

**Submission by the Australian Nursing and Midwifery Federation**

**2024-25**

**PRE-BUDGET**

**SUBMISSION**



**Australian  
Nursing &  
Midwifery  
Federation**



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## INTRODUCTION

### **The Australian Nursing and Midwifery Federation (ANMF) welcomes the opportunity to provide input to the 2023-24 Australian Government Budget.**

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 320,000 nurses, midwives and care workers across the country.<sup>1</sup>

The ANMF believes that in our wealthy, well-resourced country, every Australian should be able to access and receive safe, high quality, timely care, which is delivered according to their wishes, in a place of their choosing. The nursing, midwifery, and care-worker workforce is central to achieving this aim.

Australia has faced various longstanding system pressures and failures, including a significant shortfall in the size of the nursing, midwifery, and carer workforce across several sectors including most notably aged care, rural and remote health, mental health, primary healthcare, and maternity care. Australia has an aging overall population and health workforce, evolving and more complex and severe chronic and acute health conditions, and enduring impacts of the COVID-19 pandemic and other health and wellbeing crises including the impact of climate change and global economic, political, and social pressures. These factors and more have also combined to augment pressure on the healthcare workforce with a growing awareness of the widespread, significant, and damaging personal and broader effects of stress, burnout, occupational violence, and the cost of living.

Despite welcome and long-awaited reforms implemented by the Labor Government including significant aged care reforms, an ongoing scope of practice review, development of a national nursing workforce strategy, and commitments to further addressing various challenges across the breadth of the Australian healthcare landscape, much remains to be achieved. The Labor Government has shown its commitment to recognising and valuing the nursing, midwifery, and care worker workforce, however the workforce

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<sup>1</sup> Care workers can be referred to by a variety of titles, including but not limited to 'assistant in nursing', 'personal care worker', and 'aged care worker'.



must still be better supported and funded to both realise its full potential in terms of contribution to the health and wellbeing of the community and in terms of working sustainably in safe, rewarding, and valued careers and workplaces.

To maximise and sustain the contributions of nurses, midwives, and care-workers to Australia's health and aged care sectors, ongoing reforms across Government policy are necessary. The adoption and implementation of the ANMF's recommended policy reforms would result in improved cost efficiency for Governments and employers, increased patient/client satisfaction, better health and well-being outcomes, and nurses, midwives, and carer workers and students being generally safer, happier, and healthier in their roles. This would result in better education outcomes, employment, recruitment, and retention and help to support a more sustainable and effective healthcare workforce across the gamut of contexts and fields across Australia.

The ANMF has four priorities for workforce and system support and reform:

1. Nursing, midwifery & care-worker workforce reform
2. Aged care reform
3. Improved equity in access to health care
4. Gender equity

Our submission outlines the actions required to achieve improved contribution and utilisation of the nursing, midwifery, and care-worker workforce to enhance the overall health and wellbeing of our diverse community and to better protect, support, and improve the health, safety, and wellbeing of workforce itself.

Annie Butler  
Federal Secretary

Lori-Anne Sharp  
Federal Assistant Secretary



## NURSING, MIDWIFERY AND CARE-WORKER WORKFORCE REFORM

1. To retain the workforce of currently practising nurses, midwives, and care workers and to sustainably build this workforce for Australia's future, the number of staff leaving the professions, reducing hours, or moving into casual contracts to find employment that supports improved health, safety, and wellbeing or that better suits their lives and aspirations must be dramatically reduced. Less experienced new graduates and senior staff with decades of experience are both immensely valuable and critical to the operation and maintenance of an effective healthcare sector. Australia must ensure that both enough new staff (e.g., new graduates and internationally qualified staff) enter the workforce to replace those who retire as well as safeguarding appropriate and rewarding roles for experienced senior staff to maintain and pass on valuable knowledge and expertise.
2. This submission focuses on actions required from the Federal Government but acknowledges that reforming, growing, and supporting the nursing, midwifery, and care-worker workforce demands additional genuine combined efforts from state/territory governments too.

### Workforce Retention

3. Retaining suitably qualified and experienced nurses, midwives and care-workers in the workforce is the most urgent priority. The pandemic amplified pre-existing challenges across many contexts where nurses, midwives, and carers work and ongoing impacts have resulted in an increasing number of staff leaving their roles and the professions more broadly. This is a serious risk for the health, safety, and wellbeing of both the wider Australian community and for staff who remain working in short-staffed environments.
4. There are several areas where reforms are needed; flexible work arrangements and associated rostering, postgraduate education and support, career mentoring and preceptorship for new graduates and nurses and midwives returning to practice, and the retention of older nurses and midwives.



### Flexible Work Arrangements and Associated Rostering

- a. The ANMF recommends that the Federal Government contribute funds to states and territories to support projects to implement employee-centred work arrangements and rostering.
5. Most contexts where nurses, midwives, and care workers are employed operate 24 hours a day, 7 days a week. Many employers unnecessarily require their staff to be available 24/7 instead of acknowledging that offering employees the shifts they want might be a strong incentive to work in the system rather than a barrier. This issue has already begun to be addressed in the state of Victoria. A combined effort is recommended where the Federal Government should provide a financial contribution to each state and territory to assist them to conduct dedicated jurisdictional projects similar to Victoria to develop employee-centred rostering principles.

