

# AUSTRALIAN NURSING & MIDWIFERY FEDERATION

ANNUAL REPORT 2015 - 2016







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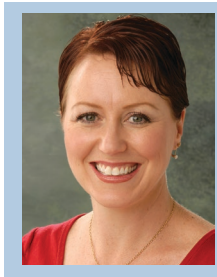
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*(L-R) Sally-Anne Jones, Federal President; Lee Thomas, Federal Secretary; Annie Butler, Assistant Federal Secretary; and Maree Burgess, Federal Vice-President*



## FEDERAL PRESIDENT'S REPORT



**It's incredible to believe that another year has rolled around and it's time to reflect on another busy and successful year in the Federation.**

As Federal President I have a range of duties and one of them is to report on the activities of the Federal Executive and Federal Council for the previous financial year.

Nurses and midwives continue to join the ANMF and in the previous 12 months we have reported a membership growth nationally of 4.2% bringing total membership to 258,982 as at 30 June 2016.

Our growth means we continue to be a very successful union and our sheer size means we garner respect and hold credibility with Governments and other health stakeholders. With this respect comes the opportunity to powerfully influence decision making and policy, and faced with a federal Coalition government now is the time to continue to use our influence to advocate for our professions, our patients and the health system broadly.

In order to deal with the ongoing management of the Federation and discuss matters of importance nationally the Federal Executive and Federal Council continued to meet regularly. These meetings provide the means to address common industrial, professional and political issues being faced by the state and territory Branches and also for essential strategic planning for the Federation's future direction.

The Federation continues to foster strong relationships with other peak nursing and midwifery bodies. These important relationships have been forged in order for Australian nurses, midwives and assistants in nursing to have a stronger, consistent voice at a national and international level in respect to a wide range of nursing, midwifery and health matters.

Along with Vice President Maree Burgess and on behalf of the ANMF Federal Executive, Federal Council and the ANMF membership, I would like to once again thank all the staff of the Federal Office for their dedication and hard work over the past year. They are clearly committed to the goals of the Federation and the union movement more generally. I would also like to add my sincere thanks to Lee Thomas, Federal Secretary and Annie Butler, Assistant Federal Secretary for their commitment, focus and energy which helps this union to remain agile and responsive to the political environment around us. I look forward to working with all members of the Federal Executive, Federal Council and the Federal Office staff over the coming year to continue to further the interests of the ANMF members.

**Sally-Anne Jones**  
**Federal President**

## FEDERAL SECRETARY'S REPORT



**I have great pleasure in preparing the annual report for the Australian Nursing and Midwifery Federation for the 2015-2016 financial year.**

The preceding 12 months have been challenging and successful as the Federation has continued to go from strength to strength, now the largest and fastest growing union in Australia.

Over the preceding few years, I reported on the attacks on nursing, midwifery and health in most states and territories. Sadly this trend has continued with the delivery in May 2016 of the Coalition government's federal budget. Health being one of the biggest losers with continued attacks on Medicare and public hospital funding. Each state and territory of the Federation has experienced the harsh reality of the public hospital funding cuts with the biggest losers being the community who are increasingly unable to access services and our members who are working in a system stretched to the limit.

Some highlights from the activities of the Federation are:

Our federal election campaign '*If you don't care, we can't care*' swung into full steam during May and June 2016. Nurses and midwives' hands have been tied with \$57 billion in health cuts, making it harder to provide the level of expert care patients need. Without appropriate funding its clear nurses and midwives cannot do their job.

During the election campaign, we asked the Coalition, the Labor Party and the Greens to commit to four key funding and policy announcements in health and aged care. These were:

- **Public Healthcare** - Restoration of the \$57 billion in cuts to health care made by the coalition in the 2014-2015 budget.
- **Aged Care** - Safe staffing in aged care including a registered nurse on site 24/7 for facilities with high care residents and the regulation of all assistants in nursing/personal care workers who assist in the delivery of nursing care and nursing services.

- **Medicare** - removing the freeze on GP Medicare rebates, a commitment to bulk billing for out of hospital pathology tests.
- **Penalty rates** - a commitment to the protection of penalty rates for all workers including nurses, midwives and assistants in nursing.

Over the last decade Australian Nursing and Midwifery Federation (ANMF) members have been campaigning for improvements in aged care with increasing intensity in an attempt to ensure quality care for residents and decent conditions for those working in aged care. Despite multiple reviews, inquiries and investigations no real improvements have been forthcoming.

After the Government proposed more cuts, as part of the *If you don't care, we can't care* federal election campaign we ran a survey which explored how the funding cuts are, or would, impact the delivery of care in residential care facilities across the States and Territories, with the aim of gathering information to place aged care as a key election issue and gain the attention of voters, and thus, politicians.

