SA Health and ANMF (SA Branch)

Nursing and Midwifery Career Structure Review
2015 – 2016

PROJECT FINALISATION REPORT
May 2016
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1. Document Status

Status: This document is the final project report

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Document revision history

<table>
<thead>
<tr>
<th>Version</th>
<th>Issue date</th>
<th>Section, page, text revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>May 2016</td>
<td></td>
</tr>
</tbody>
</table>
2. Introduction

2.1 The purpose of this report is to:

- Provide recommendations for changes to the current public sector nursing and midwifery career structure.
- Provide final feedback on the outcomes of the project.
- Ensure that the objectives have been addressed.
- Ensure that lessons learned from the project are recorded for future use.
- Ensure the project is closed and all relevant documents are archived.

Acceptance of this document verifies the completion of the project.

2.2 Background to the SA Public Sector Career Structure Review 2015-16

The Career Structure Review/Classification Descriptors Project was undertaken in accordance with the agreed Terms of Reference, as per Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement (EA) 2013, page 68.

SA Health and the Australian Nursing and Midwifery Federation (ANMF) (SA Branch) have undertaken a joint review of the Nursing/Midwifery career structure/classification descriptors including the reclassification criteria as presently in place and provided by the Nursing/Midwifery (SA Public Sector) Agreement 2013.

3. Objectives, Outcomes and outputs

3.1 Objectives and scope

The aims of the career structure review incorporates criteria from appendix 8A of the 2013 SA Public Sector Nursing and Midwifery Enterprise Agreement. These are also documented in the Project Plan.

- To ensure that the nursing and midwifery structure reflects the contemporary health system in which work is performed;
- To anticipate further change and reform including those reforms to improve efficiency and productivity of the health system;
- To ensure that positional authority, accountability and responsibilities should be made clear and the structure should avoid, wherever possible, role duplication, unnecessary overlap and/or shared accountability;
- To ensure any change to the structure is within the current Nursing/Midwifery budget set by SA Health, and is cost neutral;
- To ensure that any change to the structure is to achieve a sustainable model for the medium to long term;
- Ensure a classification structure which reflects professional growth and progression within an organisational structure;
- Ensure the nursing and midwifery structure is organised in a manner that reflects the relative work value of the roles identified within the structure;
- Structures should identify roles within the practice stream (i.e. the roles that provide/facilitate direct patient care and services to clients) as well as the roles that are necessary within particular organisational contexts to resource and support the practice stream;
Positional authority, accountability and responsibilities should be made clear and the structure should avoid, wherever possible, role duplication, unnecessary overlap and/or shared accountability;

Any proposed change to the structure will lead to an efficient model and remove duplicated effort;

Examine whether the structure(s) and descriptors remain appropriate and capable of meeting the needs of nursing/midwifery staff and health services given impending and emerging workforce redesign/reform;

Consider career structure models, including career paths, succession planning;

The structure should recognise skills/qualifications, role attraction and progression;

National or international career structure models should be reviewed;

The structure should describe describing discrete roles (such as Nurse Practitioner Candidate/Nurse Practitioner) and/or Advanced Clinical Practice Consultant; and

The structure should articulate careers from undergraduate nursing and midwifery students or enrolled nursing cadets into Registered Nurse/Midwife and/or Enrolled Nurse structures.

The key performance indicators:

- Engagement and consultation has with a wide range of key stakeholders across all public health settings, nurses/midwives and the ANMF (SA Branch) members;
- Establish collaborative working relationships with all parties;
- Establishment of working groups/committees;
- Develop project plan;
- Development of time lines; and
- Undertake a targeted literature search.

Project Scope

The populations being considered are:

- All South Australian public sector nurses, midwives and assistants in nursing/midwifery; and
- All key stakeholders and other interested parties.

3.2 Outcomes

Any variations to the current career structure need to be agreed upon between both parties and lead to an efficient and accurate reflection of contemporary nursing and midwifery practice.

3.3 Primary Output

- Updated career structure ready for 2016 Nursing/Midwifery (Public Sector) EA negotiations.
4. Project documentation

4.1 Project Plan

The first step of the planning phase focussed on the development of a comprehensive and targeted project plan which outlined the agreed objectives, scope, milestones and project deliverables and incorporated project management documents.