### Postgraduate Education and Support

6. Beyond the need to grow and sustain the nursing, midwifery, and care worker workforce more broadly, there is an urgent need to increase the number of staff working in specialty areas including but not limited to critical care, emergency, aged care, mental health, dementia care, palliative care, and primary care. There is also an urgent need to increase the number of midwives, particularly in rural and remote areas and for First Nations communities.

The ANMF recommends that the Federal Government:

- a. Increase funding for Commonwealth Supported Places (CSP) to support nurses and midwives to undertake postgraduate studies in targeted clinical areas of need.
- b. Substantially increase ringfenced funding for additional scholarships for postgraduate education (Masters – research and coursework, PhD, certificate, and diploma) in nursing and midwifery.
- c. With currently rising costs of living, including education costs for both undergraduate and postgraduate studies, many nurses and midwives find that undertaking further studies for practice in specialist clinical areas is cost prohibitive. In addition to the measures outlined above, the ANMF recommends that the Federal Government provides full HECS debt relief to all nurses and midwives.



### **Career Mentoring and Preceptorship for New Graduates and Nurses/Midwives Returning to Practice**

7. It is well known that effective and supported transition to professional practice is an important factor to the retention of nurses and midwives. This applies to both new graduates entering the workforce for the first time as well as to experienced practitioners returning to the workforce after a career break or moving to a new area of practice or specialty. In many contexts, high quality transition to professional practice programs, especially those that target older and/or experienced nurses and midwives are not available or are not well supported (e.g., by not providing sufficient staffing to cover work undertaken by mentors/preceptors).
  - a. The ANMF recommends that the Federal Government fund dedicated nursing/midwifery clinical support positions (however titled), for example 'clinical nurse/midwife coaches' to enable both new graduate and returning practitioners to be supported and mentored as they become confident and autonomous practitioners. This could also support retention of older, experienced nurses as they transition to retirement.

### **Retention of Older Nurses, Midwives, and Care Workers**

8. Preventing, reducing, or replacing the loss of skills and expertise of older, experienced staff is a significant challenge facing the Australian workforce. This has been amplified following the COVID-19 pandemic and increased the burden placed on many frontline healthcare staff. The growing cost of living crisis also means that many older workers have little choice but to continue working to make ends meet or prepare for retirement. Policies must be put in place to enable workers to 'age well' and remain in the workforce if they choose or need to.

The ANMF recommends that the Federal Government works with states and territories to:

- a. Provide flexible working opportunities that meet the needs and preferences of older workers.
- b. Ensure older nurses and midwives have equal access to relevant learning and career opportunities.
- c. Ensure occupational health and safety policies that enable the wellbeing of older workers.
- d. Support job re-design to reduce heavy workload and stress and support job enrichment to optimise the contribution and wellbeing of older workers.
- e. Support older workers in advanced and specialist practice, mentorship, and preceptor roles.



## Workforce development and recruitment

### Education and Training

9. To ensure sustainable growth of the nursing, midwifery, and care worker workforces there must be enough tertiary education places which are widely accessible and not cost prohibitive. Education and training opportunities should also be designed and offered with acknowledgment of the needs and preferences of a diverse range of students with a variety of educational backgrounds and life experiences.

The ANMF recommends that the Federal Government:

- a. Provide additional Commonwealth Supported Places for undergraduate nursing and midwifery students following consultation and collaboration with states and territories and the territory education sector to determine demand.
- b. Implement reforms to scale up paid employment models for nursing and midwifery students.
- c. Increase subsidies for HECS fees for those undertaking nursing and midwifery studies.
- d. Support pipeline of future enrolled nurses by introduce more free places for nursing diploma study, particularly in states and territories where it does not exist.
- e. Provide free places for care workers to attain Cert III/IV with ability to articulate to Diploma and/or Degree courses.
- f. Provide financial support for enrolled nurses who continue their studies to become registered nurses and/or midwives.
- g. Provide targeted grants to fund course costs and employment of those undertaking recognised return to practice/refreshers programs.
- h. Provide targeted grants to fund course cost and employment of First Nations Peoples.
- i. Provide targeted grants to fund course cost and employment for Nurse Practitioner Candidates and midwives seeking to become Eligible Midwives.

### Support During Clinical Placements

10. Nursing and midwifery students must complete 800 clinical placement hours to fulfil the requirements of their courses and become fully qualified nurses and midwives. While clinical placements are critical components of nursing and midwifery education, many students are





unable to work in paid employment while completing these placements. This is a strong disincentive to undertaking or completing study and a key contributor to increased attrition rates from undergraduate courses as many nursing and midwifery students simply cannot afford to study without any income. This situation, now known as 'placement poverty', has been acutely exacerbated by the current cost of living crisis.

The ANMF recommends that the Federal Government:

- a. Fund payments for nursing and midwifery students undertaking clinical placements as part of their courses.
- b. Fund meals, travel, and accommodation allowances for students of nursing and midwifery while on clinical placement.
- c. Provides funding for clinical facilitator positions in public hospitals to assist in increasing the number and quality of clinical placements.

