



# Nursing and Midwifery Classification Structure

## Human Resources Policy

Effective Date: May 2008

### TABLE OF CONTENTS

1	PURPOSE.....	2
2	APPLICATION.....	2
3	GUIDELINES.....	2
4	DELEGATION .....	2
5	REFERENCES .....	2
6	SUPERSEDES .....	2
7	POLICY .....	2
8	APPLYING THE POLICY .....	2
8.1	Process for the Evaluation/Re-evaluation of Nursing and Midwifery Positions .....	3
8.2	Non-Agreement on Position Evaluation/Re-evaluations .....	5
8.3	Re-evaluation of a Position .....	5
8.4	Reporting Requirements .....	5
8.5	Sunset Provisions .....	5
8.6	Grievances .....	6
9	DEFINITIONS.....	6
10	HISTORY .....	6

ATTACHMENT ONE: Nursing and Midwifery Classification Structure

ATTACHMENT TWO: Generic Level Statements and Definitions

ATTACHMENT THREE: Nursing Classification Evaluation Guide

## **1 PURPOSE**

The Nursing and Midwifery Classification Structure sets out the agreed generic level statements for the revised salary spine, Grades 1 to 12 and the process to support the evaluation and re-evaluation of nursing and midwifery positions.

## **2 APPLICATION**

This HR policy applies to all nursing and midwifery positions.

## **3 GUIDELINES**

Guidelines may be developed to facilitate implementation of this policy. The guidelines must be consistent with this policy.

## **4 DELEGATION**

The “delegate” is as listed in the Queensland Health Human Resource Delegations Manual as amended from time to time.

## **5 REFERENCES**

- Nurses (Queensland Health) Certified Agreement (EB6) 2006
- Directive 04/06 Recruitment and Selection
- Recruitment and Selection HR Policy
- Managing Organisational Change ‘How to Guide’

## **6 SUPERSEDES**

- IRM 4.8-2 Nursing and Midwifery Classification Structure

## **7 POLICY**

This policy outlines the framework and process to be used for the evaluation/re-evaluation of nursing positions within Queensland Health.

The improved evaluation/re-evaluation process, generic level statements and nursing classification evaluation guide was developed through the Nurses (Queensland Health) Certified Agreement (EB6) 2006 (the Agreement). As part of the Agreement, the parties agreed to a new Grade classification structure for nurses and midwives being Grades 1 to 12 as prescribed at Schedule 6 of the Agreement (Attachment One).

The classification structure recognises the expanded roles of nurses and midwives in Queensland Health and aims to improve cohesion of the nursing and midwifery workforce.

## **8 APPLYING THE POLICY**

A re-evaluation of a position occurs where there has been substantial change in the duties and responsibilities of an existing position/s and an evaluation occurs where a new position has been created. Substantial changes in the duties and responsibilities

of a position may result in duties being added or removed, the scope or impact of the job changes, there is a change to the management or supervisory responsibilities or there is a change in the accountabilities of the position.

### **8.1 Process for the Evaluation/Re-evaluation of Nursing and Midwifery Positions**

The generic level statements (Attachment Two) guide the evaluation or re-evaluation of nursing and midwifery positions. The process for evaluation/re-evaluation will be undertaken at the local level in consultation with the employee(s) affected (and the union) by the change.

#### **Approving Authority**

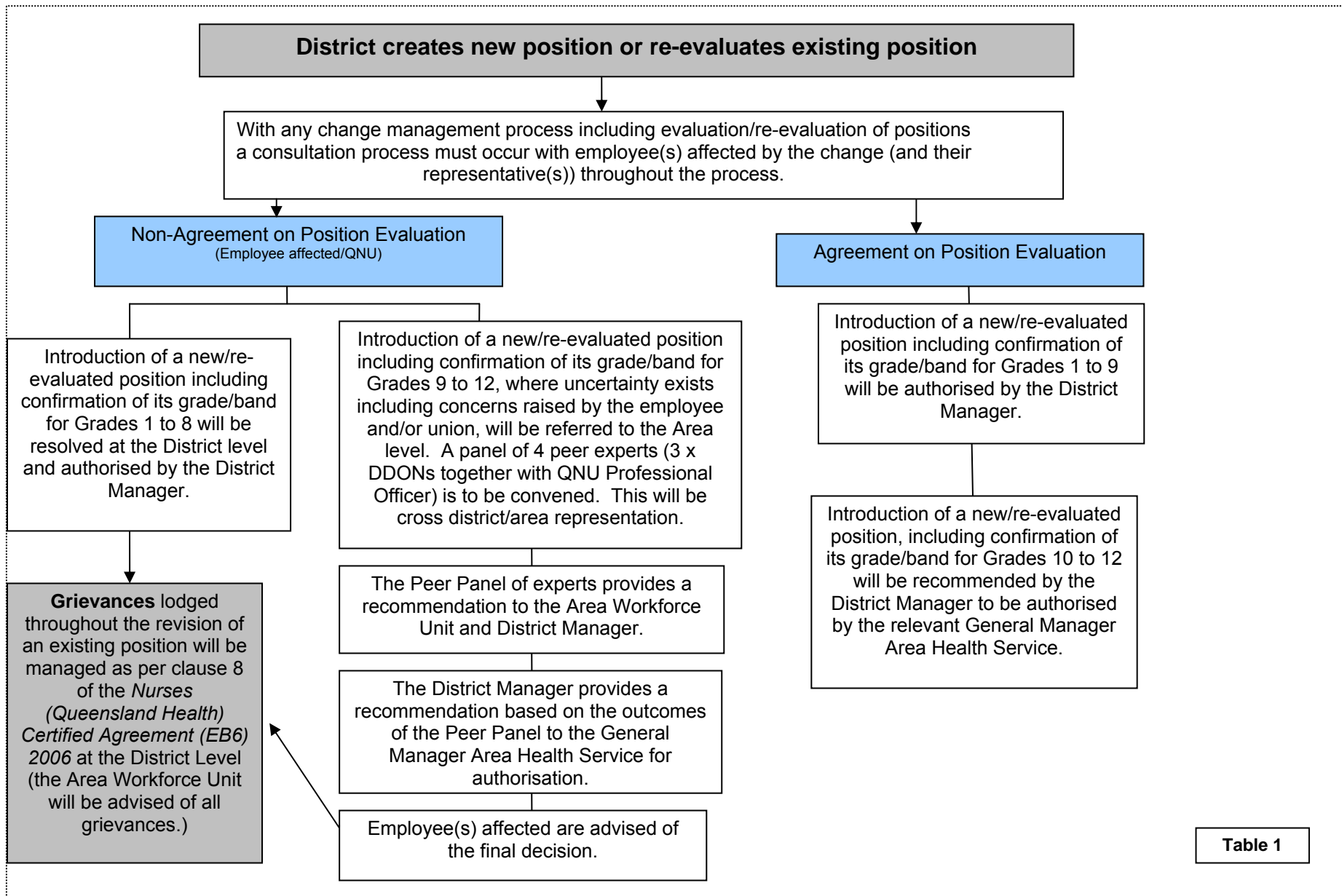
For positions classified at Grades 1 to 9, the District Manager is the approving authority for the creation of new positions or revised existing positions.