The overwhelming theme to emerge from both aged care workers and community groups to the ANMFs aged care survey was the participants' belief that the elderly deserve much better care than they are currently receiving.

The graduate nurse roundtable in 2014 was a huge success and the work from the roundtable continues with the aim of ensuring that graduate nurses and midwives obtain meaningful employment.

The Trade Union Royal Commission has wrapped up with some 79 recommendations including changes to the building and construction industry, the Fair Work Act, right of entry permits, enterprise bargaining and regulation of unions and union officials. The ANMF had already implemented a range of measures to ensure good union governance. These included a new schedule to the Federal Rules that outlines annual reporting criteria which Branches and the Federal Office are obliged to complete and which is then reported to the Federal Council.

I can report that in the last financial year we recorded a small operating deficit and have made significant progress with the implementation of a research capability within the Federal Office.

It's an exciting time but more and more we realise we need to be able to fight for our rights based on an economic argument and it's on that basis that the research capability is vital to the manner in which we do business in the future.

It has been a busy time for the Federation, the Federal Executive and Federal Council and it is my great pleasure to present the reports from the Professional, Industrial, Political and Communication teams to allow you a taste of the work we have achieved in the last 12 months.

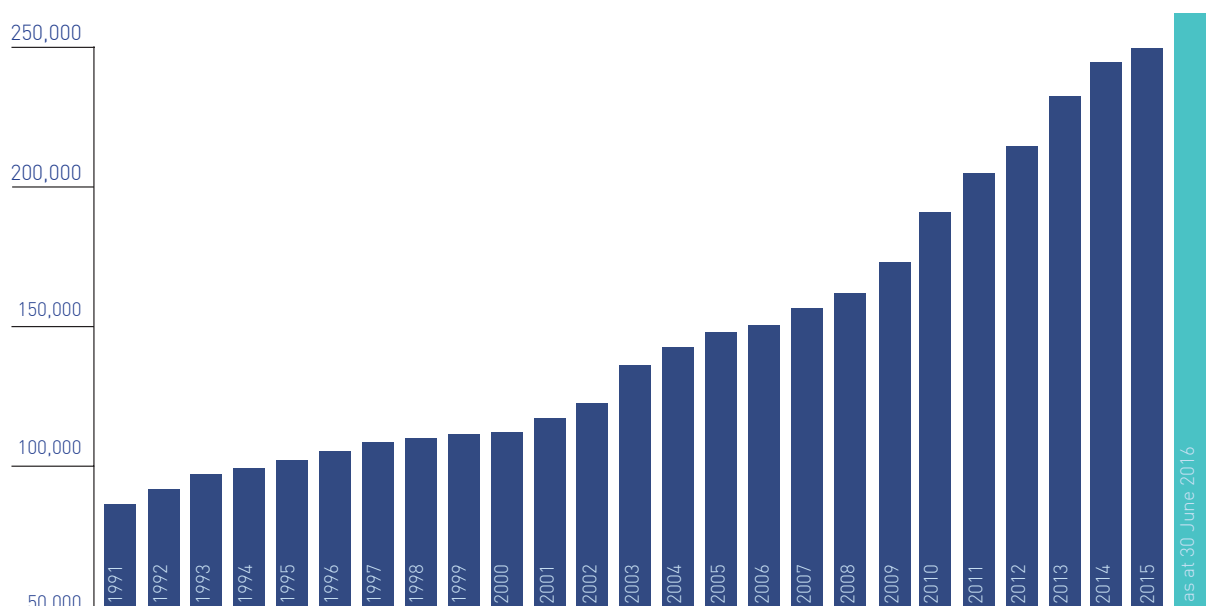
Of course I must recognise the work of the Federations leadership team, Sally-Anne Jones as Federal President, Maree Burgess as Federal Vice President and Annie Butler as Assistant Federal Secretary, three tremendous women who enhance the quality of my working life because of their tireless work. Thank you Annie, Sally and Maree.

I would also like to thank my colleagues, the Branch Secretaries, for their support and work at a federal level and the membership in each state and territory, which is second to none. All strong men and women working together to make our members working lives better. You are all truly inspirational.

Finally, I will acknowledge the continued work of the Federal Office staff and both Annie and I thank them for their efforts for members nationally.

**Lee Thomas**  
**Federal Secretary**

## ANMF MEMBERSHIP 1991 – 2016



# FEDERAL INDUSTRIAL REPORT



**Nick Blake**  
Senior Federal  
Industrial Officer

The 2015-2016 industrial program continued to focus on the protection and advancement of the industrial rights of nurses, midwives and assistants in nursing.