### **Structured and Paid Undergraduate Employment Models**

11. Most nursing and midwifery students need to work during their studies with many opting to work in care worker or similar roles to gain valuable exposure and experience in health and aged care settings. In jurisdictions where they are available an increasing number of students can now work in structured, paid employment programs as 'registered undergraduate students of nursing/midwifery' (RUSONs/RUSOMs). These programs enable students to be employed as RUSONs/RUSOMs in the health sector in addition to state and territory ratios/ Minimum Nursing/Midwifery Hours Per Patient Day /workload tool requirements. These programs were expanded during the pandemic and provided much needed support to the workforce.
12. Existing evidence demonstrates that past work experience as a RUSON/M increases the confidence and work readiness of new graduates across a variety of clinical settings.

The ANMF recommends that the Federal Government:

- a. Formalise and fund structured programs for the paid employment of second and third/final year undergraduate nursing and midwifery students in the health sector to work in addition to state and territory ratios/NMHPPD/ workload tools as RUSONs/RUSOMs with financial support tied to the employment of agreed numbers of students in specified financial years.



### Rural and Remote Workforce

13. Staffing shortages are widespread across Australia but are likely to be most acutely felt and challenging to effectively mitigate in rural, regional, and remote areas with smaller and more widely distributed workforces. The longstanding challenges to recruitment and retention of nurses, midwives, and care workers have been compounded by the pandemics ongoing effects and many remote areas struggle with extremely high vacancy rates and staff turnover. This significantly impact the quality of patient care and detrimentally affects staff safety with an increase in reports of workplace violence.
14. While there is an immediate and urgent need to build a sustainable and supported pathway to rural and remote nursing practice, there is no formalised nationally accredited pathway program to attract, recruit, and retain rural or remote area nurses and midwives.

The ANMF recommends that the Federal Government:

- a. As well as the above actions regarding clinical placement support, invest in additional assistance for rural and remote nursing and midwifery clinical placements particularly around accommodation and mitigating the increased cost of living.
- b. Provides grants to appropriate professional organisations for administration of scholarships which provide 'wrap around' support including mentoring, career advice, professional support, and engagement with peers.
- c. Work with education providers to increase emphasis on primary healthcare in undergraduate degrees.
- d. Invest in a national rural/remote pathway program to support experienced nurses to transition to rural/remote practice through fully supported access to professional development that encompasses clinical skills, cultural safety, professional support, and embedding the concept of lifelong learning.
- e. Provide support through flexible workplace models enabling access to study leave, variations in skill mix, supervised practice and professional support.
- f. Fund the implementation and evaluation of models of care that enable nurses, midwives, and nurse and midwife practitioners to work to their full scope of practice. Provide supported secure accommodation/housing for nurses and midwives working in rural/remote settings.



- g. Conduct an urgent review of the impact of FBT changes on rural & remote recruitment and retention.
- h. Require employers to provide an additional superannuation increase of 0.5% for nurses and midwives who have worked more than 5 years in a regional, rural or remote health or aged care service.

### **Growing and Keeping the First Nations Nursing and Midwifery Workforce**

15. Culturally safe and appropriate care in improving the health and well-being of First Nations people is being increasingly recognised. Despite this knowledge, there continues to be an under representation of First Nations nurses and midwives in the Australian nursing and midwifery workforce.

The ANMF recommends that the Federal Government:

- a. Amend the flexible work arrangements entitlement to ensure requests from First Nations staff members are considered in light of a mandatory Working with Aboriginal and Torres Strait Islander Peoples Cultural Competence and Awareness Policy (howsoever named).
- b. Ensure the provision of a paid amount of cultural and ceremonial leave, in addition to an unpaid component.
- c. Increase First Nations representation in the nursing and midwifery workforce through provision of increased scholarships for under and post-graduate study and through implementing the recommendations of the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives' (CATSINaM) 'Gettin em n keepin em n growin em' (GENKE II) report.<sup>2</sup>

### **Regulatory Requirements and Checks**

16. All nurses and midwives must be registered with the the Australian Health Practitioner Regulation Agency (AHPRA) which works in partnership with the Nursing and Midwifery Board of Australia (NMBA) as our national regulatory authority and are thereby required to meet a high standard for criminal history checking. Nurses, midwives, and care workers currently face unnecessary and

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<sup>2</sup> Congress of Aboriginal and Torres Strait Islander Nurses and Midwives. 'Gettin em n keepin em n growin em' (GENKE II) report. 20. 2022. Online. Available: [https://issuu.com/catsinam1/docs/catsinam\\_education\\_plan\\_2022\\_v18.0\\_final](https://issuu.com/catsinam1/docs/catsinam_education_plan_2022_v18.0_final)



costly barriers to entry to professional practice or different practice areas due to the multiple and often duplicative requirements for criminal history/record and associated 'checks'. Currently, these 'checks' are managed by states and territories, but a streamlined and national system would be ideal. To give an example of the number of 'checks' and associated costs, based on South Australian figures a Working with children check is \$114.00 (mandatory for both nurses and midwives), an NDIS worker check is \$114.00 (necessary for anyone working in a registered or unregistered NDIS provider), an aged care sector employment check is \$95.50 (necessary for anyone working in aged care), and the Vulnerable person-related employment check is \$95.50 (not a legal requirement but some employers may request it), and a National police certificate (from SAPOL) is \$74.50. This adds up to \$398 and can be a barrier especially for casual and agency workers who might work multiple jobs in different sector at the same time or in series to make ends meet.