4.2 Project schedule

<table>
<thead>
<tr>
<th>Milestone/Deliverable</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PROJECT INITIATION AND PLANNING</strong></td>
<td></td>
</tr>
<tr>
<td>• Identify key stakeholders</td>
<td>May 2015</td>
</tr>
<tr>
<td>• Determine priorities and goals</td>
<td>May 2015</td>
</tr>
<tr>
<td>• Develop project documents (Project plan, work breakdown structure, risk register, quality management plan. Communications plan, timeline, stakeholder analysis)</td>
<td>May 2015</td>
</tr>
<tr>
<td><strong>INFORMATION GATHERING – literature search</strong></td>
<td></td>
</tr>
<tr>
<td>• Alternative career structures</td>
<td>May-June 2015</td>
</tr>
<tr>
<td>• Relevant frameworks</td>
<td>May-June 2015</td>
</tr>
<tr>
<td>• Research evidence</td>
<td>May-June 2015</td>
</tr>
<tr>
<td>• Career structure models</td>
<td>May-June 2015</td>
</tr>
<tr>
<td>• Career paths</td>
<td>May-June 2015</td>
</tr>
<tr>
<td>• Mapping of skills, qualifications, role attraction and progression applicability of describing discrete roles</td>
<td>May-June 2015</td>
</tr>
<tr>
<td><strong>PROJECT IMPLEMENTATION</strong></td>
<td></td>
</tr>
<tr>
<td><strong>SURVEYS</strong></td>
<td></td>
</tr>
<tr>
<td>• Develop Survey questions</td>
<td>June 2015</td>
</tr>
<tr>
<td>• Develop communication strategy regarding surveys</td>
<td>June 2015</td>
</tr>
<tr>
<td>• Test survey questions</td>
<td>July 2015</td>
</tr>
<tr>
<td>• Develop electronic survey</td>
<td>July-August 2015</td>
</tr>
<tr>
<td>• Distribute/redistribute surveys</td>
<td>Aug-Sept 2015</td>
</tr>
<tr>
<td>• Compile and analyse survey responses</td>
<td>Aug-Oct 2015</td>
</tr>
<tr>
<td><strong>FOCUS GROUPS</strong></td>
<td></td>
</tr>
<tr>
<td>• Prepare communication strategy regarding focus groups</td>
<td>June 2015</td>
</tr>
<tr>
<td>• Organise focus group members</td>
<td>Aug-Sept 2015</td>
</tr>
<tr>
<td>• Use survey information to inform and run focus groups</td>
<td>Aug-Oct 2015</td>
</tr>
<tr>
<td>• Compile/analyse information gathered</td>
<td>Nov-Dec 2015</td>
</tr>
<tr>
<td><strong>CONSULTATION WITH STAKEHOLDERS</strong></td>
<td></td>
</tr>
<tr>
<td>• Communication strategy implemented. Fact sheets distributed, website updated as needed</td>
<td>June 2015 – May 2016</td>
</tr>
<tr>
<td>• Consultation with key stakeholders on contemporary nursing and midwifery issues related to career structure review</td>
<td>July-Oct 2015</td>
</tr>
<tr>
<td>• Collate any further feedback and suggestions</td>
<td>Jan 2016</td>
</tr>
<tr>
<td>• Communication and education required for EA negotiations</td>
<td>From April –2016</td>
</tr>
<tr>
<td>• Ongoing communication required during Implementation of any changes</td>
<td>September 2016 onwards</td>
</tr>
<tr>
<td><strong>FEEDBACK ALL INFORMATION GATHERED</strong></td>
<td></td>
</tr>
<tr>
<td>• Develop communication strategy</td>
<td>June 2015</td>
</tr>
<tr>
<td>• Website updates</td>
<td>Feb 2016</td>
</tr>
<tr>
<td>• e-bulletins</td>
<td>Ongoing as required</td>
</tr>
<tr>
<td>• Fact Sheets</td>
<td>Ongoing as required</td>
</tr>
<tr>
<td>• Further emails with focus groups</td>
<td>Jan-March 2016</td>
</tr>
<tr>
<td><strong>UPDATE CAREER STRUCTURE USING FEEDBACK</strong></td>
<td></td>
</tr>
</tbody>
</table>
- Make changes to career structure (appendix 8 EA) in line with reviewed materials and key stakeholder feedback December 2015 - April 2016

**LAUNCH CAREER STRUCTURE CHANGES**
- Develop communication strategy April 2016
- Launch as part of EA negotiations April-May 2016
- e-bulletin May 2016
- In touch May 2016
- Presentations April 2016 onwards
- Develop Fact Sheets/FAQ April 2016

**ONGOING COMMUNICATION REGARDING PROJECT PROGRESS**
- CEO/Secretary ANMF (SA Branch)
- CE SA Health
- Steering Committee
- ANMF (SA Branch) members
- Key Stakeholders
- All nurses and midwives

**PROJECT CLOSING**
- Identify any training and familiarisation needs regarding any changes to the career structure Feb-May 2016
- Develop training materials for Implementation of changes March - May 2016
- Review outcomes against the objectives April-May 2016
- Develop other documents/tools e.g. career pathways diagram, Nursing/Midwifery Domains of Practice document For completion after EA negotiations 2016
- Complete lessons learnt document April-May 2016
- Make recommendations for ongoing implementation of changes – needs April - May 2016
- Archive project documents May 2016

### 4.3 Maintenance of project records

Project documents are available electronically via folders at the ANMF (SA Branch). Electronic and/or hard copies of final documents, stakeholder feedback, survey results and consultations will be filed and archived at the ANMF (SA Branch) and by SA Health will be available for future reference.

### 5. Project management

#### 5.1 Planning and Scoping

Initial planning commenced with an extensive literature review to examine and analyse the available international and interstate career structures and role descriptions and relevant research evidence.

A priority actions list was developed by the steering committee prior to the senior project officer’s appointment. A brainstorming session with the steering committee and senior project officer led to the development the agreed project scope. The priority actions list, stakeholder interviews, survey responses and focus group feedback informed the steering committee of views and perceived requirements of stakeholders regarding changes to the current career structure.

A work breakdown structure was developed to organise work packages with timelines and deliverables to monitor and evaluate progress.
5.2 Governance

- The project’s governance structure (comprised of a steering committee with two nominees of SA Health and two nominees of the ANMF (SA Branch) to oversee the review and reported to their respective Executives.
- Progress reports and recommendations were be made to the steering committee and provided to CE SA Health and CEO/Secretary ANMF (SA Branch)
- Any variation to the 2013 Nursing/Midwifery Public Sector Enterprise Agreement were made as agreed between the parties.

5.3 Project Stakeholders & Interested Parties

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Desired Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>SA Health</td>
<td>- Achieve efficiencies&lt;br&gt;- Ensuring within budget and cost neutral&lt;br&gt;- Meets current and future workforce needs</td>
</tr>
<tr>
<td>ANMF (SA Branch)</td>
<td>- Promoting and advancing the profession&lt;br&gt;- Industrial interests&lt;br&gt;- Protecting the interests of nurses</td>
</tr>
<tr>
<td>ANMF (SA Branch) members</td>
<td>- A career structure that provides a range of professional levels.&lt;br&gt;- A structure that is transparent and describes e.g. skills, experience and qualifications</td>
</tr>
<tr>
<td>DCSI</td>
<td>- Achieve efficiencies&lt;br&gt;- Ensuring within budget and cost neutral&lt;br&gt;- Meets current and future workforce needs</td>
</tr>
<tr>
<td>LHNs</td>
<td>- Achieve efficiencies&lt;br&gt;- Ensuring within budget and cost neutral&lt;br&gt;- Meets current and future workforce needs</td>
</tr>
<tr>
<td>All nurses and midwives</td>
<td>- To be rewarded for level of education, role and responsibility</td>
</tr>
<tr>
<td>Universities</td>
<td>- May impact on curriculum</td>
</tr>
<tr>
<td>Interested Parties</td>
<td></td>
</tr>
<tr>
<td>TAFE and other RTOS</td>
<td>- May impact on curriculum</td>
</tr>
</tbody>
</table>
**5.4 Risk Management**

A risk management plan was developed during the planning stage of the project. It was referred to throughout the project and mitigation strategies implemented as required. It can be used during the implementation of any career structure changes.

