

Clinical Nurse/Midwife Specialist Grade 1 & Grade 2 Classifications

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Functional Sub group Clinical/ Patient Services - Nursing and Midwifery
Personnel/Workforce - Recruitment and selection
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Summary The Policy Directive communicates the new classification definitions and how they are to be implemented.

Replaces Doc. No. Clinical Nurse Specialist Classification - Public Hospital Nurses (State) Award [PD2005_027]
Clinical Nurse Specialist Classification - Public Hospital Nurses' (State) Award [PD2005_432]
Clinical Nurse Specialist Classification - Public Hospital Nurses (State) Award [PD2005_464]

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, NSW Ambulance Service, Public Health Units, Public Hospitals

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This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

CLINICAL NURSE SPECIALIST/CLINICAL MIDWIFE SPECIALIST GRADE 1 AND GRADE 2 AWARD CLASSIFICATIONS

1.0 INTRODUCTION

The *Public Health System Nurses' and Midwives' (State) Award* has been varied to include a revised Clinical Nurse Specialist/Clinical Midwife Specialist Grade 1 classification and a new Clinical Nurse Specialist/Clinical Midwife Specialist Grade 2 Classification.

This policy directive includes the new definitions from the Award, aims to illustrate the Award definitions more fully and provides guidance in implementing the new classifications.

2.0 SCOPE

This policy directive applies to all staff employed in the NSW Health Service employed under the *Public Health System Nurses' and Midwives' (State) Award*.

Determination of Conditions of Subsidy requires (to the extent permitted by law) non-declared affiliated health organisations to comply with policy directives dealing with the terms and conditions of employment of staff employed in the NSW Health Service and to provide to staff the same conditions of employment as those set out in industrial instruments applicable to staff employed in the NSW Health Service.

3.0 CLINICAL NURSE SPECIALIST/CLINICAL MIDWIFE SPECIALIST (**'CNS/CMS'**) GRADE 1

3.1 Definition

A revised definition of CNS/CMS Grade 1 has been inserted in the *Public Health System Nurses' and Midwives' (State) Award* as follows:

"Clinical Nurse Specialist/Clinical Midwife Specialist ('CNS/CMS') Grade 1 means: a Registered Nurse/Midwife who applies a high level of clinical nursing knowledge, experience and skills in providing complex nursing/midwifery care directed towards a specific area of practice, a defined population or defined service area, with minimum direct supervision.

A CNS/CMS Grade 1 shall satisfy the following minimum criteria:

- Relevant post-registration qualifications and at least 12 months experience working in the relevant clinical area of their post-registration qualification; **or** four years post-registration experience, including three years experience in the relevant specialist field.
- A CNS/CMS Grade 1 is distinguished from an 8th Year Registered Nurse/Midwife by being required to satisfy the following criteria:

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- a) actively contributes to the development of clinical practice in the ward/unit/service;
- b) acts as a resource and mentor to others in relation to clinical practice; and
- c) actively contributes to their own professional development.

CNS/CMS Grade 1 is a personal grading.

Upon demonstrating that the above functions are met, the employee will be deemed competent as a CNS/CMS Grade 1 and will be subject to the performance appraisal process generally applicable within that ward/unit/clinical service."

3.2 Assessment of a CNS/CMS Grade 1

Assessment for a CNS/CMS Grade 1 should be undertaken at the unit/clinical service level and the functions which the nurse/midwife will undertake in performing the CNS/CMS role should be agreed between the nurse/midwife and the Nursing Unit Manager/Midwifery Unit Manager ('NUM/MUM') as part of the annual appraisal process, taking into account the strengths of the individual, the clinical/operational needs of the unit and the reasonable workloads provisions.

The following examples are provided to illustrate how a CNS/CMS Grade 1 might meet the award criteria.

Actively contributes to the development of clinical practice in the ward/unit/service:

- contributes to quality improvement initiatives; or
- contributes to research projects in the nursing specialty; or
- contributes to the development and implementation of new clinical practices; or
- represents the ward/unit/service at clinical meetings: or
- develops a training package/s of clinical specialty material.

Acts as a resource and mentor to others in relation to clinical practice:

- acts as a mentor to other nurses/midwives, including graduate nurses midwives; or
- provides clinical advice to less experienced nurses/midwives and other health professionals; or
- contributes to the clinical education of other health professionals by providing at least one in service session per year.

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Actively contributes to their own professional development:

- undertakes post graduate education qualification; or
- participates in continuing education activities such as conferences and in service education; or
- active membership of relevant specialist interest groups; or
- undertakes a structured reading program agreed with the NUM/MUM.

