> <li>Collaborate with external and internal stakeholders to realise targets/outcomes.</li> <li>Accountable for clinical and professional standards of self and others.</li> </ul>	<ul> <li>and a positive practice environment.</li> <li>Action workforce priorities that contribute to enhanced recruitment and retention of nurses and midwives.</li> </ul>
	May contribute clinical or portfolio expertise for the management of assets and equipment.
	• Implement, evaluate and report on health services, policies, practices 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 heath service environment.

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) 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.

- (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
<ul> <li>Accountability/Responsibility:</li> <li>Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice.</li> <li>May have multi-site/multi- disciplinary responsibilities.</li> <li>Responsible for nursing/midwifery activities</li> </ul>	<ul> <li>Information systems, policies, protocols, guidelines and standards:</li> <li>Lead, develop and guide the application of information systems to inform decision making.</li> <li>Contribute to the development,</li> </ul>	<ul> <li>Expertise in education, scholarly activities and translation of evidence into practice within the health service strategic direction.</li> <li>Collaborate in the development of a vision and strategy for a work based culture that promotes</li> </ul>	<ul> <li>Demonstrate expertise in research and provide advice.</li> <li>Integrate contemporary information and research evidence with personal knowledge and experience to support executive level decision making.</li> </ul>	<ul> <li>Contribute to professional strategic direction, imperatives and actions.</li> <li>Provide leadership and policy advice on issues relating to professional and clinical practice, workforce, legislation, education and/or research.</li> </ul>

<ul> <li>key stakeholders in planning health services, workforce and resource requirements.</li> <li>Role in clinical Care:</li> <li>Apply clinical knowledge, experience and/or content expertise to achieve strategic and operational leadership and governance.</li> <li>Liaise with clinical networks and other external and</li> </ul>	<ul> <li>Investigate and address emerging trends with potential to influence nursing/midwifery and/or facility/ service portfolios.</li> <li>Monitor and report compliance with legal requirements governing healthcare and professional standards relevant to a facility/service/portfolio.</li> </ul>	own professional development portfolio. • Role model application of education principles.	
<ul> <li>internal stakeholders in relation to nursing/midwifery standards and practice to achieve targets and/or healthcare outcomes.</li> <li>Liaise with other stakeholders to optimise the reputation of nursing/midwifery.</li> <li>Accountable for clinical and professional standards for self and others.</li> </ul>	<ul> <li>Mentorship/Reporting lines</li> <li>Provide professional nursing/midwifery advice and leadership and management assistance.</li> <li>Provide informed advice and support to nursing/midwifery colleagues and others as relevant.</li> <li>Apply the principles of succession management and mentoring to engage staff in ongoing career development, growth and lifelong learning.</li> <li>Management</li> <li>Contribute to budget integrity and fiscal management according to financial and HR delegations.</li> <li>Implement and report on key performance indicators of the nursing/midwifery strategic and related plans.</li> <li>Demonstrate effective management of services and/or specified portfolios.</li> </ul>		

systems a foster dev positive culture and which su	and evaluate ind processes to velopment of a facility/service d promote values upport optimum of practice and ce.	
	rofessionalism and itive practice nt.	
nurses an develop an	workforce that enhance t and retention of id midwives to d build workforce ind capability.	
portfolio functional capital w	ribute clinical or expertise to planning for vorks and asset management.	
report on policies, pr	, evaluate and health services, ractices, outcomes mance targets.	
Change mana	agement	
	apply change nt expertise.	
review	innovation, and responses to ation of change on d service needs.	

# 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.

- (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
<ul> <li>Accountability/Responsibility:</li> <li>Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice.</li> <li>May have multi-site/multi- disciplinary responsibilities.</li> <li>Responsible for nursing/midwifery activities in a facility/service/specified portfolio and contribute to strategic and policy</li> </ul>	<ul> <li>Information Systems, Policies, Protocols, Guidelines and Standards:</li> <li>Responsible for overarching planning, coordination, formulation and direction of policies, procedures, protocols and standards relating to the provision of safe and effective clinical care.</li> </ul>	<ul> <li>Expert strategic leadership of education, scholarly activities and translation of evidence into practice within the Hospital and Health Service strategic direction.</li> <li>Lead the development of a vision and strategy for a work based culture that promotes education initiatives, and lifelong learning.</li> </ul>	<ul> <li>Demonstrate research expertise and provide strategic advice and leadership.</li> <li>Collaborate in the development of a vision and strategy for research and quality projects.</li> <li>Monitor and report on key performance indicators of the nursing/midwifery research.</li> </ul>	<ul> <li>Collaborate on professional strategic direction, imperatives and actions to foster professional principles, governance and growth.</li> <li>Provide strategic and operational leadership, governance and direction to inform the nursing/midwifery profession.</li> </ul>

