

QUEENSLAND INDUSTRIAL RELATIONS COMMISSION

Industrial Relations Act 1999 - ss. 140G, 140GA and 140GC - Variation of modern award
ss. 140G(3)(b) and 140GA(2)(a) - Application by an employer, employee or organisation to which the award applies

NURSES AND MIDWIVES (QUEENSLAND HEALTH) AWARD - STATE 2015

Matter No. MA/2016/36

DEPUTY PRESIDENT BLOOMFIELD

26 October 2016

DETERMINATION

This matter coming on for hearing before the Commission at Brisbane on 5 October 2016 this Commission orders that the said Award be varied as follows as from 5 October 2016:

1. In clause 3:

- (a) By deleting the definition of "Assistant Director of Nursing".
- (b) By deleting the definition of "Assistant in Nursing".
- (c) By deleting the definition of "Clinical Nurse".
- (d) By deleting the definition of "Clinical Nurse Consultant".
- (e) By deleting the definition of "Corrective Services employee" and inserting the following in lieu thereof:

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

- (f) By deleting the definition of "Director of Nursing".
- (g) By deleting the definition of "Enrolled Nurse" and inserting the following in lieu thereof:

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

- (h) By deleting the definition of "Enrolled Nurse Advanced Practice".
- (i) By deleting the definition of "Eventide Homes (Nurse Grade 1 to 4) employee" and inserting the following in lieu thereof:

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

- (j) By deleting the definition of "Executive Director of Nursing".
- (k) By deleting the definition of "majority of shift".
- (l) By deleting the definition of "midwife".

- (m) By deleting the definition of "Nurse Educator".
- (n) By deleting the definition of "Nurse Manager".
- (o) By deleting the definition of "Nurse Practitioner".
- (p) By deleting the definition of "Nurse Researcher".
- (q) By deleting the definition of "Nurse Unit Manager".
- (r) By deleting the definition of "Nursing Director".
- (s) By deleting the definition of "Psychiatric Hospital (Nurse Grade 1 to 8) employee" and inserting the following in lieu thereof:

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

- (t) By deleting the definition of "RANIP employee" and inserting the following in lieu thereof:

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

- (u) By inserting a definition for "Registered Midwife" as follows:

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

- (v) By deleting the definition of " Registered Nurse " and inserting the following in lieu thereof:

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

- (w) By deleting the definition of "registered nurse".
- (x) By deleting the definition of "Student in Nursing/Midwifery".

2. By deleting clause 7.1(d)(iii) and inserting the following in lieu thereof:

(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;

3. By deleting clause 8.3 and inserting the following in lieu thereof:

8.3 Casual employment

- (a) A casual employee means an employee engaged as such for not more than 32 ordinary hours per week, who is paid on an hourly basis.
- (b) To meet an exigency, a casual employee may work more than 32 hours in any week if the employee is paid at the appropriate overtime rate for all time worked in excess of 32 hours.

- (c) Subject to clause 8.3(e), a casual employee is to be paid a loading of 23% of the ordinary hourly rate for the level of work the employee is engaged to perform with a minimum payment for two hours' work in respect of each engagement.
- (d) The casual loading of 23% is paid instead of annual leave, paid personal/carer's leave, notice of termination, redundancy benefits and other attributes of full-time or part-time employment. The loading constitutes part of the casual employee's salary for the purposes of calculating overtime, weekend penalties, public holiday and shift payments, where relevant.
- (e) The penalty paid for casual work on Sundays is inclusive of the casual loading paid to such an employee.
- (f) The method of calculating overtime and penalty rate payments for casual employees are as follows:
 - (i) Weekend penalty - Saturday
(ordinary rate + casual loading) x 1.5
 - (ii) Weekend penalty - Sunday
 - (A) Nursing Grade 1
(ordinary rate) x 2
 - (B) Nursing Grade 2 and above
(ordinary rate) x 1.75
Note: Casual loading is not payable on Sundays
 - (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

4. By deleting clause 12.2 and inserting the following in lieu thereof:

12.2 Minimum salary levels

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

Classification level				Wage Rates as at 1 September 2016 ¹	
Indicative Title	Nurse Grade	Band	Paypoint	Fortnightly Salary ² \$	Annual Salary ² \$ ³
Assistant in Nursing	Nursing Grade 1	1	1	1,773	46,256
			2	1,818	47,430
			3	1,846	48,160
			4	1,895	49,439
			5	1,945	50,743
			6	1,970	51,395
Assistant in Nursing - Sterilising Services	Nursing Grade 2	2	1	1,945	50,743
			2	1,975	51,526
			3	2,006	52,335
Undergraduate Student Nurses/Midwives	Nursing Grade 2		2nd Year Students	1,818	47,430
			3rd Year Students	1,846	48,160
Enrolled Nurses	Nurse Grade 3		1	1,945	50,743
			2	1,975	51,526
			3	2,006	52,335
			4	2,039	53,195
			5	2,073	54,082
Enrolled Nurse Advanced Skill	Nurse Grade 4		1	2,134	55,674
			2	2,168	56,561
Registered Nurse Registered Midwife	Nurse Grade 5		Re-entry	2,168	56,561
			1	2,270	59,222
			2	2,378	62,040
			3	2,486	64,857
			4	2,594	67,675
			5	2,701	70,466
			6	2,810	73,310
			7	2,917	76,102
Clinical Nurse	Nurse Grade 6	1	1	2,968	77,432
			2	3,037	79,232
			3	3,108	81,085
			4	3,180	82,963
Associate Clinical Nurse Consultant, Associate Nurse Unit Manager, Associate Nurse, Associate Educator, Associate Nurse Manager, or Associate Nurse Researcher	Nurse Grade 6	2	1	3,434	89,590
Clinical Nurse Consultant, Nurse Unit Manager, Nurse Educator, Nurse Manager or Nurse Researcher	Nurse Grade 7		1	3,649	95,199
			2	3,813	99,477
			3	3,909	101,982
			4	3,962	103,365

Classification level				Wage Rates as at 1 September 2016 ¹	
Indicative Title	Nurse Grade	Band	Paypoint	Fortnightly Salary ² \$	Annual Salary ² \$ ³
Nurse Practitioner	Nurse Grade 8		1	4,109	107,200
			2	4,213	109,913
Director of Nursing - Rural or Remote	Nurse Grade 9		1	4,195	109,443
			2	4,386	114,426
			3	4,495	117,270
Assistant Director of Nursing	Nurse Grade 10		1	4,292	111,974
			2	4,500	117,401
Nursing Director Director of Nursing	Nurse Grade 11		1	4,805	125,358
Nursing Director Director of Nursing	Nurse Grade 12		1	5,291	138,037
Health Service Director of Nursing	Nurse Grade 13	1		5,666	147,820
Executive Director of Nursing and Midwifery			1		
Executive Director of Nursing and Midwifery		2	1	6,892	179,805

Notes:

¹ Includes the arbitrated wage adjustment payable under the 1 September 2016 Declaration of General Ruling.

² Rounded to the nearest dollar.

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

5. By deleting clause 12.4 and inserting the following in lieu thereof:

12.4 Progression within classification levels

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

- (a) For a Grade or Band for which there is more than one paypoint, progression is to occur having regard to the acquisition and utilisation of skills and knowledge through experience in the employee's practice setting/s over the following periods:
 - (i) full-time employees -12 months' service (annual increment);
 - (ii) part-time employees - 1200 hours and 12 months' service;
 - (iii) casual employees - 1200 hours and 12 months' continuous service with the same employer.
- (b) Movement from one Grade or Band to the next is by appointment only. Upon appointment from one Grade or Band to another, or if the employee has advanced to the next paypoint by some other method, progression to the next paypoint within the Grade or Band must only occur as follows:
 - (i) full-time employees - after a further 12 month period from the date of new appointment;
 - (ii) part-time and casual employees - after a further 1200 hours and 12 months of continuous service.
- (c) Nursing Grade 1

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

6. By deleting clause 12.5 and inserting the following in lieu thereof:

12.5 Appointment to classification

(a) Nursing Grade 1, Band 2

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

(b) Nurse Grade 3

- (i) Subject to (ii) below, 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
 - (A) An employee who is a 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.
 - (B) 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.
 - (C) 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.
 - (D) Once the employee has gained registration as a enrolled nurse, all service including the period of engagement at Nurse Grade 3 paypoint 1 will be recognised.

7. By deleting clause 12.6 and inserting the following in lieu thereof:

12.6 Recognition of previous nursing experience

- (a) For the purpose of determining the applicable paypoint, an employee is to be given credit for all previous nursing/midwifery experience at the relevant nursing/midwifery level or higher. This

will include time spent in obtaining additional nursing/ midwifery certificates/qualifications other than the general nursing certificate/qualification.

- (b) In calculating nursing/midwifery experience for the purposes of clause 12.5(a), any period of employment covered by a relevant nursing award or relevant nursing agreement registered with an industrial tribunal or for which a licence to practice was required is to be recognised in accordance with the matrix in clause 12.5(j).
- (c) In respect to casual and/or part-time experience, 1200 hours experience or 12 months in time, whichever is the later, in such casual and/or part-time capacity will be deemed to be equivalent of one full year full-time experience for the purposes of clause 12.5(a).
- (d) On termination of employment in any health facility, each employee is to be given a certificate, signed by the delegated officer, setting out the duration of employment and the capacity in which the employee was employed.
- (e) The onus of proof rests with the employee to present proof of past experience within a period of 4 weeks of commencement of duty. In cases where satisfactory proof has not been produced within 4 weeks, payment of salary for years of experience will only be paid from the date satisfactory proof is produced.
- (f) In cases where documentary evidence is unable to be obtained, consideration may be given in special circumstances to the production of other evidence that is considered satisfactory to the employer.
- (g) The temporary service of an employee who is permanently appointed will be counted towards the employee's length of service for all purposes of this Award, providing such service is continuous and immediately preceded the employee's appointment.
- (h) Where recognising previous experience after a period of absence from nursing, the matrix in clause 12.5(j) applies for the purposes of determining the applicable paypoint.
- (i) If the absence is greater than 5 years AHPRA re-entry requirements must be satisfied before recognition of previous services can be counted.
- (j) Matrix:

Years of nursing experience	Years of absence from nursing						
	<5 yrs	>5 yrs but <7 yrs	>7 yrs but <9 yrs	>9 yrs but <11 yrs	>11 yrs but <13 yrs	>13 yrs but <15 yrs	>15 yrs
Less than 1 yr	1	1	1	1	1	1	1
>1 yr but <2 yrs	2	1	1	1	1	1	1
>2 yrs but <3 yrs	3	2	1	1	1	1	1
>3 yrs but <4 yrs	4	2	1	1	1	1	1
>4 yrs but <5 yrs	5	3	2	1	1	1	1
>5 yrs but <6 yrs	6	3	2	1	1	1	1
>6 yrs but <7 yrs	7	4	3	2	1	1	1
>7 yrs but <8 yrs	7	5	4	3	1	1	1
>8 yrs but <15 yrs	7	6	5	4	3	1	1
>15 yrs but <25 yrs	7	7	6	5	4	3	2
>25 yrs	7	7	7	6	5	4	3

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

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

8. By inserting the following at clause 12.7:

12.7 Salary sacrifice arrangements

- (a) Eligible employees covered by this Award may participate in salary sacrifice arrangements as determined by the Chief Executive to the extent allowed by the relevant Commonwealth legislation.
- (b) The administrative processes to accommodate salary sacrifice arrangements shall be established by the Chief Executive and may be varied from time to time as required, for example to reflect changes in the relevant Commonwealth legislation or changes in procedures adopted by a particular salary packaging bureau service.
- (c) The following principles will apply where employees avail themselves of salary sacrifice arrangements:
 - (i) there will be no additional costs incurred by the employer, either directly or indirectly;
 - (ii) as part of the salary sacrifice arrangements, the costs for administering the package via a salary packaging bureau service, and including any applicable Fringe Benefit Tax (FBT), will be met without delay by the participating employee;
 - (iii) there will be no additional increase in superannuation costs or to FBT payments made by the employer that would not otherwise be payable had the employee not engaged in salary sacrifice arrangements;
 - (iv) the employee may cancel any salary sacrificing arrangements by giving one month's notice of cancellation to the employer, and similarly the employer will give the employee one month's notice of termination;
 - (v) employees should obtain independent financial advice prior to taking up salary sacrifice arrangements; and
 - (vi) there will be no significant additional administrative workload or other ongoing costs to the employer.
- (d) Where the employee has elected to sacrifice a portion of the payable salary:
 - (i) subject to Australian Tax Office requirements, the sacrificed portion will reduce the salary subject to appropriate tax withholding deductions by the amount sacrificed;
 - (ii) any allowance, penalty rate, overtime, weekly workers' compensation benefit, or other payment, to which an employee is entitled under an industrial instrument, Act or Statute which is expressed to be determined by reference to the employee's salary, will be calculated by reference to the gross salary which the employee would receive if not taking part in salary sacrifice arrangements;
 - (iii) salary sacrifice arrangements will be maintained during all periods of leave on full pay, including the maintenance of cash and non-cash benefits; and
 - (iv) the employee's salary for superannuation purposes and severance and termination payments will be the gross salary which the employee would receive if not taking part in salary sacrifice arrangements.
- (e) For the purposes of this clause **eligible employees** means full-time, part-time and long-term casual employees as defined in the Act.

- (f) Authorised industrial officers (see clause 38) will be entitled to inspect any record of the employer and external salary packaging bureau service to ensure compliance with the salary packaging or salary sacrifice arrangements.

9. By deleting clause 13.1(a) and inserting the following in lieu thereof:

- (a) The following provisions apply to employees 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.

10. By deleting clause 13.5 and inserting the following in lieu thereof:

13.5 Higher or special duties allowance

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

Note: Where a directive about Higher Duties covers an employee, the provisions of the relevant directive apply to the employee to the extent they provide a more generous entitlement.

11. By deleting clause 13.8 and inserting the following in lieu thereof:

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

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

12. By deleting clause 13.11 and inserting the following in lieu thereof:

13.11 Night supervisor allowance - Public Hospitals

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

- (a) \$5.94 per night where the daily average of occupied beds is 100 and under; or
- (b) \$11.78 per night where the daily average of occupied beds is over 100.

13. By deleting clause 13.12 and inserting the following in lieu thereof:

13.12 Operating theatre allowance - Public Hospitals

A Public Hospital employee, Nurse Grade 5 and above, appointed to be in charge of theatre is to be paid an additional \$2.66 per day.

14. By deleting clause 13.13 and inserting the following in lieu thereof:

13.13 Overtime meal allowance

- (a) An employee who is called upon to work overtime for more than one hour after their ordinary rostered ceasing time will 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 4) 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, will 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 4) employee who has been given notice to work overtime on the previous working day or prior, 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 is provided by the employer.