Refer to risk management plan

**5.5 Resource Management**

Project equipment/resources are owned by ANMF (SA Branch) and SA Health and will remain at the respective worksites.

Project knowledge/documentation will be retained for future projects.

**5.6 Quality Management**

Project quality was managed via ongoing communications with steering committee and project sponsors. Refer to Quality management plan.

**5.7 Communication plan**

A communication plan was developed with input from both SA Health communications department and ANMF (SA Branch) communications team. This plan was effective in developing/maintaining communication throughout the project.

Refer to Communication Plan.

**5.8 Project schedule control process**

*Monitoring by a project steering committee – two meetings per month*

The steering committee monitored the project planning and activities to ensure the design was appropriate and objectives achievable. The steering committee and project officer designed the project scope and reviewed all project documents, including risk and quality plans, and timelines. The Steering Committee provided budget, expenditure and financial oversight.

*Weekly meetings*

The senior project officer met separately and weekly with members from the project steering committee, one member from SA Health and one member from ANMF (SA Branch) to discuss any issues and help with any decisions regarding the operation of the project.

**5.9 Budget Performance**

Senior Project Officer – Salary, wages and on-costs was funded by SA Health.

There was no additional budget monitoring connected with this project, although a small budget for travel and resources was provided by the ANMF (SA Branch).
5.10  Status reporting

Regular reports were sent to Adj Assoc Prof Elizabeth Dabars AM, CEO/Secretary - ANMF (SA Branch) and David Swan – Chief Executive, SA Health. This was done to advise the sponsors of the project progress.

5.11  Evaluation

Evaluation for this report was undertaken by reviewing the original project plan and management documents, progress reports, steering committee minutes and fact sheet updates to check proposed schedule against actual deliverables.

5.12  Project Closure

This project was agreed to be closed after one year of dedicated funding by SA Health, with any outstanding items to be progressed via the SA Health/ANMF (SA Branch) Interest Based Bargaining process to commence in May 2016.

6.  Project Performance

6.1  Performance against objectives and outcomes

The career structure review has met the objectives set out in appendix 8A of the SA Public Sector Nursing and Midwifery Enterprise Agreement 2013.

The key performance indicators were met:

- Engagement and consultation has occurred with a wide range of key stakeholders across all public health settings, nurses/midwives and the ANMF (SA Branch) members;
  - Invitations to be involved in stakeholder consultations, to complete the survey and to be involved in focus groups was advertised via the InTouch magazine, the SA Health website, the ANMF (SA Branch) website, the ANMF (SA Branch) e-bulletin and emailed fact sheets to SA Health staff via the Executive Directors of Nursing/Midwifery of each local health network.
  - Significant level of feedbacks from the surveys, a total of 1200 responses were collated. The data was analysed to inform the steering committee of the possible changes needing consideration and was used to develop the questions posed at the focus groups.
  - Ongoing communication was provided to staff via the ANMF (SA Branch) InTouch magazine, the SA Health website, the ANMF (SA Branch) website, the ANMF (SA Branch) e-bulletin and emailed fact sheets to SA Health staff via the Executive Directors of Nursing/Midwifery of each local health network.

- Collaborative working relationships were established with all parties;

- 23 focus groups were undertaken incorporating all local health networks. There were 250 participants involved in face to face groups, videoconferences, and teleconferences. Feedback was also provided through ongoing email feedback;

- A project management plan and time lines/schedules were developed and adhered to;

- A targeted literature review was undertaken and used to inform consultations and proposed recommendations, including;
  - state and international career structures, domains of nursing, reclassification guidelines, work level standards, nursing and midwifery titles, and equivalent roles.
• Mapping was undertaken to;
  - compare state comparisons of classifications all levels, state and SA comparisons level 6 in depth and role description ideas from other states.

6.2 Performance against outputs

Proposed changes to the career structure have been completed; further changes for consideration, discussion and negotiation have been forwarded to the enterprise negotiation stakeholders. These changes meet the criteria as per Appendix 8A above.

Several other outputs not identified at the commencement of the project have also been drafted and can be completed once enterprise negotiations regarding the changes to the career structure have been decided. e.g. a Nursing and Midwifery domains of practice document.

6.3 Performance against schedules

Although there were slight changes to the schedule time lines and deliverables no deadlines were missed and the project has been completed within the specified timeline.

7. Lessons Learned

7.1 What worked well?

• Overall communication methods were successful in gaining an excellent number of focus group members;
• The review had involvement of staff from all health networks;
• Using teleconferencing as well as site visits for Country Health SA was useful in giving increased numbers of consultations;
• Advertising via both SA Health and ANMF (SA Branch) methods was useful;
• Fact sheets and communication updates used to communicate updates throughout the project were successful in ensuring that information was fed back to stakeholders and staff at all levels; and
• Good relationships were developed between both sites communications teams.

7.2 What could be improved?

• Poor numbers at one LHN;
• No time to go to all individual sites; and
• More time for a second round of staff review and feedback prior to Enterprise Agreement negotiations.