The objectives included:

- to provide effective industrial leadership and representation for nurses, midwives and assistants in nursing at the national level;
- to achieve planned and coordinated salary increases for all nurses, midwives and assistants in nursing in Australia, principally through collective bargaining, and where this is not possible, by seeking review and amendments to the national award(s) covering nurses, midwives and assistants in nursing;
- to maintain and enhance conditions of employment for nurses, midwives and assistants in nursing in Australia;
- to provide support to ANMF Branches to enable them to meet their industrial objectives;
- to develop effective and constructive relationships with the Australian Council of Trade Unions and affiliated unions; and
- to develop effective and constructive relationships with the Federal Government, other political parties and industrial bodies.

## INDUSTRIAL REGULATION

The principal law covering the employment of nurses and midwives in Australia continues to be the Fair Work Act 2009 (the Act).

Over the 2015-2016 period there were changes to the employment standards that apply to all employees covered by the Act. Further information on these changes is available on the ANMF website ([www.anmf.org.au](http://www.anmf.org.au)).

Over this period the Australian Government also introduced a number of legislative Bills into Parliament. These included:

### 1. The Employment Standards Legislation Bill

This Bill introduced on 1 April 2016, includes measures to strengthen enforcement of employment standards in relation to:

- tougher sanctions;
- clearer record keeping requirements;
- increased tools for labour inspectors; and
- changes to the Employment Relations Authority's approach to employment standards cases.

### 2. Fair Work Amendment (Remaining 2014 Measures) Bill 2015

In December 2015, the Standing Senate Committee on Education and Employment announced an Inquiry into the Fair Work Amendment (Remaining 2014 Measures) Bill 2015.

The ANMF Federal Office provided a submission to the Inquiry and a copy of the submission can be found on the ANMF website.

Essentially the Bill deals with a number of proposed industrial legislation changes that were previously contained in an IR Bill rejected by the Senate in 2014.

The proposed changes include:

- a proposal to alter the National Employment Standards to prevent employees being paid annual leave loading on termination of employment;
- changes to stop employees accruing annual leave when in receipt of workers compensation payments; and
- a proposal to increase flexibilities to current individual flexibility arrangements (IFAs).

### 3. Fairer Paid Parental Leave Bill 2015

The purpose of the Bill was to amend existing paid parental leave arrangements to:

- reduce payments under the Australian Government's Parental Leave Pay (PLP) scheme to people whose employer-provided parental leave entitlements are less than the maximum PLP scheme entitlement (the Fairer PPL measure), from 1 July 2016; and
- remove the requirement for employers to provide payments to their employees under the PPL scheme (the employer paymaster role measure), from 1 April 2016.



In all cases the legislative Bills have been referred to Senate References Committees for analysis and report. The ANMF where possible, provided submissions and evidence opposing the proposed changes.

To date the industrial legislative Bills are languishing in the Senate and are yet to become law.

## **GOVERNMENT INQUIRIES**

### **1. Productivity Commission Inquiry into Workplace Relations Framework**

The Productivity Commission's (PC) final report into the workplace relations system was tabled in Parliament in December 2015. No significant changes were made to the draft report completed earlier in 2015.

Among other things, the PC maintained its draft report recommendation that the Fair Work Commission (FWC) should align Sunday penalty rates with Saturday rates in the hospitality, entertainment, retail, restaurant and café industries. In response to submissions that queried the special treatment of these industries, the PC responded there were good reasons to take different approaches in different industries, and whether penalty rates should be reduced in a particular industry depends on the 'costs' that penalty rates impose on the 'community'.

The ANMF Federal Office in consultation with our Branches prepared an extensive submission to the PC Inquiry recommending a number of positive changes in order to enhance the working life of nurses and midwives. A copy of its submission is available on the ANMF website.

### **2. Senate Inquiry into the Feasibility of and options for creating a National Long Service Leave Standard and Portability of Long Service Leave Entitlements**

The Australian Senate is investigating the feasibility of a national standard for long service leave (LSL) arrangements under modern awards and also changes that would allow employees to transfer their accrued long service leave entitlements between employers.

A copy of the ANMF Federal Office submission is available on the ANMF website. The ANMF submission made the following recommendations:

1. The Senate support the establishment of a national LSL standard subject to the following conditions:

- The national standard adopt the most beneficial provisions available to employees under the existing statutory schemes.
- Harmonisation/transition arrangements not result in a decrease in current entitlements for current or future employees.
- There is no 'grandfathering' of entitlements for existing employees.

2. The Senate support the establishment of portability of long service leave schemes.

## **PROTECTION OF PENALTY RATES**

### **Penalty Rates Campaign**

Major employer groups with the backing of the Federal Government once again called for further deregulation of penalty rates and associated loadings and allowances. The broad thrust of the employer's arguments was that in a global economy weekends, public holidays and shift work were no different to 9am-5pm Monday to Friday hours of work and an employer should not be required to pay penalties and loadings.