15. By deleting clause 13.14 and inserting the following in lieu thereof:

13.14 Pharmacy allowance

- (a) Public Hospitals

A Public Hospital employee, Nurse Grade 5 and above, required to perform dispensing work in a Public Hospital in which a dispenser is not employed is to be paid an additional \$1.98 per hour for time actually engaged on dispensing work.

- (b) Correctional Health Services

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

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

is to be paid an additional \$30.00 per week.

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

16. By deleting clause 13.15 and inserting the following in lieu thereof:

13.15 Professional development allowance

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

- (i) Subject to clause 13.15(b), a permanent Nurse Grade 3 and above working 16 hours or more a fortnight is entitled to be paid the following professional development allowance

on a *pro rata* basis in accordance with the categories of Hospital and Health Service facilities recorded in Schedule 4:

Category	Last pay period in March \$	Last pay period in September \$	Annual total \$
A	1,000	1,000	2,000
B	1,250	1,250	2,500
C	750	750	1,500

- (ii) The allowance is payable in respect of periods of paid leave, but is not payable for any other purpose of this Award (such as: calculation of overtime, penalty payments, superannuation etc.).
 - (iii) The allowance will 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. The rate for calculating payment of the allowance upon termination will be the rate applicable as at date of termination.
- (b) Nurse Grade 3 and above - RANIP employee
- (i) In lieu of the allowance at clause 13.15(a) a RANIP employee, working 16 hours or more a fortnight, is entitled to reimbursement for travel, enrolment and conference costs for attendance at all approved courses and conferences.
 - (ii) Without limiting this provision, if a RANIP employee does not receive a financial benefit under clause 13.15(b)(i) equivalent to the Category B annual rate prescribed in clause 13.15(a) prior to the last pay period of September each year, the employer is to pay the difference between any amount received by the employee and the Category B annual rate.
 - (iii) This payment will be made in the last pay period of September each year. This will ensure the RANIP employee is not overall disadvantaged with respect to any RANIP professional development entitlement and the professional development allowance available to other nurses and midwives.
 - (iv) For the purpose of calculating the allowance, nurses and midwives appointed after 30 September in any calendar year will receive a *pro rata* entitlement for the period from the date of appointment to the last pay period of the following September.
 - (v) The allowance is paid out on termination from employment, including resignation and retirement.

17. By deleting clause 13.16 and inserting the following in lieu thereof:

13.16 Relieving in-charge allowance

- (a) Subject to clause 13.16(b), if for one entire shift or more an employee Nurse Grade 6 or above, should normally be rostered but is not rostered to work or is unavailable, a Nurse Grade 5 employee designated by the employer to act "in charge" is to be paid an allowance of \$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.
- (b) The allowance prescribed in this provision is not payable if an employee Nurse Grade 6 or above, is "in-charge" of more than one unit/area and is rostered on duty. However, the appropriate professional standards will apply to ensure that the employee Nurse Grade 6 or

above, could exercise their "in-charge" responsibilities appropriately across the clinical units for which they are responsible.

- (c) The allowance prescribed in this provision is also payable to a Psychiatric Hospital employee where on one shift or more in respect of a vacant position or a position the occupant of which is on leave:
 - (i) a Nurse Grade 5 relieves in a position of Nurse Grade 6; or
 - (ii) a Nurse Grade 6 relieves in a position of Nurse Grade 7.
- (d) The allowance prescribed in this provision to be paid as an hourly rate, based on a 7.6 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.

18. By deleting clause 13.17 and inserting the following in lieu thereof:

13.17 Special payment - Eventide Homes and Psychiatric Hospitals

- (a) An Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) employee is entitled to a special payment of \$18.40 per fortnight which is to operate for all purposes of this Award.
- (b) A Psychiatric Hospital (Nurse Grade 9 and above) employee is entitled to a special payment of \$19.30 per fortnight which is to operate for all purposes of this Award.

19. By deleting clause 13.18 and inserting the following in lieu thereof:

13.18 Targeted training allowance - Nursing Grade 1 Band 1

A targeted training allowance of \$29.70 per fortnight, payable for all purposes of this Award, is to be paid to a Nursing Grade 1, Band 1 employee who has Certificate III qualifications and has been at paypoint 6 for 12 months or more.

20. By deleting clause 13.19 and inserting the following in lieu thereof:

13.19 Uniforms

- (a) The employer will supply free of charge, and replace on a fair wear and tear basis, an adequate number of uniforms appropriate to each employee's occupation that meet workplace health and safety standards.
- (b) The employer will ensure that the supply of nurses' uniforms will provide flexibility in the range of items supplied. Employees will be provided with a choice of different shirt styles and lower garments including, but not limited to: shirts, polos, shorts, culottes, trousers, pants, skirts and dresses.
- (c) The style of the uniforms will be determined by the employer after consultation with the Union/s.
- (d) In addition, the employer will provide to Eventide Homes (Nurse Grading 1 to Nurse Grade 4) and all Psychiatric Hospital employees an overcoat of proper fit and good quality or reimburse the employee for the cost of such an overcoat.
- (e) Subject to clause 13.19(f) where a uniform is not provided, the employer will pay an allowance at the rate of \$268.25 per annum (\$10.28 per fortnight). The allowance is calculated at the

cost, from time to time, for an employee to purchase five each of the most expensive uniform upper and lower garments from a supplier approved by the employer.

- (f) A Biala employee is entitled to be paid a uniform allowance of \$6.10 per fortnight
- (g) The allowances prescribed in clauses 13.19(e) and (f) will be paid each fortnight and will also be payable during periods of absence on sick, annual or other paid leave.
- (h) The employer will replace or reimburse to Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and all Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) employees the cost of private clothing which is damaged or destroyed in the discharge of duty where the employee is not supplied with uniforms or is required to wear private clothing while on duty.

21. By deleting clause 13.20 and inserting the following in lieu thereof:

13.20 X-ray and radium allowance - Public Hospitals

A Nurse Grade 9 or Public Hospital employee, Nurse Grade 5 and above, whose duties requires them to use or assist in using x-ray apparatus or radium is entitled to an additional \$20.50 per fortnight.

22. By deleting clause 15.1 and inserting the following in lieu thereof:

15.1 Nursing Grade 1 to Nurse Grade 8 employees

- (a) Subject to clauses 15.2 and 15.3, the ordinary hours of work 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 eight hours' duration worked and one day (also of eight 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 four 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.
- (b) The ordinary working hours of Nursing Grade 1 to Nurse Grade 8 employees covered by this Award will be worked in shifts the length of which must be agreed between the employer and the Union in consultation with the affected employees.
- (c) ADOs may be accumulated up to a maximum of five days, or 12 days in exceptional circumstances, and taken at a mutually acceptable time.
- (d) ADOs will be arranged so that they do not occur on a public holiday. An ADO will be taken on another day as agreed by the employee and employer within the same four weekly cycle where possible.
- (e) Notwithstanding that an employee may not be required to work on a public holiday it will still be regarded as a day worked for the purposes of the accrual of an ADO.

23. By deleting clause 15.2 and inserting the following in lieu thereof:

15.2 Nurse Grade 9 and above

- (a) The usual hours of work for a Nurse Grade 9 and above employee is an average of 38 hours per week, 76 hours per fortnight or 152 hours in a four week period. However, to perform the job effectively, a Nurse Grade 9 and above employee may be required to work additional hours as appropriate.
- (b) Nurse Grade 9
 - (i) The rate of pay for a Nurse Grade 9 employee incorporates a loading of 15% to compensate the employee for on call, shift work, weekend, public holiday and overtime payments which would otherwise be claimable.
 - (ii) A Nurse Grade 9 employee is also entitled to an additional one week's annual leave per year in recognition of the extended spread of hours performed. This additional entitlement is reflected in the table in clause 19.2.
- (c) Nurse Grade 10 and above
 - (i) A Nurse Grade 10 and above employee may work flexibly. This flexibility includes the option of available time off during the week (for example an afternoon off) or as a more formal accumulated day off arrangement.

24. 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 (iv) below, 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. The first meal break is to occur between the fourth and sixth hours 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 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 will 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 eight 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 ten 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 eight hours.

25. By deleting clause 15.4(a) and inserting the following in lieu thereof:

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

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

26. By deleting clause 15.4(f) and inserting the following in lieu thereof:

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

27. By deleting clause 15.5 and inserting the following in lieu thereof:

15.5 Rostering

- (a) No employee will be rostered to perform ordinary duty for more than 10 consecutive days or shifts unless mutually agreed otherwise.
- (b) Each employee will be allowed two whole consecutive rostered days off in each week which are not to include accrued days off.
- (c) In lieu of two whole consecutive rostered days off in each week an employee may be allowed in each fortnightly period:

- (i) one day off in one week and three consecutive days off in the other week; or
- (ii) four consecutive days off at any point in the fortnight.
- (d) Two consecutive days off, one at the end of one week and one at the beginning of the following week, may be counted as meeting the requirements of clause 15.5(c).
- (e) Rosters setting out the employee's rostered days of duty and starting and finishing times on each day must be displayed in a place conveniently accessible to employees at least 7 days before the commencement of each 4 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.
 - (ii) The employer must give not less than 24 hours' notice of any change to the rostered hours or double time will be payable for the 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 an average of 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.
 - (iv) Wherever possible, day shifts will not commence before 6.00am. It is acknowledged that specific operations requirements may necessitate a start prior to 6.00am however this will be by exception.

28. By deleting clause 15.6(b) and inserting the following in lieu thereof:

- (b) By agreement in writing between the employee and the employer, the break between shifts may be reduced to eight hours.

29. By deleting clause 15.6(c) and inserting the following in lieu thereof:

- (c) Where the required break of ten hours (or eight hours by agreement in writing) has not occurred, the employee will be paid double rates until released from duty for eight or ten hours, as the case might be.

30. By deleting clause 15.6(d) and inserting the following in lieu thereof:

- (d) The provisions of this clause will apply in the case of a shift worker as if eight hours were substituted for ten 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.

31. By deleting clause 15.7 and inserting the following in lieu thereof:

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

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

32. By deleting clause 15.8 and inserting the following in lieu thereof:

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

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

33. By deleting clause 15.9 and inserting the following in lieu thereof:

15.9 Payment for cancelled shifts - Eventide Homes and Psychiatric Hospitals

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

34. By deleting clause 15.10 and inserting the following in lieu thereof:

15.10 Breaks after night shift - Correctional Health Services

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

For example: if an employee completed block of night shifts on Monday morning (6.00am.) he/she would not commence duty until at least Thursday (6.00am).

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

35. By deleting clause 15.11 and inserting the following in lieu thereof:

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

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

36. By inserting the following at 15.12:

15.12 Shift work and weekend work

- (a) Afternoon shifts
 - (i) An employee (excluding Nursing Grade 1 employee referred to in clause 15.12(a)(ii), midwives participating in a caseload model of care and 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 Nursing Grade 1 employee referred to in clause 15.12(b)(ii), midwives participating in a caseload model of care and 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).
- (c) Limitation on night duty
 - (i) Subject to clauses 15.12(e)(ii) and (iii), night duty must be limited to a period not exceeding 3 months at any one time, and any employee who has performed night duty continuously for a period of 3 months must not be again employed on night duty during the 6 months following such period.

- (ii) Any employee may, by written agreement with the employer, be employed permanently on night duty.
 - (iii) Clause 15.12 does not apply to any employee classified as a Nurse Grade 6 and above.
 - (iv) A Nursing Grade 2 employee sitting for either hospital examinations or AHPRA examinations will not be required to perform night duty on the night before the examination day.
- (d) Night shift and public holiday work
- (i) An employee working night shift before and during a public holiday are to be paid as follows:

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

(e) Weekend work

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

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

(iii) Saturday penalty rate:

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

(iv) Sunday penalty rate:

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

- (v) Where more than 10 ordinary hours are worked in any one shift of ordinary hours on a weekend double time must be paid for all time in excess of 10 hours.
- (vi) The method of calculating penalty rate payments for a casual employee is recorded in clause 8.3(f).

37. By deleting clause 16(a) and inserting the following in lieu thereof:

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

Relevant employees	Meal break
(i) <ul style="list-style-type: none"> • Public Hospital; • Public Service; • Eventide Homes (Nurse Grade 5 and above) ; and • Correctional Health Services. 	Meal break unpaid (i.e. not included in ordinary hours of work)
(ii) <ul style="list-style-type: none"> • Biala; • Eventide Homes (Nursing Grade 1 to Nurse Grade 4); and • All Psychiatric Hospitals. 	Meal break paid (i.e. included in ordinary hours of work)

38. By deleting clause 18.1 and inserting the following in lieu thereof:

18.1 General provisions

- (a) This clause does not apply to:
 - (i) Nurse Grade 9 and above employees; and
 - (ii) Registered midwives participating in a caseload model receiving an annualised salary.
- (b) Nursing Grade 1
 - (i) Non shiftworker
 - (A) All authorised overtime worked by a-Nursing Grade 1 employee in excess of rostered ordinary hours of work Monday to Saturday, inclusive, is to be paid at the rate of time and a-half for the first three hours and double time thereafter.
 - (B) A Nursing Grade 1 employee who is **not** a shift worker who is required to work on their first or third rostered day off will be paid at one and a-half times the ordinary rate for the first three hours and double time thereafter, with a minimum payment as for three hours' work.
 - (C) All authorised overtime worked on a Sunday is to be paid at the rate of double time.
 - (D) All authorised overtime worked on a public holiday is to be paid at the rate of double time and a-half.
 - (ii) Shiftworker

In lieu of the provisions of clauses 18.1(b)(i) all authorised overtime worked in excess of rostered ordinary hours by a Nursing Grade 1 employee rostered to work shift work is to be paid at the rate of double time.

- (iii) A minimum payment as for two hours' work applies to overtime worked on a Saturday or Sunday.
 - (iv) The minimum payment prescribed in clause 18.1(b)(iii) does not apply where such overtime is performed immediately preceding or following a normal rostered shift.
 - (v) A Nursing Grade 1 employee recalled to perform duty after completing an ordinary shift or on any ADO or rostered day off is to be paid at the appropriate overtime rate with a minimum payment as for two hours' work.
 - (vi) A Nursing Grade 1 employee who is required to work on their second or fourth rostered day off will be paid at the rate of double time, with a minimum payment as for three hours' work.
- (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 a-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 a-half.
 - (iv) Correctional Health Services employees:
 - (A) May be required to work reasonable time in excess of ordinary hours.
 - (B) Will not perform more than 16 hours of consecutive duty inclusive of overtime. Overtime in combination with a 12 hour ordinary shift should be worked in exceptional circumstances only.
 - (C) In receipt of the aggregated shift allowance or who is a shift worker whose hours of work are regularly rotated in accordance with a shift roster covering two or more shifts per day will be paid for all overtime at the rate of double time. Overtime will be paid on the employee's base rate.
 - (D) Engaged as a casual employee, an ordinary shift is to be no more than 12 hours.
- (d) Time off in lieu
- (i) Subject to mutual agreement between an employee and their employer, an employee who performs overtime work may be granted time off in lieu of monetary compensation for such overtime at a mutually convenient time on a time for time basis.
 - (ii) Accrual of such time off will be to a maximum of 24 hours. Any time accrued in excess of 24 hours is to be paid at the appropriate overtime rate.
- (e) Work performed by a Correctional Health Services employee on Labour Day outside the ordinary starting and finishing times is to be paid for at double the overtime rate prescribed for an ordinary working day.

