

CAREER Structure & you

The sixth edition of the Career Structure and You Newsletter provides responses to nurses and midwives frequently asked questions.

These are questions that have been asked by nurses and midwives and human resource staff within the public health sector at education sessions and via phone and email.

The questions pertain to various processes and issues relevant to the nursing and midwifery career structure implementation.

The responses provided are based on the information related to the career structure as detailed in the *Nurses/Midwives (South Australian Public Sector) Enterprise Agreement 2007* and the processes and principles endorsed by the Career Structure Implementation Central Guidance Group.

I want to apply for the new Clinical Nurse/Midwife position and don't know where to go to obtain an application pack?

Application packs are available via the nursing/midwifery administration or human resource service at your health unit/service.



Country Health South Australia CHSA has developed an application pack and process for all of CHSA.

In addition the ANF website below has copies of application packs for most areas.

The criteria statement questions (pages 15&16) in the application guidelines can be used to form part of your application and are available in a word template at the Nursing and Midwifery Office website below.

How much evidence do I need to submit with my reclassification application and how old can the evidence be?

When preparing your application it is important that you include your best evidence in support of your application and this will vary between individual nurses and midwives.

The written statement that you provide in your application is evidence however including other documented evidence of how you meet the criteria will assist the review panel in their assessment of your application.

The age of the evidence depends on the relevance to your current practice. For example if you were involved in a research project 5 yrs ago this is relevant because it demonstrates that you understand the principles of research and it's application.

However if you undertook a workshop in an area of clinical practice in which you no longer practice this may not be relevant.

For further clarification please refer to the reclassification application guidelines (page 18) for example of evidence for each domain and criteria.

Is there a limit to the number of Level 2 Clinical Nurse/Midwife positions that a health unit/service can have?

There is no limit to the number of these positions because this classification is obtained via the personal reclassification of a nurse and or midwife who has a minimum of 3 years full time equivalent experience and meets the classification criteria.

If I am successful with personal reclassification to the new Clinical Nurse/midwife Level 2 position do I have to periodically reapply?

Once a nurse and or midwife has successfully reclassified to the Clinical Nurse/Midwife level 2 classification this becomes their substantive classification until they apply for and or accept a position within the public sector at a different classification.

I am currently acting in an RN/M level 2 position, do I need to apply to personally reclassify to the new Clinical Nurse/Midwife Level 2 position?

It is recommended that if you meet the criteria you consider applying to reclassify to this new role because if you are not permanently appointed to the position you are currently acting/relieving in you would return to your substantive RN/M level1 classification.

Whereas if you apply now and are successful the Clinical Nurse/Midwife role becomes your substantive classification at the entry pay point relevant to your current substantive Level 1 classification.

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In my application for personal reclassification how do I respond to a criteria classification if my current practice setting does not afford me the opportunity to demonstrate my capacity in that area?

If you are unable to demonstrate how you would meet a criteria in your current practice setting as it is not within your practice responsibilities then you should state this in your response to the relevant criteria.

If you can discuss the principles related to meeting the criteria or can provide evidence of how you have demonstrated competence or expertise in the criteria in another practice setting this information can be included.

Can a Clinical Nurse/Midwife relieve in the Clinical Services Coordinator role?

The Associate Clinical Services Coordinator would routinely be considered as the reliever for this role in the succession planning however no level 2 classification is excluded from relieving at any level 3 classifications.

Relief at higher classification is an essential component of professional development and assist nurses and midwives in identifying the nursing and midwifery career pathway they wish to pursue in the future.

In the new level 2 Clinical Nurse/Midwife role there is reference to portfolio assignment. What does this mean and involve?

There is provision for portfolio assignment for the Clinical Nurse/Midwife classification and the Career Structure Implementation Central Guidance Group is currently

developing Guiding Principles for Portfolio Management for Nurse/Midwife level 2 classifications which will be released shortly. Portfolio assignment above the role requirement at this classification will be supported with time provision for the management of the portfolio area.

Portfolio allocation and outcome measures will be negotiated between the individual Nurse and or Midwife and Nursing and Midwifery Leaders at the health unit/service.

What is the difference between salary translation and role translation/migration?

Salary translation occurred in November 2007 after the *Nurses/Midwives (South Australian Public Sector) Enterprise Agreement 2007* was approved by the Industrial Relations Commission of South Australia.

This involved the translation of all Nurses and Midwives to the equivalent classification in the new structure, as outlined in Appendix 3 in the Enterprise Agreement.

This ensuring that Nurses and or Midwives received the salary increment provided for in the EA, back dated to October 1st 2007.

Role translation/migration is the final stage in the Career Structure Implementation.

This process involves agreement between the Nurse/Midwife and the organisation on the role function and classification to be undertaken by an individual Nurses/Midwives within the determined professional nursing and midwifery structure. The timeline for this phase is July 2008

The Guiding Principles for the implementation of the Nursing and Midwifery Career Structure details the phases of the Career Structure

Implementation and are available at the websites outlined below.

My current classification is at level 3 however I believe that it should be at the level 4 classification. How do I address this?

If you believe that the requirements of the position you will be undertaking in the new professional structure at your health unit/service meet the classification criteria of a higher classification then this should be addressed at the time of role translation/migration.

The role translation/migration includes the development of a local role specific J&PS which describes the responsibilities and expectation of the position. During this process the classification criteria needs to be assessed in relation to the classification criteria as detailed in the generic J&PS and appendix 4 in the *Nurses/Midwives (South Australian Public Sector) Enterprise Agreement 2007* to ensure that the current classifications are consistent with the role responsibilities and expectations.

If it is identified that the position requires reclassification then either a management or personal reclassification should be progressed.

The normal Department of Health re-classification procedures, as outline in the DH (SAHC Act and IMVS Act) Human Resources Manual section 5.1.3, apply for all nursing/midwifery re-classification applications.

For more information go to;
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