The ANMF estimate that typically a nursing employee may earn up to 40% of their remuneration by way of penalties and other loadings. These payments are a critical component of wages and often the difference between a fair wage and a low wage. Analysis undertaken by the ANMF shows that even a small reduction of current penalty rates and loadings for nurses working in the acute sector would mean a loss of \$100 per week. An assistant in nursing working in the aged care sector could lose up to \$250 per week if current penalties and loadings were removed.

The ANMF Federal Office in consultation with our Branches developed a broad campaign to protect and, where possible, improve penalty rates, allowances and loadings for nurses and midwives. These campaign initiatives include:

- undertaking a detailed analysis of the impact on nurses and midwives of changes to current awards and agreements provisions;
- campaigning to raise awareness amongst our members, employers and government agencies of the importance of penalty rates; and
- working closely with the ACTU and other unions to ensure the interests of our membership are advanced.

## Awards Review – Penalty Rates

As part of its review of modern awards the FWC scheduled a hearing on penalty rates for April 2016. That hearing was to consider a push by employers in the hospitality, restaurant, fast food and retail sectors to align Sunday penalty rates with those payable on a Saturday.

While the matters at this stage are confined to specific industries, it is clear that should this be successful, nursing employers will look to make similar gains. The ANMF is working closely with the ACTU as part of the broader awards review process to ensure our interests are protected.

### McKell Institute Report on Penalty Rates

The ANMF released the McKell Institute report: *'The importance of Penalty Rates for our Health Workforce'* in late January 2016. The report outlined the impacts any cuts to penalty rates would have on nurses, midwives and carers.

### Electoral Report on Changes to Penalty Rates

The Federal Office in consultation with Union and Community Data and Analytics (UCoDA) prepared a report on the impact of penalty rate changes across specific Federal electorates.

The report provided an analysis of the impact of penalty rate changes for nursing populations in each electorate based on the domicile of the nurse as well as their work location.

The data was presented on the same basis as that modelled in the ANMF McKell Institute Report:

- registered and enrolled nurses employed in private and public acute hospitals and residential aged care facilities;
- PCA's and AINs employed in residential aged care.

### National Wage Case

Each year the FWC reviews the adult minimum wage and the minimum wages in modern awards. In 2015-2016 the Commission adjusted the adult minimum full time (38 hours per week) wage to \$672.70 per week or \$17.70 per hour. Wage rates in modern awards were adjusted by 2.4%. Both increases were payable on and from 1 July 2016. These changes have been included in the Nurses Award which is available on the Fair Work Commission website ([www.fwc.gov.au](http://www.fwc.gov.au)).

## Awards Review

The FWC four yearly review of modern awards continues.

Non-agreed substantive proposals made by the ANMF and other parties to vary the modern *Nurses Award* were referred to a FWC Full Bench in January 2016. We are waiting on directions from the Full Bench regarding timelines for further submissions and evidence.

In addition, further proceedings continue to be conducted by FWC Full Benches dealing with so-called 'common issues' that relate to all or most modern awards. Some of these common issues affect the nurses and aged care awards in relation to part-time and casual employees (especially minimum shift lengths), public holidays, award flexibility, annual leave, and family violence.

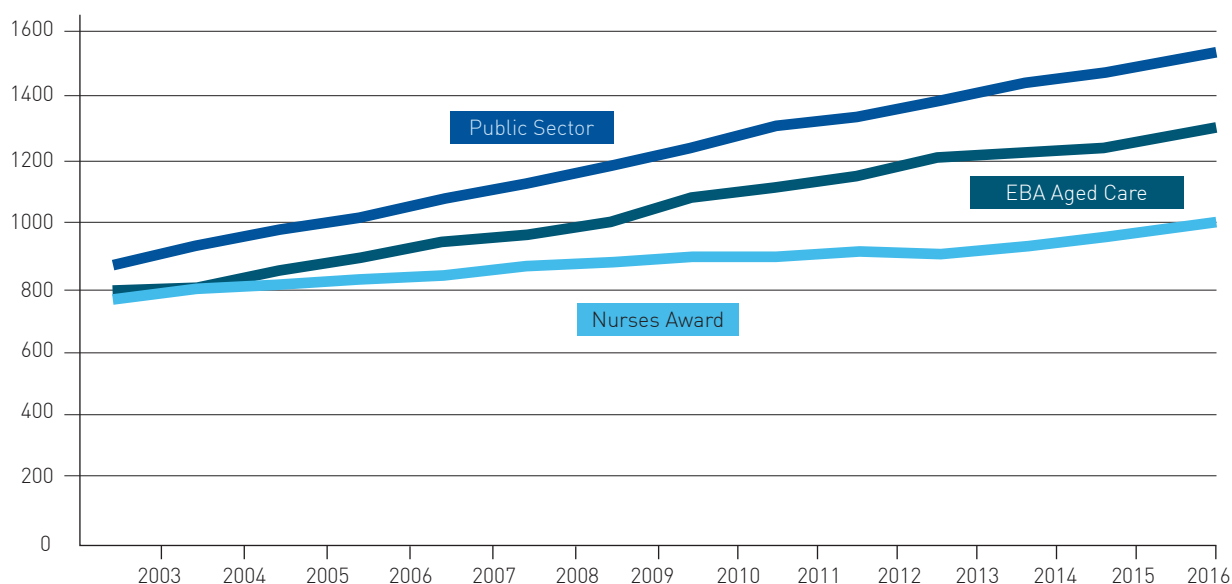
Regarding part-time and casual employees, Federal Office provided witnesses and attended hearings in March 2016 in support of the ACTU claim for a casual conversion clause and minimum shift lengths. Submissions have also been made opposing proposed changes to hours of work provisions for part-time employees in the Nurses, Aged Care and SACS Awards.