39. By deleting clause 18.2(a) and inserting the following in lieu thereof:

- (a) This clause does not apply to:

- (i) Nurse Grade 9; and
- (ii) Registered midwives participating in a caseload model receiving an annualised salary.

40. By deleting clause 18.2(c) and inserting the following in lieu thereof:

- (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.

41. By deleting clause 18.2(e) and inserting the following in lieu thereof:

- (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 \$2.60 for each period on call in addition to the amount provided in clause 18.2(b).

42. By deleting clause 18.2(f) and inserting the following in lieu thereof:

- (f) (i) An employee who is rostered 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 the minimum payment period specified in clause 18.2(f)(i) 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 time.

43. By deleting clause 18.3 and inserting the following in lieu thereof:

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

- (a) This clause does not apply to:
 - (i) Nurse Grade 9; and
 - (ii) Registered midwives participating in a caseload model receiving an annualised salary.
- (b) A Nurse Grade 3 and above employee who is not rostered to be on call and who is recalled to work will be paid a minimum of three hours at the appropriate overtime rate. The time spent travelling to and from the place of duty will be counted as time worked.
- (c) An employee recalled to work:
 - (i) will be provided with transport to and from their home or will be refunded the cost of such transport; and
 - (ii) will not be obliged to work for three hours if the work for which the employee was recalled, and any other further work for which the employee otherwise would have been recalled, is completed in less than three hours.

- (d) Where an employee is recalled within three hours of commencing normal duty and the employee remains at work:
 - (i) the employee will not be obliged to work for three hours if the work for which the employee was recalled, and any other further work for which the employee otherwise would have been recalled, is completed in less than three hours.
 - (ii) only time spent in travelling to work will be included with the period of actual duty for the purpose of calculating overtime payment; and
 - (iii) the employee will be provided with transport from their home to the hospital/facility or will be refunded the cost of such transport.

44. 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 ten 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 ten consecutive hours off duty has not elapsed between those times, is to be released from duty until ten consecutive hours off duty have elapsed 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 ten consecutive hours off duty, the employee is to be paid double rates until released from duty and is then entitled to be absent until ten consecutive hours off duty have elapsed without loss of pay for ordinary working time occurring during that 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 ten consecutive hours off duty without loss of pay for ordinary working time occurring during that absence.

45. By deleting clause 18.5 and inserting the following in lieu thereof:

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

- (a) This clause relates to Nurse Grade 5 and above employees working in the specific area of the Paediatric Oncology Palliative Care Outreach Service (the Service), Children's Health Queensland Hospital and Health Service. The service includes:
 - (i) on call home visiting for the purposes of coordinating and providing direct nursing care; and
 - (ii) liaising with health professionals involved in the shared palliative care of clients.
- (b) A Nurse Grade 5 and above employee, authorised to provide telephone advice and/or counselling outside ordinary working hours (without the need to visit the patient or return to the facility) is to be paid for the actual time spent providing telephone advice up to a maximum of two hours on any one day at the prescribed overtime rate. The employee will be responsible for the recording of such requests for advice for subsequent verification by the employer.

- (c) With specific authorisation and where clinical intervention is deemed necessary, a Nurse Grade 5 and above employee may be authorised to provide an after hours home visit. Where such visit occurs, the employee will be paid at the appropriate overtime rate for actual hours worked.
- (d) Similar arrangements to those provided above may be extended to other services by agreement between an employer and a Union, in consultation with the affected employees.

46. By deleting clause 19.1(a) and inserting the following in lieu thereof:

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

Relevant employees	Period of annual leave
(i) Public Hospital (excluding dental hospital and dental clinic)	190 hours/5 weeks (includes 38 hours in lieu of extra payment for work done on the public holidays listed at clause 23(c))
(ii) Biala employees ordinarily required to work on a public holiday	190 hours/5 weeks (includes 38 hours in lieu of extra payment for work done on the public holidays listed at clause 23(c))
(iii) Employees ordinarily required to work on public holidays under extended hours service arrangements, restricted to: <ul style="list-style-type: none"> • Public Service; • Eventide Homes (Nurse Grade 5 and above); and • Correctional Health Services. 	190 hours/5 weeks (includes 38 hours for work in extended hours service arrangements on public holidays)
(iv) Eventide Homes (Nursing Grade 1 to Nurse Grade 4); (v) all Psychiatric Hospitals; (vi) Dental hospital and dental clinic employees; and (vii) employees not ordinarily required to work on a public holiday, restricted to: <ul style="list-style-type: none"> • Biala; • Public Service; • Eventide Homes (Nurse Grade 5 and above); and • Correctional Health Services. 	152 hours/4 weeks

47. By deleting clause 19.2(a) and inserting the following in lieu thereof:

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

Reason	Relevant employees	Eligibility requirement
(i) Continuous shift worker	<ul style="list-style-type: none"> Public Hospital (including dental hospital and dental clinic); Public Service; Eventide Homes (Nurse Grade 5 and above); and Correctional Health Services. 	Where a roster provides 3 shifts per day over a period of 7 days per week and an employee works all 3 shifts, allocated in rotation, and has worked at least 20 rostered night shifts each year.
	<ul style="list-style-type: none"> Biala 	Where a roster provides 3 shifts per day over a period of 7 days per week and an employee works all 3 shifts, allocated in rotation.
	<ul style="list-style-type: none"> Employees on 12 hours shift arrangements; and FIFO. 	Where a roster provides 2 x 12 hour shifts per day over a period of 7 days per week and an employee works shifts allocated in rotation.
(ii) Locality	<ul style="list-style-type: none"> Public Service; Eventide Homes (Nurse Grade 5 and above); and Correctional Health Services. 	Where the employee's headquarters is in the Northern and Western Region.
(iii) Continuous operation of facility	<ul style="list-style-type: none"> Eventide Homes (Nursing Grade 1 to Nurse Grade 4); and all Psychiatric Hospitals 	Work in a facility which is in continuous operation and where a roster provides 3 shifts per day over a period of 7 days per week.
(iv) Extended spread of hours	<ul style="list-style-type: none"> Nurse Grade 9 	Nurse Grade 9

Notes:

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

48. By deleting clause 19.4(b) and inserting the following in lieu thereof:

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

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

49. 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 in the Award immediately prior to taking annual leave must be paid at that excess rate.

50. By deleting clause 19.7(b) and inserting the following in lieu thereof:

- (b) An employee receiving an additional period of annual leave in accordance with clauses 19.2(a)(i) and (iii) will not be required to participate in a compulsory closure over the Christmas/New Year period.

51. By inserting the following at 19.10:

19.10 Extra leave for proportionate salary/purchased leave

- (a) An employee may by agreement access between one and six weeks unpaid leave per annum in a minimum one week block, in addition to other paid leave. This unpaid leave is treated as leave without pay but is paid under the purchased leave scheme.
- (b) Under the purchase 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.

52. By deleting clause 23(a) and inserting the following in lieu thereof:

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

Relevant 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; and (iii) employees ordinarily required to work on public holidays under extended hours service arrangements, restricted to: <ul style="list-style-type: none"> Public Service; Eventide Homes (Nurse Grade 5 and above); and Correctional Health Services. 	Full day's wage at 100%; and One and a half times (150%) the ordinary rate of pay	Double and a half times (250%) the ordinary rate of pay	One and a half times (150%) the ordinary rate of pay
(iv) Dental hospital and dental clinic; and (v) employees not ordinarily required to work on a public holiday, restricted to: <ul style="list-style-type: none"> Biala; Public Service; Eventide Homes (Nurse Grade 5 and above); and Correctional Health Services. 	Full day's wage at 100%; and One and a half times (150%) the ordinary rate of pay	Double and a half times (250%) the ordinary rate of pay	Double and a half times (250%) the ordinary rate of pay
(vi) Eventide Homes (Nursing Grade 1 to Nurse Grade 4); and (vii) all Psychiatric Hospitals	Full day's wage at 100% (up to a maximum of 7.6 hours); and One and a 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 a 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 a half times (150%) the ordinary rate of pay
(viii) Casual employees	Clause 8.3(f)	Clause 8.3(f)	Clause 8.3(f)

53. By deleting clause 23(b) and inserting the following in lieu thereof:

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

Relevant employees	Labour Day	Show Day Easter Saturday	All other public holidays
(i) Public Hospital (excluding dental hospital and dental clinic); and (ii) Biala.	A full day's wage at the ordinary rate (100%) ^{1,2}	A full day's wage at the ordinary rate (100%) where the employee would ordinarily be required to work on that day or where the employee is on a rostered day off ^{1, 2}	A full day's wage at the ordinary rate (100%) where the employee would ordinarily be required to work on that day
(iii) Dental hospital and dental clinic; and (iv) Employees not ordinarily required to work on a public holiday restricted to: <ul style="list-style-type: none"> Public Service; Eventide Homes (Nurse Grade 5 and above); and Correctional Health Services. 	A full day's wage at the ordinary rate (100%)	A full day's wage at the ordinary rate (100%) where the employee would ordinarily be required to work on that day	A full day's wage at the ordinary rate (100%) where the employee would ordinarily be required to work on that day
(v) Eventide Homes (Nursing Grade 1 to Nurse Grade 4); and (vi) all Psychiatric Hospitals	A full day's wage at the ordinary rate (100%) ³	A full day's wage at the ordinary rate (100%) ³	A full day's wage at the ordinary rate (100%) ³
(vii) Correctional Health Services employee engaged in continuous shift work or work on two shifts per day over seven days.	A full day's wage at the ordinary rate (100%) ²	A full day's wage at the ordinary rate (100%) ²	A full day's wage at the ordinary rate (100%) ²

Notes:

- 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.
- Where the public holiday falls on an employee's rostered day off the employee must be paid:
 - a full day's wage at the ordinary rate; or
 - a day's holiday in lieu; or
 - 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.
- Any period of annual leave is exclusive of public holidays.

54. By deleting clause 23(d) and inserting the following in lieu thereof:

- (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.

55. By deleting clause 25.2 and inserting the following in lieu thereof:

25.2 Professional development leave - Nurse Grade 3 and above

- (a) Subject to clause 25.3, a permanent employee working 16 hours or more per fortnight may be granted three days paid leave, *pro rata* for part time, to attend approved professional development activities relevant to nursing and midwifery practice including:

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

56. By deleting clause 25.3 and inserting the following in lieu thereof:

25.3 Professional development leave - RANIP employees

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

- (h) Where possible, attendance at courses or seminars organised within the employer should be encouraged as these are generally recognised as being more cost effective than commercial events.

57. By deleting clause 26(a) and inserting the following in lieu thereof:

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

58. By deleting clause 28 and inserting the following in lieu thereof, as well as updating the Heading of clause 28 in the Table of Contents:

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

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

59. By deleting clause 29(a) and inserting the following in lieu thereof:

- (a) An employee may be asked to become involved in fly in/fly out (FIFO) arrangements. No employee will be forced to become a FIFO employee.

60. By deleting clause 31 and inserting the following in lieu thereof:

31. Board, lodging and provision of meals

- (a) Where board and lodging are supplied to employees residing in employer accommodation, the employer is entitled to deduct the following amount from the employee's wage.
 - (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 employees are 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 Eventide Homes (Nursing Grade 1 to Nurse Grade 4) and all Psychiatric Hospital employees not living in employer accommodation are provided with meals by the employer, a deduction will 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.

61. By deleting clause 34 and inserting the following in lieu thereof:

34. Personal protective appliances - Eventide Homes and Psychiatric Hospitals

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

62. By deleting clause 39.3 and inserting the following in lieu thereof:

39.3 Workloads management concern escalation process

- (a) This is the process for the resolution of workload concerns including those that may impact on patient and staff safety. Any nurse, midwife, employer or union representative may raise a workload concern.
- (b) Where a workload concern creates an immediate and substantial risk to the safety of patients or staff, the parties will work together to address the concern as a matter of urgency by immediate escalation to stage 3.
- (c) **Stage 1**
 - (i) Where a nurse/midwife identifies a workload concern, it will be raised immediately at the service level with the line manager responsible for ensuring the BPF has been correctly applied.
 - (ii) The parties will engage to resolve the concern within 24 hours.
 - (iii) The line manager or after-hours nurse/midwife manager is responsible for immediately investigating the workload concern identified and implementing actions (including implementing service agreed low priority strategies) to resolve the identified concern, mitigate risk to patient safety and/or prevent reoccurrence.
- (d) **Stage 2**
 - (i) If the workload concern is not resolved at the service level at Stage 1, it may be escalated for discussion between the nurse/midwife, union representative and Nursing/Midwifery Executive team (that is Nursing 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, mitigate risk to patient safety and/or prevent re-occurrence, within seven days of the workload concern being referred to Stage 2.
- (e) **Stage 3**
 - (i) If the workload concern is not resolved at Stage 2, the nurse/midwife, employer and/or union representative party may escalate for resolution.
 - (ii) Resolution will be by discussion between the Executive Director of Nursing/Midwifery or when a workload concern is within the Department, the professional lead equivalent and union representative.
 - (iii) Discussions will be held within seven days of the concern being escalated to Stage 3 by any party to the concern.

- (iv) The workload concern should also be tabled for reporting purposes to the next immediate Workload Management Committee / Nursing Consultative Forum.

(f) **Stage 4**

- (i) If the workload concern is not resolved at Stage 3, a specialist panel must be convened by the Hospital and Health Service Executive Director of Nursing/Midwifery or Department equivalent within seven days (or longer as agreed by the parties) of the concern being escalated from Stage 3 by a party to the concern.

- (ii) The specialist panel will be made up of the following nominees:

(A) Employer nominees:

- Hospital and Health Service Executive Director of Nursing/Midwifery or Department equivalent
- External Executive Director of Nursing peer (optional)
- Hospital and Health Service /Department BPF expert
- External BPF expert - other Hospital and Health Service or Office of Chief Nurse and Midwifery Officer
- Hospital and Health Service /Department HR/IR representative

(B) QNU nominees:

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

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

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

(g) **Stage 5**

- (i) If the workload concern is not resolved at stage 4, a party to the concern may refer the matter to the QIRC for conciliation and if necessary arbitration.
- (ii) For the purposes of this stage, an unresolved concern may include but is not limited to instances where the specialist panel is unable to reach an agreed position or the recommendations of the specialist panel are not implemented or are only partly implemented.

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

Schedule 2 - Generic Level Statements

S2.1 Introduction

- (a) All nursing and midwifery provisions should use the indicative titles as listed in each nurse grade. Descriptors may be added to the title to provide more details of what the position

entails, for example, Clinical Nurse - Community Mental Health, Nurse Unit Manager - Oncology, Director of Nursing - Rural and/or Remote.