The ANMF recommends that the Federal Government:

- a. Creates a single 'check' for nurses and midwives and carers that satisfies Commonwealth, state and territory regulatory requirements to practice across the country in health, aged care and disability sectors (e.g., a combined NDIS/Working with Children and Police check).

## AGED CARE REFORM

17. The ANMF welcomes the Albanese Government's ongoing commitment and actions to reform Australia's aged care sector. We commend the Government for enacting legislated requirements for 24-hour registered nurse presence at every Australian nursing home, mandated minimum care hours in nursing homes, capped home care charges, improved pay for aged care workers, and increased requirements for accountability and transparency in the aged care sector.
18. We know that the Albanese Government understands that due to years of the previous Governments' inaction, many more reforms are still needed (and in many cases underway) to give all Australians an aged care sector that those receiving aged care, those working there, and the wider community can trust and be proud of. The aged care sector faces ongoing challenges regarding workforce recruitment and retention.



## Aged Care Workforce

### Staffing Levels & Skills Mix

The ANMF recommends that the Federal Government:

- a. Specify, within the mandated minimum care minute target, the minimum portion that must be provided by enrolled nurses.
- b. Ensure that mandated minimum care minute targets are increased in line with the real care needs of the recipients of aged care services in a manner that supports the delivery of best practice rather than merely 'adequate' care experiences and outcomes.
- c. Work with AHPRA to develop and implement a national registration scheme for care workers/ assistants in nursing (however titled) including a standardised national minimum qualification for entry to practice at little or no cost these workers.

### Recruitment and Retention

The ANMF recommends that the Federal Government:

- d. Fund high quality aged care transition to practice programs for all nurses starting work in the aged care sector.
- e. Fund and support opportunities to provide early career nurses with opportunities to undertake post graduate studies in gerontology to support better skill mix and retention of nurses in aged care, and recognise the complexity associated with working with the older person.
- f. Enhance and incentivise articulation between care worker, EN, RN, and NP roles by funding pathways for care workers → EN → RN and support RN → NP in aged care with guaranteed employment opportunities.
- g. In addition to increasing wages and ensuring safe staffing levels and skills mix, raise the status of nurses working in aged care by:
  - Allowing nurses to work to their full scope of practice.
  - Finalising the removal of the need for NPs to be linked to GPs.
  - Acknowledging that gerontological nursing is a specialty and aged care nurses are highly educated and skilled practitioners.
  - Using block funding/similar models to employ NPs in nursing homes and in other effective models of NP employment, e.g., primary care in-reach.



## Wages and Conditions

19. Following the Aged Care Work Value interim decision to increase award wages for direct care workers in residential aged care and home aged care by 15%, the Commonwealth has budgeted for and funded the increase together with on-costs, effective from 1 July 2023. Funding for the increase has been applied to all providers, at a level that ensures all direct care workers receive a wage increase. Providers are now required to attest to having passed the funding for wage increases on to employees. Both the funding for the increase and measures to ensure funding is used for its intended purpose are very welcome measures in the aged care sector.
20. Stage 3 of the Aged Care Work Value was heard before the Fair Work Commission in December 2023. The final matters to be determined in Stage 3 are whether 'indirect' aged care workers should also receive a wage increase, whether further increases should be applied for direct care workers and a review of existing classification structures and allowances across the three aged care related awards.

The ANMF makes the following recommendations to the Federal Government with respect to the Aged Care Work Value case:

- a. That the interim increase of 15% continue to be fully funded by the Commonwealth Government (including on costs) and that the increase be applied in full to both Award reliant employees and those covered by enterprise agreements.
- b. That any further wage increases awarded as a result of the Stage 3 proceedings be fully funded by the Commonwealth Government (including on costs) and the increase be applied in full to both Award reliant employees and those covered by enterprise agreements.
- c. That any costs associated with variations to the classification structures in the three awards be fully funded by the Commonwealth Government.
- d. That appropriate measures to ensure transparency and accountability with respect to allocation and payment of funded wage increases as a result of the work value case are in place on an ongoing basis.
- e. That ongoing measures be put in place to ensure funded wage increases are expended solely for the purpose intended and are not eroded over time.



- f. That Government funding of the interim increase of 15% and any subsequent increase be implemented based on the principle that services to older Australians are not to be negatively impacted as a result of the increase in costs.