The approving authority for positions classified at Grades 10 to 12 is the General Manager Area Health Service on recommendation from the District Manager.

Where the approving authority does not accept the recommendation for the grading of the re-evaluated position the affected employee (and the union) shall be advised of the decision.

In evaluating/re-evaluating positions at Grades 9 to 12, Districts are to use the Nursing Classification Evaluation Guide (Attachment Three).

The following flowchart (Table One) details the process for the creation of a new position or re-evaluation of an existing position.



## 8.2 Non-Agreement on Position Evaluation/Re-evaluations

In the event of non-agreement on the evaluation/re-evaluation of positions, the approving authority as set out in section 8.1 is varied as follows:

### Positions Classified at Grades 1 to 8

Where there is no agreement on the evaluation, either in the event of uncertainty or concerns raised by the employee and/or union, the parties will attempt to resolve the matter at the District level before escalating to the Area Health Service.

### Positions Classified at Grades 9 to 12

Where there is no agreement on the evaluation, either in the event of uncertainty or concerns raised by the employee and/or union, the matter is to be referred to the Area Workforce Unit who is responsible for constituting a panel of peer experts.

A panel of peer experts (cross-area District Directors of Nursing (DDONs) and QNU Professional Officer) will review the role and make a recommendation to the District Manager for determination by the General Manager Area Health Service.

The generic level statements are to guide the evaluation of nursing roles across the state.

## 8.3 Re-evaluation of a Position

Where a position has been re-evaluated, the employee may be exempted from open merit selection and appointed to the position without advertising, provided certain criteria are met. Managers/supervisors are to ensure that the employee meets the criteria set out in section 11.2 of the Recruitment and Selection HR policy and clause 7.12 of Directive 04/06 Recruitment and Selection and consults with Human Resource Management.

## 8.4 Reporting Requirements

Any issues and variances relating to the introduction of a new nursing and midwifery position/s or revised position/s within a District are to be reported to the Nursing Consultative Forum.

Reports are to be forwarded on to the Nursing Interest Based Bargaining Implementation Group on a 6 monthly basis.

## 8.5 Sunset Provisions

Following an organisational change process it may be necessary to apply the following sunset provisions. Where a position is evaluated at a lower level, the affected employee(s) will not be disadvantaged and will retain the current classification salary level (including future enterprise bargaining wage increases).

Once such a position becomes vacant (that is, when the nurse or midwife leaves the position through promotion, taking up another position, resignation or retirement) the position will be advertised/filled at the new classification level (Grade) identified by the District or Area.

## **8.6 Grievances**

Any grievances relating to the application of this policy will be managed in accordance with clause 8 'Procedure for Preventing and Settling Disputes' of the Nurses EB6 Agreement.

## **9 DEFINITIONS**

Contained within the Generic Level Statements - Attachment Two.

## **10 HISTORY**

<b>May 2008</b>	Updated as a result of stakeholder feedback.
<b>September 2007</b>	New instruction.

**NURSING AND MIDWIFERY CLASSIFICATION STRUCTURE**

Where the term Registered Nurse is used within this document it is determined that it is inclusive of the term Registered Nurse and Registered Midwife.

TITLE	GRADE	BAND/LEVEL	PAYPOINT
<b>Assistant in Nursing</b>	1		1
			2
			3
			4
			5
			6
<b>Undergraduate Students in Nursing / Midwifery</b>	2		1 (2 <sup>nd</sup> year student)
			2 (3 <sup>rd</sup> year student)
<b>Enrolled Nurse</b>	3		1
			2
			3
			4
			5
<b>Enrolled Nurse (Advanced Practice)</b>	4		1
			2
<b>Registered Nurse Midwife (Only)</b>	5		Re-entry
			1
			2
			3
			4
			5
			6
<b><u>Clinical Nurse</u> <u>Clinical Midwife</u></b>	6		1
			2
			3
			4
<b><u>Clinical Nurse Consultant</u></b>	7		1
			2
			3
<b><u>Nurse Unit Manager</u></b>	7		1
			2
			3
<b><u>Nurse Manager</u></b>	7		1
			2
			3
<b><u>Nurse Educator</u></b>	7		1
			2
			3
<b><u>Nurse Researcher</u></b>	7		1
			2
			3
<b>Public Health Nurse</b>	7		1
			2
			3
<b>Nurse Practitioner Candidate</b>	7		1
			2
			3

TITLE	GRADE	BAND/LEVEL	PAYPOINT
Nurse Practitioner	8		1
			2
Assistant Director of Nursing / Nursing Director	9	1 (NO5)	1
		2 (NO6)	2
		3 (NO7)	1
Director of Nursing	10	1 (NO4)	1
			2
			3
		2 (NO5)	1
			2
		3 (NO6)	1
District Director of Nursing	11	4 (NO7)	1
		1 (NO5)	1
			2
		2 (NO6)	1
		3 (NO7)	1
			1
		4 (NO8)	1
Executive/District Director of Nursing	12	1	1

## **GENERIC LEVEL STATEMENTS AND DEFINITIONS**

These generic level statements and definitions need to be read in conjunction with the Nurses (Queensland Health) Certified Agreement (EB6) 2006 provisions.

All nursing and midwifery positions must use the titles as listed within the generic level statements. Descriptors may be added to the title to provide more detail of what the position entails, eg, Nurse Unit Manager- Oncology, ADON-Quality, etc. Midwife may be used interchangeably with the word nurse.

Service levels provided within a facility, as determined by the Queensland Health Clinical Services Capability Framework, are utilised as a criterion to assist determine the band levels for nursing positions classified at Grade 9 and above.

### **DEFINITIONS**

**In Service Training** means the formal and/or informal work related learning activities undertaken by an employee through opportunities provided by the employer. These activities should contribute to an employee's professional development and efficiency by:

- a) the acquisition and updating of skills and knowledge beneficial to effective performance within a team; and/or
- b) reducing the degree of direct supervision required by the employee; and/or
- c) enhancing the breadth and/or depth of knowledge and skills required by an employee in a specific area and/or range of areas of nursing practice, as the case may be.

**Supervision** means, subject to the regulations and/or bylaws of the Queensland Nursing Council, the oversight, direction, instruction, guidance and/or support provided to an employee by a Registered Nurse or Midwife. The Registered Nurse or Midwife is responsible for ensuring such an employee is not placed in situations where they would be required to function beyond his or her preparation and competence.

Specifically:

- a) "direct supervision" means the employee works side by side continuously with a registered nurse/midwife responsible for observing and directing his or her activities in circumstances where, in the judgement of the registered nurse/midwife, such an arrangement is warranted in the interests of safe and/or effective work practice;
- b) "indirect supervision" means such other supervision provided to an employee assuming responsibility for functions delegated by a registered nurse/midwife in circumstances where, in the judgement of the registered nurse/midwife accountable for such delegation, direct supervision of the employee is not required.