S2.2 Definitions

NMBA means Nursing and Midwifery Board of Australia

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

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

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

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

Specifically:

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

S2.3 Nursing Grade 1, Band 1

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

Autonomy

- (a) Work 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 <ul style="list-style-type: none"> Accountable for own healthcare practice and to the responsible registered nurse/registered midwife for delegated episodes of care. Responsible for accepting delegated tasks/duties which require basic skills, training and experience. Skills and Knowledge <ul style="list-style-type: none"> Training to apply standardised practices and procedures, as delegated. Role in clinical care <ul style="list-style-type: none"> Perform a range of duties that require basic skills, knowledge, training and experience. Performance of patient care needs such as - 	Policies, protocols, guidelines and standards <ul style="list-style-type: none"> Adhere to established guidelines, protocols, procedure, standards and systems of work as set out by the organisation. Quality/Safety/Risk management <ul style="list-style-type: none"> 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 style="list-style-type: none"> Attend education sessions. Maintain personal ongoing education and development portfolio. 	<ul style="list-style-type: none"> Contribute to evaluative research activities as appropriate. 	N/A

<ul style="list-style-type: none"> ➤ 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 reports on outcomes of care delivery as delegated by the registered nurse/registered midwife. ➤ Assist with the personal hygiene and appearance of the recipients of healthcare services. ➤ Contribute to and maintaining the healthcare environment. ➤ Contribute to the maintenance of a safe and secure environment for staff and the recipients of healthcare services. 				
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S2.4 Nursing Grade 1, Band 2

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

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

Autonomy

- (a) Work 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
<p>Accountability and Responsibility</p> <ul style="list-style-type: none"> Accountable for own healthcare practice and to the responsible registered nurse/registered midwife for delegated episodes of care. Responsible for accepting delegated tasks/duties which require basic skills, training and experience. <p>Skills and Knowledge</p> <ul style="list-style-type: none"> Training to apply standardised practices and procedures, as delegated. <p>Technical Role</p> <ul style="list-style-type: none"> Gather information about stocks and supplies to assist the registered nurse to plan sterilising work. Perform and report on procedures as delegated by the registered nurse. <p>Maintaining the integrity of the sterilising environment</p> <ul style="list-style-type: none"> Contribute to the maintenance of a safe practice - infection control and sterilization measures. 	<p>Policies, protocols, guidelines and standards</p> <ul style="list-style-type: none"> Adhere to established guidelines, protocols, procedure, standards and systems of work as set out by the organisation. <p>Quality/Safety/Risk management</p> <ul style="list-style-type: none"> 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 style="list-style-type: none"> Attend education sessions. Maintain personal ongoing education and development portfolio. 	<ul style="list-style-type: none"> 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) Work under the direct or indirect supervision of a registered nurse/registered midwife assisting with the care of recipients of healthcare services as delegated by the registered nurse/registered midwife.

Title

- (a) Undergraduate Student in Nursing/Midwifery

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and Responsibility <ul style="list-style-type: none"> Accountable for own healthcare practice and to the responsible registered nurse/registered midwife for delegated episodes of care. Responsible for accepting delegated tasks/duties, which are commensurate with training and assessed competencies. Skills and Knowledge <ul style="list-style-type: none"> Demonstrate skills commensurate with the level of undergraduate training and competencies. Role in clinical care <ul style="list-style-type: none"> Contribute to the care needs of recipients of healthcare services. Perform a range of duties commensurate with the level of training and assessed competencies as delegated by 	Policies, protocols, guidelines and standards <ul style="list-style-type: none"> Adhere to established guidelines, protocols, procedure, standards and systems of work as set out by the organisation. Quality/Safety/Risk management <ul style="list-style-type: none"> 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 style="list-style-type: none"> Contribute to quality healthcare through lifelong learning and professional development of herself/himself and others. 	<ul style="list-style-type: none"> Contribute to evaluative research activities as appropriate. 	N/A

the registered nurse/ registered midwife. <ul style="list-style-type: none"> • Work within a healthcare team under the supervision of a registered nurse/registered midwife. 				
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S2.6 Nurse Grade 3

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

Autonomy

- (a) Practise 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) Seek 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
Accountability and Responsibility <ul style="list-style-type: none"> • Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice and supervision of unregulated healthcare workers. • Provide direct and indirect care, engage in reflective and analytical practice and demonstrate professional and collaborative practice. Skills and Knowledge	Policies, protocols, guidelines and standards <ul style="list-style-type: none"> • Adhere to established guidelines, protocols, procedure, standards and systems of work as set out by the organisation. Quality/Safety/Risk management <ul style="list-style-type: none"> • Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment. 	<ul style="list-style-type: none"> • Contribute to quality healthcare through lifelong learning and professional development of herself/himself and others. • Provide health promotion and education to recipients of healthcare services and carers. 	<ul style="list-style-type: none"> • Participate as appropriate in evaluative and local action research activities. • Apply evidence-based guidelines to achieve positive care outcomes for recipients of healthcare services as delegated by the registered nurse/registered midwife. 	<ul style="list-style-type: none"> • Collaborate with the registered nurse/registered midwife in clinical and organisational governance. • Under the guidance of the registered nurse/registered midwife work to achieve best practice outcomes within the work unit environment.

<ul style="list-style-type: none"> Consolidate educational preparation and increase knowledge and skills while moving from beginner to experienced. <p>Role in clinical care</p> <ul style="list-style-type: none"> Collaborate and consults with healthcare recipients, their families and community as well as registered nurses/registered midwives and other health professionals, to plan, implement and evaluate nursing care. 	<ul style="list-style-type: none"> Engage in incident reporting and participate in quality improvement activities to promote safe and /or rectify unsafe practice. <p>Mentorship/Reporting lines</p> <ul style="list-style-type: none"> Participate with other members of the healthcare team in providing support and mentorship to new and less experienced staff. 			
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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

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

Title

- 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
<p>Accountability and Responsibility</p> <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice and supervision of 	<p>Policies, protocols, guidelines and standards</p> <ul style="list-style-type: none"> Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. 	<ul style="list-style-type: none"> Contribute to quality healthcare through lifelong learning and professional development of herself/himself and others. Provide health promotion and education to recipients of 	<ul style="list-style-type: none"> Participate as appropriate in evaluative and local action research activities. Apply evidence-based guidelines to achieve positive care outcomes for recipients of healthcare services as 	<ul style="list-style-type: none"> Collaborate with the registered nurse/registered midwife in clinical and organisational governance through active participation in team leadership and decision making.

<p>unregulated healthcare workers.</p> <ul style="list-style-type: none"> • Provide direct and indirect care, engage in reflective and analytical practice and demonstrate professional and collaborative practice. <p>Skills and Knowledge</p> <ul style="list-style-type: none"> • Demonstrate a greater depth of knowledge, skills, experience, competence and more effective integration of theory to practice than a Nurse Grade 3. • Provide support and direction and acts as a role model to others where appropriate. <p>Role in clinical care</p> <ul style="list-style-type: none"> • Demonstrate greater experience and competence in the development, implementation and evaluation of care plans than a Nurse Grade 3. • Provide effective communication with members of the healthcare team, recipients of healthcare services, families and other agencies in collaboration with the registered nurse/registered midwife. 	<ul style="list-style-type: none"> • May assist in reviewing and evaluating nursing/midwifery standards at the local level. • May hold a portfolio in an area of advanced skill <p>Quality/Safety/Risk management</p> <ul style="list-style-type: none"> • Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment. • Engage in incident reporting and participates in quality improvement activities to promote safe and /or rectify unsafe practice. <p>Mentorship/Reporting lines</p> <ul style="list-style-type: none"> • Participate with other members of the healthcare team in providing support and mentorship to new and less experienced staff. 	<p>healthcare services and carers.</p> <ul style="list-style-type: none"> • Educate and support less experienced staff in relation to the provision of care where appropriate. 	<p>delegated by the registered nurse/registered midwife.</p>	<ul style="list-style-type: none"> • Under the guidance of the registered nurse/registered midwife work to achieve best practice outcomes within the work unit environment.
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S2.8 Nurse Grade 5, Re-entry

Re-entry Registered Nurse

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

Autonomy

- (a) Work 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 assume the full responsibilities of a registered nurse in accordance with conditions and limitations imposed by the NMBA.

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and Responsibility <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. Skills and Knowledge <ul style="list-style-type: none"> Consolidate and increase knowledge and skills while moving through a program of study/supervision for re-entry as a registered nurse Role in clinical care <ul style="list-style-type: none"> Participate in assessing, planning, implementing and evaluating nursing care in collaboration with other registered nurses, and the healthcare team so as to achieve goals and health outcomes. Collaborate with the registered nurse in the coordination of nursing and healthcare within and across the continuum of care. 	Policies, protocols, guidelines and standards <ul style="list-style-type: none"> Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. Quality/Safety/Risk management <ul style="list-style-type: none"> Maintain the safety of recipients of healthcare services, participate in risk minimisation and maintain safe work activities within the practice setting. Participate in quality improvement activities, incident reporting and investigation. 	<ul style="list-style-type: none"> Contribute to quality healthcare through lifelong learning and professional development of herself/himself and others. Provide health promotion and education to recipients of healthcare services and carers in collaboration with the registered nurse. 	<ul style="list-style-type: none"> Apply evidence-based guidelines to achieve positive outcomes for recipients of healthcare services. 	N/A

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) Work 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 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
<p>Accountability and Responsibility</p> <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. <p>Skills and Knowledge</p> <ul style="list-style-type: none"> Consolidate and increase knowledge and skills while moving through a program of study/supervision for re-entry as a registered midwife. <p>Role in clinical care</p> <ul style="list-style-type: none"> Participate in assessing, planning and evaluating care in collaboration with the supervising registered midwife. Collaborate with the registered midwife to partner with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period. 	<p>Policies, protocols, guidelines and standards</p> <ul style="list-style-type: none"> Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. <p>Quality/Safety/Risk management</p> <ul style="list-style-type: none"> Maintain the safety of mothers and babies, participate in risk minimisation and maintain safe work activities within the practice setting. Participate in quality improvement activities, incident reporting and investigation. 	<ul style="list-style-type: none"> Contribute to quality healthcare through lifelong learning and professional development of herself/himself and others. Provide health promotion and education to mothers and families in collaboration with the registered midwives. 	<ul style="list-style-type: none"> Apply evidence-based guidelines to achieve positive midwifery outcomes for mothers and babies. 	N/A

<ul style="list-style-type: none"> Collaborate with the registered midwife in the provision of midwifery services across settings including the home, community, hospitals, clinics or health units. 				
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S2.9 Nurse Grade 5

Registered Nurse

An employee who is a registered nurse who:

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

Autonomy

- (a) Practise independently and interdependently.
- (b) Assume accountability and responsibility for own actions and delegation of care to enrolled nurses, assistants in nursing and healthcare workers.
- (c) Demonstrate evidence of increasing autonomy and exercise 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 <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice, professional advice given and for activities delegated to a registered nurse/registered midwife, enrolled nurse or 	Policies, protocols, guidelines and standards <ul style="list-style-type: none"> Participate in developing, reviewing and evaluating clinical/nursing standards, guidelines, protocols, pathways, procedures, standards and systems of work. 	<ul style="list-style-type: none"> Contribute to quality healthcare through lifelong learning and professional development of herself/himself and others. Provide health promotion and education to recipients of healthcare services and carers. 	<ul style="list-style-type: none"> Participate in evaluative and local action research activities. Apply evidence-based guidelines to achieve positive care outcomes for recipients of healthcare services. 	<ul style="list-style-type: none"> Provide clinical leadership for professional and clinical practice. Collaborate in clinical and organisational governance. Proactively engage with the clinical nurse and others to achieve best practice

<p>unregulated healthcare worker.</p> <ul style="list-style-type: none"> Accountable for delegation of activities to others and shifting accountability/coordination as allocated. <p>Skills and knowledge</p> <ul style="list-style-type: none"> Consolidate educational preparation and increase knowledge and skills while moving from beginner to experienced practice. <p>Role in clinical care</p> <ul style="list-style-type: none"> Assess, plan, implement and evaluate nursing care in collaboration with individuals, peers and the healthcare team to achieve goals and health outcomes. Take a leadership role in the coordination of nursing and provision of health services across the continuum of care. Make appropriate referral to, and consult with peers, other relevant health professionals, service providers, and community and support services. 	<ul style="list-style-type: none"> Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. <p>Quality/Safety/Risk management</p> <ul style="list-style-type: none"> Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment. Participate in incident investigation and quality improvements to promote safe and /or rectify unsafe practice. <p>Mentorship/Reporting lines</p> <ul style="list-style-type: none"> Provide support, guidance, preceptorship, supervision and mentoring to healthcare team as appropriate. Delegate to and supervise enrolled nurses and students consistent with the NMBA decision making framework and registered nurse standards for practice. <p>Management</p> <ul style="list-style-type: none"> Depending on service size/location may take on the role of team leader and/or shift coordinator, commensurate with the level of competence. 	<ul style="list-style-type: none"> Support nursing/midwifery practice and learning experiences by providing in-service teaching, orientation and preceptorship for the nursing/midwifery team. 		<p>outcomes within the work environment.</p>
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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) Demonstrate evidence of increasing autonomy and exercises greater levels of professional judgement in the clinical environment as the employee moves from beginning to experienced practitioner.

Title

- (a) Registered Midwife

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability and responsibility <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice, professional advice given and for activities delegated to a registered nurse/registered midwife, enrolled nurse or unregulated healthcare worker. Accountable for delegation of activities to others, shifting accountability and coordination as allocated. Skills and knowledge <ul style="list-style-type: none"> Consolidate educational preparation in midwifery and increase knowledge and skills 	Policies, protocols, guidelines and standards <ul style="list-style-type: none"> Assist in developing, reviewing and evaluating midwifery standards established guidelines, protocols, procedures, standards and systems of work. Adhere to established guidelines, protocols, procedures, standards and systems of work as set out by the organisation. Quality/Safety/Risk management <ul style="list-style-type: none"> Maintain mother/newborn/infant safety, risk minimisation and safe work activities within the practice setting. 	<ul style="list-style-type: none"> Contribute to quality healthcare through lifelong learning and professional development of herself/himself and others. Counsel in health and education, not only for the woman, but also within the family and the community. Support midwifery practice and learning experiences by providing in-service teaching, orientation and preceptorship for the nursing/midwifery team. 	<ul style="list-style-type: none"> Participate in evaluative and local action research activities. Apply evidence-based guidelines to achieve positive care outcomes for recipients of health care services 	<ul style="list-style-type: none"> Provide clinical leadership for professional and clinical practice. Collaborate in clinical and organisational governance. Proactively engage with the clinical midwife and others to achieve best practice outcomes within the work environment.