Additionally, the ANMF recommends that the Federal Government:

- g. Introduce portable Long Service Leave (LSL) at the rate of 1.3 weeks per year of service/ Personal leave entitlements for the aged care industry at the rate which would provide an incentive for employees to move employers and to different locations.
- h. Focus on audits and prosecution of breaches of obligations by aged care employers including breaches concerning payment of wages and minimum care minutes:
  - Undertake national campaigns around particular entitlements with designated resourcing within ANMF Branches.
  - Establish internal care minute auditing scheme (as per UWU proposal).
- i. Regulation of Organisational Change/Staffing Changes
  - Organisational change that may have an effect on an employee (not limited to major change that may have a significant effect (like dismissal) on employees) must be notified to relevant unions and central regulator.
- j. Introduce a government fund for aged care pandemic leave - Employers would contribute to that fund.
- k. Require rostering and leave related conditions in aged care, achieved through bargaining, be supportive of genuine employee flexibility to meet caring and other responsibilities. (This could be in the remit of the new Care Sector panel). Funding may need to be provided to support improved conditions.
- l. Fund the provision of home care services to include travel time and administrative work of nursing and care staff.

### **Aged Care/Healthcare Interface**

21. As identified by the Royal Commission into Quality and Safety in Aged Care, many of the failures in care across the sector over the last decade stem from an unwillingness to recognise that healthcare for the older person is at the very core of the provision of safe, high quality aged care.



As many Australians are living longer, many develop long term chronic conditions, frailty, and experience cognitive decline which require healthcare to manage effectively and appropriately either in homes in the community, in residential aged care settings, or in a combination of both. Older Australians generally want to receive care 'in place' and not need to be moved between settings such as nursing homes and emergency departments if that care can be safely, effectively, and efficiently provided on site. Likewise, avoidable transfers between sites are known to be risky, so high quality care in place and interfaces with the wider healthcare system are critical. Currently, however, these interfaces are not effective and there is a widespread lack of access to healthcare for many older Australians who receive aged care.

The ANMF recommends that the Federal Government:

- a. Review health funding arrangements to ensure transparency, accountability, and effective use of the health budget to enable states and territories to better access and utilise resources, and eliminate the current disconnect between state and federally funded services, to lead to improvements in patient flow and chronic disease management across all sectors.
- b. Increase and embed Residential in Reach (RIR) in public health services to meet local demand and to reduce admissions from aged care services.
- c. Residents should not be transferred to emergency departments if there is capability for them to be assessed and treated in the facility where they reside.
- d. RIR teams should include dementia specialists and nurses with psych-geriatric expertise, with RIR EFT per network based on aged care services within geographical areas, with consideration for regional settings to also receive appropriate support.
- e. Embed and expand Aged Care Assessment Teams (ACAT) in the public sector. Greater assistance for families/carers/patients to navigate types of care options, i.e. by implementing Aged Care nurse navigators. This will develop capacity and advocacy for ready access to such care.
- f. Expand role of NPs in aged care via a national plan.
- g. Review the role of GPs in aged care – funding, reimbursement and mandatory standards of care, incentives for aged care providers to employ their own medical staff.





- h. Guarantee the same standards of care and reporting mechanisms operate in the health and aged care sectors.
- i. Acknowledge that nursing homes are places where older people with complex and chronic conditions live and guarantee that care is delivered by appropriately qualified multidisciplinary care teams.

### **Occupational Health and Safety**

The ANMF recommends that the Federal Government:

- j. Ensure that the standardised, minimum design requirements for aged care facilities consider the impacts that design has on staff safety. This should also apply to refurbishments / redevelopments, and not be limited to new facilities.
- k. Ensure that the aged care Serious Incident Response Scheme is broadened to encompass staff injuries and incidents, as well as resident incidents, to ensure that an additional focus is placed on this.
- l. Provide guaranteed, ongoing funding for special OHS measures, e.g. IPC leads in all nursing homes, implementation of 10 point plans to prevent occupational violence and aggression.

### **Aged Care Funding**

The ANMF welcomes the new Government funding committed in the last Federal Budget to the implementation of reforms. To continue to reform aged care sustainably and effectively, additional sustained funding will be required to ensure successful implementation. Critically, all publicly subsidised funding provided to the aged care sector must be transparently used for its intended purpose.

The ANMF recommends that the Federal Government:

- m. Review funding for aged care patients to ensure equity whether patients are public or privately placed. At present there is disparity in funding, with greater funding received by residents in private residential aged care compared to residents in public facilities.



- n. Work with state governments to nationalise aged care so nursing homes and services are integrated with hospitals and health services. This could commence through the establishment of collaborative services arrangements between health and aged care services.

### **Additional Transparency Measures**

The ANMF recommends that the Federal Government:

- o. Ensure that staff safety principles are suitably considered and enforced and ensure that auditors undertake onsite audits that must include (as a mandatory component) consultation with a duly-elected Health and Safety Representative.
- p. Develop and implement a transparent star rating system (1 to 10) for workforce that tells workers and residents/families at a glance how the employer treats workers: wages (level above the award), level of casuals, average years of experience across the care workforce, security of employment, engagement with workforce (satisfaction levels).
- q. Legislated requirements must be introduced for clinical governance (including nursing) and leadership including comprehensive financial standards where providers report on care needs and the care expenditure and how government funding is spent.