### **Nurse Practitioner Candidate**

A Nurse Practitioner Candidate is a registered nurse employed in a designated position established by the District and is enrolled in an accredited university program leading to endorsement as a nurse practitioner.

## **GENERIC LEVEL STATEMENTS**

### **GRADE 1**

#### **Assistant in Nursing**

An Assistant in Nursing is an employee appointed to that classification which covers work, under the direction and supervision of a Registered Nurse, by an employee who is required to assist in the performance of nursing duties.

An Assistant in Nursing (AIN):

- works under the direction and supervision of a Registered Nurse by assisting with the care of residents/patients as delegated by the Registered Nurse;
- performs a range of duties which require basic skills, training or experience;
- works within a multidisciplinary team and demonstrates an understanding of the mission and values of the organisation;
- demonstrates a commitment to personal and professional development and ensures that skills and knowledge relating to work remain current; and
- contributes to the residents'/patients' care needs by:
  - gathering information about resident/patients care needs by observing the resident/patient and reporting to the Registered Nurse to assist the Registered Nurse to assess, plan and evaluate care;
  - performing and reporting procedures as delegated by the Registered Nurse;
  - assisting with the resident's/patient's personal hygiene and appearance;
  - contributing to and maintaining the residents'/patients' care environment; and
  - contributing to the maintenance of a safe and secure environment for residents/patients and staff.

#### **Pay Point Progression**

- Progression within the AIN classification will occur upon completion of 12 months at the previous pay point (or the part time/casual incremental advancement requirements of the parent Award), however;
- AINs must have a relevant Certificate III qualification before progressing to pay point 3 with the exceptions mentioned in the grandparenting arrangements Nurses EB6 Agreement (Schedule Five).
- AINs can only progress past Grade 1(2) upon completion of 12 months (or part time/casual incremental advancement requirements) at that rate and have a Certificate III qualification. Where an AIN has 12 months or more at Grade 1(2) and obtains a Certificate III they will progress to Grade 1(3) as from the date of approval of the qualification.
- The targeted training allowance for AINs is to be paid when an AIN has been at AIN Grade 1 (6) for more than 12 months.

#### **Twelve Month Trained Assistant in Nursing – Central Sterilising Supply Department (CSSD)**

A 12 months trained Assistant in Nursing is an employee who has undertaken a course of 12 months duration in Central Sterilising Supply Department (CSSD), and where the satisfactory completion of such training is, in the opinion of the employer, relevant in the performance of duties; and does not lead to enrolment on a register or roll maintained by the Queensland Nursing Council.

The following shall apply in relation to pay point progression:

Grade 3 - Pay point 1 means the pay point to which an employee shall be appointed as an Assistant in Nursing (CSSD) with the satisfactory completion of a course of training of twelve months duration in CSSD leading to the possession of a qualification required by the employer.

Grade 3 - Pay point 2 means the pay point to which an employee with the satisfactory completion of a course of training of twelve months duration in CSSD shall progress from pay point 1, having been assessed as being competent at pay point 1.

Grade 3 - Pay point 3 means the pay point to which an employee with the satisfactory completion of a course of training of twelve months duration in CSSD shall progress from pay point 2, having been assessed as being competent at pay point 2.

A 12 month trained Assistant in Nursing shall not be entitled to progress beyond pay point 3 of Grade 3, until such time as he or she satisfies the requirements for, and obtained enrolment, as an Enrolled Nurse.

## **GRADE 2**

### **Undergraduate Student in Nursing or Midwifery**

The Student in Nursing/Midwifery is a student of nursing or midwifery undertaking study and is in the second semester of second year or the final year of their university pre-registration nursing or midwifery qualification.

The Student in Nursing/Midwifery:

- works under the direct or indirect supervision of a Registered Nurse by assisting with the care of residents/patients as delegated by the Registered Nurse;
- performs a range of duties commensurate with the level of training and assessed competencies;
- works within a multidisciplinary team and demonstrates an understanding of the mission and values of the organisation;
- contributes to the residents'/patients' care needs; and
- is working towards obtaining nursing or midwifery qualifications, which will lead to registration with the Queensland Nursing Council.

## **GRADE 3**

### **Enrolled Nurse**

An Enrolled Nurse is an employee appointed to that classification which covers work by an employee:

- a) whose training or education is deemed satisfactory for the purposes of enrolment on a register or roll as a nurse other than a Registered Nurse (as defined); and
- b) who is subject to the regulations and by-laws of the Queensland Nursing Council and who holds a current annual licence certificate as such.

### **Pay Point 1 [Re-entry]**

Means the pay point to which an Enrolled Nurse who has been absent from nursing for a period of five years or more and who is no longer registered/enrolled with the Queensland Nursing Council. An Enrolled Nurse undertaking a re-entry course will commence on Grade

3(1) rate during the period of training until the employee gains the appropriate competencies based on the Australian Nursing and Midwifery Council (ANMC) National Competency Standards for the Enrolled Nurse.

Once an employee is deemed competent all service including the period of training will be recognised for previous service.

### **Pay Point 2**

Means the pay point to which an Enrolled Nurse with satisfactory completion of a hospital based course of general training in nursing of more than twelve months duration and/or 500 or more hours theory content or a course accredited at advanced certificate level (Certificate V or IV) leading to enrolment as an Enrolled Nurse.

Progression beyond pay point 2 will occur upon completion of 12 months at the previous pay point (or the part time/casual incremental advancement requirements of the parent Award).

## **GRADE 4**

### **Enrolled Nurse (Advanced Practice)**

An Enrolled Nurse (EN) (Advanced Practice) is an Enrolled Nurse who demonstrates advanced practice within each of the following four domains:

1. Care Delivery/Clinical Responsibilities

The EN (Advanced Practice) will demonstrate a greater depth of knowledge and experience, and more effective integration of theory to practice. The EN (Advanced Practice) provides care at an advanced level under supervision of a Registered Nurse and in accordance with the Queensland Nursing Council's Scope of Nursing Practice Decision Making Framework. This would include ability to practise more autonomously with supervision by the Registered Nurse being more often indirect rather than direct. The EN (Advanced Practice) would also collaborate with the Registered Nurse in the development of nursing care plans and the provision of nursing care in order to complement the Registered Nurse role.

2. Learning and Inquiry

The EN (Advanced Practice) will demonstrate performance that enhances self professional development and professional development of others. This will include initiation of an ongoing professional development program for self, involvement in peer review and participation in activities related to the enhancement of context specific practice. The EN (Advanced Practice) will also contribute to clinical research at a unit level and contribute to and support the implementation of evidence based practice.

3. Leadership Responsibilities

In the demonstration of leadership responsibilities, the EN (Advanced Practice) will act as a role model within the health care team. This would include contributing to the development, implementation and review of ward/service business plans. The EN (Advanced Practice) will also provide support and direction, within their level of competence, to other Enrolled Nurses and Assistants in Nursing. The EN (Advanced Practice) may also take responsibility for unit activities other than direct patient care eg. workplace health and safety officer, manual handling coordinator.