<p>while moving from beginner to experienced practice.</p> <p>Role in clinical care</p> <ul style="list-style-type: none"> • Provide midwifery care in any setting including the home, community, hospitals, clinics or health units to assess needs, plan and implement or coordinate appropriate service delivery in partnership with women and/or other healthcare providers. • Develop in partnership with women individualised care plans for antenatal, postnatal and intrapartum care and may extend to women's health, sexual or reproductive health, preparation for parenthood and child care. 	<ul style="list-style-type: none"> • Participate in incident investigation and quality improvements and incident investigation to promote safe and /or rectify unsafe practice. <p>Mentorship/Reporting lines</p> <ul style="list-style-type: none"> • Provide support, guidance, preceptorship, supervision and mentoring to new and less experienced staff. • Delegate to and supervise registered nurses, enrolled nurses and students consistent with the NMBA decision making framework and registered midwife standards for practice. <p>Management</p> <ul style="list-style-type: none"> • Depending on service size/location may take on the role of team leader and/or shift coordinator, commensurate with the level of competence. 			
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S2.10 Nurse Grade 6, Band 1

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

- (a) provides nursing and/or midwifery services in health service settings; and
- (b) is responsible for a portfolio with a focus on clinical care/leadership, management, education and/or research.

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

Autonomy

- (a) Practice autonomously.
- (b) Provide leadership in clinical decision making to give and/or coordinate care to particular recipients of healthcare services.
- (c) Assume responsibility for professional leadership for a ward, service or unit in the absence of the Nurse Grade 7.

- (d) Apply critical thinking across all the domains.

Indicative title/s

- (a) Clinical Nurse
(b) Clinical Midwife

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
<p>Accountability and Responsibility</p> <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice, professional advice given and for activities delegated to a registered nurse/registered midwife, enrolled nurse or unregulated healthcare worker. Accountable for the delivery of safe clinical practice and professional advice. Work collaboratively with peers and others to create a positive practice environment that achieves best practice outcomes for recipients of healthcare services. Identify, select, implement and evaluate nursing/midwifery interventions that have less predictable outcomes. <p>Skills and Knowledge</p> <ul style="list-style-type: none"> Responsible for a specific client population and able to function in more complex 	<p>Policies, protocols, guidelines and standards</p> <ul style="list-style-type: none"> Adhere to established guidelines, protocols, procedure, standards and systems of work as set by the organisation. Participate in developing, evaluating and updating clinical service procedures, protocols, standards and guidelines. <p>Quality/Safety/Risk management</p> <ul style="list-style-type: none"> Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment. Engage in incident reporting/investigation and conducts quality improvements audits and develops risk minimisation strategies activities to promote safe and /or rectify unsafe practice. Consult and provide nursing/midwifery advice on 	<ul style="list-style-type: none"> Assist the clinical facilitator /coach and nurse educator to promote a learning culture by encouraging reflection and professional development, providing clinical teaching, in-service education, and assisting/supporting others to maintain portfolios/records of learning. Provide and update education resources for staff, recipients of healthcare services, carers and others in consultation. Act as a clinical and educational resource within an area based on knowledge, skills and experience. Work collaboratively with the Nurse Educator on provision of orientation of new staff. Act as a role model in supporting staff e.g. Orientation and capacity building within the clinical environment. Contribute to the support of undergraduate and post graduate students. 	<ul style="list-style-type: none"> Participate in developing and undertaking quality initiatives, clinical audits, clinical trials and research. Integrate advanced theoretical knowledge, evidence from a range of sources and own experience to devise and achieve agreed care outcomes for recipients of healthcare services in line with organisational priorities. Identify inconsistencies between policy and practice. Work collaboratively in leading implementation of policy, practice changes and clinical innovations. 	<ul style="list-style-type: none"> Provide clinical leadership for professional and clinical practice, education and research. Collaborate in clinical and organisational governance. Proactively engage with the Clinical Nurse Consultant and others to achieve best practice outcomes within the work unit environment. Responsible for coordination of portfolios and providing professional advice.

<p>situations while providing support and direction to registered nurses/registered midwives, enrolled nurses, unregulated healthcare workers and other healthcare workers.</p> <ul style="list-style-type: none"> • Demonstrate the following:- <ul style="list-style-type: none"> ➢ advanced clinical and problem solving skills; ➢ expert planning and coordination skills in the clinical management; ➢ ability to work without a collegiate/team structure. ➢ knowledge of contemporary nursing/midwifery practice and theory. • Utilise the principles of contemporary human, material and financial resource management in consultation with others. <p>Role in clinical care</p> <ul style="list-style-type: none"> • Provide nursing or midwifery care to a group of recipients of healthcare services. • Act as a role model for registered nurses/registered midwives, enrolled nurses and unregulated healthcare workers in the provision of holistic healthcare. • Lead the management and coordination of comprehensive care for 	<p>the development and application of quality and risk management frameworks.</p> <ul style="list-style-type: none"> • Apply a quality framework to improve service delivery and outcomes for recipients of healthcare services. <p>Mentorship/Reporting lines</p> <ul style="list-style-type: none"> • Provide support, guidance, mentoring, preceptorship, role modelling and promote cooperation and collaborative teamwork. <p>Management</p> <ul style="list-style-type: none"> • Assist and support the Nurse Grade 7 in contemporary human, material and financial resource management. • Lead a team in conjunction with a Nurse Grade 7 to assist and support with the following activities: <ul style="list-style-type: none"> ➢ team shift coordination; ➢ performance management/review; ➢ change management; ➢ rostering/staffing; ➢ workplace culture. • Collaborate with after-hours Nurse Manager with regards to clinical and management issues. <p>Change Management</p> <ul style="list-style-type: none"> • Apply change management principles 	<ul style="list-style-type: none"> • Maintain own professional development portfolio. 		
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<p>individual recipients of healthcare services or cohorts that is additional to the responsibility of a Nurse Grade 5.</p> <ul style="list-style-type: none"> • Adhere to the quality and safety standards and contributes or participates in the continuous improvement of clinical outcomes. • Use evidence-based clinical practice to facilitate positive outcomes for recipients of healthcare services. 				
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S2.11 Nurse Grade 6, Band 2

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

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

Classification may include but is not limited to:

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

Autonomy

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

Indicative title/s

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

(e) Associate Nurse/Midwife Researcher

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
<p>Accountability and Responsibility</p> <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice, professional advice given and for activities delegated to a registered nurse/registered midwife, enrolled nurse or unregulated healthcare worker. Accountable for the delivery of safe clinical practice and professional advice. Responsible for a specific portfolio within one of the following streams: management, clinical care/leadership, education or research. Provide clinical and professional leadership. Contribute to organisational key objectives and performance indicators. Work collaboratively with a Nurse Grade 7 to create a positive practice environment that achieves best practice outcomes for recipients of healthcare services. <p>Skills and Knowledge:</p>	<p>Policies, Protocols, Guidelines and Standards:</p> <ul style="list-style-type: none"> Adhere to established guidelines, protocols, procedures, standards and systems of work as set by the organisation. Participate in developing, evaluating and updating clinical service guidelines, procedures, protocols, standards and guidelines in collaboration with Nurse Grade 7. <p>Quality/Safety/Risk Management</p> <ul style="list-style-type: none"> Maintain the safety of recipients of healthcare services by identifying risk and undertaking safe work activities within the clinical practice environment. Consult and provide nursing/midwifery advice on the development and application of quality and risk management frameworks. Monitor quality activities against agreed standards and initiate the development of quality benchmarks to measure service performance 	<ul style="list-style-type: none"> Participate in the development and sustainability in the culture of learning resulting in a capable and educated nursing/midwifery workforce. Provide clinical teaching, in-service education, and assisting/supporting others to maintain portfolios/records of learning. Develop education resources for staff and recipients of healthcare services in consultation. Participate in orientation and induction of new staff. Facilitate the support of undergraduate and post graduate students. 	<ul style="list-style-type: none"> Coordinate the undertaking of quality initiatives, clinical audits, clinical trials and research. Use contemporary information, research evidence, personal knowledge and experience to support translating contemporary evidence to practice. Identify inconsistencies between policy and practice and takes steps to rectify. Work collaboratively in leading implementation of policy, practice changes and clinical innovations. 	<ul style="list-style-type: none"> In collaboration with the Nurse Grade 7: <ul style="list-style-type: none"> ➤ Provide policy advice on issues relating to professional and clinical practice, education and research. ➤ Participate in innovation and change to develop responses to address emerging service needs. ➤ Contribute to the unique body of knowledge when engaging with others.

<ul style="list-style-type: none"> • Demonstrate specialised knowledge, experience and clinical skills and competence in a particular area of expertise. • Demonstrate higher level of contemporary nursing/midwifery knowledge practice and theory than a Nurse Grade 6 Band 1. • Utilise and apply the principles of contemporary human, material and financial resource management for the multidisciplinary environment in consultation with a Nurse Grade 7. <p>Role in clinical care</p> <ul style="list-style-type: none"> • Apply advanced clinical knowledge and skills in coordination or participation in the delivery of direct and indirect clinical care. • Use evidence-based clinical practice to facilitate positive outcomes for recipients of healthcare services. • Integrate and translates the principles of contemporary nurse/midwifery education into practice. 	<p>and outcomes for recipients of healthcare services.</p> <ul style="list-style-type: none"> • Monitor and reports emerging trends and respond as relevant in consultation with others. • Identify and conducts quality improvement activities in collaboration with Nurse Grade 7. <p>Mentorship/Reporting lines</p> <ul style="list-style-type: none"> • Provides support, guidance, mentoring, preceptorship, role modelling and promote cooperation and collaborative teamwork. • Undertake clinical supervision of nurses and midwives in consultation with Nurse Grade 7. <p>Management</p> <ul style="list-style-type: none"> • Participate in contemporary human, material and financial resource management in collaboration with the Nurse Grade 7. • May work across professional and organisational boundaries to influence outcomes. <p>Change Management</p> <ul style="list-style-type: none"> • Apply change management principles in facilitating change. • Act as a change agent and assist in the implementation of change strategy at a local level. 			
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S2.12 Nurse Grade 7

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

- (a) is 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) Undertake operational leadership.
- (d) Work collectively to apply the principles of clinical governance.
- (e) Apply professional and clinical expertise in collaboration with nursing and midwifery and multi-disciplinary stakeholders.
- (f) Responsible for enacting strategies that supports a work-based culture that promotes and supports education, learning, research and workforce development.

Indicative title/s

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

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

<p>Accountability and Responsibility</p> <ul style="list-style-type: none"> • Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice, professional advice given and for activities delegated to a registered nurse/registered midwife, enrolled nurse or unregulated healthcare worker. • Demonstrate advanced application of clinical and professional leadership. • Accountable for the delivery of safe clinical practice and professional advice. • Work collaboratively with peers and others to create a positive practice environment that achieves best practice outcomes for recipients of healthcare services. • Contribute to organisational key objectives and performance indicators. • Accountable for outcomes and achievement of service performance targets. <p>Skills and Knowledge</p> <ul style="list-style-type: none"> • Demonstrate advanced specialist knowledge, experience and clinical skills in a particular area of expertise. • Demonstrate critical thinking and reasoning, advanced 	<p>Policies, protocols, guidelines and standards</p> <ul style="list-style-type: none"> • Integrate key objectives from the strategic plan (facility/division, clinical service) into service delivery for a clinical unit/departments. • Adhere to established guidelines, protocols, procedures, standards and systems of work as set by the organisation. • Coordinate, develops, implements, translates and evaluates clinical practice standard guidelines, procedures and protocols using an evidence-based approach. • Advise and contribute to the application of information systems to improve clinical practice environment inform decision-making. <p>Quality/Safety/Risk Management</p> <ul style="list-style-type: none"> • Maintain the safety of recipients of healthcare services and staff by fostering safe work standards within the clinical practice environment. • Consult with and provide expert nursing/midwifery advice to achieve integrated care within health services. • Responsible for the implementation of a quality 	<ul style="list-style-type: none"> • Develop and encourage a learning environment by mentoring and promoting team development and individual capacity building. • Participate in the development and sustainability in the culture of learning resulting in a capable and educated nursing/midwifery workforce. • Support education and research to promote innovation specific to healthcare trends, to promote patient and service outcomes within the scope of their position. • Promote engagement by self and others in professional development and maintains own professional development portfolio. • Lead and coordinate education activities to build expertise and capability within the nurse and midwifery workforce. • Exhibit educational leadership and expertise in determining learning needs and mechanisms to foster a culture of learning in the workplace. • Translate evidence into practice to foster achievement of best practice outcomes. 	<ul style="list-style-type: none"> • Engage in quality initiative and research projects to inform practice change. • Use contemporary information, research evidence, personal knowledge and experience to support decision making. • Contribute to the development of unique body of knowledge and translates it into practice. • Action policy and evidence-based research for application 	<ul style="list-style-type: none"> • Collaborate with others in the provision of policy advice on issues relating to professional and clinical practice, education and research. • Participate in innovation and change to develop responses to address emerging service needs. • Contribute to the unique body of knowledge within scope of practice when engaging with internal and external groups/partner/bodies. • Collaborate in the provision of advice on nursing/midwifery matters.
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<p>problem solving skills and expert clinical judgement.</p> <ul style="list-style-type: none"> • Demonstrate advanced knowledge and application of contemporary nursing/midwifery practice and theory. • Lead the application and evaluation of contemporary human, material and financial resource management for the multidisciplinary environment. <p>Role in clinical care</p> <ul style="list-style-type: none"> • Provide leadership in professional decision-making through the application of advanced clinical knowledge and skills. • Coordinate clinical practice delivery in a clinical specialty or area of expertise. • Participate directly or indirectly in the delivery of clinical care to individuals/groups in a specialty area of clinical practice. • Use evidence-based clinical practice to facilitate positive outcomes for recipients of healthcare services. • Integrate and translate the principles of contemporary nurse/ midwifery education into practice. 	<p>and risk management frameworks to improve quality of care and work environment.</p> <ul style="list-style-type: none"> • Promote and support a culture of continuous quality improvement. • Respond to emerging trends in healthcare services in consultation with others relevant stakeholders. • Responsible for compliance with professional standards. • Initiate and conduct quality improvement activities. <p>Mentorship/Reporting lines</p> <ul style="list-style-type: none"> • Coordinate and guide mentoring, preceptorship, role modelling and promote cooperation and collaborative teamwork. • Provide leadership and act as a clinical resource, advisor, mentor, role model, technical expert, to registered nurses/registered midwives, enrolled nurses and members of multi-disciplinary team. • Provide clinical supervision, mentorship and professional leadership to registered nurses/registered midwives and enrolled nurses. • Apply the principles of succession management and mentoring to involve colleagues in ongoing career development and growth. 			
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	<ul style="list-style-type: none"> • Undertake supervision and act as a role model and/or mentor. <p>Management</p> <ul style="list-style-type: none"> • 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. <p>Change Management</p> <ul style="list-style-type: none"> • Lead change management processes. • Participate in innovation, monitor and report on the impact of change within the scope the position and service. 			
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S2.13 Nurse Grade 8

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

Classification may include but is not limited to:

- (a) Functioning autonomously and collaboratively in an advanced and expanded clinical role.
- (b) Use of expanded skills and knowledge in assessment planning and implementation, diagnoses and evaluation of nursing care required.
- (c) Assessment and management of recipients of healthcare services using nursing knowledge and skills and 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) Work autonomously and collaboratively within the multi-disciplinary team.