## **IMPROVED EQUITY IN ACCESS TO HEALTHCARE**

### **Healthcare funding reform**

#### **Person-centred, Value-focussed Funding Models**

- 22. To ensure that all people, regardless of who they are and where they live have equitable access to high quality healthcare funding reforms are necessary. In many contexts, funding models that incentivise and facilitate value-based, outcome-focussed healthcare have been found to outperform historical and widespread activity-based funding models. For example, most maternity hospital staffing models are currently based on the number of inpatient mothers, where only the mother's care is funded. Here, newborns who remain with their mother post-birth are not counted as an additional patient and thus their care does not attract funding. This funding model is both outmoded and reductive and leads to unsafe workloads for midwives with potential flow-on detrimental impacts on care for mothers and babies.



23. While activity-based funding will continue to be effective and appropriate in some contexts, it is vital that the way that healthcare is funded remain abreast with contemporary and future-ready healthcare practices and community need. By re-directing funding models towards facilitating and incentivising better healthcare experiences and outcomes including illness prevention, reablement, and improved health and wellbeing healthcare will become both more person-centred and cost-effective. Alternative funding models that should be trialled, evaluated, and embedded where effective include; outcomes-based funding, performance incentive funding, investment bonds, bundled payments, and alliance contracting.
24. The Federal Government should work with states and territories to enhance the collection, sharing, and reporting of data to produce economies of scale and facilitate implementation and roll-out of value-focussed healthcare where deemed effective and appropriate. Moving towards the widespread adoption of alternative funding models that incentivise better health and wellbeing will also help to address demand for healthcare, reduce costs, improve healthcare system performance and capacity, and boost innovation.

The ANMF recommends that the Federal Government:

- a. Implement a permanent 50/50 public hospital funding agreement between the Commonwealth and state/ territory governments.
- b. Remove the 6.5% per annum cap on efficient growth of activity-based services in 2024-2025
- c. Establish a healthcare funding 'innovation fund' to trial and evaluate new models of funding to complement activity-based funding models and help transition from old to new, evidence-based models.
- d. Discontinue fee-for-service arrangements in general practice.
- e. Establish and fund a Health Performance Commission as an independent specialist health data analytics and performance reporting body.
- f. Redesign the Commonwealth Independent Hospital and Aged Care Pricing Authority (IHACPA) funding model to incentivise health and reablement.
- g. Amend Commonwealth Health Insurance legislation and National Health Agreements to ensure all babies are counted in funding methodology for funding purposes.



## More effective models of care

25. The ANMF acknowledges and is appreciative of the Albanese Government's commitment to better supporting nurses and midwives to contribute to the health and wellbeing of all community members through initiatives such as the ongoing scope of practice review, national nursing workforce strategy, and interest in identifying, establishing, and scaling up services and models of care where nurses lead or are well-integrated into the delivery of healthcare including urgent care clinics. Nurses, midwives, and care workers represent the majority of the healthcare workforce and have the capacity, expertise, and scope of practice to vastly improve health equity and access for people living in all areas of Australia.
26. With ongoing Federal Government support, barriers to nurses and midwives to work to their full scope of practice including referral pathways, ordering diagnostics, prescribing and access to the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) can be removed. It is the ANMF's hope that the scope of practice review can be utilised as a pathway to achieving this important reform.
27. Nurse practitioners offer a proven and evidence-based solution to many issues with healthcare access and inequity. With strong and sustained Federal Government support, nurse practitioners will be at the forefront of addressing contemporary and future health challenges throughout Australia, particularly in areas of need including regional and remote areas, aged care, and primary health.
28. Midwives must also be better supported through effective policy, improved legislation, and sustained funding to contribute to better outcomes for mothers and babies and the wider community, particularly in regional and remote areas.
29. More interventions and models of care that focus on preventing and screening for illness and enhancing health and wellbeing are required and must be scaled up and rolled out across Australia to ensure equity of access, care experiences, and outcomes. Extending and enhancing access to and the delivery of primary health care through investing in appropriately comprised (i.e., determined by factors such as patient complexity, community needs, and geographic location) multidisciplinary teams will also be imperative.
30. Mental health and disability care through the National Disability Insurance Scheme (NDIS) are also key areas where further improvements are required. This will necessitate a genuine commitment by the Federal Government to work with state and territory governments to ensure



fitness for purpose and sustainable funding.

The ANMF recommends that the Federal Government:

- a. Provide sustainable, ring-fenced funding to trial, evaluate, and scale up innovative and multi-disciplinary integrated models of care including nurse-/midwife-led approaches (e.g., Midwifery Group Practice, the Mental Health Nurse Incentive Program, community-based extended hours mental health services, 'Buurtzorg' community nursing, urgent care centres, primary healthcare multidisciplinary and nurse-led clinics, Nurse Navigator models, primary healthcare located palliative care programs).
- b. Implement the recommendations made by the Nurse Practitioner Reference Group to the MBS Taskforce related to nurse practitioner services.
- c. Provide permanent funding for the 19(2) Exemptions Initiative to allow services provided by primary health care providers in rural and remote areas to be claimed against the MBS and extend access in regional and metropolitan areas.
- d. Provide sustainable funding to develop a national policy on home birth, promote midwife-led models of care, and remove barriers (e.g., collaborative arrangement requirements, difficulties regarding access to indemnity insurance) to facilitate improved conditions and scope for privately practicing midwives.
- e. Implement the Safe Workloads in Midwifery (SWiM) Standards.
- f. Improve and ensure fit for purpose regulation to enhance safety and reporting especially in newly emerging healthcare contexts including cosmetic practice, intravenous therapy, and mobile anaesthesia.