8. Conclusions

This project has been successful in meeting its key objectives. An enhanced career structure has been drafted by the steering committee and forwarded to the enterprise negotiation committee.
### 9. Consultation/Steering Committee Responses Matrix

<table>
<thead>
<tr>
<th>Category</th>
<th>Outcomes from Consultation</th>
<th>Steering Committee Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enterprise Agreement Overall Framework</td>
<td>Staff wanted clearer role descriptions. A nursing/midwifery domains of practice framework has been developed, adapted from the work of Gardner and Duffield from Queensland University. The framework uses 5 domains (direct/indirect patient/client care, support of health service systems, education, research and professional leadership). During consultation there was overall agreement that this framework is useful to describe nursing/midwifery roles.</td>
<td>Development of the Nursing/Midwifery Domains of Practice Framework for use within the EA and in its expanded form as an appendix to the EA. The domains document is in draft form and it could become part of the Implementation Toolkit.</td>
</tr>
<tr>
<td>Career Pathway</td>
<td>Staff wanted a clear career pathway that describes nursing/midwifery streams of practice, educational options, and career advancement pathways.</td>
<td>A career structure pathway has been developed and can be used as part of the 2016 Career Structure as an additional tool/appendix. The career structure pathway is currently in draft form and it could become part of the Implementation Toolkit.</td>
</tr>
<tr>
<td>Benner Novice to Expert Framework</td>
<td>Staff wanted the novice to expert framework to be used within the EA.</td>
<td>The novice to expert framework has been used within the level 1 descriptors and within the career pathways diagram.</td>
</tr>
<tr>
<td>Reclassification for RN/M level 1-4</td>
<td>Staff wanted clearer guidelines for reclassification so the process will be more consistent across the state and within health networks.</td>
<td>Reclassification criteria have been considered with minor changes. Draft reclassification guidelines/templates are being considered and could be further developed during implementation.</td>
</tr>
<tr>
<td>Succession planning</td>
<td>Staff want succession planning supported within the career structure</td>
<td>The steering committee has agreed that one of the issues is workforce renewal. Succession planning and the development of workforce renewal strategies is for further discussion and negotiation.</td>
</tr>
<tr>
<td>Core role descriptors for Level 3 and 4</td>
<td>Need to avoid repetition of role descriptors</td>
<td>Core role descriptors for level 3 and 4 roles have been added.</td>
</tr>
<tr>
<td>Category</td>
<td>Outcomes from Consultation</td>
<td>Steering Committee Responses</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>Greater recognition of hybrid roles at level 3 and 4 RN/M</td>
<td>Staff at smaller sites and in country areas often undertake the roles of more than one classification. They want this to be better recognised.</td>
<td>There has been a change to the description around hybrid roles including a clause around work load division (e.g. 30%)</td>
</tr>
<tr>
<td>Level 3s to report to level 4s</td>
<td>Staff wanted the ability for level 3s to report to level 4. Nursing staff are missing out on community and mental health team leader roles that are being taken by allied health staff due to the issue that level 3 nurses cannot report to level 4 nurses. These level 3 nurses then miss out on professional leadership when team leader jobs are filled by allied health staff.</td>
<td>For further discussion/negotiation regarding the need for level 3s in community/mental health to report to a level 4. Consider a team leader equivalent role for nursing. Consider an allowance at level 3 or a level 4 role.</td>
</tr>
<tr>
<td>Assistants in Nursing/Midwifery</td>
<td>No feedback from AIN/Ms</td>
<td>Role descriptors have been added with a slight change to the supervision descriptor For further discussion/negotiation regarding supervision descriptor</td>
</tr>
<tr>
<td>Enrolled Nurses</td>
<td>Staff wanted role descriptors as none in the current EA. and to incorporate education/training into their role. Consider change to increment progression between 6 and 7 to be automatic, to make progression in line with RN/M 1. Staff highlighted the discrepancy between EN and RN wages. EN pay rates differ depending on whether they have a certificate or a diploma, whereas RNs with a hospital certificate are paid the same as an RN with a Bachelor of Nursing.</td>
<td>Role descriptors have been added under the 5 nursing/midwifery domains of practice. There was discussion regarding removing the structured education needed for an EN to progress from increment 6 to 7 this requires further discussion/negotiation This requires further discussion/negotiation – EA pay discussion regarding the separate pay scales for certificate and diploma ENs</td>
</tr>
<tr>
<td>Advanced Skills Enrolled Nurse</td>
<td>Staff wanted a career structure/pathway, a way of advancement. Staff wanted to be able to have a personal reclassification to the Advanced Skills role, especially after completing their Advanced Diploma. There have been very few appointments to this role. There is discrepancy between how Enrolled Nurses advance to Advanced Skills Enrolled Nurse in comparison to the personal reclassification of level 1 RN/Ms to level 2.</td>
<td>Role descriptors have been added under the 5 nursing/midwifery domains of practice. For further discussion/negotiation to consider whether this remains a appointment based position or becomes a personal reclassification for ENs to bring them into line with RN/Ms.</td>
</tr>
<tr>
<td>Category</td>
<td>Outcomes from Consultation</td>
<td>Steering Committee Responses</td>
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<td>--------------------------------------</td>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Level 1</td>
<td>Registered Nurse/Midwife</td>
<td>Staff wanted expansion of descriptors and team leader added to their role.</td>
</tr>
<tr>
<td></td>
<td>Staff wanted more clarity about expectations regarding portfolios. They state that having two roles is confusing and many are unable to understand the difference between the two roles. They wanted clear differences between the descriptors for level 1 and 2 roles.</td>
<td>Addition of role descriptors under the 5 nursing/midwifery domains of practice.</td>
</tr>
<tr>
<td></td>
<td>The two level 2 roles have been combined and titled Clinical Nurse/Midwife. With or without grandfathering the current A/CSC roles.</td>
<td></td>
</tr>
<tr>
<td>Level 3</td>
<td>Nurse/Midwife Clinical Services Coordinator</td>
