

# How to read the Nurses Award

## The minimum wages and conditions of most practice nurses are set out in the modern Nurses Award 2010.

The award defines the classifications ('descriptors') that attach to the minimum pay rates, setting out the indicative duties for the different types and levels of nurse.

As the award sets out the safety net for most nurses in Australia, the descriptors are necessarily general as they need to apply to various sectors of nursing. In the case of practice nursing, the descriptors are not detailed enough to refer to the specific duties that practice nurses commonly perform. Members of APNA and the Australian Nursing Federation (ANF) frequently ask for advice on where they fit in the award structure.

It is not possible to give categorical advice as to where particular nurses should be classified. However, we can provide some indicators that are relevant.

In relation to registered nurses, the award sets out five levels (RN1 to RN5). The most important descriptor to note in RN level 1 is that 'an employee at this level performs their duties... under the general guidance of, or with general access to a more competent registered nurse (RN) who provides work related support and

direction'. The ANF is aware that some practices consider that access to a doctor is sufficient to bring an RN within this classification, however this is incorrect. As many practices have only one RN on duty at any particular time, this means that in many cases RNs should be classified as RN2 or higher.

Whether a particular practice nurse is RN2 or RN3 is more difficult to determine and the whole range of duties performed by the nurse needs to be taken into account in reaching a conclusion, however some general comments can be made.

Nurses at RN2 are more engaged in using assessment tools and clinical procedures. They will often work autonomously and may have postgraduate qualifications. Nurses at RN3 deliver more complex care, information and advice, and will almost always have postgraduate qualifications, however there may also be some who have learned relevant skills on the job.

Nurses are more likely to be properly classified at RN level 3 if they prepare chronic disease care plans (diabetes education, asthma education, coronary care) or provide women's health advice (sometimes including Pap smear provision depending on the level of advice provided) or external immunisation clinics. The key point is that in most cases the nurse at this level will be performing complex work independently, without the direct supervision or attendance of the doctor (subject to the normal collaborative arrangements).

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The award specifies five pay points for enrolled nurses and provides that progression to the next pay point is annually, or in the case of a part-time or casual employee upon 1786 hours of experience. Importantly, the ANF's view is that years of experience refers to experience in the industry of nursing, not practice nursing and not experience with the particular employer. The award makes no allowance for ENs who can administer medications or who have supervisory responsibilities beyond the usual EN role. We strongly urge ENs with these qualifications or responsibilities to negotiate a higher rate of pay with their employer.

The ANF's recent application to the Fair Work Commission for an authorisation to bargain on behalf of practice nurses has not been finally determined, however the application has led to fruitful negotiations with several employers for an enterprise agreement to apply to their practice nurses. In-principle agreement between those employers and the ANF has been reached and (at the time of writing) the agreements should be voted on by employees soon.

These agreements have produced classification structures more suited to the practice nurse sector.

For example, the (in-principle) Healthscope agreement sets out four levels of registered nurse and states that 'Level 3 [the lowest RN level] is effectively a Treatment Room Practice Nurse, encompassing the broad range of knowledge and skills necessary to effectively function in general practice, including but not limited to triage, assisting with minor procedures, wound management, basic health assessment and promotion, ear syringing and immunisations/injections under supervision' and 'Level 4 [Advanced RN] perform[s] duties of a specialised nature (especially in relation to Chronic Disease Management)'.

The agreements additionally provide affected nurses with a clearer career path plus wages closer to those of nurses performing comparable duties in the acute sector.

For example, the Healthscope agreement will provide rates from mid-2013 as follows:

- Enrolled nurses: approximately \$22-\$25.50 per hour
- Registered Nurse (treatment room): approximately \$29-\$34 per hour
- Registered Nurse (advanced): approximately \$37-\$40.50 per hour
- Nurse Practitioner: \$50.75 per hour

This accords with evidence given during the case in the Fair Work Commission that better employers pay around these rates. These agreements demonstrate the value of entering into enterprise agreements with your employer. Not only can agreements deal with wages and classification structures, but they can deal with conditions as well, e.g. leave, professional development.

For further information on agreement-making, or for interpretation of the modern Nurses Award, contact APNA or the ANF.

You can download the Nurses Award 2010 in the Careers section of the APNA website.

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