## Digital health

31. With increasingly rapid advancements in technology and the necessity to adopt innovations across contexts, delivering the right care in the right place at the right time is becoming more and more dependent on digital health to support the best health and wellbeing outcomes. Commitment from the Federal Government and genuine collaboration and integration with the states and territories as well as health and aged care organisations and peak bodies is vital to supporting and sustaining the future of Australia's healthcare system.
32. The Federal Government is best placed to lead a centralised, coordinated approach to digital health.



The ANMF recommends that the Federal Government:

- a. Invest in strategies for digital inclusion for all community members, particularly for those who live in rural and remote locations, culturally and linguistically diverse people, and First Nations people.
- b. Invest in opportunities to trial, evaluate, and scale up the use of digital telehealth, especially in rural and remote and nurse-/midwife-led clinics.
- c. Invest in proven approaches to improving digital health literacy and engagement.
- d. Invest in and scale up faster, more reliable internet access to promote healthy lives and wellbeing for everyone, everywhere, at all ages.
- e. Collaborate with state and territory Governments to fund, trial, evaluate, and implement effective care in place services including 'Hospital in the Home' services and 'Virtual Wards'.

## **Climate change and health emergency response**

33. Climate change is the single greatest threat to the health and wellbeing of our global community. Our region, particularly countries with more limited resources and less well-developed healthcare systems in the South Pacific are disproportionately impacted by the effects of climate change and the multitude of crises that are now known to be linked to climate change. In Australia, it is also the most vulnerable who face the worst risks and impacts from climate change-related crises, particularly people living in rural, regional, and remote areas.

The ANMF recommends that the Federal Government adopt the following measures:

- a. Extend and enhance Australia's short-, medium-, and long-term ability to respond to health crises including climate change-related natural disasters including disease outbreaks, floods, fires, and heatwaves.
- b. Enable communities to better act proactively to prepare for and respond to climate change, disasters, and health emergencies.



## First Nations Peoples' health and wellbeing

34. Australia's Aboriginal and Torres Strait Islander people face inequitable access to healthcare and generally worse health and wellbeing outcomes in comparison to the wider population.

The ANMF recommends that the Federal Government:

- a. Establish a specially allocated funding pool for hospital and health services for First Nations Peoples.
- b. Develop a whole of system approach to achieve Closing the Gap targets including working with State and Territory Governments to ensure milestones are implemented to evaluate and improve healthcare accessibility, cultural safety, and outcomes for First Nations Peoples.
- c. Work in collaboration with First Nations Peoples to address the high number of Aboriginal and Torres Strait Islander deaths in custody.

## GENDER EQUITY

35. The nursing, midwifery, and care-worker workforce is overwhelmingly comprised of women. This is also reflected in the membership profile of the ANMF. We have an urgent interest in working with the Federal Government to achieve genuine gender equity. Achieving gender equity requires legislative, policy, and structural interventions from Federal and State and Territory Governments. Measures to improve gender equality are crucial to encouraging greater workforce participation amongst women and addressing the social and economic disadvantage suffered by women because of shouldering unpaid care responsibilities.
36. The ANMF also recognises that people whose gender is different from that which was assigned at birth (i.e., people who are gender diverse including but not limited to people who are transgender or intersex) are also a particularly vulnerable group in terms of healthcare experiences and outcomes and in relation to legislation, policy, and practices in the wider community and employment space. The ANMF strongly advocates for initiatives that aim to enhance gender equity to broaden to ensure that gender diverse peoples are afforded equitable rights, conditions, and opportunities in all contexts.



## Parental leave

37. The gendered uptake of both paid and extended unpaid parental leave is well-documented across jurisdictions. The impact of interruptions to workforce participation for women performing unpaid care is significant for earning capacity and retirement outcomes. We commend the Federal government for its recent reforms to extend government funded paid parental leave, however the ANMF considers this expansion of PPL as a first step to future reform.

The ANMF recommends that:

- a. The distinction between primary and secondary caregiver be removed.
- b. Leave entitlements be increased to 26 weeks paid leave for each caregiver.
- c. Rate of PPL be determined by reference to a worker's ordinary rate of pay.
- d. PPL be designed to encourage sharing of care-related entitlements between men and women.
- e. PPL entitlements offer flexibility in how they are utilised.

## Superannuation

38. The superannuation system in Australia is tied to paid work and creates significant inequalities in retirement outcomes for those shouldering unpaid care, predominantly women. The impact of periods of unpaid leave on superannuation contributions and earning capacity are compounded for caregivers by higher rates of part-time employment, and a correlated reduction in promotion opportunities.

The ANMF recommends that the Federal Government:

- a. Ensure that superannuation be payable on all periods of parental leave and paid/unpaid carers leave and that superannuation contributions for part-time workers be increased to mitigate against inequalities in retirement income.





### Formal Care Supports

39. The ANMF recommends that formal care supports and services must be improved to support women's workforce participation and better balance work and care responsibilities.