4. Networks, Partnerships and Teamwork Responsibilities

The role requires the EN (Advanced Practice) to demonstrate sound and effective communication skills with members of the health team, patients, families, visitors and staff from other agencies. This would include initiating, maintaining and using team

networks in a mature, confident and assertive manner to achieve positive patient outcomes. The EN (Advanced Practice) also participates in local and District projects, activities and committees as appropriate.

## **GRADE 5**

### **Registered Nurse**

A Registered Nurse is a nurse licensed to practise nursing without supervision and who assumes accountability and responsibility for own actions and acts to rectify unsafe nursing practice and/or unprofessional conduct. It is essential that the nurse is registered by the Queensland Nursing Council and holds a current practising certificate.

The degree of expertise will increase as the Registered Nurse advances through this level.

The nurse may be a beginning practitioner or a Registered Nurse returning to the field after a period of absence.

### **Responsibilities**

The Registered Nurse provides nursing care based on the ANMC National Competency Standards to a group of patient/clients in collaboration with other health service providers.

These ANMC National Competency Standards competencies are grouped into 4 domains:

1. Professional and Ethical Practice  
A Registered Nurse demonstrates a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing, and the protection of patients'/clients' rights.
2. Critical Thinking and Analysis  
A Registered Nurse undertakes self-appraisal, professional development and values evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of these for patients/clients, is considered an important professional benchmark.
3. Provision and Coordination of Care  
A Registered Nurse is required to assess patients/clients, as well as plan, implement and evaluate their care.
4. Collaborative and Therapeutic Practice  
Competencies are essential for establishing and sustaining the nurse/patient relationship. It integrates the maintenance of safety, skills in interpersonal and therapeutic relationships, and communication as well as organisational skills to ensure the provision of care. It also includes the ability to interact with other members of the health care team.

### **[Re-entry]**

Means the pay point to which a Registered Nurse who has been absent from nursing for a period of five years or more and who is no longer registered with the Queensland Nursing Council. Those Registered Nurses undertaking a re-entry course (or restoration pathway) will commence on Grade 5 (re-entry) rate during the period of training until the employee gains the appropriate competencies based on the ANMC National Competency Standards for the Registered Nurse.

Once the employee is deemed competent all service including the period of training will be recognised for previous service.

### **Pay Point 1**

Means the pay point to which a Registered Nurse who has attained an undergraduate degree in nursing; or registration in another branch of nursing where the employee is working in a particular practice setting which require additional registration; or successful completion of a post-registration course of at least 12 months duration to which the course is directly relevant.

Progression beyond pay point 1 will occur upon completion of 12 months at the previous pay point (or the part time/casual incremental advancement requirements of the parent Award).

### **Midwife (Only)**

A Midwife (Only) is a midwife who has attained a sole undergraduate degree in midwifery and is licensed by the Queensland Nursing Council to practise midwifery without supervision and who assumes accountability and responsibility for own actions and acts to rectify unsafe midwifery practice and/or unprofessional conduct.

The degree of expertise will increase as the Midwife (Only) advances through Grade 5.

### **Responsibilities**

A Midwife (Only) provides care based on the ANMC National Competency Standards to a group of clients in collaboration with other health service providers.

The ANMC National Competency Standards competencies are grouped into four domains:

1. Legal and Professional Practice  
This domain contains the competencies that relate to legal and professional responsibilities including accountability, functioning in accordance with legislation affecting midwifery and demonstration of leadership.
2. Midwifery knowledge and practice  
This domain contains the competencies that relate to the performance of midwifery practice including assessment, planning, implementation and evaluation. Partnership with the women is included in this domain.
3. Midwifery as primary health care  
This domain contains the competencies that relate to midwifery as a public health strategy. Included are the notions of self determination and the protection of individual and group rights.
4. Reflective and ethical practice  
This domain contains the competencies relating to self appraisal, professional development and the value of research. The competencies, elements and cues are outlined in the following pages.

### **[Re-entry]**

Means the pay point to which a midwife who is authorised to practice midwifery has been absent from midwifery for a period of five years or more and who are no longer registered with the Queensland Nursing Council. Those midwives undertaking an approved re-entry course (or restoration pathway) provided by the Queensland Nursing Council will commence on Grade 5 (re-entry) rate during the period of training until the employee gains the appropriate competencies based on the ANMC National Competency Standards for the Midwife.

Once the employee is deemed competent all service, including the period of training, will be recognised for previous service.

### **Pay Point 1**

Means the pay point to which a midwife who has attained an undergraduate degree in midwifery or has successfully completed a post-registration course at least 12 months duration to which the course is directly relevant.

Progression beyond pay point 1 will occur upon completion of 12 months at the previous pay point (or the part time/casual incremental advancement requirements of the parent Award).

### **GRADE 6**

#### **Clinical Nurse/Midwife**

A Clinical Nurse/Midwife means a Registered Nurse or Midwife who is appointed as such.

The Clinical Nurse/Midwife role requires a broad developing knowledge in professional nursing issues and a sound specific knowledge-base in relation to a field of practice. The Clinical Nurse assumes accountability and responsibility for own actions and acts to rectify unsafe nursing practice and/or unprofessional conduct.

A Clinical Nurse/Midwife is responsible for a specific client population, and is able to function in more complex situations while providing support and direction to a Registered Nurse and other non-registered nursing personnel.

The Clinical Nurse/Midwife identifies, selects, implements and evaluates nursing interventions that have less predictable outcomes.

The Clinical Nurse/Midwife is able to demonstrate the following:

- advanced level clinical skills and problem-solving skills;
- planning and coordination skills in the clinical management of patient care;
- ability to work without a collegiate/team structure;
- awareness of and involvement with quality; and
- contribution to professional practice related to area of expertise.

#### **Responsibilities**

- Provides nursing care to a group of patients/clients.
- Acts as a role model for Registered Nurses and other non-licensed personnel in the provision of holistic patient/client care.
- Takes additional responsibility which clearly differentiates the role from that of the Registered Nurse.

### **GRADE 7**

A Registered Nurse may be appointed to an advanced practice position as identified below. Specific leadership roles and responsibilities of each of these advanced practice positions may include, but are not limited to the following:

- integrates key objectives from the Strategic Plan (facility/division, clinical service) into service delivery for a clinical unit /departments;
- overall coordinates, formulates and directs policies relating to the provision of nursing care or speciality services which includes integration of patient care across the continuum of care (inpatient and ambulatory care);

- operationalises the strategies (across a facility/division/clinical service) for a work based culture that promotes and supports education, learning, research and workforce development;
- implements education and applies research initiatives at the unit/division/clinical services/facility level;
- integrates the strategic direction and priorities for quality improvement into a clinical service that establishes a quality framework which confirms/supports the direction a nursing service will take; and
- manages change at a local level.