### Aged Care

The wages gap between nurses working in aged care and nurses working in the public sector continues to be a significant barrier to attracting and retaining nurses in the sector. Across Australia 789 agreements operate in the residential aged care sector covering 2,060 out of 2,414 facilities. While 85.3% facilities are now covered by collective agreements, the wages and conditions outcomes are generally less favourable than public sector outcomes and fail to remove or significantly reduce the disparity in wages and conditions.

## NURSING WAGE DISPARITY 2002 – 2016

### Public Sector and Aged Care



### Public sector agreement outcomes

ANMF Branches in Queensland, Victoria and Western Australia are currently negotiating new agreements covering nurses and midwives employed in the public sector providing increases in wages and allowances and other work related conditions.

The table below details the percentage increases and expiry dates of public sector enterprise agreements that apply over the 2015-2016 period. In addition to the wage increases detailed, several agreements provide for significant increases to base rates of pay and improved classification structures before general wage increases are applied.

Agreements commonly include a range of improvements to employment conditions including implementation of staffing mechanisms such as nurse to patient ratios; qualification allowances, professional development allowances and leave and shift and rostering arrangements.

The outcomes achieved in the public health sectors of the states and territories are important as they not only establish a benchmark for ANMF negotiations in the private acute and aged care sectors, but also apply to the majority of the nursing workforce.

| STATE                        | OUTCOME |   |
|------------------------------|---------|---|
| New South Wales              | 5%      | over 2 years (expires 30.06.17)                           |
| Victoria                     | 2.5%    | 31.03.15 (new agreement pending)                          |
| Northern Territory           | 9%      | over 3 years (expires 09.08.17)                           |
| Tasmania                     | 4%      | over 2 years (expires 30.11.16)                           |
| South Australia              | 9%      | over 3 years with additional increases (expires 01.09.16) |
| Queensland                   | 2.2%    | 01.04.2015 (new agreement pending)                        |
| Australian Capital Territory | 12%-15% | over 4 years (expires 30.06.17)                           |
| Western Australia            | 5%      | 1.07.15 (new agreement pending)                           |

## **Private Acute Hospital sector**

Enterprise Agreement outcomes for nurses employed in private acute hospitals are, on average, similar to public sector outcomes in the respective State and/or Territory Enterprise Agreements now cover 93 percent of private hospitals across the country.

## **SEATO Nurses**

The ANMF continues to campaign for SEATO nurses who served as part of the civilian surgical and medical teams during the Vietnam War between 1964 and 1972. The nurses, who are suffering from many of the same illnesses and health conditions as the military personnel, have been denied access to entitlements under the Veterans' Entitlements Act (VEA) 1986. This is despite a Review in 2000 which recognised their work was integrated with the defence force and recommended they be given access to repatriation benefits.

## **ANMF Rules**

The ANMF continues to review and update the Rules to ensure they remain compliant with regulation and meet the needs of the nursing and midwifery labour force.

Over the past twelve months there have continued to be changes to the Rules relating to the Federal Office and Branches' responsibilities for the management and reporting of financial arrangements and membership provisions.

These changes have now been incorporated into the Rules and are available at:

<http://www.e-airc.gov.au/145v/rules>.

## **REPORTS**

### **Cost Estimate of Introducing 24/7 RN Employment in Residential Aged Care**

As part of the ongoing campaign for safe staffing levels in aged care, a report was prepared by UCoDA estimating the cost of employing a registered nurse 24 hours 7 days at each locality across the sector. Because there are roughly 12,000 full time equivalent RNs currently employed in residential aged care, cost estimates relate to filling the gaps in 24/7 RN coverage. The funding gap ranges from approximately \$293.1 million to \$586.2 million per year.