<ul> <li>practice outcomes.</li> <li>Responsible for application and operational management of the BPF.</li> <li>Accountable for leadership, coordination of resources and the development of health strategies in collaboration with others.</li> <li>Accountable for coordination of services and standards and the application of corporate and clinical governance for the facility/ service/specified portfolio.</li> <li>Lead development and evaluate effectiveness of systems to support continuous improvement in nursing/midwifery and/or healthcare team practice and healthy work environments.</li> <li>Accountable for professional leadership, management planning and delivery of safe, quality care.</li> <li>Skills and knowledge:</li> <li>Demonstrate comprehensive knowledge of contemporary nursing/midwifery theory and practice.</li> <li>Demonstrate expertise in leadership, human, financial and resource management including professional standards and policy.</li> </ul>	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. <b>ality/Safety/Risk</b> <b>management</b> 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 and health service executive members to develop, implement and evaluate quality governance and risk management frameworks.	<ul> <li>Implement and report on key performance indicators of the nursing/midwifery education and workforce development plans.</li> <li>Apply and integrate contemporary education and workforce development policies and strategies to optimise health service outcomes and performance targets.</li> <li>Implement and monitor application of education and workforce development framework to support capability and capacity building.</li> <li>Analyse emerging trends relating to contemporary education initiatives and health service priorities.</li> <li>Collaborate with internal and external stakeholders to foster a culture of learning and professional development to build a capable and educated nursing/midwifery workforce.</li> <li>Lead opportunities for strategic progress and growth through mentoring, team development and individual capacity building through commitment to nursing/midwifery workforce learning and educated nursing/midwifery wor</li></ul>	<ul> <li>Advocate for a strategic approach to the development and implementation of research projects.</li> <li>Analyse and report the impact of high level policy and evidence-based research decisions on nursing/midwifery.</li> <li>Provide sponsorship and foster ongoing nursing/midwifery research within the facility/service or delegated portfolio.</li> </ul>	<ul> <li>Lead robust nursing/midwifery governance and leadership to inform the professional direction of the HHS/facility.</li> <li>Participate in scholarly activities.</li> <li>Lead cross-disciplinary teams/portfolios</li> </ul>
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<ul> <li>Collaborate and consult with nursing/midwifery and other key stakeholders in planning health services, workforce and resource requirements.</li> <li>Role in clinical Care: <ul> <li>Apply clinical knowledge, experience and/or content expertise to achieve strategic and operational leadership, governance and direction.</li> <li>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.</li> <li>Liaise with other stakeholders to optimise the reputation of nursing/midwifery.</li> </ul> </li> <li>Accountable for clinical and professional standards for self and others.</li> </ul>	<ul> <li>Analyse and address emerging trends with the potential to influence nursing/midwifery and/or facility/ service portfolios.</li> <li>Promote quality governance and risk mitigation strategies to improve facility/service/portfolio outcomes.</li> <li>Accountable for compliance with legal requirements governing healthcare and professional standards.</li> <li>Mentorship/Reporting lines</li> <li>Provide professional leadership and managerial support to nursing/midwifery within sphere of influence.</li> <li>Provide authoritative advice and support to nursing/midwifery colleagues and other stakeholders.</li> <li>Apply the principles of succession management and mentoring to engage staff in ongoing career development, growth and lifelong learning.</li> <li>Management</li> <li>Accountable for budget integrity and fiscal management according to financial and HR delegations.</li> <li>Participate in development of strategic plan.</li> </ul>	<ul> <li>Demonstrate commitment to supporting contemporary education and research specific to healthcare trends to promote the nursing/midwifery profession.</li> <li>Role model professional development principles and maintain own portfolio.</li> </ul>		
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accou nursin workf servic • Imple	have single point of antability for the ng/midwifery force of facility and/or ce program. ement and report on key rmance indicators of	
the	nursing/midwifery gic and related plans.	
positi	r professionalism, and a ve practice onment and culture.	
practions	mporary policies and ices to optimise health	
priori impro establ frame nursin profes safety	y strategic direction and ties for quality ovement including the lishment of a quality ework which supports ng/midwifery ssional standards and y of recipients of ncare services.	
withir and in impac	yse emerging trends n the broader service ndustry and evaluate the ct on nursing/midwifery r health services.	
functi capita	de clinical expertise to ional planning for al works and asset ment management.	
workf	the implementation of force priorities that nee recruitment and tion of nurses and	

I		
midwives to develop and build workforce capacity and capability.		
Change management		
<ul> <li>Initiate and/or oversee innovations, systemic change processes and co- ordination of responses to nursing/midwifery practice and health service needs.</li> </ul>		
<ul> <li>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.</li> <li>Demonstrate extensive and</li> </ul>		
Demonstrate extensive and effective change management expertise.		