- (c) Exercise professional and clinical expertise in collaboration with nursing and midwifery and multi- disciplinary stakeholders.
- (d) Advanced level decision making.
- (e) Partner with other health professionals to operationalise clinical and corporate governance requirements aligned with the defined scope of practice.

Title

- (a) Nurse Practitioner

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability/Responsibility <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice May have multi-site responsibilities within the defined scope of practice. Provide direct individual or group care for a complete occasion of service to a defined patient population within a scope of practice. Accountable for practicing in accordance with NMBA nurse practitioner registration standards. Accountable for clinical practice, professional advice given, delegations of care. Work collaboratively with others to contribute to resource and health quality development. Accountable for addressing inconsistencies between practice and policy. 	Policies, protocols, guidelines and standards <ul style="list-style-type: none"> Lead and collaborate in the development and evaluation of clinical protocols, standards, policies and procedures. Participate in the planning, coordination, development and evaluation of policies, procedure, protocols, standards and systems as established by the hospital and health service, Service and profession, for provision of safe clinical care. May develop, guide or contribute to the application of clinical informatics. Quality/Safety/Risk management <ul style="list-style-type: none"> Contribute expert nursing assessment and advice to achieve integrated nursing care within a risk management and best practice framework. 	<ul style="list-style-type: none"> Develop and encourage a learning environment by mentoring and promoting team development and individual capacity building. Participate in the development and sustainability in the culture of learning resulting in a capable and educated nursing/midwifery workforce. Support education and research to promote innovation specific to healthcare trends, to promote patient and service outcomes within the scope of their position. Promote engagement by self and others in professional development and maintains own professional development portfolio. 	<ul style="list-style-type: none"> Use contemporary information, research, evidence, personal knowledge and experience to support decision making. Conduct and guide clinical research and quality initiatives to inform practice change. Contribute to the development of unique body of knowledge and translate into practice. 	<ul style="list-style-type: none"> Collaborate with others in the provision of policy advice on issues relating to professional and clinical practice, education and research. Participate in innovation and change to develop responses to address emerging service needs. Contribute unique body of knowledge within scope of practice when engaging with internal and external groups/partner/bodies.

<ul style="list-style-type: none"> • Use critical analysis, problem solving and acute decision making to support optimal outcomes for recipients of healthcare services. <p>Skills and knowledge</p> <ul style="list-style-type: none"> • Specialist/expert knowledge, skills, and extended practice in a clinical specialty area. <p>Role in clinical Care</p> <ul style="list-style-type: none"> • Primarily provide direct expert nursing care for a specified population/group. • Provide extended comprehensive assessment, history and physical examination. • Initiate, implement and monitor interventional therapies. • Prescribe medications, order, initiate and interpret diagnostic pathology and/or radiology. • Direct referrals to other healthcare professionals. 	<ul style="list-style-type: none"> • Promote and support a culture of continuous quality improvement. • Monitor and address emerging trends with potential to influence nursing/midwifery and/or facility/ service portfolios. • Comply with legal requirements governing healthcare and professional standards relevant to the defined scope of practice. • Accountable for own actions and delegations to mitigate risk and improve facility/ service/portfolio outcomes. <p>Mentorship</p> <ul style="list-style-type: none"> • Apply the principles of succession management and mentoring to involve colleagues in ongoing career development and growth. • Provide professional nursing/midwifery leadership in a support capacity. • Undertake a supervision role model and/or mentor role for nurse practitioner candidates. <p>Management</p> <ul style="list-style-type: none"> • Demonstrate effective management of services and/or specified portfolio. • Participate in the implementation and evaluation of systems and processes to foster the development of a positive 			
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	<p>facility/service culture and values, and optimum standards of practice and performance.</p> <ul style="list-style-type: none"> • Contribute clinical expertise for the management of assets and equipment. • Participate in the implement, evaluate and report on health services, policies, practices outcomes and performance targets. <p>Change Management</p> <ul style="list-style-type: none"> • Facilitate change management. • Participate in innovation, monitor and report on the impact of change within the scope the position and services. 			
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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 geographical 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) Work 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
Accountability/Responsibility: <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice May have multi-service responsibilities. Responsible for the leadership and management of all staff in the rural / remote facility. Responsible for the overall coordination, of policies relating to the provision of healthcare in the rural / remote facility. Responsible for own standards and actions of nursing/midwifery care and for activities delegated to others. Responsible for provision of and outcomes relating to nursing/midwifery management practices. Responsible for financial and human resource management. Consult with nursing/ midwifery and other key 	Policies, protocols, guidelines and standards <ul style="list-style-type: none"> Develop, guide and contribute to the application of information systems. Monitor and evaluate information systems relevant to rural and/or remote services/facilities/community. Collaborate in the implementation and evaluation of a nursing/midwifery professional practice framework. Advise and participate in planning, coordination, and development of policies, procedures, protocols and standards for provision of safe and effective clinical care in rural and/or remote services/facilities/community. Review existing systems, and processes to support infrastructure changes. Quality/Safety/Risk management	<ul style="list-style-type: none"> Support education specific to the requirements of a rural and/or remote facility. Sponsor education, scholarly activities and translation of evidence into practice within the strategic direction of the health service. Develop and encourage a learning environment by mentoring and promoting team development and individual capacity building. Responsible for capacity building/up-skilling of staff within facility/service to enable the provision of safe quality care. Work cooperatively with stakeholders to create a culture of learning and professional development that results in a capable and educated workforce. Promote engagement by self and others in professional development and maintain own professional development portfolio. 	<ul style="list-style-type: none"> Promote and/or engage in ongoing nursing and/or midwifery research within the facility. Sponsor research, scholarly activities and translation of evidence into practice within rural and/or remote settings. 	<ul style="list-style-type: none"> Act as leader in the health service community. Responsible for the senior leadership and management of nursing/midwifery. Contribute to strategic policy advice in relation to rural and/or remote health services. Provide expertise on nursing/midwifery professional issues in relation to rural and/or remote health services.

<p>stakeholders in planning health services, workforce and resource requirements.</p> <ul style="list-style-type: none"> Responsible for application and operational management of the BPF. <p>Skills and Knowledge</p> <ul style="list-style-type: none"> Demonstrate advanced specialist knowledge, experience and clinical skills in a particular area of expertise. Demonstrate critical thinking and reasoning, advanced problem solving skills and expert clinical judgement. Demonstrate advanced knowledge and application of contemporary nursing/midwifery practice and theory. Lead the application and evaluation of contemporary human, material and financial resource management for the multidisciplinary environment. <p>Role in clinical care</p> <ul style="list-style-type: none"> Provide leadership in professional decision-making through the application of advanced clinical knowledge and skills. Coordinate clinical practice delivery in a clinical specialty or area of expertise. Participate directly or indirectly in the delivery of 	<ul style="list-style-type: none"> Identify and implement opportunities for innovation Promote and support a culture of continuous improvement in line with relevant standards, operational/strategic direction. Monitor and address emerging trends with potential to influence nursing/midwifery and/or facility/ service portfolios. Monitor and report compliance with legal requirements governing healthcare and professional standards. <p>Mentorship:</p> <ul style="list-style-type: none"> Provide professional advice and leadership to others. Apply the principles of succession management and mentoring to engage staff in ongoing career development, growth lifelong learning. <p>Management:</p> <ul style="list-style-type: none"> Accountable for budget integrity and fiscal management according to financial and HR delegations. Implement and report on key performance indicators of the nursing/midwifery strategic and related plans. Demonstrate effective management of a facility/ service. 	<ul style="list-style-type: none"> Role model the application of education principles. 		
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<p>clinical care to individuals/groups in a specialty area of clinical practice.</p> <ul style="list-style-type: none"> • Use evidence-based clinical practice to facilitate positive outcomes for recipients of healthcare services. <p>Integrate and translate the principles of contemporary nurse/ midwifery education into practice.</p>	<ul style="list-style-type: none"> • Implement and evaluate systems and processes to foster the development of a positive facility/service culture and promote values which support optimum standards of practice and performance. • Promote professionalism, and a positive practice environment. Action workforce priorities that contribute to effective recruitment and retention of staff. • Demonstrate expertise in the management of assets and equipment. • Develop and report on key performance indicators and targets in accordance with the hospital and health service, service agreement. <p>Change management</p> <ul style="list-style-type: none"> • Effectively apply change management expertise. • Participate in innovation, and monitor and report on the impact of change on practice and service needs. 			
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S2.15 Nurse Grade 10

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

- demonstrates 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
- demonstrates 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 geographical 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) Work collaboratively with leadership groups and healthcare team members.
- (c) Partner with nursing/midwifery executive members to operationalise clinical and corporate governance.
- (d) Work collectively to apply the principles of clinical governance.
- (e) Employ 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:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability/Responsibility: <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice May have multi-site/service responsibilities. May be responsible for the provision of human and material resources for a clinical service and/or an assigned number of clinical units/services within a hospital and health service or facility. 	Policies, protocols, guidelines and standards <ul style="list-style-type: none"> May develop, guide or contribute to the application of information systems to inform decision making. Contribute to the development, implementation and evaluation of a nursing/midwifery professional practice framework. Contribute to the planning, coordination, and development of policies, 	<ul style="list-style-type: none"> Experience in education, scholarly activities and translation of evidence into practice within the health service strategic direction. Collaborate in the development of a vision and strategy for a work based culture that promotes education initiatives, and lifelong learning. Implement education and workforce development framework to support capability and capacity building. 	<ul style="list-style-type: none"> Multi-site/multi-disciplinary hospital and health service responsibilities. Demonstrate expertise in research. Use contemporary information and research evidence and personal knowledge and experience to support decision making. Promote and/or engage in ongoing nursing/midwifery research within the 	<ul style="list-style-type: none"> Contribute to professional strategic direction, imperatives and actions. Collaborate with others in the provision of policy advice on issues relating to professional and clinical practice, workforce, legislation, education and/or research. Act as professional leader in health service community. Participate in scholarly activities.

<ul style="list-style-type: none"> • Responsible for nursing/midwifery activities in a facility/service/specified portfolio and contribute to strategic and operational policy development to achieve best practice outcomes. • Work collaboratively with others to contribute to resource and health strategy development. • Responsible for application and operational management of the BPF. • Accountable for the outcomes, management practices and achievement of performance targets. • Contribute to application of services and standards, and operationalises corporate and clinical governance frameworks. • 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. • Accountable for professional leadership, operational management planning and delivery of safe, quality care. 	<p>procedure, protocols and standards relating to the provision of safe and effective clinical care.</p> <ul style="list-style-type: none"> • Collaborate in and/or coordinate the evaluation of nursing/midwifery practice, systems, process and policies. • Participate in the implementation, application and evaluation of established guidelines, protocols, procedures, standards and systems as established by the hospital and health service, service program and profession. <p>Quality/Safety /Risk management</p> <ul style="list-style-type: none"> • Identify and implement opportunities for innovation and implement- • Promote and support a culture of continuous quality improvement in line with nursing/midwifery professional strategic direction. • Monitor and address emerging trends with potential to influence nursing/midwifery and/or facility/ service portfolios. • Monitor and report compliance with legal requirements governing healthcare and professional 	<ul style="list-style-type: none"> • Participate in internal and external stakeholder engagement. • Develop and encourage a learning environment by mentoring and promoting team development and individual capacity building. • Support education specific to healthcare trends, to promote the nursing/midwifery profession. • Promote engagement by self and others in professional development and maintains own professional development portfolio. • Role model application of education principles. 	<p>facility/service or delegated portfolio.</p> <ul style="list-style-type: none"> • Engage in projects/research. • Action and evaluate policy and evidence-based research for application. 	<ul style="list-style-type: none"> • Lead cross-disciplinary teams/portfolios.
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<p>Skills and Knowledge:</p> <ul style="list-style-type: none"> • Demonstrate comprehensive knowledge of contemporary nursing/midwifery theory and practice. • Demonstrate advanced capability in leadership, human, financial and resource management including professional standards and policy. • Collaborate and consult with nursing/midwifery and other key stakeholders in planning health services, workforce and resource requirements. <p>Role in clinical Care:</p> <ul style="list-style-type: none"> • Contribute to planning, coordination, formulation of healthcare policies that support professional decision making in alignment with professional standards and frameworks. • Integrate and evaluate models of care in the achievement of a cost effective service. • Contribute to strategic and operational governance and direction. • Collaborate with external and internal stakeholders to realise targets/outcomes. 	<p>standards relevant to a facility/service/portfolio.</p> <p>Mentorship:</p> <ul style="list-style-type: none"> • Provide professional nursing/midwifery advice and leadership in a support capacity. • Apply the principles of succession management and mentoring to engage staff in ongoing career development, growth and lifelong learning. <p>Management:</p> <ul style="list-style-type: none"> • Contribute to budget integrity and fiscal management according financial and HR delegations. • Implement and report on key performance indicators of the nursing/midwifery strategic and related plans. • Demonstrate effective management of services and/or specified portfolio- • Implement and evaluate systems and processes to foster the development of a positive facility/service culture and promote values which support optimum standards of practice and performance. • Promote professionalism and a positive practice environment. • Action workforce priorities that contribute to enhanced 			
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<ul style="list-style-type: none"> Accountable for clinical and professional standards of self and others. 	<ul style="list-style-type: none"> recruitment and retention of nurses and midwives. May contribute clinical or portfolio expertise for the management of assets and equipment. Implement, evaluate and report on health services, policies, practices outcomes and performance targets. <p>Change management</p> <ul style="list-style-type: none"> Effectively apply change management expertise. Participate in innovation, and monitor and report on the impact of change on practice and service needs. 			
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S2.16 Nurse Grade 11

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

Classification may include but is not limited to:

- (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) Work collaboratively with leadership groups and healthcare team members.
- (c) Shape clinical and corporate governance.
- (d) Partner with nursing/midwifery executives to apply clinical governance principles.
- (e) Exercise professional and clinical expertise in collaboration with nursing/midwifery executive and multidisciplinary stakeholders.