**Clinical Nurse Consultant**

A Clinical Nurse Consultant is a Registered Nurse who is accountable at an advanced practice level for the coordination of clinical practice delivered in a clinical specialty and who:

- applies specialised nursing knowledge relevant to area of professional practice;
- demonstrates sound knowledge of contemporary nursing practice and theory;
- participates directly or indirectly in the delivery of clinical care to individuals/groups;
- ensures clinical practice is evidence based to facilitate positive patient outcomes; and
- has sound knowledge and the ability to apply relevant legislation, guidelines and standards.

**Nurse Unit Manager**

A Nurse Unit Manager is a Registered Nurse who is accountable at an advanced practice level for the coordination of clinical practice and the provision of human and material resources in a specific patient/client area and who:

- has ability to lead a nursing team in a multidisciplinary environment utilising the principles of contemporary human, material and financial resource management;
- demonstrates sound knowledge of contemporary nursing practice and theory;
- participates directly or indirectly in the delivery of clinical care to individuals/groups;
- ensures clinical practice is evidence based to facilitate positive patient outcomes; and
- has sound knowledge and the ability to apply relevant legislation, guidelines and standards.

**Nurse Manager**

A Nurse Manager is a Registered Nurse who is accountable at an advanced practice level for the provision of human and material resources either supporting a division or a specific patient/client area or systems or service and who:

- provides nursing expertise in a specialist area of nursing management (i.e. Patient Flow, Informatics, After Hours Nurse Management);
- demonstrates sound knowledge of contemporary nursing practice and theory;
- integrates the principles of contemporary human, material and financial resource management into service delivery; and
- has sound knowledge and the ability to apply relevant legislation, guidelines and standards.

**Nurse Educator**

A Nurse Educator is a Registered Nurse who is accountable at an advanced practice level for the design, implementation and assessment of nursing education programs, managing educational resources and provides nursing expertise relating to educational issues within a nursing service/division/facility/Health Service District and who:

- integrates the principles of contemporary nurse education into nursing practice;

- demonstrates sound knowledge of contemporary nursing practice and theory; and
- has sound knowledge and the ability to apply relevant legislation, guidelines and standards.

**Nurse Researcher**

A Nurse Researcher is a Registered Nurse who is accountable at an advanced practice level for the development, coordination, implementation and evaluation of nursing research projects/programs to ensure clinical practice within the designated area is evidence based and who:

- ensures the principles of contemporary research are integrated into nursing practice;
- demonstrates sound knowledge of contemporary nursing practice and theory; and
- has sound knowledge and the ability to apply relevant legislation, guidelines and standards.

**Public Health Nurse**

A Public Health Nurse is a Registered Nurse appointed to that position who is accountable at an advanced practice level for surveillance, prevention and control of communicable disease at a population level across multiple Health Service Districts and who:

- applies specialised nursing knowledge to the prevention and control of communicable diseases;
- participates directly and/or indirectly in the investigation, contact tracing and management of individuals and groups who have communicable disease or have had a potential exposure;
- participates in multidisciplinary, intersectorial teams to develop whole of population strategies to manage and contain disease outbreaks that are a threat to public health;
- provides education and advice to internal and external health service providers on prevention and control of communicable disease including immunisation;
- ensures practice is evidence based to facilitate positive outcomes for the individual, community and population;
- demonstrates sound knowledge of contemporary nursing practice and theory; and
- has sound knowledge and the ability to apply relevant legislation, guidelines and standards.

**GRADE 8****Nurse Practitioner**

A Nurse Practitioner is a Registered Nurse appointed to that position and who has been endorsed to practise as a Nurse Practitioner by the Queensland Nursing Council.

A Nurse Practitioner is educated to function autonomously and collaboratively in an advanced and expanded (or extended) clinical role. The role includes assessment and management of clients using nursing knowledge and skills and may include, but is not limited to:

- the direct referral of clients to other health care professionals;
- prescribing medications; and
- ordering diagnostic investigations.

**GRADE 9 AND ABOVE**

For positions classified at Grade 9 and above, Full Time Equivalent (FTE) is determined to be Operational FTE which is defined as the FTE required to run a clinical service at a

determined level of activity, including annual leave and the percentage that is allocated to other types of leave such as sick leave and professional development/study leave.

## **GRADE 9**

### **Assistant Director of Nursing or Nursing Director**

(To be titled Assistant Director of Nursing/Nursing Director/Relevant Section, Service Director or Divisional. I.e. Education, Research, Clinical Services, Community, Oncology, etc)

An Assistant Director of Nursing or Nursing Director is a Registered Nurse who demonstrates clinical and management expertise. The Assistant Director of Nursing or Nursing Director is responsible for the overall planning, coordination, formulation and direction of policies relating to the provision of clinical care, development of partnership models and strategies to support undergraduate and post-graduate education and research in the workplace. In addition, the Assistant Director of Nursing or Nursing Director is responsible for the provision of human and material resources for a clinical division, an assigned number of clinical units, District wide and/or Area Health Service and who:

- Demonstrates expert and comprehensive knowledge of contemporary nursing practice.
- Designs, develops and implements innovative standards relating to improving facility/divisional performance.
- Demonstrates expertise in leadership. Specific leadership roles and responsibilities may include, but are not limited to the following:
  - participation in the development and integration of key objectives from the District strategic plan into service delivery for a district and/or facility and/or division;
  - participation in the development of strategies and policies on nursing/patient care and related service delivery issues across divisions and / or a division or within a community and/or aged care health service;
  - participation in the development of a strategy for a work based culture that promotes and supports education, learning, research and workforce development;
  - provision of strategic direction and priorities for quality improvement into a clinical service that establishes a quality framework which confirms/supports the direction a nursing service (District/facility) will take; and
  - management of change at a facility/divisional level.
- demonstrates expertise in human, material, financial and resource management. Specific human, material, financial and resource management roles and responsibilities may include but are not limited to the following:
  - implementation of the HR Framework across a facility and/or division and/or community and/or aged care health service and identifies opportunities to realise enhanced performance, recruitment and retention of nurses and career succession planning;
  - responsibility for functional planning for capital works and asset equipment at a division/program/service level;
  - coordination of the use of equipment and material resources across a facility and/or division and/or aged care facility and/or community health service; and
  - accountable or jointly accountable for the operational budget for a division and/or aged care facility and/or community health service.

## **GRADE 10**

### **Director of Nursing**

May also be titled Director of Nursing- Facility Manager where relevant.

A Director of Nursing is a Registered Nurse who demonstrates expertise in clinical practice and management. The Director of Nursing is responsible for the activities of the nursing service in a facility and contributes to the development of facility policy.