<td>Staff wanted a clearer role description to clearly define the differences between CSC and Management Facilitators. They also wanted a shorter more meaningful title that links to their role and that people will understand.</td>
</tr>
<tr>
<td></td>
<td>Staff wanted additional role descriptors and a shorter title</td>
<td>Changes to role descriptors and role descriptors listed under the 5 nursing/midwifery domains of practice.</td>
</tr>
<tr>
<td></td>
<td>Changes to role descriptors and role descriptors listed under the 5 nursing/midwifery domains of practice.</td>
<td>Title change to Nurse/Midwife Unit Manager</td>
</tr>
<tr>
<td></td>
<td>Title change to Nurse/Midwife Consultant</td>
<td>For further discussion regarding needing a shared vision for the N/MUM and N/MM roles</td>
</tr>
<tr>
<td>Level 3</td>
<td>Nurse/Midwife Education Facilitator</td>
<td>Title change to Nurse/Midwife Manager</td>
</tr>
<tr>
<td></td>
<td>Staff wanted additional role descriptors and a shorter title</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Changes to role descriptors and role descriptors listed under the 5 nursing/midwifery domains of practice.</td>
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<tr>
<td>Category</td>
<td>Outcomes from Consultation</td>
<td>Steering Committee Responses</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Additional Level 3 various practice model</td>
<td>Staff wanted addition of a NPC role. A pathway for clinically focussed nurses to become Nurse Practitioners and acquire their 5000 hours of advanced practice. These roles are currently being advertised by SA Health but they are not in the current career structure.</td>
<td>Addition of the Nurse Practitioner Candidate role as a various practice model under the Nurse/Midwife Consultant classification (level 3).</td>
</tr>
<tr>
<td>Nurse Practitioner Candidate (NPC)</td>
<td></td>
<td>Discussion regarding separate classification or addition as a various practice model under Nurse/Midwife Managers.</td>
</tr>
<tr>
<td>Additional Level 3 role After Hours Nurse/Midwife Coordinator</td>
<td>Staff wanted the addition of an after hours coordinator role as the role differs from that of a nurse/midwife manager</td>
<td><em>For further discussion/negotiation</em> in regards to Transforming health proposed future roles e.g. clinical leaders/hospital leaders after hours.</td>
</tr>
<tr>
<td>Level 4 Nurse/Midwife Clinical Services Coordinator</td>
<td>Staff wanted additional role descriptors that clearly define the difference between a level 3 and level 4 and a shorter more meaningful title that links to their role.</td>
<td>Changes to role descriptors and role descriptors listed under the 5 nursing/midwifery domains of practice.</td>
</tr>
<tr>
<td>Level 4 Nurse/Midwife Clinical Practice Consultant</td>
<td>Staff wanted additional role descriptors that clearly define the difference between a level 3 and level 4 and a shorter title</td>
<td>Changes to role descriptors and role descriptors listed under the 5 nursing/midwifery domains of practice.</td>
</tr>
<tr>
<td>Level 4 Nurse/Midwife Education Facilitator</td>
<td>Staff wanted additional role descriptors that clearly define the difference between a level 3 and level 4 and a shorter title</td>
<td>Changes to role descriptors and role descriptors listed under the 5 nursing/midwifery domains of practice.</td>
</tr>
<tr>
<td>Level 4 Nurse/Midwife Management Facilitator</td>
<td>Staff wanted additional role descriptors that clearly define the difference between a level 3 and level 4 and a shorter title</td>
<td>Changes to role descriptors and role descriptors listed under the 5 nursing/midwifery domains of practice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Title change to Advanced Nurse/Midwife Manager</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Title change to Advanced Nurse/Midwife Consultant</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Title change to Advanced Nurse/Midwife Educator</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Title change to Advanced Nurse/Midwife Manager</td>
</tr>
<tr>
<td>Category</td>
<td>Outcomes from Consultation</td>
<td>Steering Committee Responses</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Additional Level 4 role After Hours Nurse/Midwife Coordinator</td>
<td>Staff wanted the addition of an after hours coordinator role as the role differs from that of a nurse/midwife management facilitator.</td>
<td>Discussion regarding separate classification or addition as a various practice model under Nurse/Midwife Managers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>For further discussion/negotiation</strong> in regards to Transforming health proposed future roles e.g. clinical leaders/hospital leaders after hours.</td>
</tr>
<tr>
<td>Separation of the Nurse Practitioner Role from the Advanced Clinical Practice Consultant role</td>
<td>Staff wanted separation of the Nurse Practitioner (NP) role from the Advanced Clinical Practice Consultant (a NP is educated and endorsed to function in an advanced and extended clinical role, therefore the role and descriptors differs for each role). They also want a progressive pathway that recognises increase in competence/knowledge/skills/outcomes that develop as part of the transition from novice to expert NP; recognition that the role differs from other senior clinical roles. Staff want an advanced role for those NPs who are also managing a group of NPs.</td>
<td>The role of Nurse Practitioner has been separated from Advanced Clinical Practice Consultant. Role descriptors have been updated changed under the 5 nursing/midwifery domains of practice. <strong>For further discussion/negotiation</strong> regarding a separate allowance or level 5 position for nurse practitioners who are responsible for managing a group of NPs.</td>
</tr>
<tr>
<td>Level 5</td>
<td>Staff wanted more descriptors including descriptions around accountability.</td>
<td>Changes to role descriptors and role descriptors listed under the 5 nursing/midwifery domains of practice. <strong>For further discussion/negotiation</strong> regarding the 5.2 classification “Nursing/Midwifery Clinical Practice Director” as the role is currently underutilised. <strong>For further discussion/negotiation</strong> regarding this could be a Nurse Practitioner lead/manager role at 5.1 or 5.2 Level 5.3 descriptors changed as steering committee wanted greater description regarding leadership/management responsibilities. <strong>For further discussion/negotiation</strong> along with level 6</td>
</tr>
<tr>
<td>Level 6</td>
<td>Staff wanted changes to increment descriptors as current ones don’t match current work/roles.</td>
<td>Discussion with CHSA level 6 staff to try to develop descriptors. No agreement/decisions made. <strong>For further discussion/negotiation</strong></td>
</tr>
</tbody>
</table>
10. Appendices