Indicative title/s

(a) Director of Nursing (program or portfolio)

(b) Nursing Director

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
Accountability/Responsibility: <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. May have multi-site/multi-disciplinary responsibilities. Responsible for nursing/midwifery activities in a facility/service/specified portfolio and contribute to strategic and policy development to achieve best practice outcomes. Accountable for leadership, coordination of resources and the development of health strategies in collaboration with others. Accountable for coordination of services and standards and application of corporate and clinical governance for the facility/ service/specified portfolio. Lead development and evaluate effectiveness of systems to support continuous improvement in nursing/midwifery and/or healthcare team practice and healthy work environments. 	Information systems, policies, protocols, guidelines and standards: <ul style="list-style-type: none"> Lead, develop and guide the application of information systems to inform decision making. Contribute to the development, implementation and evaluation of a nursing/midwifery professional practice framework. Collaborate in planning, coordination, formulation and direction of policies, procedures, protocols and standards relating to the provision of safe and effective clinical care. Collaborate in and/or coordinate the evaluation of nursing practice, systems, process and policies. Promote and apply established guidelines, protocols, procedures, standards and systems of work as established by the hospital and health service, the service program and the profession. 	<ul style="list-style-type: none"> Expertise in education, scholarly activities and translation of evidence into practice within the health service strategic direction. Collaborate in the development of a vision and strategy for a work based culture that promotes education initiatives, and lifelong learning. Collaborate in the implementation and reporting of key performance indicators of the nursing/midwifery education and workforce development plans. Participate in the integration of contemporary education and workforce development policies and strategies. Implement education and workforce development framework to support capability and capacity building. Monitor and report emerging trends relating to contemporary education initiatives and health service priorities. 	<ul style="list-style-type: none"> Demonstrate expertise in research and provide advice. Integrate contemporary information and research evidence with personal knowledge and experience to support executive level decision making. Promote and/or engage in ongoing nursing/midwifery research within the facility/service or delegated portfolio. Develop, implement and evaluate significant projects/research. Action and evaluate policy and evidence-based research recommendations. 	<ul style="list-style-type: none"> Contribute to professional strategic direction, imperatives and actions. Provide leadership and policy advice on issues relating to professional and clinical practice, workforce, legislation, education and/or research. Engage in robust nursing/midwifery governance and leadership to inform professional direction. Participate in scholarly activities. Lead cross-disciplinary teams/portfolios.

<ul style="list-style-type: none"> • Accountable for professional leadership, management planning and delivery of safe, quality care <p>Skills and knowledge:</p> <ul style="list-style-type: none"> • Demonstrate comprehensive knowledge of contemporary nursing/midwifery theory and practice. • Demonstrate expertise in leadership, human, financial and resource management including professional standards and policy. • Collaborate and consult with nursing/midwifery and other key stakeholders in planning health services, workforce and resource requirements. <p>Role in clinical Care:</p> <ul style="list-style-type: none"> • Apply clinical knowledge, experience and/or content expertise to achieve strategic and operational leadership and governance. • Liaise with clinical networks and other external and internal stakeholders in relation to nursing/midwifery standards and practice to achieve targets and/or healthcare outcomes. • Liaise with other stakeholders to optimise the reputation of nursing/midwifery. • Accountable for clinical and professional standards for self and others. 	<p>Quality/Safety/Risk Management</p> <ul style="list-style-type: none"> • Identify and implement opportunities for innovation. • Promote and support a culture of continuous quality improvement in line with nursing/midwifery professional strategic direction. • Implement and report effectiveness of corporate administrative and risk management frameworks. • Investigate and address emerging trends with potential to influence nursing/midwifery and/or facility/ service portfolio. • Monitor and report compliance with legal requirements governing healthcare and professional standards relevant to a facility/service/portfolio. <p>Mentorship/Reporting lines</p> <ul style="list-style-type: none"> • Provide professional nursing/midwifery advice and leadership and management assistance. • Provide informed advice and support to nursing/midwifery colleagues and others as relevant. • Apply the principles of succession management and mentoring to engage staff in 	<ul style="list-style-type: none"> • Participate in internal and external stakeholder engagement. • Develop and encourage a learning environment by mentoring and promoting team development, workforce learning and individual capacity building. • Support education specific to healthcare trends to promote the nursing/midwifery profession. • Promote engagement by self and others in professional development and maintain own professional development portfolio. • Role model application of education principles. 		
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	<p>ongoing career development, growth and lifelong learning.</p> <p>Management</p> <ul style="list-style-type: none"> • Contribute to budget integrity and fiscal management according financial and HR delegations. • Implement and report on key performance indicators of the nursing/midwifery strategic and related plans. • Demonstrate effective management of services and/or specified portfolio. • Implement and evaluate systems and processes to foster development of a positive facility/service culture and promote values which support optimum standards of practice and performance. • Promote professionalism, and a positive practice environment. • Implement workforce priorities that enhance recruitment and retention of nurses and midwives to develop and build workforce capacity and capability. • May contribute clinical or portfolio expertise to functional planning for capital works and asset equipment management. • Implement, evaluate and report on health services, 			
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	<p>policies, practices, outcomes and performance targets.</p> <p>Change management</p> <ul style="list-style-type: none"> Effectively apply change management expertise. Initiate innovation, and review responses to implementation of change on practice and service needs. 			
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S2.17 Nurse Grade 12

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

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

Classification may include but is not limited to:

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

Autonomy

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

Indicative title/s

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

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
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Direct comprehensive care or provision of direct care	Support of Systems	Education	Research	Professional Leadership
<p>Accountability/Responsibility:</p> <ul style="list-style-type: none"> • Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. • May have multi-site/multi-disciplinary responsibilities. • Responsible for nursing/midwifery activities in a facility/service/specified portfolio and contribute to strategic and policy development to achieve best practice outcomes. • Responsible for application and operational management of the BPF. • Accountable for leadership, coordination of resources and the development of health strategies in collaboration with others. • Accountable for coordination of services and standards and the application of corporate and clinical governance for the facility/ service/specified portfolio. • Lead development and evaluate effectiveness of systems to support continuous improvement in nursing/midwifery and/or healthcare team practice and healthy work environments. 	<p>Information Systems, Policies, Protocols, Guidelines and Standards:</p> <ul style="list-style-type: none"> • Responsible for overarching planning, coordination, formulation and direction of policies, procedures, protocols and standards relating to the provision of safe and effective clinical care. • Provide advice regarding development and evaluation in the use of information systems. • Oversee the development, implementation and evaluation of a nursing/midwifery professional practice framework. • Role model and apply established guidelines, protocols, procedures, standards and systems of work as established by the hospital and health service, the service program and the profession. • Implement, monitor and evaluate information systems relevant to nursing/midwifery. <p>Quality/Safety/Risk management</p>	<ul style="list-style-type: none"> • Expert strategic leadership of education, scholarly activities and translation of evidence into practice within the Hospital and Health Service strategic direction. • Lead the development of a vision and strategy for a work based culture that promotes education initiatives, and lifelong learning. • Implement and report on key performance indicators of the nursing/midwifery education and workforce development plans. • Apply and integrate contemporary education and workforce development policies and strategies to optimise health service outcomes and performance targets. • Implement and monitor application of education and workforce development framework to support capability and capacity building. • Analyse emerging trends relating to contemporary education initiatives and health service priorities. • Collaborate with internal and external stakeholders to foster a culture of learning and professional development to 	<ul style="list-style-type: none"> • Demonstrate research expertise and provide strategic advice and leadership. • Collaborate in the development of a vision and strategy for research and quality projects. • Monitor and report on key performance indicators of the nursing/midwifery research. • Advocate for a strategic approach to the development and implementation of research projects. • Analyse and report the impact of high level policy and evidence-based research decisions on nursing/midwifery. • Provide sponsorship and foster ongoing nursing/midwifery research within the facility/service or delegated portfolio. • 	<ul style="list-style-type: none"> • Collaborate on professional strategic direction, imperatives and actions to foster professional principles, governance and growth. • Provide strategic and operational leadership, governance and direction to inform the nursing/midwifery profession. • Lead robust nursing/midwifery governance and leadership to inform the professional direction of the HHS/facility. • Participate in scholarly activities. • Lead cross-disciplinary teams/portfolios

<ul style="list-style-type: none"> • Accountable for professional leadership, management planning and delivery of safe, quality care. <p>Skills and knowledge:</p> <ul style="list-style-type: none"> • Demonstrate comprehensive knowledge of contemporary nursing/midwifery theory and practice. • Demonstrate expertise in leadership, human, financial and resource management including professional standards and policy. • Collaborate and consult with nursing/midwifery and other key stakeholders in planning health services, workforce and resource requirements. <p>Role in clinical Care:</p> <ul style="list-style-type: none"> • Apply clinical knowledge, experience and/or content expertise to achieve strategic and operational leadership, governance and direction. • Liaise with clinical networks and other external and internal stakeholders in relation to nursing/midwifery standards and practice to achieve targets and/or healthcare outcomes. • Liaise with others to stakeholders to optimise nursing/midwifery reputation. • Accountable for clinical and professional standards for self and others. 	<ul style="list-style-type: none"> • 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. • Analyse and address emerging trends with the potential to influence nursing/midwifery and/or facility/ service portfolios. • Promote quality governance and risk mitigation strategies to improve facility/service/portfolio outcomes. • Accountable for compliance with legal requirements governing healthcare and professional standards. <p>Mentorship/Reporting lines</p> <ul style="list-style-type: none"> • Provide professional leadership and managerial support to nursing/midwifery within sphere of influence. • Provide authoritative advice and support to nursing/midwifery colleagues and other stakeholders. 	<p>build a capable and educated nursing/midwifery workforce.</p> <ul style="list-style-type: none"> • Lead opportunities for strategic progress and growth through mentoring, team development and individual capacity building through commitment to nursing/midwifery workforce learning and development. • Demonstrate commitment to supporting contemporary education and research specific to healthcare trends to promote the nursing/midwifery profession. • Role model professional development principles and maintain own portfolio. 		
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	<ul style="list-style-type: none"> • Apply the principles of succession management and mentoring to engage staff in ongoing career development, growth and lifelong learning. <p>Management</p> <ul style="list-style-type: none"> • Accountable for budget integrity and fiscal management according financial and HR delegations. • Participate in development of strategic plan. • May have single point of accountability for the nursing/midwifery workforce of facility and/or service program. • Implement and report on key performance indicators of the nursing/midwifery strategic and related plans. • Foster professionalism, and a positive practice environment and culture. • Apply and integrate contemporary policies and practices to optimise health service outcomes and performance targets. • Apply strategic direction and priorities for quality improvement including the establishment of a quality framework which supports nursing/midwifery professional standards and safety of recipients of healthcare services. 			
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	<ul style="list-style-type: none"> Analyse emerging trends within the broader service and industry and evaluate the impact on nursing/midwifery and/or health services. Provide clinical expertise to functional planning for capital works and asset equipment management. Lead the implementation of workforce priorities that enhance recruitment and retention of nurses and midwives to develop and build workforce capacity and capability. <p>Change management</p> <ul style="list-style-type: none"> Initiate and/or oversee innovations, systemic change processes, and co-ordination of responses to nursing/midwifery practice and health service needs. Lead and sustain strategic change in a dynamic multidisciplinary healthcare environment and evaluate effectiveness to achieve outcomes that promote the professional standards and practice of nurses and midwives. Demonstrate extensive and effective change management expertise. 			
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S2.18 Nurse Grade 13 - Band 1

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

- (a) 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
- (b) 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.
- (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) 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) Engage as an Executive team member in aspects of clinical and corporate governance
- (e) Exercise professional and clinical expertise in partnership with multidisciplinary members of the hospital and health service executive.

Indicative title/s

- (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
Accountability/Responsibility <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. May have multi-site/multi-disciplinary tertiary/quaternary facility or hospital and health service designated portfolio responsibility. Accountable for service/facility or hospital and health service portfolio, strategic development of the 	Information systems, Policies, Protocols, Guidelines and standards <ul style="list-style-type: none"> Responsible for overarching planning, coordination, formulation and direction of policies, procedure, protocols and standards relating to the provision of safe and effective clinical care. Appraise and guide development and evaluation in the use of information systems. Lead the development, implementation and evaluation of a 	<ul style="list-style-type: none"> Expert leadership of education, scholarly activities and translation of evidence into practice within the health service strategic direction. Develop a vision and strategy for a work based culture that promotes education initiatives, and lifelong learning. Lead and report on key performance indicators of the nursing/midwifery education and workforce development plans. 	<ul style="list-style-type: none"> Demonstrate research expertise and provide strategic advice and leadership. Develop a vision and strategy for research and quality projects. Lead and report on key performance indicators of the nursing/midwifery research. Advocate for and lead a strategic approach to the development and implementation of research projects. 	<ul style="list-style-type: none"> Lead professional strategic direction, imperatives and actions to foster professional principles, governance and growth. Provide strategic and operational leadership, governance and direction to inform the nursing/midwifery profession others, and service /portfolio outcomes. Advocate for robust nursing/midwifery governance and leadership to inform professional direction at state and national levels.