The Director of Nursing is accountable for nursing practice within a facility, leadership of the nursing service, effective coordination of resources and the development of health strategies (in collaboration with others) and who:

- Demonstrates expert and comprehensive knowledge of contemporary nursing practice.
- Demonstrates expertise in strategic leadership. Specific leadership roles and responsibilities may include, but are not limited to the following:
  - development of a strategic approach to the integration and coordination of policy development and service delivery for a facility;
  - development of strategies and policies on nursing/patient care and related service delivery issues within a facility;
  - development of a vision strategy for a work-based culture that promotes and supports education, learning, research and workforce management;
  - development of effective liaison with external facilities/agencies to facilitate undergraduate and post graduate education and research;
  - provision of strategic direction and priorities for quality improvement that establishes a quality framework which supports the direction a nursing service will take; and
  - management of change.
- Demonstrates expertise in human, material, financial and resource management. Specific human, material, financial and resource management roles and responsibilities may include but are not limited to the following:
  - implementation of the HR framework across a facility/community/aged care service and identification of opportunities to realise enhanced performance, recruitment and retention of nurses and career succession planning;
  - responsibility for functional planning for capital works and asset equipment at a facility level and/or coordination of the use of equipment and material resources across a facility and/or aged care facility and/or community health service; and
  - accountability or joint accountability for the operational budget for a facility and/or aged care facility and/or community health service.

## **GRADE 11**

### **District Director of Nursing**

A District Director of Nursing is a Registered Nurse who is a collaborative partner on the District Health Service Executive in the planning of health services and the associated budgetary accountabilities. This position has a District wide responsibility to strategically develop the nursing workforce/service to optimise patient and staff outcomes. The District Director of Nursing:

- Demonstrates expert and comprehensive knowledge of all aspects of the nursing profession at a state, national and international level.

- Demonstrates ability to identify, evaluate and incorporate emerging trends within the broader service and business industry which have the potential to enhance nursing and/or health service.
- Demonstrates expertise in policy, guideline and standard development, design and implementation.
- Strategically is responsible for the coordination of the direction of nursing services from a District perspective.
- Demonstrates expertise in strategic leadership. Specific leadership roles and responsibilities may include, but are not limited to the following:
  - Development of a strategic approach to the integration and coordination of policy development and service delivery for a District.
  - Development of a District wide vision and strategy for a work-based culture that promotes and supports education, learning, research and workforce management.
  - Negotiation and communication with external education facilities/agencies to develop and support infrastructure for effective and sustainable undergraduate and postgraduate education and research.
  - Provision of strategic direction and priorities for quality improvement that establishes a quality framework which supports the nursing service direction a District will take.
  - Management of change utilising a Strategic Development Framework.
- Demonstrates expertise in human, material, financial and resource management. Specific human, material, financial and resource management roles and responsibilities may include but are not limited to the following:
  - Development and evaluation of a Human Resource Framework to ensure an environment that enhances recruitment and retention of nurses and facilitates succession planning for staff at a District level.
  - Responsibility for functional planning for capital works and asset equipment management in a District.
  - Accountability or joint accountability for an operational budget for a facility. May be responsible for District financial performance.

## **GRADE 12**

### **Executive/District Director of Nursing**

An Executive Director of Nursing is a Registered Nurse who is an equal and collaborative partner on the District Health Service Executive in the planning of health services and the associated budgetary accountabilities. This position may also have an Area Health Service responsibility to strategically develop the nursing workforce/service to optimise patient and staff outcomes.

The Executive Director of Nursing:

- Demonstrates expert and comprehensive knowledge of all aspects of the nursing profession at a state, national and international level.
- Identifies, evaluates and incorporates emerging trends within the broader service and business industry which have the potential to enhance nursing and/or health services;
- has expertise at a higher level in policy, guidelines and standards development, design and implementation.
- Demonstrates expertise in strategic leadership. Specific leadership roles and responsibilities may include, but are not limited to the following:
  - Development of a strategic approach to the integration and coordination of policy development and service delivery for a District and/or Area.

- Development of a vision (District and/or Area wide) and strategy for a work based culture that promotes and supports education, learning, research and workforce development.
- Establishment of a strategic direction and negotiation and communication with external education facilities/agencies to develop and support infrastructure for effective and sustainable undergraduate and postgraduate education and research.
- Provision of strategic direction and priorities for quality improvement that establishes a quality framework which supports the direction a nursing service in an Area/District will take.
- Management of change utilising a Strategic Development Framework.
- Demonstrates expertise in human, material, financial and resource management. Specific human, material, financial and resource management roles and responsibilities may include but are not limited to the following:
  - Responsibility for a strategic approach to developing and implementing contemporary human resource management policies and practices to optimise the organisations environment.
  - Strategic input into capital works and major asset/equipment management
  - Responsibility for District financial performance.
- Designs, develops and implements innovative standards relating to improving District and/or Area Health Service performance;
- Strategically coordinates the direction of nursing services from a District and/or Area Health Service perspective.
- Has the ability to strategically plan for the provision of clinical services within a multidisciplinary and dynamic environment.

## NURSING CLASSIFICATION EVALUATION GUIDE

## Grade 9 – Assistant Director of Nursing or Nursing Director

Band	Scope of position
1 (NO5)	<p><b>Facilities providing services other than super specialty services</b></p> <ol style="list-style-type: none"> <li>1. Responsible and accountable for the management of divisional nursing services or designated District nursing portfolio (eg. education, research, quality) of a facility where primary and/or Level 1 and/or Level 2 core clinical services are provided. Level 3 core services may also be provided. May also be responsible for community services and/or an aged care facility;</li> <li>2. Has direct and indirect responsibility for: <ul style="list-style-type: none"> <li>• &lt;100 nursing FTE in a division; or</li> <li>• &lt;220 nursing in District for Nursing Director with District Nursing Portfolio;</li> </ul> </li> <li>3. Will professionally and/or operationally report to a District Director of Nursing Grade 11 or Director of Nursing Grade 10 Band 2, 3 or 4 or Nursing Director/ADON Grade 9 Band 2 or 3.</li> </ol> <p><b>OR Acute care facility providing super specialty services</b></p> <ol style="list-style-type: none"> <li>1. Responsible and accountable for the management of divisional nursing services, or designated District nursing portfolio (eg. education, research, quality) or program in a division of a facility which provides super specialty core clinical services;</li> <li>2. Has direct and indirect responsibility for: <ul style="list-style-type: none"> <li>• &lt;100 nursing FTE in a division; or</li> <li>• &lt;500 nursing FTE in District for Nursing Director with District Nursing Portfolio;</li> </ul> </li> <li>3. Will professionally and/or operationally report to an Executive Director of Nursing Grade 12 or District Director of Nursing Grade 11 –Band 3 or 4 or Nursing Director/ADON Grade 9 Band 2 or 3.</li> </ol> <p><b>OR Aged Care</b></p> <ol style="list-style-type: none"> <li>1. Responsible for an aged care facility; and</li> <li>2. Has responsibility for ≤120 nursing FTE.</li> </ol> <p><b>OR Community</b></p> <ol style="list-style-type: none"> <li>1. Responsible for community services; and</li> <li>2. Has responsibility for ≤100 nursing and non-nursing FTE.</li> </ol>
2 (NO6)	<p><b>Facilities providing services other than super specialty services</b></p> <ol style="list-style-type: none"> <li>1. Responsible and accountable for the management of divisional nursing services or designated District nursing portfolio (eg. education, research, quality) in a facility where primary and/or Level 1 and/or Level 2 and/or Level 3 core clinical services are provided. May also be responsible for a division plus community and/or an aged care facility;</li> <li>2. Has direct and indirect responsibility for: <ul style="list-style-type: none"> <li>• ≥100 nursing FTE in a division; or</li> <li>• or ≥220 nursing FTE in District for Nursing Director with District nursing portfolio;</li> </ul> </li> <li>3. Will professionally and/or operationally report to a District Director of Nursing Grade 11 – Band 2 or 3 or Director of Nursing Grade 10 Band 4.</li> </ol> <p><i>NB. Must meet all 3 criteria as above or 2 out of 3 criteria from Band 3 to be classified within this band. Otherwise should be classified as Nursing Director/ADON Band 1.</i></p> <p><b>OR Acute care facility providing super specialty services</b></p> <ol style="list-style-type: none"> <li>1. Responsible and accountable for the management of divisional nursing services or designated District nursing portfolio (eg education, research, quality) in a facility which provides super specialty core clinical services;</li> <li>2. Has direct and indirect responsibility for: <ul style="list-style-type: none"> <li>• ≥100 and &lt;220 nursing FTE in a division; or</li> <li>• ≥500 nursing FTE in District for Nursing Director with District nursing portfolio;</li> </ul> </li> <li>3. Will professionally and/or operationally report to an Executive Director of Nursing Grade 12 or District Director of Nursing Grade 11 – Band 3 or 4 or Nursing Director/ADON Grade 9 Band 3.</li> </ol>