# FEDERAL PROFESSIONAL REPORT



**Julianne Bryce**  
Senior Federal  
Professional  
Officer

**The ANMF federal professional team undertakes policy work on a broad spectrum of issues that impact the professional lives of our nursing and midwifery members and the health and wellbeing outcomes of the communities for whom they provide care. The professional team has well-developed relationships across the breadth of national nursing and midwifery organisations, governments, consumer and carer**

**groups, and relevant health and aged care national bodies, with whom we work to progress issues critical to the nursing and midwifery professions and society in general.**

The team takes a leadership role in the analysis, development and review of policy, advocating on a wide range of issues, with a primary focus on nursing and midwifery. The central objective of the federal professional team's work is to influence the enhancement of safe, quality care, leading to improved health outcomes for all people living in Australia.

## **Professional Advisory Committee**

The Professional Advisory Committee (PAC) provides advice to the Australian Nursing and Midwifery Federation (ANMF) on professional matters pertinent to our membership. The major function of the PAC is to make recommendations consistent with the professional objectives of the Federation, for consideration by the ANMF Federal Executive and Federal Council. Membership of the PAC includes the professional officer/s from each state and territory Branch and the Federal Office.

## **Coalition of National Nursing and Midwifery Organisations [CoNNMO]**

Founded by the ANMF in 1991, the Coalition of National Nursing and Midwifery Organisations (CoNNMO) consists of 54 national nursing and midwifery member organisations. The ANMF Federal Office has held a long-standing funding agreement with the Australian Government Department of Health to undertake Secretariat operations of CoNNMO as the auspicing body.

In addition to facilitating the Coalition to meet twice a year, the ANMF as Secretariat invests considerable time and resources in fulfilling a continuous role of administration, communication, policy and resource development. In 2015, the ANMF secured Australian Government funding for CoNNMO for a further two years. Meetings of the Coalition members were held in Sydney, October 2015 and in Melbourne, May 2016. Following a unanimous vote by Coalition members at the October meeting to be inclusive of midwives, the name officially changed to Coalition of National Nursing and Midwifery Organisations.

## **PROJECTS**

### **ANMF National Practice Standards for Nurses in General Practice**

The ANMF Practice Standards for Nurses in General Practice, developed through stakeholder consultation during 2014-2015, were officially launched by Lee Thomas, Federal Secretary, in September 2015. These Standards, funded by the Australian Government Department of Health, have been made publically available through the ANMF Federal Office website.

### **ANMF National Practice Standards For Nurses In General Practice (NiGP) Toolkit**

On completion of the ANMF Practice Standards for Nurses in General Practice, the federal professional team developed and published a companion Toolkit. The toolkit comprises self-assessment/peer appraisal tools, a professional development plan, a professional portfolio, sample position descriptions, position advertisements, and interview questions. Available from the Federal Office website, this document provides resources for registered nurses and enrolled nurses working in the general practice setting and information of benefit to the whole general practice team.

## **NATIONAL REGISTRATION AND ACCREDITATION**

During 2015-2016, the ANMF federal professional team participated on a number of expert advisory committees, research teams and working groups associated with projects conducted by the Nursing and Midwifery Board of Australia (NMBA) and the Australian Nursing and Midwifery Accreditation Council (ANMAC).

These projects included, review of the:

- NMBA Registered Nurse Standards for Practice;
- NMBA Codes of Conduct and Professional Boundaries for Nurses and Midwives;
- ANMAC Nurse Practitioner Accreditation Standards;
- ANMAC Enrolled Nurse Accreditation Standards; and
- ANMAC Re-Entry to the Register Midwife Accreditation Standards.

## **SOCIAL JUSTICE**

### **Reconciliation Action Plan**

The Reconciliation Action Plan (RAP) Working Group revised the Federal Office RAP in accordance with Reconciliation Australia's Innovate template. The RAP states our vision for reconciliation to achieve health equality for Aboriginal and Torres Strait Islander peoples. In keeping with our RAP, Federal Office continued to work closely with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) to realise our mutual vision for reconciliation; to progress policy issues of mutual concern; to participate in events such as CATSINaM's Parliamentary breakfast to showcase their work; and, to sponsor a student to attend the CATSINaM annual conference in 2015.

### **Anti-Poverty Campaign**

On behalf of members, the ANMF Federal Office commits annually to provide funding support for the Anti-Poverty Week awareness raising campaign, held each October. This campaign aims to raise awareness amongst Australians about the every-day struggles of those people in our community living with poverty.

## **PROFESSIONAL PARTNERSHIPS**

### **Nursing in General Practice**

Following closure of the Australian Medicare Local Alliance (AMLA) in 2014, Australian Government funds from the AMLA Nursing in General Practice (NiGP) Program were transferred to the Australian Primary Health Care Nurses Association (APNA). ANMF Federal Office participated on an Expert Advisory Group, convened by APNA, to oversight nine nursing in general practice projects under the NiGP Program. These projects, completed in August 2015, addressed education and support; leadership and promotion; and workforce development, for nurses in general practice.