1. Quality management plan
2. Communication plan
3. Risk management plan
4. Career pathway example
SA Health and ANMF (SA Branch)


QUALITY MANAGEMENT PLAN
1. **Purpose**

The goals for quality management of The Nursing and Midwifery Career Structure Review are to:
- Ensure quality is planned
- Define how quality will be managed
- Define quality assurance activities
- Define quality control activities
- Define acceptable quality standards

2. **Scope**

The Project team will perform assessments at planned intervals throughout the project to ensure all processes are being correctly implemented and executed.

3. **Reference Documents**

The Project must be aligned with the following available policies and guidelines.
- Nurse Practitioner Directive
- Advanced Skills Enrolled Nurse Implementation Directive – SA Health
- South Australia Health Care Plan 2007-2016
- Nursing and Midwifery Strategic Framework 2013-2015
- Transforming Health (full scope of practice, midwifery led models of care, nurse led services)
- National Maternity Services Plan

4. **Organisational Structure**

Adj Assoc Prof Elizabeth Dabars AM
CEO/Secretary ANMF (SA Branch)

David Swan
CE SA Department of Health and Ageing

Steering Committee (SC)
Jenny Hurley – ANMF (SA Branch)
Rob Bonner – ANMF (SA Branch)
Jenny Fereday – SA Health
Lyn Dean – SA Health

Tracy Semmler-Booth
Senior Project Officer (SPO)

Working groups may be established (WG)
5. Project Team and Responsibilities

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Work Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracy Semmler-Booth</td>
<td>Senior Project Officer</td>
<td>• Project Initiation/planning</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Plan for quality</td>
</tr>
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<td></td>
<td></td>
<td>• Production of project documents</td>
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<td></td>
<td></td>
<td>• Organise reference group/stakeholders/work groups and meetings</td>
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<td></td>
<td></td>
<td>• Develop work breakdown structure</td>
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<td></td>
<td></td>
<td>• Develop communication plan</td>
</tr>
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<td></td>
<td></td>
<td>• Develop timeline</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Undertake nursing and midwifery career structure review</td>
</tr>
<tr>
<td>Rob Bonner</td>
<td>Steering Committee</td>
<td>Provide leadership and governance for the project</td>
</tr>
<tr>
<td>Jenny Hurley</td>
<td></td>
<td></td>
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<tr>
<td>Jenny Fereday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jenny Dunstan</td>
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</tr>
</tbody>
</table>

6. Quality Tasks

Overall Project
- Fortnightly steering committee meetings and as required
- Progress reports and recommendations will be made to the project steering committee
- Progress reports and recommendations will be provided to the CE of SA Health and the Secretary of the ANMF (SA Branch)
- Data management

7. Milestones

How quality will be measured:
- Meeting minutes with actions and outcomes of actions specified
- Evidence of communication with key stakeholders

8. Reviews

- Monthly progress reports

9. Problem reporting and corrective actions

- Risk plan
- Issues plan

10. Tools

- Stakeholder feedback
SA Health and ANMF (SA Branch)


COMMUNICATION PLAN
Project title: Nursing and Midwifery Career Structure Review.

Background

SA Health and the Australian Nursing and Midwifery Federation (ANMF) (SA Branch) as part of the Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013 have commenced the joint review of the South Australian Nursing/Midwifery Career Structure/Classification Descriptors for public sector nurses and midwives.

The Career Structure Review/Classification Descriptors Project will be undertaken in accordance with the agreed Terms of Reference, as per Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013, page 68.

Project Management

A majority of the project work will be undertaken by the senior project officer. A project steering committee has been established to provide leadership and governance for the project. Membership
of the committee comprises two nominees from SA Health and two nominees from ANMF (SA Branch).

Senior Project Officer – Tracy Semmler-Booth

SA Health committee members
Jenny Fereday, Executive Director Nursing and Midwifery, Women's and Children's Health Network
Jenny Dunstan, Director, Workforce Relations

ANMF (SA Branch) committee members
Rob Bonner, Director Operations and Strategy
Jenny Hurley, Manager: Professional Programs

Objectives for the Communication Plan

The objectives of the communication plan are:

- To provide the identified target audience with timely effective communication;
- To determine at which stages of the project communication is needed and with whom;
- To outline what needs to be communicated to the various stakeholders involved in the project;
- To outline the most effective communication tools that should be used at each stage of the project.

Target Audience

Primary
- Nurses and Midwives
- Assistant in Nursing/Midwifery
- SA Health Nursing and Midwifery Office
- ANMF (SA Branch)
- Office for the Public Sector (formerly Public Sector Workforce Relations)

Secondary – other interested parties
- Managers – Department for Health and Ageing, Local Health Networks, Department for Communities and Social Inclusion
- Key stakeholders as identified by the steering committee

Tertiary – education and training providers
- Universities involved in Nursing and Midwifery programs
- Registered Training Organisations including Technical and Further Education South Australia (TAFE SA) who provide nursing education and health certificate training
- Nursing and Midwifery Board of Australia
- Department for Education and Child Development
**Barriers/Critical Success Factors**

- Effective and timely communication with identified target audience groups.
- Agreement between SA Health and the ANMF (SA Branch) on messaging during project.
- Sufficient financial and human resources to achieve the communication goals.
- Support from the workforce to ensure there is sufficient input into the career structure review.
- Appropriate communications via a variety of sources that resonate with the target audience and enable easy uptake (i.e. quick and accessible).

**Tone and language**

It is important that any communication relating to this project uses a common tone and language. This is to ensure consistency of message and enhance the credibility of the communication which in turn develops trust with the audience.

**Open lines of communication**

It is important that communication is open and transparent right from the beginning of the project. Set out the reasons for the project, any key dates (including opportunities for stakeholders to provide input/feedback) and what outcomes are expected.

**Tone**

Messages will obviously need to be professional and factual but where possible should keep a personal tone so it is clear the communication has come from a person. This will help people understand that there is a genuine desire to engage and consult.

**Consistency of language**

To ensure that all messages are consistent, it is important that a common language is used. The key messages outlined in this strategy should therefore be used throughout all communications. It is also important that if there are specific aspects of a project which are not covered by these key messages, a common language is developed during the initial planning stage for these aspects and that is adhered to throughout the project.

**Simple to understand**

Given the collaborative nature of this particular project, it is preferable to avoid government-specific, industrial-specific or technical terms. The aim is to keep language simple and don’t use acronyms or abbreviations without explaining what they are.