3.3 General Role Attributes

Generally, the nurse/midwife will be permanently rostered to a specialty nursing area or midwifery service. However, this does not preclude nurses working in general areas, community health, remote and rural areas; or nurses who are required to regularly rotate through units, from achieving CNS/CMS Grade 1 status based on consistently and competently applying a higher level of clinical knowledge, experience and skills.

The fact that a nurse or midwife practices in what might be considered a specialist field does not necessarily make them a CNS/CMS Grade 1. Similarly, the fact that a nurse or midwife practices new skills or highly technical skills does not necessarily make them a CNS/CMS Grade 1 as the new skills, a particular task or a class of tasks may simply reflect changes in the overall standard of practice occurring generally. These general changes to nursing/midwifery care and standards do not qualify a nurse/midwife as a CNS/CMS Grade 1. Also, the fact that a nurse/midwife may be able to undertake and perform some tasks better than other nurses/midwives or that they may be considered to be 'all-rounders' does not necessarily justify specialist status.

Where a registered nurse/midwife with CNS/CMS Grade 1 status transfers from an "equivalent" service, prior performance should be given reasonable consideration when evaluating for CNS/CMS classification rather than applying a mandatory qualifying period.

Any disputes relating to grading as a CNS/CMS Grade 1 should be dealt with in accordance with policies in place for grievances and/or dispute resolution.

4.0 CLINICAL NURSE SPECIALIST/CLINICAL MIDWIFE SPECIALIST ('CNS/CMS') GRADE 2

The CNS/CMS Grade 2 is an established position which must be created and filled on merit with adherence to the role, education, experience and performance criteria as defined in the Award.

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4.1 Definition

A new definition of CNS/CMS Grade 2 has been inserted in the *Public Health System Nurses' and Midwives' (State) Award* as follows:

"Clinical Nurse Specialist/Clinical Midwife Specialist ('CNS/CMS')

Grade 2 means: a Registered Nurse/Midwife appointed to a position classified as such with relevant post-registration qualifications and at least three years experience working in the clinical area of their specified post-graduate qualification.

The CNS/CMS Grade 2 classification encompasses the CNS/CMS Grade 1 role criteria and is distinguished from a CNS/CMS Grade 1 by the following additional role characteristics:

- Exercises extended autonomy of decision making;
- Exercises professional knowledge and judgement in providing complex care requiring advanced clinical skills and undertakes one of the following roles:
 - leadership in the development of nursing specialty clinical practice and service delivery in the ward/unit/service; or
 - specialist clinical practice across a small or medium sized health facility/sector/service; or
 - primary case management of a complete episode of care; or
 - primary case management of a continuum of specialty care involving both inpatient and community based services; or
 - an authorised extended role within the scope of Registered Nurse/Midwife practice.

Incremental progression to the second year and thereafter rate shall be upon completion of 12 months satisfactory full-time service (or pro rata part time service)."

4.2 Role characteristics

The following is provided to illustrate how the various role characteristics might be satisfied. The role examples are illustrative and not definitive examples.

Leadership in the development of nursing specialty clinical practice and service delivery in the ward/unit/service:

- initiates and co-ordinates quality assurance activities, liaison with other health professionals;
- implements advances in clinical practice;
- provides advice to nursing management in the development of clinical services to meet client needs; or
- represents the ward/unit/service in implementation of clinical service development on delegation from the NUM/MUM.

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Specialist clinical practice across a small or medium sized health facility/sector/service:

- Pain Management Nurse.

Primary case management of a complete episode of care:

- Caseload Midwife.

Primary case management of a continuum of specialty care involving both inpatient and community based services:

- Chronic and Complex Care Co-ordinator, Asthma Nurse.

An authorised extended role within the scope of Registered Nurse/Midwifery practice:

- Clinical Initiative Nurse, Sexual Assault Nurse Examiner, Mental Health 'Accredited Person'.

4.3 Assessment

Ongoing performance assessment of a registered nurse/midwife appointed to a CNS/CMS Grade 2 position should be undertaken at the unit/clinical service level and the functions which the nurse/midwife will undertake in performing the CNS/CMS Grade 2 role should be agreed between the nurse/midwife and the NUM/MUM as part of the annual appraisal process, taking into account the strengths of the individual, the clinical/operational needs of the unit and the reasonable workloads provisions.

5.0 INTERIM ARRANGEMENTS FOR THE INTRODUCTION OF CNS/CMS GRADE 2 POSITIONS

Following are the interim arrangements for the introduction of CNS/CMS Grade 2 positions.

5.1 Identifying CNS/CMS Grade 2 positions

CNS/CMS Grade 2 positions will be identified in two phases.