The ANMF Federal Office participated in an Australian College of Nursing (ACN) Expert Advisory Group for the review of the *Nursing in General Practice Resource Toolkit*. Following an extensive process of re-development, the ACN Toolkit was approved by the Australian Government Department of Health and published in late 2015.

### **Climate Change**

As a member of the Climate and Health Alliance (CAHA), ANMF took part in climate change marches prior to the Paris climate conference in December 2015. An historic global agreement was signed by 190 countries at this conference, to work towards limiting global warming. Post conference, the ANMF supported information dissemination and lobbying activities of CAHA, to emphasise that people and their health should be paramount in climate change discussion and policy decisions. The ANMF has maintained a position on the need for a 'just' transition from fossil fuel to non-fossil fuel energy sources (particularly in relation to closure of coal mining facilities), in order to protect the rights and health of individual workers, their families, and communities. We continue to support CAHA in its endeavours to make the Australian Government accountable to protecting the health of the communities our members serve, from adverse effects of climate change.

## Digital Hospitals

Led by the Australian Health Ministers' Advisory Council and the National Health CIO Forum, a Standards Australia committee is developing a handbook of digital hospital design principles to inform the design of new or refurbished health facilities.

The handbook will ensure:

- underlying principles for a 'digital hospital' are clearly articulated, explained and illustrated through scenarios or examples;
- the digital hospital principles are clearly aligned with benefits of taking a 'digital hospital' approach to design, construction and commissioning of healthcare facilities through a benefits estimation/realisation framework; and
- Information and Communication Technology systems architecture of healthcare facilities enable innovative ways for providing healthcare services that support positive outcomes for stakeholders now and into the future.

## Australian Government Nursing and Midwifery Scholarships

The ANMF Federal Office continued membership on the Australian College of Nursing managed Nursing and Allied Health Scholarship Selection Scheme Advisory Group; and, participated as assessors of nursing and midwifery scholarship applications for a variety of undergraduate, post graduate and CPD streams.

Federal Office attended Australian Government Department of Health stakeholder consultation forums to discuss the development and implementation of a new Health Workforce Scholarship Program, to combine existing health workforce scholarships into one program with a single administrator.

## Quality Use of Medicines

ANMF Federal Office works closely with the Australian Commission on Safety and Quality in Health Care (ACSQHC) on their medication safety program. The ACSQHC National Labelling Reference Group, chaired by Julianne Bryce, developed the new National Labelling Standards in 2015, which replaced the National Labelling Recommendations. ANMF Federal Office participated in an ACSQHC roundtable discussion in 2015, held to consider the potential development of a consumer medication action plan (CMAP) and on screen presentation of medicines information for consumers.

The ANMF is a long standing member of the ACSQHC Health Services Medication Expert Advisory Group (HSMEAG) which meet quarterly. This group is responsible for oversight of the National Inpatient Medication Chart.

## Commonwealth Nurses and Midwives Federation

The Commonwealth Nurses and Midwives Federation (CNMF) Board Meeting, Biennial Meeting and Conference were held in London at the Royal College of Nursing (RCN) in March 2016. The ANMF joined other CNMF members, representing 20 countries, for the 22nd CNMF Biennial Meeting. Policy discussions held on key issues of concern to CNMF members included: regulation of the health assistant workforce; advantages for a professional association of registering as a trade union; and clinical career structure development. Two new member countries were welcomed to the CNMF: Brunei Darussalam and Rwanda. The Biennial Meeting was followed by a reception hosted by the RCN UK to celebrate their 100 year anniversary. Presenters and participants from 26 Commonwealth countries and three non-Commonwealth countries attended the 3rd Commonwealth Nurses and Midwives Conference, *Toward 2020: Celebrating nursing and midwifery leadership*, also held in London following the Biennial meeting.

## **RURAL HEALTH**

### **National Rural Health Alliance**

The ANMF is one of seven founding members of the National Rural Health Alliance (NRHA). In the past year, the Alliance has completed work on reviewing the May 2015 Rural Health Conference recommendations, to develop 10 strategic priorities for rural and remote health. Meetings with federal politicians and Australian Government Department of Health senior staff, held during the Alliance's annual forum late 2015, included discussion on: better mental health; secure funding of health services; broadband for all – including for educational downloads; the myHealth electronic health record; rural and remote health workforce; health professionals' scholarships and CPD; rebuilding rural maternity services; better oral and eye health; food supply and distribution; and investing in rural areas through health research.

### **Telehealth**

The ANMF continues as a member of the Australian College of Rural and Remote Medicine (ACRRM) Telehealth Advisory Committee (ATHAC). This committee, established by ACRRM in 2013 as part of the Australian Government funded national telehealth initiative, meets by videoconference quarterly. Whilst the funding for the establishment of telehealth support arrangements has ceased, ACRRM has maintained and expanded this committee to promote telehealth, with an emphasis on shared care via the visiting specialist outreach program.