### S2.18 Nurse Grade 13, Band 1

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

- (a) (i) acts as 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; 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.
- (b) 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:

- (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 multidisciplinary members of the hospital and health service executive.

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

1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
<ul> <li>Accountability/Responsibility</li> <li>Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice.</li> <li>May have multi-site/multi- disciplinary tertiary/quaternary facility or hospital and health service designated portfolio responsibility.</li> <li>Accountable for service/facility or hospital and health service portfolio, strategic development of the nursing/midwifery workforce to optimise outcomes.</li> <li>Accountable for strategic implementation of the BPF.</li> <li>Accountable for corporate and clinical governance and practice standards of nurses/midwives.</li> <li>Accountable for informing and supporting nursing/midwifery leadership in relation to governance, strategic</li> </ul>	<ul> <li>Information systems, Policies, Protocols, Guidelines and standards</li> <li>Responsible for overarching planning, coordination, formulation and direction of policies, procedures, protocols and standards relating to the provision of safe and effective clinical care.</li> <li>Appraise and guide development and evaluation in the use of information systems.</li> <li>Lead the development, implementation and evaluation of a nursing/midwifery professional practice framework.</li> <li>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.</li> </ul>	<ul> <li>Expert leadership of education, scholarly activities and translation of evidence into practice within the health service strategic direction.</li> <li>Develop a vision and strategy for a work based culture that promotes education initiatives and lifelong learning.</li> <li>Lead and report on key performance indicators of the nursing/midwifery education and workforce development plans.</li> <li>Inform, appraise and integrate contemporary education and workforce development policies and strategies to optimise health service outcomes and performance targets.</li> <li>Lead the application of an education and workforce development framework to support capability and capacity building.</li> <li>Analyse emerging trends relating to contemporary</li> </ul>	<ul> <li>Demonstrate research expertise and provide strategic advice and leadership.</li> <li>Develop a vision and strategy for research and quality projects.</li> <li>Lead and report on key performance indicators of the nursing/midwifery research.</li> <li>Advocate for and lead a strategic approach to the development and implementation of research projects.</li> <li>Analyse and report the impact of high level policy and evidence-based research decisions on nursing/midwifery.</li> <li>Provide sponsorship and foster ongoing nursing/midwifery research within the facility/service or delegated portfolio.</li> <li>Oversee research and quality projects that impact on nursing practice and outcomes in relation to</li> </ul>	<ul> <li>Lead professional strategic direction, imperatives and actions to foster professional principles, governance and growth.</li> <li>Provide strategic and operational leadership, governance and direction to inform the nursing/midwifery profession and others, and service/portfolio outcomes.</li> <li>Advocate for robust nursing/midwifery governance and leadership to inform professional direction at state and national levels.</li> <li>Lead and participate in scholarly activities.</li> <li>Lead cross-disciplinary teams/portfolios.</li> </ul>

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direction and achievement of	• Translate and evaluate	education initiatives and	nursing/midwifery	
Key Performance Indicators.	information systems relevant	health service priorities.	governance.	
• Responsible for evaluating	to nursing/midwifery.	• Initiate and lead consultation		
and consistently improving	Quality/Safety/Risk	with internal and external		
nursing/midwifery practice	management	stakeholders to foster a		
that fosters engagement, a	• Identify and implement	culture of learning and		
positive work environment		professional development to		
and culture.	opportunities for innovation.	build a capable and educated		
	• Appraise, lead and support a	nursing/midwifery		
• Collaborate in evaluating and incorporating emerging	culture of continuous quality	workforce.		
trends within	improvement in alignment	• Initiate and lead		
facility/service/portfolio.	with nursing/midwifery	• Initiate and lead opportunities for strategic		
• 1	professional strategic			
Accountable for strategic	direction.	progress and growth through mentoring, team		
and professional leadership	• Collaborate with	mentoring, team development and individual		
for the management	multidisciplinary hospital	capacity building through		
planning and delivery of	and health service executive	commitment to		
safe, quality care.	members to develop,	nursing/midwifery		
Skills and knowledge:	implement and evaluate	workforce learning and		
• Demonstrate comprehensive	quality governance and risk	development.		
knowledge, skills and	management frameworks.	1		
expertise from an	• Analyse and address	• Demonstrate commitment to		
international, national and	emerging trends with the	supporting contemporary		
state perspective.	potential to influence	education and workforce		
	nursing/midwifery practice	development initiatives		
• Demonstrate expertise in human, financial and	and outcomes.	specific to healthcare trends		
,		to promote the		
resource management including professional	Promote quality governance     and nick mitigation structures	nursing/midwifery		
including professional standards, policy and	and risk mitigation strategies	profession.		
guidelines development,	to improve facility/service/portfolio	Role model professional		
design and implementation		development principles and		
to optimise outcomes in the	outcomes.	maintain own portfolio.		
context of a	• Accountable for compliance			
multidisciplinary workforce.	with legal requirements			
· ·	governing healthcare and			
• Demonstrate expertise in	professional standards.			
working collaboratively and	Mentorship/Reporting lines			
consulting with key	Provide professional			
stakeholders in the planning	leadership and managerial			
of health services and	support to the			
	support to the			