**Encourage feedback**

Where practical, include a feedback mechanism with each piece of communication and encourage people to use it. Ideally this should be personalised by nominating one or two people to whom enquiries can be directed via phone or email. If this is not possible, direct people to a generic e-mail address.

Avenues for feedback should be regularly monitored and enquiries responded to in a timely manner.

**Pay attention to feedback**

If there has been a particular theme to the feedback provided at any point in the process, address this in the next communication to show that feedback is being listened to and acted upon.
Key Messages

Primary messages

Joint review

- SA Health and the ANMF (SA Branch) are undertaking a joint review of the nursing and midwifery career structure and classification descriptors
- The joint review was agreed to as part of the Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2013
- A Steering Committee has been established comprising senior leaders from SA Health and the ANMF (SA Branch) to consider the needs of nurses, midwives, patients, clients and health units across all Local Health Networks

Secondary messages

Structure and roles

- Nursing and midwifery staff should work within a structure which reflects professional growth and progression within an organisational structure. The classification level is defined by capacity, responsibility and accountability and reflects the novice to expert framework.
- Nursing and midwifery structures should be organised in a manner that reflects the relative work value of the roles identified within the structure.
- Nursing and midwifery structures should contain roles that describe meaningfully the work performed from the point of entry to nursing/midwifery to the most senior levels including descriptors for roles covered by the Enterprise Agreement.
- The enterprise agreement should provide a framework for consistent application of organisational principles, values and role descriptors.
- Structures should identify roles within the practice stream (i.e. the roles that provide/facilitate direct patient care and services to clients) as well as the roles that are necessary within particular organisational contexts to resource and support the practice stream;
- Positional authority, accountability and responsibilities should be made clear and the structure should avoid, wherever possible, role duplication, unnecessary overlap and/or shared accountability.

Contemporary health and Sustainability

- The nursing and midwifery structure must reflect the contemporary health system in which work is performed and anticipate further change and reform including those reforms to improve efficiency and productivity of the health system;
- Whether the structure(s) and descriptors remain appropriate and capable of meeting the needs of nursing/midwifery staff and health services given impending and emerging workforce redesign/reform (including Transforming Health).
- Whether roles and duties specified in the current agreement reflect the work required of nursing/midwifery staff within a range of work settings/environments and current models for contemporary practice
- An increasing demand for services and challenging financial climate mean it is vital that any new career structure considers innovative measures to support nurses and midwives in the future
- It is important that the career structure ensures nurses and midwives are working to the full scope of their practice
Other matters for consideration

- Career structure models, including career paths, succession planning;
- Recognition of skills/qualifications, role attraction and progression;
- Reference to national or international career structure models;
- Applicability of describing discrete roles (such as Nurse Practitioner Candidate/Nurse Practitioner) and/or Advanced Clinical Practice Consultant;
- Career articulation from undergraduate nursing and midwifery students or enrolled nursing cadets into Registered Nurse/Midwife and/or Enrolled Nurse structures.
- Any proposed change to the structure will lead to an efficient model and remove duplicated effort

Information/Participation

- SA Health and the ANMF (SA Branch) aim to make the process as open and accessible as possible
- Key updates will be provided throughout the review process
- The outcomes of the career structure review could impact on your role description including positional authority, accountability, responsibility and career progression
- Every public sector nurse/midwife and Assistant in Nursing/Midwifery is encouraged to get involved in the Nursing and Midwifery career structure review
- Participate by reading any information distributed and keeping up to date with the reviews progress
- Complete any online surveys that will be distributed throughout the year
- Attend information sessions at your worksite
- Volunteer to be part of a focus group
- Ask questions if there is anything that you don’t understand or that isn’t clear
- It will be important for managers to have input into the process to review role descriptions and to understand how proposed changes might impact on health services

Communication Strategy

To provide high quality, timely and useful information for student nurses/midwives, nurses, midwives, managers and key stakeholders about the nursing and midwifery career structure review. Develop effective materials to encourage staff involvement in the review process.

Strategies that need to be communicated:

- Consultation with key stakeholders and members (formal consultation August – October 2015)
- Asking for focus group members (focus groups will be held October – November 2015)
- Report back on information gathered (feedback January – February 2016)
- Further feedback from focus groups, key stakeholders and members (February – March 2016)
- Launch of updated career structure (launch April – May 2016)
- Regular communication of project progress (From June 2015 until project completion).
Communications Tools/tactics

Branding
A style for all materials including use of both the SA Health and ANMF (SA Branch) logos and a graphic created specifically to support the project will be agreed and must be used for all joint communication. Under the South Australian Government branding guidelines, the SA Health and ANMF (SA Branch) logos must not appear to be co-branding so must appear separated by clear space.

SA Health’s Creative Services team will provide a template with a proposed layout for this joint communication which will then be approved by the Steering Committee. SA Health Media and Communications can then provide further guidance and assistance regarding applying this agreed design to specific materials.

SA Health and the ANMF (SA Branch) will utilise their own channels for distributing approved joint messages throughout this project.

Joint communication channels

Face to face communications
‘On the ground’ communications are widely accepted to be the most effective way of communicating with nurses and midwives.

It is recommended that presentations on the career structure review are given as a standing agenda item during regular team meetings rather than standalone sessions to increase attendance. A schedule for presentations will be provided in advance of their expected roll out.

Posters
Posters will be created for use in communal areas of hospitals and health services or any other areas where nurses and midwives may see and read them. They will be provided electronically to LHN Communication Teams and they will be responsible for liaising with nursing and midwifery staff to ensure appropriate distribution.

PowerPoint presentations
A PowerPoint template will be developed to for use at open staff forums.

FAQs
FAQs will be created by the Senior Project Officer based on feedback from the joint review process and distributed as required during the project.

Surveys
Surveys will be a major tool for receiving staff feedback. Surveys will be developed for each classification level. Shorter more specific surveys should gain a higher feedback rate. Links to surveys will be available on the SA Health internet, ANMF (SA Branch) public page and via the e-bulletin.