	<p><i>NB. Must meet all 3 criteria as above or 2 out of 3 criteria from Band 3 to be classified within this band. Otherwise should be classified as Nursing Director/ADON Band 1.</i></p> <p><b>OR Aged Care</b></p> <ol style="list-style-type: none"> <li>1. Responsible for an aged care facility; and</li> <li>2. Has responsibility for <math>\geq 121 &lt; 200</math> nursing FTE.</li> </ol> <p><b>OR Community</b></p> <ol style="list-style-type: none"> <li>1. Responsible for community services; and</li> <li>2. Has responsibility for <math>\geq 101 &lt; 150</math> nursing and non-nursing FTE.</li> </ol>
Band	Scope of position
3 (NO7)	<p><b>Acute care facility providing super specialty services</b></p> <ol style="list-style-type: none"> <li>1. Responsible and accountable for the management of divisional nursing services or designated District nursing portfolio (eg. education, research, quality) nursing services within a facility which provides super specialty core clinical services;</li> <li>2. Has responsibility for: <ul style="list-style-type: none"> <li>• <math>\geq 201</math> nursing FTE in a division</li> <li>• Or <math>\geq 1000</math> nursing FTE in District for Nursing Director with District responsibilities;</li> </ul> </li> <li>3. Will professionally and/or operationally report to an Area Health Service Director of Nursing Grade 12 or District Director of Nursing Grade 11 –Band 4.</li> </ol> <p><i>NB. Must meet all 3 criteria as above to be classified within this band. Otherwise should be classified as Nursing Director/ADON Band 2.</i></p> <p><b>OR Aged Care</b></p> <ol style="list-style-type: none"> <li>1. Responsible for an aged care facility; and</li> <li>2. Has responsibility for <math>\geq 201</math> nursing FTE.</li> </ol> <p><b>OR Community</b></p> <ol style="list-style-type: none"> <li>1. Responsible for community services; and</li> <li>2. Has responsibility for <math>\geq 151</math> nursing and non-nursing FTE.</li> </ol>

### Grade 10 – Director of Nursing

Band	Scope of position
1 (NO4)	<p><b>Acute services</b></p> <ol style="list-style-type: none"> <li>1. Responsible and accountable for the management of nursing and non-nursing services of a facility where Primary or Primary and/or Level 1 core clinical services are provided;</li> <li>2. Has responsibility for <math>&lt; 60</math> nursing and non-nursing FTE;</li> <li>3. Will professionally and/or operationally report to a District Manager or District Director of Nursing Grade 11 Band 1, 2, 3 or 4 or Director of Nursing Grade 10 Band 2, 3 or 4.</li> </ol> <p><b>OR Acute and/or aged care and/or community</b></p> <ol style="list-style-type: none"> <li>1. Responsible and accountable for the management of nursing and non-nursing services of a facility where Primary or Primary and/or Level 1 core clinical services are provided. Additionally responsible and accountable for an aged care service and/or community services;</li> <li>2. Has responsibility for <math>&lt; 50</math> nursing and non-nursing FTE;</li> <li>3. Will professionally and/or operationally report to a District Manager or District Director of Nursing Grade 11 Band 2, 3 or 4 or Director of Nursing Grade 10 band 2, 3 or 4.</li> </ol> <p><b>OR Sole Practitioner</b></p> <ol style="list-style-type: none"> <li>1. Responsible and accountable as a sole practitioner for provision of direct clinical care in a remote setting;</li> <li>2. Has no nursing staff reporting to the position;</li> <li>3. Will professionally and/or operationally report to a District Manager or District Director of Nursing Grade 11 Band 2, 3 or 4 or Director of Nursing Grade 10 band 2, 3 or 4.</li> </ol>