<p>nursing/midwifery workforce to optimise outcomes.</p> <ul style="list-style-type: none"> • Accountable for strategic implementation of the BPF. • Accountable for corporate and clinical governance and practice standards of nurses/midwives. • Accountable for informing and supporting nursing/midwifery leadership in relation to governance, strategic direction and achievement of Key Performance Indicators. • Responsible for evaluating and consistently improving nursing/midwifery practice that fosters engagement, a positive work environment and culture. • Collaborate in evaluating and incorporating emerging trends within facility/service/portfolio and business industry. • Accountable for strategic and professional leadership for the management planning and delivery of safe, quality care. <p>Skills and knowledge:</p> <ul style="list-style-type: none"> • Demonstrate comprehensive knowledge, skills and expertise from an international, national and state perspective. • Demonstrate expertise in human, financial and resource 	<p>nursing/midwifery professional practice framework.</p> <ul style="list-style-type: none"> • Role model, lead and apply established guidelines, protocols, procedures, standards and systems of work as established by the hospital and health service, Service and profession. • Translate and evaluate information systems relevant to nursing/midwifery. <p>Quality/Safety/Risk management</p> <ul style="list-style-type: none"> • Identify and implement opportunities for innovation. • Appraise, 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. • Analyse and address emerging trends with the potential to influence nursing/midwifery practice and outcomes. • Promote quality governance and risk mitigation strategies to improve 	<ul style="list-style-type: none"> • Inform, appraise and integrate contemporary education and workforce development policies and strategies to optimise health service outcomes and performance targets. • Lead the application of an education and workforce development framework to support capability and capacity building. • Analyse emerging trends relating to contemporary education initiatives and health service priorities. • Initiate and lead consultation with internal and external stakeholders to foster a culture of learning and professional development to build a capable and educated nursing/midwifery workforce. • Initiate and lead opportunities for strategic progress and growth through mentoring, team development and individual capacity building through commitment to nursing/midwifery workforce learning and development. • Demonstrate commitment to supporting contemporary education and workforce development initiatives specific to healthcare trends to promote the nursing/midwifery profession. 	<ul style="list-style-type: none"> • Analyse and report the impact of high level policy and evidence-based research decisions on nursing/midwifery. • Provide sponsorship and foster ongoing nursing/midwifery research within the facility/service or delegated portfolio. • Oversee research and quality projects that impact on nursing practice and outcomes in relation to nursing/midwifery governance. 	<ul style="list-style-type: none"> • Lead and participate in scholarly activities. • Lead cross-disciplinary teams/portfolios.
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<p>management including professional standards, policy and guidelines development, design and implementation to optimise outcomes in the context of a multidisciplinary workforce.</p> <ul style="list-style-type: none"> • Demonstrate expertise in working collaboratively and consulting with key stakeholders in the planning of health services and associated budgetary accountabilities. <p>Role in clinical Care:</p> <ul style="list-style-type: none"> • Accountable for clinical and professional standards for self and others. • May be responsible for other clinical services and initiatives within a multidisciplinary framework • Partner with internal and external stakeholders to optimise the reputation of and regard for the nursing/midwifery in the achievement of best practice outcomes. 	<p>facility/service/portfolio outcomes.</p> <ul style="list-style-type: none"> • Accountable for compliance with legal requirements governing healthcare and professional standards. <p>Mentorship/Reporting lines</p> <ul style="list-style-type: none"> • Provide professional leadership and managerial support to the nursing/midwifery profession. • Provide authoritative advice and support to nursing/midwifery colleagues and other stakeholders. • Apply the principles of succession management and mentoring to engage staff in ongoing career development, growth and lifelong learning. <p>Management</p> <ul style="list-style-type: none"> • Accountable for budget integrity and fiscal management according financial and HR delegations. • Collaborate in development of strategic plan. • May have single point of accountability for the nursing/midwifery workforce facility/ service program/hospital and health service. • Demonstrate strategic leadership expertise that engages staff. 	<ul style="list-style-type: none"> • Role model professional development principles and maintain own portfolio. 		
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	<ul style="list-style-type: none"> • 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 policies and practices to optimise health service outcomes and performance targets. • Apply strategic direction and priorities for quality improvement including the establishment of a quality framework which supports nursing/midwifery professional standards. • Analyse emerging trends within the broader service and business industry and evaluate the impact on nursing/midwifery and/or health services. • Provide clinical and business expertise to functional planning for capital works and asset equipment management. • Oversee and guide the implementation of workforce priorities that enhance recruitment and retention of nurses and midwives to develop and build workforce capacity and capability. <p>Change management</p>			
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	<ul style="list-style-type: none"> • Initiate and/or oversee innovations, systemic change processes, and co-ordination of responses to nursing/midwifery practice and health service needs. • Lead and sustain strategic change in a dynamic multidisciplinary healthcare environment and evaluate effectiveness to achieve outcomes that promote the professional standards and practice of nurses and midwives. • Demonstrate extensive and effective change management expertise. 			
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S2.19 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) Engage as an Executive team member in aspects of clinical and corporate governance.
- (d) Exercise 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
Accountability/Responsibility: <ul style="list-style-type: none"> Accountable for NMBA and own standards, actions and the outcomes of own nursing/midwifery practice. Must have multi-site/multi-disciplinary hospital and health service responsibilities. Responsible for strategic direction in developing and implementing contemporary human resource management policies and practices to optimise performance. Responsible for the strategic development of the nursing/midwifery workforce. Responsible for the strategic implementation and compliance with the BPF. Work collaboratively with hospital and health service executive, finance and Directors of Nursing in the planning of health services and associated budgetary accountabilities to achieve budget integrity and strategic outcomes. Lead evaluation and consistent improvement of nursing/midwifery practice that fosters engagement, a 	Information Systems, Policies, Protocols, Guidelines and Standards <ul style="list-style-type: none"> Responsible for the strategic governance of planning, coordination, formulation and direction of policies, procedures, protocols and standards relating to the provision of safe and effective nursing/midwifery practice. Role model, lead and apply established guidelines, protocols, procedures, standards and systems of work as established by the hospital and health service, Service and profession. Sponsor and appraise the strategic planning, development and evaluation of the use of information systems relevant to nursing/midwifery. Sponsor the development, implementation and evaluation of a nursing/midwifery professional practice framework. Quality/Safety/Risk Management	<ul style="list-style-type: none"> Sponsor Hospital and Health Service wide vision and strategy for a work-based culture that promotes and supports engagement in education, learning, research and workforce management Collaborate with internal and external stakeholders to lead a culture of learning and professional development to build a capable and educated nursing/midwifery workforce. Lead the strategic direction to promote a positive commitment to nursing/midwifery workforce learning and development. Sponsor education, scholarly activities and translation of evidence into practice consistent with the health service strategic direction. Act as role model for professional development principles and maintain own portfolio. 	<ul style="list-style-type: none"> Sponsor hospital and health service wide vision and strategy for a work-based culture that promotes and supports engagement in research. Collaborate with internal and external stakeholders to promote and embed a research culture. Lead the strategic direction to promote a positive commitment to nursing/midwifery research. Sponsor systems and processes to facilitate research to the realisation of knowledge translation as a central method in attaining a sustainable, capable, educated nursing/midwifery workforce. Inform hospital and health service executive decision making through application of professional knowledge and experience, data, contemporary literature and research. 	<ul style="list-style-type: none"> Sponsor the strategic direction of nursing/midwifery through collaboration to shape the professional image in the healthcare system. Lead health policy and strategy on behalf of the nursing/midwifery profession. Sponsor robust nursing/midwifery governance and leadership to inform professional direction at state and national levels. Lead and participate in scholarly activities to inform strategic direction for nursing/midwifery. Lead executive cross-disciplinary portfolios across the healthcare system. Accountable for professional practice standards for nursing/midwifery.

<p>positive work environment and culture.</p> <ul style="list-style-type: none"> • Accountable for strategic leadership, management, planning and service delivery of safe, quality care and co-ordination of nursing/midwifery services. • Lead integration and translation of nursing/midwifery performance indicators. <p>Skills and knowledge:</p> <ul style="list-style-type: none"> • Demonstrate expert contemporary knowledge of all aspects of the profession from an international, national and state perspective. • Demonstrate expertise in material, financial and resource management including the strategic approach to developing and integrating contemporary resource management policies, practices guidelines and standards for nursing and midwifery. • Lead, collaborate and consult with key stakeholders in planning health services and associated budgetary accountabilities. <p>Role in clinical care:</p> <ul style="list-style-type: none"> • Accountable for the clinical and professional standards for nursing/midwifery services across the Hospital and Health Service. 	<ul style="list-style-type: none"> • Identify sponsors and govern opportunities for strategic innovation. • Collaborate with multidisciplinary hospital and health service executive members to develop, implement and evaluate quality governance and risk management frameworks. • Responsible for quality governance and risk mitigation strategies in nursing/midwifery. • Provide strategic leadership in clinical governance and performance of the nursing/midwifery workforce across the hospital and health service. • Responsible for compliance with legislative, regulatory, professional requirements and relevant to nursing/midwifery. • Influence and sponsor national and state strategies in relation to safe, quality health care. <p>Mentorship/reporting lines</p> <ul style="list-style-type: none"> • Provide professional leadership to nursing/midwifery executive members and others. • Influence and guide nursing/midwifery colleagues and other stakeholders. 			
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<ul style="list-style-type: none"> • May be responsible for other clinical services and initiatives within a multidisciplinary framework. • Partner with internal and external stakeholders to optimise the reputation of and regard for nursing/midwifery in the achievement of best practice outcomes. 	<ul style="list-style-type: none"> • Sponsor succession management and mentorship to build workforce capability and a culture of lifelong learning. <p>Management</p> <ul style="list-style-type: none"> • Accountable for budget integrity and fiscal management according financial and HR delegations, as part of the executive team. • Enact the Hospital and Health Service strategic direction for nursing/midwifery to achieve service targets. • Single point of accountability for the nursing/midwifery workforce. • Provide executive professional nursing/midwifery governance across the healthcare system. • Sponsor professionalism, and a positive practice environment and culture. • Responsible for the nursing/midwifery strategic plan including and not limited to: <ul style="list-style-type: none"> ➤ Workforce ➤ Quality ➤ Education ➤ Research to inform and support an organisational culture of 			
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	<p>continuous improvement and innovation.</p> <ul style="list-style-type: none"> • Determine strategic priorities, work standards and allocation of resources to support nursing/midwifery professional standards. • Analyse emerging trends within the broader service and business industry and evaluate the impact on nursing/midwifery and/or health services. • Provide strategic input into capital works and major asset/equipment management. <p>Change management</p> <ul style="list-style-type: none"> • Governance of innovations, systemic change processes, and co-ordination of responses to nursing/midwifery practice and health service needs. • Lead and sustain strategic change in a dynamic multidisciplinary healthcare environment and evaluate effectiveness to achieve outcomes that promote the professional standards and practice of nurses and midwives. 			
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64. By deleting clause S3.3(d)(ii) and inserting the following in lieu thereof:

- (ii) The annualised salary is the ordinary rate of pay as set out in clause 12.2 and an all purpose loading of 35%, which is in compensation for ordinary hours worked and for the following:
- (A) public holiday penalty rates;
 - (B) Saturday shift penalty rates;
 - (C) Sunday shift penalty rates;
 - (D) afternoon shift penalty rates;
 - (E) night shift penalty rates;
 - (F) meal allowances relating to overtime;
 - (G) overtime payments, except as provided for in clause S3.3(f), (excess hours), including recall payments;
 - (H) on call allowances; and
 - (I) annual leave loading on 5 weeks' annual leave.

65. By deleting Schedule 4 and inserting the following in lieu thereof:

Schedule 4 - Hospital and Health Service and Facility Categories

Hospital and Health Service	Facility			
	Category A	Category B	Category C	RANIP
Cairns and Hinterland	<ul style="list-style-type: none"> Atherton Babinda Herberton Innisfail Malanda Mareeba Millaa Millaa Mossman Ravenshoe Tully 		<ul style="list-style-type: none"> Cairns Gordonvale Yarrabah 	<ul style="list-style-type: none"> Chillagoe Cow Bay (Diwan) Croydon Dimbulah Forsayth Georgetown Mt Garnet
Central Queensland	<ul style="list-style-type: none"> Baralaba Biloela Blackwater Cracow Dingo Emerald Moura Springsure Theodore Tieri 		<ul style="list-style-type: none"> Duaringa Gladstone Marlborough Mt Morgan Rockhampton Yeppoon 	<ul style="list-style-type: none"> Capella Gemfields Many Peaks Woorabinda
Central West		<ul style="list-style-type: none"> Alpha Barcaldine Blackall Longreach Winton 		<ul style="list-style-type: none"> Aramac Bedourie Birdsville Boulia Isisford

				<ul style="list-style-type: none"> • Jundah • Muttaborra • Tambo • Windorah • Yaraka
Children's Health Queensland			<ul style="list-style-type: none"> • Royal Children's Hospital • Lady Cilento Children's Hospital 	
Darling Downs	<ul style="list-style-type: none"> • Cherbourg • Chinchilla • Dalby • Glenmorgan • Goondiwindi • Inglewood • Jandowae • Kingaroy • Meandarra • Miles • Millmerran • Moonie • Murgon • Nanango • Stanthorpe • Tara • Taroom • Texas • Wandoan • Warwick • Wondai 		<ul style="list-style-type: none"> • Baillie Henderson • Oakey • Toowoomba 	
Gold Coast			<ul style="list-style-type: none"> • Gold Coast • Robina 	
Mackay	<ul style="list-style-type: none"> • Bowen • Clermont • Collinsville • Dysart • Moranbah • Proserpine 		<ul style="list-style-type: none"> • Mackay • Sarina 	
Metro North			<ul style="list-style-type: none"> • Caboolture • Kilcoy • Redcliffe • Royal Brisbane and Women's • The Prince Charles 	
Metro South			<ul style="list-style-type: none"> • Beaudesert • Logan • Princess Alexandra • Queen Elizabeth II • Wynnum • Dunwich • Redland 	
North West				<ul style="list-style-type: none"> • Burketown • Camooweal • Cloncurry • Dajarra

				<ul style="list-style-type: none"> • Doomadgee • Gunpowder • Julia Creek • Karumba • Mornington Island • Mt Isa • Normanton
South West	<ul style="list-style-type: none"> • Bollon • Dirranbandi • Injune • Mitchell • Mungindi • Roma • St George • Surat 	<ul style="list-style-type: none"> • Augathella • Charleville • Cunnamulla • Quilpie 		<ul style="list-style-type: none"> • Morven • Thargomindah • Wallumbilla
Sunshine Coast			<ul style="list-style-type: none"> • Caloundra • Gympie • Maleny • Nambour • Sunshine Coast University Hospital 	
Torres and Cape				<ul style="list-style-type: none"> • Aurukun • Badu • Bamaga • Coen • Cooktown • Hope Vale • Horn Island • Kowanyama (Edward River) • Laura • Lockhart River • Mapoon • Mer Island (Murray Island) • Napranum (Malakoolala) • Pormpuraaw • Saibai • St Pauls • Thursday Island • Weipa • Wujal Wujal (Bloomfield River) • Yorke Island
Townsville	<ul style="list-style-type: none"> • Ayr • Charters Towers • Home Hill • Ingham 	<ul style="list-style-type: none"> • Hughenden • Richmond 	<ul style="list-style-type: none"> • Magnetic Island • Townsville 	<ul style="list-style-type: none"> • Palm Island
West Moreton			<ul style="list-style-type: none"> • Boonah • Esk • Gatton • Ipswich 	

			<ul style="list-style-type: none"> • Laidley • The Park 	
Wide Bay	<ul style="list-style-type: none"> • Biggenden • Eidsvold • Gayndah • Monto • Mundubbera 		<ul style="list-style-type: none"> • Bundaberg • Childers • Gin Gin • Hervey Bay • Mt Perry • Maryborough 	

66. By deleting Schedule 5 and inserting the following in lieu thereof, as well as updating the heading of Schedule 5 in the Table of Contents:

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

S5.1 Directives which apply by the operation of Schedule 3 of the *Public Service Regulation 2008*

Directive number	Directive name
7/08	Leave without salary credited as service
10/10	Recognition of previous service and employment
26/10	Paid parental leave
7/11	Employment screening
9/11	Domestic travelling and relieving expenses
10/11	International travelling, relieving and living expenses
11/11	Transfer and appointment expenses
16/16	Early retirement, redundancy and retrenchment
10/16	Transfer within and between classification levels and systems
15/13	Recruitment and selection
17/13	Change of pay date for employees of Queensland Health
2/14	Appeals
17/16	Supporting employees affected by workplace change (previously titled Employees requiring placement)
04/15	Support for employee affected by domestic and family violence
5/12	Workforce establishment management

S5.2 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 number	Directive name	Applies to
19/99	Locality allowances	Eventide Homes, Public Service, Correctional Health Services employees and Psychiatric Hospital (Nursing Grade 1 to Nurse Grade 8) employees
18/16	Higher Duties	Public Service, Eventide Homes (Nurse Grade 5 and above) and Correctional Health Services employees

Note: A reference to a directive in this Schedule is taken to be a reference to a directive which replaces the directive/s named in this Schedule.

Dated: 26 October 2016

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

Operative Date: 26 October 2016
Determination - Variation of modern award

Released: 26 October 2016