### Childcare

40. The availability of affordable, accessible childcare options for shift workers and those performing non-standard work hours are virtually non-existent. This leaves essential workers like nurses, midwives, and care workers without appropriate, sustainable childcare solutions. Lack of access to appropriate, affordable childcare options has significant implications for the retention of workers across the sector.

The ANMF recommends that the Federal Government:

- a. Initiate early childcare reform that includes full-fee relief funded by government and/or employers.
- b. Expand childcare services for shift workers providing essential services, working outside standard working hours.
- c. Initiate before-and-after school care reform that includes full-fee relief funded by government and/or employers.
- d. Introduce before and after care for early childhood education/kindergarten centres.
- e. Invest in the ECEC workforce by addressing issues of work value.
- f. Increase services in rural and remote Australia.

### Aged Care and Disability Care

41. Informal care arrangements as they relate to older Australians and Australians with a disability continue to be shouldered largely by women. The provision of accessible, timely, and appropriate formal supports for both care recipients and carers are essential to facilitating women's workforce participation and mitigating against the well-documented disadvantage caused by assuming unpaid care responsibilities.



The ANMF recommends that the Federal Government:

- a. Make significant investment and improvements to the accessibility of formal care supports including home care support packages, respite care in both aged care and disability care.

### Industrial Reform

42. Industrial frameworks, policies and legislation have a significant role to play in achieving gender equity. The ANMF commends the recent reforms put in place by the Albanese Government to improve gender equality, however, more reform is required to adequately support women in their workplaces, particularly in the context of combining work and care.
43. The FWC has commenced the Modern Award Review 2023-24 at the request of Minister Burke. In addition the objective of achieving gender equality will be a feature of the 2024 Annual Wage Review. This is a welcome process and provides the opportunity to ensure Modern Awards meet the objectives of the Fair Work Act and the needs of working people for secure, well paid work that is free of historical gender based undervaluation.
44. The ANMF recommends that the Federal Government support any measures that are recommended as a result of the Annual Wage Review and the Modern Award Review 2023-24.

The recommendations below form part of the matters to be considered in the above reviews.

#### Hours of Work

- a. Support an application by the ANMF through the FWC Modern Award Review, for amendments to the part-time employee definition under the Nurses Award to:
  - Remove the concept of minimum contracted hours.
  - Introduce standard contracted hours that reflect the hours that are to be worked.
  - Ensure variations to standard contracted hours are at the request of the employee only.
  - Any hours worked in excess of standard contracted hours are paid at applicable overtime rates.
  - Regular review of employment status by the employer, with employees also having the right to request conversion to full-time employment, or to vary their contracts to reflect the actual work performed.



The ANMF additionally recommends that the Federal Government:

Carers leave

- b. Extend the application of paid and unpaid carers leave under the NES to cover informal carers to older people, those with a disability and with chronic illnesses.
- c. Increase paid carer's leave under the NES to 20 days a year.
- d. Increase the quantum of unpaid carer's leave that is supplemented by a paid carer's leave scheme.
- e. Implement job security measures associated with taking extended carer's leave, for instance the right to a flexible working arrangement, the right to bring a dispute if a request is refused and the right to return to pre-leave employment status.
- f. Paid carer's leave to be available to casual employees.

Flexible working arrangements

- g. Introduction of a positive duty to accommodate flexible working arrangements with the ability to refuse requests only where it would cause 'unjustifiable hardship'.
- h. Expansion of grounds upon which flexible working arrangements can be made to include reproductive health concerns e.g., menopause, polycystic ovary syndrome, endometriosis, and in vitro fertilisation (IVF).

Rostering Practices

- i. Requirements for employers to implement roosting practices that are predictable, stable, and focused on fixed shift scheduling (for example, fixed times and days).
- j. Provision of care-based rosters.

Maximum Weekly Hours

- k. A gradual reduction of maximum weekly ordinary hours to enable all employees a better opportunity to balance work with care responsibilities.

## **Gendered violence, sexual harassment, and sex discrimination**

45. It is vital that every possible measure be taken to eliminate the risks of sexual harassment, gendered violence, and discrimination in the workplace and community. To achieve elimination of sexual harassment, gendered violence, and discrimination there must be systemic changes to systems that perpetuate gender inequality and cultural attitudes that condone unacceptable



behaviour. These changes must be encouraged and supported by legislative, regulatory and policy reform and strong government leadership. The ANMF commends Federal Government for their reforms to date, however further reform and funding is needed to ensure enforceability of duties and statutory obligations.

The ANMF recommends that the Federal Government:

- a. Amend model work health and safety legislation to allow unions the right to prosecute breaches on behalf of members.
- b. Amend provisions under the Fair Work Act to specify that vicarious liability provisions, in the context of sexual harassment, extend to instances where the conduct is perpetrated by third parties and the employer has not taken all reasonable steps to prevent the harm occurring.
- c. Produce industry-specific guidelines for compliance with duties under Work Health and Safety legislation and the Sex Discrimination Act that are prescribed by regulations and enforceable by unions and employees.
- d. Include reproductive and menopausal health as protected attributes under the Fair Work Act.