5.1.1 Phase 1

The first phase in identifying CNS/CMS Grade 2 positions will proceed as follows:

1. Directors of Nursing (DON) and Health Service Nurse Managers will identify positions for potential classification as CNS/CMS Grade 2 with reference to the Award criteria and this Policy Directive - and submit them to the Area

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- DON for consideration, in a form determined by the Nursing and Midwifery Office (NaMO).
2. The Area DON will review submissions with reference to the Award criteria, this Policy Directive and internal consistency - and submit the positions identified for potential classification as CNS/CMS Grade 2 to NaMO.
 3. NaMO will consolidate the submissions and supporting documentation sufficient to facilitate a review process.
 4. NaMO together with Workplace Relations and Management will conduct a review process with the Area DONs, to determine those positions to be classified as CNS/CMS Grade 2. The focus of this step is to ensure consistency in application and implementation of the criteria.
 5. The outcomes from the preceding step will be provided to the NSW Nurses' Association for information and concurrence with the process.
 6. Area DONs will circulate a list of those positions considered for classification as CNS/CMS Grade 2 identifying those which will be classified as CNS/CMS Grade 2 and those which will not. At the same time Area DONs will consult with the NSW Nurses' Association at the local level in accordance with local custom and practice.
 7. Area Health Services will proceed to fill the positions identified as CNS/CMS Grade 2.

5.1.2 Phase 2

Concurrent with proceeding to fill the positions identified in the last step of Phase 1, Phase 2 will proceed as follows:

1. Nurses who substantively occupy a position which they believe meets the Award criteria but which has not been considered as a CNS/CMS Grade 2 will have the opportunity to submit that position for consideration by the Area DON.
2. Area DONs will forward such submissions to NaMo with comments as to whether or not it is supported and why (in a form determined by NaMO). NaMO will consolidate the submissions and supporting documentation sufficient to facilitate a review process.
3. NaMO together with Workplace Relations and Management will conduct a review process with the Area DoNs will consider the submissions, to determine any to be classified as CNS/CMS Grade 2. The focus of this step is to ensure consistency in application and implementation of the criteria.

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4. The outcomes from the preceding step will be provided to the NSW Nurses' Association for information and concurrence with the process.
5. Area DONs will circulate a list of those positions which will be classified as CNS/CMS Grade 2. At the same time Area DONs will consult with the Association at the local level in accordance with local custom and practice.
6. Area Health Services will proceed to fill the positions identified as CNS/CMS Grade 2.

5.2 Filling CNS/CMS Grade 2 positions

As an interim arrangement, following identification of those to be classified as CNS/CMS Grade 2, the positions will be filled as follows:

1. Area Health Services will create substantive CNS/CMS Grade 2 positions.
2. Where the new position is effectively a regrading of an incumbent's current position it may be filled by direct appointment.
3. Where the new position involves the conversion of a currently established position on a ward, unit or service and/or is reasonably expected to be filled from a small pool of potential existing CNS/CMS or RN/RM applicants limited to a ward or unit or service, expressions of interest may be limited to that pool of applicants and filled on merit.
4. Where the new position involves the conversion of a currently established position on a ward, unit or service and/or is reasonably expected to be filled from a small pool of potential existing CNS/CMS or RN/RM applicants limited to a hospital or service, expressions of interest may be limited to that pool of applicants and filled on merit.
5. Following the above the position may proceed to open advertising.
6. Phase 1. It is proposed to fill all positions identified as CNS/CMS Grade 2 by 30 January 2009. If a position identified to be a CNS/CMS Grade 2 position has not been filled by 30 January 2009 where there is a substantive occupant of the existing position they will be temporarily appointed to the CNS/CMS Grade 2 position until such time as it is permanently filled.
7. Phase 2. It is proposed to fill all positions identified as CNS/CMS Grade 2 by 9 April 2009. If a position identified to be a CNS/CMS Grade 2 position has not been filled by 9 April 2009 where there is a substantive occupant of the existing position they will be temporarily appointed to the CNS/CMS Grade 2 position until such time as it is permanently filled.

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5.3 End of Transition

The transition arrangements will conclude 9 April 2009 after which CNS/CMS Grade 2 positions will be created and filled in accordance with standard practice and processes.

6.0 SUPPLEMENTATION

Budget supplementation will be provided by the Department based on budgeted salaries and wages items and staffing data submitted by Health Services through the HIE.

7.0 GENERAL COMMENT

The new classification codes will be varied in Supero in the August update.

8.0 ENQUIRIES

Any enquiries concerning this Policy Directive should be directed to the relevant human resource personnel in Area Health Services. Only human resource personnel from Area Health Services are to contact the Department.

Professor Debora Picone AM
Director-General