associated budgetary	nursing/midwifery		
accountabilities.	profession.		
Role in clinical Care:	• Provide authoritative advice		
<ul> <li>Accountable for clinical and professional standards for self and others.</li> <li>May be responsible for other clinical services and initiatives within a multidisciplinary framework.</li> <li>Partner with internal and external stakeholders to optimise the reputation of and regard for the nursing/midwifery in the achievement of best practice</li> </ul>	<ul> <li>and support to nursing/midwifery colleagues and other stakeholders.</li> <li>Apply the principles of succession management and mentoring to engage staff in ongoing career development, growth and lifelong learning.</li> <li>Management</li> <li>Accountable for budget integrity and fiscal management according to financial and HR</li> </ul>		
outcomes.	delegations.		
	• Collaborate in development of strategic plan.		
	• 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.		
	• Foster 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		

optim	ies and practices to nise health service omes and performance ts.	
priori impro estab frame nursi	y strategic direction and ities for quality ovement including the lishment of a quality ework which supports ng/midwifery ssional standards.	
withi and b impac	yse emerging trends n the broader service usiness and evaluate the ct on nursing/midwifery or health services.	
exper plann and	de clinical and business tise to functional ing for capital works asset and equipment gement.	
imple priori recru nurse devel	see and guide the ementation of workforce ities that enhance itment and retention of s and midwives to op and build workforce city and capability.	
Change	management	
chang ordin nursii	te and/or oversee vations, systemic ge processes and co- ation of responses to ng/midwifery practice lealth service needs.	
chang multi	and sustain strategic ge in a dynamic disciplinary healthcare onment and evaluate	

effectiveness to achieve outcomes that promote the professional standards and practice of nurses and midwives.	
• Demonstrate extensive and effective change management expertise.	

### S2.19 Nurse Grade 13, Band 2

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

- (a) 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;
- (b) 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
- (c) 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:

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

#### Title

(a) Executive Director of Nursing and 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
<ul> <li>Accountability/Responsibility:</li> <li>Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice.</li> </ul>	<ul> <li>Information Systems, Policies, Protocols, Guidelines and Standards</li> <li>Responsible for the strategic governance of planning, coordination, formulation</li> </ul>	• Sponsor Hospital and Health Service wide vision and strategy for a work-based culture that promotes and supports engagement in	• Sponsor hospital and health service wide vision and strategy for a work-based culture that promotes and supports engagement in research.	• Sponsor the strategic direction of nursing/midwifery through collaboration to shape the professional image in the healthcare system.

