



Nursing and midwifery within organisational structures

Organisational structure refers to the management and employment arrangements in acute care, aged care, community and primary health care and ambulatory care services. It is generally depicted in an organisational chart and should be supported by policies that outline the roles and responsibilities for managers in the organisational management structure.

At the operational level of the organisational structure⁴, nursing and midwifery practice and all components of the nursing or midwifery role, as well as organisational elements which impact on nursing and midwifery practice, must be managed by appropriately skilled and experienced nurses or midwives.

It is the policy of the Australian Nursing and Midwifery Federation that:

1. Nursing and midwifery leadership is the linchpin to achieving quality and safety, therefore it is critical that registered nurses and midwives hold positions that lead, represent and advocate for the provision of nursing and midwifery care.
2. Nurses and midwives must lead the nursing and midwifery professions' clinical governance at the executive level. It is essential nurses and/or midwives lead, represent and advocate for the professions on executive boards and in centralised structures such as Departments of Health, private health services and in senior management of Residential Aged Care Facilities. Rural and remote hospitals/health services have unique needs and require on-site nursing and midwifery leadership and management.
3. The structure and number of nursing and midwifery positions within organisational structures must be arranged so that reasonable workloads and clinical support for all nurses and midwives in all positions is assured. The resources required to perform all nursing and midwifery roles must be available.
4. Multidisciplinary teams must include a senior nursing or midwifery position.
5. All nursing and midwifery positions should include nurse/midwife in the position title.
6. The primary function of health services including hospitals, aged care, community and primary health care and ambulatory care services is the provision of health care across the continuum of health promotion, prevention, diagnosis and treatment of injury, illness and health conditions. Organisational structure, policies and processes must clearly demonstrate the nursing and midwifery leadership within the governance model.
7. The structure and function of health service organisations should provide career pathways for all employees. Pathways for career progression in clinical care, management, education and research are best provided by the implementation of structures which encourage and reward increased responsibility, depth and breadth of knowledge and skills, and demonstrated expertise, all of which contribute to increased job satisfaction and improved service outcomes.
8. Any process of organisational restructuring that affects nursing and midwifery positions must involve genuine consultation and negotiation including, but not limited to:
 - a) involvement of the relevant ANMF Branch;
 - b) ANMF representation on committees established to review, propose or trial structural changes;
 - c) ANMF access to the recommendations and rationale of any reports relating to nursing and midwifery positions; and



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- d) mechanisms which ensure open discussion with all ANMF members in the facilities affected by management proposals for structural change.
9. Any proposals for changes to nursing and midwifery roles, position descriptions, titles, lines of accountability, reporting relationships, responsibilities, clinical governance, position numbers, and any related matters must be negotiated with representative/s from the relevant ANMF Branch and the nursing or midwifery staff likely to be affected. All proposals should include risk assessments to determine the impact on the safety and quality of care.
 10. If organisational structures are decentralised to a regional level, positions providing for regional nursing or midwifery leadership and practice coordination must form part of the regional executive structure (for example, regional or area director of nursing and midwifery positions). Where appropriate in terms of size and the nature of the health service, combined director of nursing/chief executive officer roles are supported, provided that incumbents are registered to practice as a registered nurse and/or midwife and there are sufficient additional nursing and midwifery resources to support this combined role.
 11. If organisational structures are decentralised to a health service organisation level (for example, hospital or community health centre), the director of nursing role must maintain organisation wide responsibility for nursing and midwifery management, nursing and midwifery standards of practice, nursing and midwifery finances (including budgets), professional activities for nurses and midwives and assistants in nursing*, and representation of nursing and midwifery at the executive level. Additionally, the corporate nursing and midwifery structure should include nursing and midwifery roles with responsibility for staffing, personnel, finance, research, quality assurance, education, and information technology functions.
 12. If organisational structures are decentralised to a unit level (for example, clinical directorates or clinical units), unit level management must reflect equal and complementary relationships among registered nurses and midwives and medical practitioners. Infrastructure support of unit level management should include appropriate information technology systems, management support, the necessary delegated authorities, and financial advice and support. Additionally, nursing and midwifery practice must be managed by appropriately skilled and experienced nurses or midwives. The management process may vary according to the size of the unit, service needs, demographics, acuity levels, models of nursing and midwifery practice and relevant current evidence-based practice.
 13. Wage differentials between levels of nurse, midwife or assistants in nursing and career structure salary levels should reflect the difference in work and role responsibility at each level. Each career structure level should have a clear and distinct delineation of role and responsibilities, accountability, autonomy and delegated authority. The remuneration of nurses, midwives and assistants in nursing should reflect the principle of equal pay for work of equal value. It should also reflect the value of work undertaken that is underpinned by evidence of improved health outcomes.
 14. Incremental salary progression within career structure levels should recognise the further development of knowledge and skills as a specific outcome of experience and/or education, within each level of responsibility.
 15. Flexible employment patterns (for example, part time employment) should be recognised in all roles at all levels.
 16. Professional practice principles, including ongoing education and professional development, formalised performance review or peer review and the promotion of evidence based practice must be supported at all career structure levels.

*The term assistant in nursing also refers to care workers (however titled)



*Endorsed by Federal Council April 1994
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