Band	Scope of position
2 (NO5)	<p><b>Acute</b></p> <ol style="list-style-type: none"> <li>Responsible and accountable for the management of nursing of a facility where Primary, and Level 1 are provided and where Level 2 core clinical services may be provided;</li> <li>Has responsibility for <math>\geq 60 &lt; 200</math> nursing and non-nursing FTE;</li> <li>Will professionally and/or operationally report to a District Manager or District Director of Nursing Grade 11 Band 2, 3 or 4 or Director of Nursing Grade 10 Band 3 or 4.</li> </ol> <p><i>NB. Must meet all 3 criteria as above or 2 out of 3 criteria from Band 3 to be classified within this band - otherwise should be classified as Director of Nursing Band 1</i></p> <p><b>OR Acute and/or aged care and/or community</b></p> <ol style="list-style-type: none"> <li>Responsible and accountable for the management of nursing and non-nursing services of a facility where Primary or Primary and/or Level 1 core clinical services are provided and where Level 2 core clinical services may also be provided. Additionally responsible and accountable for an aged care service and/or community services;</li> <li>Has responsibility for <math>&gt; 50 &lt; 100</math> nursing and non-nursing FTE;</li> <li>Will professionally and/or operationally report to a District Manager or District Director of Nursing Grade 11 Band 2, 3 or 4 or Director of Nursing Grade 10 Band 3 or 4.</li> </ol> <p><i>NB. Must meet all 3 criteria as above or 2 out of 3 criteria from Band 3 to be classified within this band - otherwise should be classified as Director of Nursing Band 1</i></p> <p><b>OR Aged Care</b></p> <ol style="list-style-type: none"> <li>Responsible for an aged care facility; and</li> <li>Has responsibility for <math>\leq 120</math> nursing FTE.</li> </ol> <p><b>OR Community</b></p> <ol style="list-style-type: none"> <li>Responsible for community services; and</li> <li>Has responsibility for <math>\leq 100</math> nursing and non-nursing FTE.</li> </ol>
3 (NO6)	<p><b>Acute facility providing Level 2 core services</b></p> <ol style="list-style-type: none"> <li>Responsible and accountable for the management of nursing of a facility where primary, Level 1 and Level 2 core clinical services are provided;</li> <li>Has responsibility for <math>\geq 200</math> nursing and non-nursing FTE;</li> <li>Will professionally and/or operationally report to a District Manager or District Director of Nursing Grade 11 Band 3 or 4 or Director of Nursing Grade 10 Band 4.</li> </ol> <p><i>NB. Must meet all 3 criteria as above or 2 out of 3 criteria from Band 4 to be classified within this band - otherwise should be classified as Director of Nursing Band 2.</i></p> <p><b>OR Acute facility providing Level 3 core services</b></p> <ol style="list-style-type: none"> <li>Responsible and accountable for the management of nursing of a facility where primary, Level 1, Level 2 and Level 3 core clinical services are provided;</li> <li>Has responsibility for <math>&lt; 400</math> nursing and non-nursing FTE;</li> <li>Will professionally and/or operationally report to a District Manager or District Director of Nursing Grade 11 Band 3 or 4 or Director of Nursing Grade 10 Band 4.</li> </ol> <p><i>NB. Must meet all 3 criteria as above or 2 out of 3 criteria from Band 4 to be classified within this band - otherwise should be classified as Director of Nursing Band 2.</i></p> <p><b>OR Acute and/or aged care and/or community</b></p> <ol style="list-style-type: none"> <li>Responsible and accountable for the management of nursing and non-nursing services of a facility where primary, Level 1, Level 2 core services are provided and where Level 3 core clinical services may also be provided. Additionally responsible and accountable for an aged care service and/or community services;</li> <li>Has responsibility for <math>\geq 100</math> nursing and non-nursing FTE;</li> <li>Will professionally and/or operationally report to a District Manager or District Director of Nursing Grade 11 Band 3 or 4 or Director of Nursing Grade 10 Band 4.</li> </ol> <p><i>NB. Must meet all 3 criteria as above or 2 out of 3 criteria from Band 4 to be classified within this band - otherwise should be classified as Director of Nursing Band 2.</i></p> <p><b>OR Aged Care</b></p> <ol style="list-style-type: none"> <li>Responsible for an aged care facility; and</li> <li>Has responsibility for <math>\geq 121 &lt; 200</math> nursing FTE.</li> </ol> <p><b>OR Community</b></p> <ol style="list-style-type: none"> <li>Responsible for community services; and</li> <li>Has responsibility for <math>\geq 101 &lt; 150</math> nursing and non-nursing FTE.</li> </ol>

Band	Scope of position
4 (NO7)	<p><b>Acute facility providing Level 3 core services</b></p> <ol style="list-style-type: none"> <li>1. Responsible and accountable for the management of nursing of a facility where primary, Level 1, Level 2 and Level 3 core clinical services are provided;</li> <li>2. Has responsibility for <math>\geq 400</math> nursing and non-nursing FTE;</li> <li>3. Will professionally and/or operationally report to a District Manager or District Director of Nursing Grade 11 Band 4.</li> </ol> <p><i>NB. Must meet all 3 criteria as above- otherwise should be classified as Director of Nursing Band 3</i></p> <p><b>OR Aged Care</b></p> <ol style="list-style-type: none"> <li>1. Responsible for an aged care facility; and</li> <li>2. Has responsibility for <math>\geq 201</math> nursing FTE.</li> </ol> <p><b>OR Community</b></p> <ol style="list-style-type: none"> <li>3. Response for community services; and</li> <li>4. Has responsibility for <math>\geq 151</math> nursing and non-nursing FTE.</li> </ol>

### Grade 11 – District Director of Nursing

Band	Scope of position
1 (NO5)	<ol style="list-style-type: none"> <li>1. Responsible and accountable for the management of nursing services for multiple facilities/sites/services in a Health Service District. These facilities will provide Primary only, or Primary and/or Level 1 and/or Level 2 core clinical services. One facility within the District may provide level 3 core services;</li> <li>2. Has responsibility for <math>&lt; 150</math> nursing FTE in a District;</li> <li>3. Is operationally responsible to a District Manager HES 2.</li> </ol>
2 (NO6)	<ol style="list-style-type: none"> <li>1. Responsible and accountable for the management of nursing services for multiple facilities/sites/services in a Health Service District. These facilities may provide Primary only, or Primary and/or Level 1 and/or Level 2 core clinical services. One facility within the District may provide level 3 core services;</li> <li>2. <i>Has responsibility for <math>\geq 150 &lt; 400</math> nursing FTE in a District;</i></li> <li>3. Is operationally responsible to a District Manager HES 2.</li> </ol> <p><i>NB. Must meet all 3 criteria as above or 2 out of 3 criteria from Band 3 to be classified within this band- otherwise should be classified as District Director of Nursing Band 1.</i></p>
Band	Scope of position
3 (NO7)	<ol style="list-style-type: none"> <li>1. Responsible and accountable for the management of nursing services for multiple facilities/sites/services in a Health Service District. These facilities may provide services from Primary only to Primary and/or level 1 and/or Level 2 and/or Level 3 core clinical services. One facility in the District will provide Level 3 core clinical services;</li> <li>2. Has responsibility for <math>\geq 400 &lt; 700</math> nursing FTE in a District;</li> <li>3. Is operationally responsible to a District Manager HES 2.</li> </ol> <p><i>NB. Must meet all 3 criteria as above or 2 out of 3 criteria from Band 4 to be classified within this band otherwise should be classified as District Director of Nursing Band 2.</i></p>
4 (NO8)	<ol style="list-style-type: none"> <li>1. Responsible and accountable for the management of nursing services for multiple facilities/sites/services in a Health Service District. These facilities will provide services from Primary to Level 1, Level 2 and Level 3 core clinical services. One facility within the District may provide super specialty core services;</li> <li>2. Has responsibility for <math>\geq 700</math> nursing FTE in a District;</li> <li>3. Is operationally responsible to a Clinical CEO or District Manager HES 3.</li> </ol> <p><i>NB. Must meet all 3 criteria as above- otherwise should be classified as District Director of Nursing Band 3.</i></p>

**Grade 12 – Executive/District Director of Nursing**

Band	Scope of position
1 (NO9)	<p>1. Be responsible and accountable for the management of nursing services for multiple facilities/sites in a Health Service District. These facilities will provide services from Primary to Level 1, Level 2 and Level 3 core clinical services. One facility within the District will provide super speciality core services OR be responsible and accountable for the management of nursing services of a facility providing super speciality core services which comprises a Health Service District;</p> <p>2. Has responsibility for ≥ 1000 nursing FTE in a District;</p> <p>3. Operationally reports to a Clinical CEO or District Manager HES 4.</p> <p><i>NB. Must meet all 3 criteria as above – otherwise should be classified as District Director of Nursing Band 4.</i></p>