<ul> <li>Must have multi-site/multi-disciplinary hospital and health service responsibilities.</li> <li>Responsible for strategic direction in developing and implementing contemporary human resource management policies and practices to optimise performance.</li> <li>Responsible for the strategic development of the nursing/midwifery workforce.</li> <li>Responsible for the strategic implementation and compliance with the BPF.</li> <li>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 budget integrity and strategic outcomes.</li> <li>Lead evaluation and consistent improvement of</li> </ul>	<ul> <li>and direction of policies, procedures, protocols and standards relating to the provision of safe and effective nursing/midwifery practice.</li> <li>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.</li> <li>Sponsor and appraise the strategic planning, development and evaluation of the use of information systems relevant to nursing/midwifery.</li> <li>Sponsor the development, implementation and evaluation of a nursing/midwifery professional practice framework.</li> <li>Quality/Safety/Risk Management</li> <li>Identify sponsors and lead</li> </ul>	<ul> <li>education, learning, research and workforce management</li> <li>Collaborate with internal and external stakeholders to lead a culture of learning and professional development to build a capable and educated nursing/midwifery workforce.</li> <li>Lead the strategic direction to promote a positive commitment to nursing/midwifery workforce learning and development.</li> <li>Sponsor education, scholarly activities and translation of evidence into practice consistent with the health service strategic direction.</li> <li>Act as role model for professional development principles and maintain own portfolio.</li> </ul>	<ul> <li>Collaborate with internal and external stakeholders to promote and embed a research culture.</li> <li>Lead the strategic direction to promote a positive commitment to nursing/midwifery research.</li> <li>Sponsor systems and processes to facilitate research that supports and promotes a sustainable, capable and educated nursing/midwifery workforce.</li> <li>Inform hospital and health service executive decision-making through application of professional knowledge and experience, data, contemporary literature and research.</li> </ul>	<ul> <li>Lead health policy and strategy on behalf of the nursing/midwifery profession.</li> <li>Sponsor robust nursing/midwifery governance and leadership to inform professional direction at state and national levels.</li> <li>Lead and participate in scholarly activities to inform strategic direction for nursing/midwifery.</li> <li>Lead executive cross-disciplinary portfolios across the healthcare system.</li> <li>Accountable for professional practice standards for nursing/midwifery.</li> </ul>
Directors of Nursing in the planning of health services and associated budgetary accountabilities to achieve budget integrity and strategic	implementation and evaluation of a nursing/midwifery professional practice framework. Quality/Safety/Risk	professional development principles and maintain own	1 2	
<ul> <li>Lead evaluation and consistent improvement of nursing/midwifery practice that fosters engagement, a positive work environment and culture.</li> <li>Accountable for strategic leadership, management, planning and service delivery of safe, quality care and co-ordination of nursing/midwifery services.</li> </ul>	<ul> <li>Management</li> <li>Identify sponsors and lead opportunities for strategic innovation.</li> <li>Collaborate with multidisciplinary hospital and health service executive members to develop, implement and evaluate quality governance and risk management frameworks.</li> </ul>			

• Lead integration and translation of	• Responsible for quality governance and risk	
nursing/midwifery	mitigation strategies in	
performance indicators.	nursing/midwifery.	
Skills and knowledge:	• Provide strategic leadership	
Demonstrate expert contemporary knowledge of	in clinical governance and performance of the	
all aspects of the profession from an international, national and state	nursing/midwifery workforce across the hospital and health service.	
perspective.	• Responsible for compliance	
• Demonstrate expertise in	with legislative, regulatory	
material, financial and	and professional requirements relevant to	
resource management including the strategic	nursing/midwifery.	
approach to developing and	• Influence and sponsor	
integrating contemporary	national and state strategies	
resource management policies, practices guidelines	in relation to safe, quality health care.	
and standards for nursing	Mentorship/reporting lines	
and midwifery.		
• Lead, collaborate and	Provide professional leadership to	
consult with key stakeholders in planning	nursing/midwifery executive members and others.	
health services and associated budgetary	• Influence and guide	
accountabilities.	nursing/midwifery colleagues and other	
Role in clinical care:	stakeholders.	
• Accountable for the clinical	Sponsor succession	
and professional standards for nursing/midwifery	management and mentorship	
services across the Hospital	to build workforce capability and a culture of lifelong	
and Health Service.	learning.	
• May be responsible for other	Management	
clinical services and	• Accountable for budget	
initiatives within a multidisciplinary	integrity and fiscal	
framework.	management according to	
	financial and HR	

		1	1
• Partner with internal and external stakeholders to	delegations, as part of the executive team.		
optimise the reputation of and regard for nursing/midwifery in the achievement of best practice outcomes.	• Enact the Hospital and Health Service strategic direction for nursing/midwifery to achieve service targets.		
	<ul> <li>Single point of accountability for the nursing/midwifery workforce.</li> </ul>		
	<ul> <li>Provide executive, professional, nursing/midwifery governance across the healthcare system.</li> </ul>		
	• Sponsor professionalism, and a positive practice environment and culture.		
	• Responsible for the nursing/midwifery strategic plan including and not limited to:		
	➢ Workforce;		
	➤ Quality;		
	<ul><li>Education;</li></ul>		
	➢ 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		

<ul> <li>and business and evaluate the impact on nursing/midwifery and/or health services.</li> <li>Provide strategic input into capital works and major asset/equipment management.</li> </ul>	
Change management	
<ul> <li>Governance of innovations, systemic change processes, and co-ordination of responses to nursing/midwifery practice and health service needs.</li> </ul>	
• 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.	