Focus groups
Focus groups will be established to gather further feedback and discussion on issues that are expressed from the surveys.

SA Health communication channels

Publications
Each Local Health Network (LHN) has its own publications which will carry information on the review
and where it is up to. Where there is no new update content available it would be useful to just have
a short reminder for people to register for updates and to provide feedback whenever possible.

**Director of Nursing/Midwifery (DON/M) meetings/staff meetings**
The career structure review will be added as a regular agenda item at these meetings just reminding
staff of the importance of engaging with this review, of completing surveys on the subject and of
attending presentations when available. This can be done at intervals deemed appropriate by the
relevant DON/M.

**Ward communication books and handovers**
Publications/notices will be included in ward communication systems (e.g. communication book)
reminding people of the importance of the career structure review and of engaging and taking part
in the process.

**Intranets**
A link will be created on the home page of each LHN intranet to the Nursing and Midwifery career
structure review page on the SA Health website.

**Updates**
E-mail updates will be printed off and left in communal areas such as staff rooms or tea rooms. LHN
Communications Teams will liaise with nursing and midwifery staff to ensure this is done.

**Social media**
SA Health uses Facebook and Twitter to distribute messages about healthy living only. Projects such
as this are not considered to be suitable for communication via the SA Health social media channels.

**SA Health internet**
To ensure transparency, the SA Health internet will require a page explaining the review process and
outlining key milestones. FAQ documents and any additional resources which are developed during
the process can also be held on this page for use by staff at other sites. The location of this
information will be the ‘Nursing & midwifery’ page under ‘Work with us’.

**SA Health intranet**
The SA Health intranet will require a link to the relevant landing page on the SA Health website.

**Nursing and Midwifery Officer Communiqué**
This publication is produced by the Nursing & Midwifery Office and published on the NursingSA
website. This will contain messages about the review as needed.

**Communication to Department of Communities and Social Inclusion (DCSI) nurses**
DCSI nurses will access information through SA Health sites. T Semmler-Booth will be the conduit to
alert DCSI when new communications are launched.

**ANMF (SA Branch) communication channels**
**ANMF (SA Branch) electronic communication with members**
ANMF (SA branch) has 19,000 members. Members can be contacted via email, and SMS
notifications.

**Publications**
The ANMF (SA Branch) weekly e-Bulletin provides the latest information on upcoming events, special
offers, member services, news and items of interest to ANMF (SA Branch) members. The InTouch
magazine is a monthly publication for members. Updates on the career structure review and reminders regarding staff involvement can be communicated via these written media tools.

**Web based information ANMF (SA Branch) internet**
A page explaining the review process and outlining key milestones, FAQ documents, any additional resources which are developed during the process and a link to the electronic surveys will be available from the public page with no log in required.

**Social media**
Information about the review and reminders about surveys can be posted on Facebook and Twitter

**Webinars**
Webinars may be used to hold focus groups in rural and remote areas if face to face communication is not a viable option.

**Video Podcasts**
Video podcasts can be produced at key intervals of the review and uploaded to YouTube and distributed via electronic media.

**Budget**
No specific/extra budget. The project needs to be cost effective as it needs to be absorbed within current ANMF (SA Branch) budget.

**Approvals**
All communication materials will be developed in consultation with SA Health Media and Communications Branch and ANMF (SA Branch) media and communications officer.

All materials distributed under this communications plan **must** have the final, written approval from the following:-

**SA Health**
Jenny Fereday – Director of Nursing and Midwifery, Women’s and Children’s Health Network
Jenny Dunstan – Director, Workforce Relations

**ANMF (SA Branch)**
Rob Bonner – Director Operations and Strategy
Jenny Hurley – Manager: Professional Programs

If either SA Health or the ANMF (SA Branch) have messages they wish to send which do not have approval from the above group, these must be sent out with sole branding from that organisation and not under the joint branding of the review.

**Timing**
The Nursing Career Structure Review commenced May 2015 and will be completed May 2016. All communication strategies will be developed in June/July 2015.
**Evaluation**

The communication plan will be evaluated as part of the overall evaluation of the Initiative.

Key measurables will also include:

- The number of nurses and midwives contacted and uptake (emails read, links clicked on, time spent on site);
- The number of nurses and midwives involved in work site meetings and information sessions;
- % response from surveys (time spent doing surveys); and
- The number of people involved in focus groups.
## RISK MANAGEMENT PLAN

<table>
<thead>
<tr>
<th>ID</th>
<th>Risk impact category</th>
<th>Level of impact</th>
<th>Probability</th>
<th>Description of risk</th>
<th>Impact description</th>
<th>Mitigations action Strategy</th>
<th>Responsibility</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>High</td>
<td>Major</td>
<td>Moderate</td>
<td>Low response rate from electronic surveys</td>
<td>Inadequate feedback from staff</td>
<td>Follow up email reminders</td>
<td>Senior project officer and communications team SA Health and ANMF (SA Branch)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Difficulty getting members for working groups</td>
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<tr>
<td>2</td>
<td>High</td>
<td>Major</td>
<td>Likely</td>
<td>Staff too busy to attend information sessions</td>
<td>Difficulty getting messages out about possible changes</td>
<td>Offer many opportunities for attending a meeting</td>
<td>Senior project officer and communications team SA Health and ANMF (SA Branch)</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Online forums Webinars Written information send out to worksites and members</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Low</td>
<td>Minor</td>
<td>Likely</td>
<td>Changes suggested by key stakeholders do not fit within current budget and are not cost neutral</td>
<td>Key stakeholders unhappy that plans not incorporated into career structure</td>
<td>Communication regarding reasons for exclusions</td>
<td>Senior project officer and communications team SA Health and ANMF (SA Branch)</td>
</tr>
<tr>
<td>4</td>
<td>High</td>
<td>Major</td>
<td>Moderate</td>
<td>Run out of time to complete the project</td>
<td>Unable to complete project within the required timeframe</td>
<td>Attempt to adhere to timeframes</td>
<td>Senior project officer and steering committee</td>
</tr>
</tbody>
</table>