### **Working Safe Committee**

Tragic events involving teachers and nurses during 2015-2016, led to a reconvening in 2016 of the steering committee for the Working Safe in Rural and Remote Australia Project (completed in 2013). Comprising the Rural Doctors Association of Australia, the ANMF, CRANApplus, the Police Federation of Australia, the Australian College of Rural and Remote Medicine, and the Queensland Teachers' Union, the group confirmed on-going need for collaborative, up to date information and solutions, to reduce risks of workplace violence for rural professionals.

## **POLICIES AND POSITION STATEMENTS**

During 2015-2016 the Federal Office professional team co-ordinated the review of thirty-five national ANMF policies, position statements and guidelines. These policies can be found on the ANMF website.

## **SUBMISSIONS**

The federal professional team analysed draft policy documents and consultation papers circulated by a range of government, nursing and midwifery and other external bodies. Some of these issues also involved participation in consultation forums. Examples are:

- the Medicare Benefits Schedule (MBS) Review consultation;
- the Primary Health Care Advisory Group nursing and midwifery sector consultation; and
- the National Chronic Conditions Framework consultation.

During the 2015-2016 financial year period the professional team prepared twenty-one national submissions (papers and letters) in conjunction with state and territory Branches.



# CAMPAIGN AND POLITICAL REPORT



**Sue Bellino**  
Federal Political  
Coordinator

Over the past 12 months, the political and campaign team has focused on producing and coordinating the ANMF federal election campaign, the ANMF's Federal Budget 2015-2016 response, reaction to MYEFO cuts announced in November 2015, and the ANMF Biennial National Conference. The team also coordinated campaign activities with Branches and members

**to support the ANMF's submissions to the Aged Care Workforce Senate Inquiry, changes to the Border Force Act, and the Paid Parental Leave Inquiry.**

The 2016 federal election campaign was the main focus of the team from November 2015 up to the poll on 2 June 2016. The aim of the campaign from the initial concepts was to make the healthcare cuts and Medicare significant issues in the minds of voters, politicians, and our members.

## 2016 ANMF FEDERAL ELECTION CAMPAIGN

Given the threats by the Coalition government to public health care, Medicare, aged care and workplace rights for nurses and midwives, the ANMF's Federal Executive resolved to run a strong issues based campaign. The Executive determined the campaign would focus on four key issues; public healthcare funding, Medicare, safe staffing in aged care and protection of penalty rates seeking commitments from politicians and support from the community on these issues.

Engaging the services of campaign specialists, CORE, the ANMF commissioned the development of three campaign concepts to accommodate our 4 key election issues. The ANMF conducted focus group testing of these concepts to determine the effectiveness of the creative options. Each concept was tested against four criteria:

- Memorability, engagement and ability to cut through election noise.
- Ability to educate and raise the prominence of the issue.
- Believability and credibility.
- Comprehension.

*If you don't care, we can't care* was determined as the best option.

The campaign, *If you don't care, we can't care* involved raising awareness about the ANMF's core election issues through broadcast and online media. It comprised a wide range of campaign materials developed in consultation with Branches, including TV, radio and billboard advertisements, banners, stickers, pledges and t-shirts, complemented by on the ground actions from members across the country.

ANMF members took an active role in helping to safeguard the health and aged care systems by seeking out their local MPs and candidates and informing them about the issues that really mattered to nurses and midwives.

Underpinning these activities was a coordinated online and social media strategy which engaged support from nurses and midwives and community supporters via a dedicated campaign website and Facebook page. ANMF members and community supporters from across the country engaged in our digital campaign, with more than 11,000 sending emails on the 4 key issues to the three major party's leaders.

## POSITION OF THE POLITICAL PARTIES ON OUR ISSUES

Consistent with normal practice during a federal election campaign, ANMF Federal Office wrote formally to the Prime Minister, the Leader of the Opposition and the Leader of the Greens seeking their commitment on our issues and their specific responses to the questions outlined below:

### **Health Care Funding**

- Will your party commit to restoring \$57 billion over the next decade to growth funding for hospitals?
- What is your party's commitment to public health funding over the next four years?
- Will your party restore the health funding reform agenda of the previous government and commit to a 50% share of efficient price growth funding for public hospitals by the Commonwealth?

[icareandivote.com.au](http://icareandivote.com.au)

**IF YOU DON'T  
CARE ABOUT  
\$57 BILLION IN  
HEALTH CUTS,  
WE CAN'T CARE**



Australian  
Nursing &  
Midwifery  
Federation

## Medicare

- Will your party commit to removing the freeze on GP Medicare rebates?
- Will your party commit to bulk billing for out of hospital pathology tests?
- Will your party commit to strengthening and improving Medicare?

## Aged care

- Will your party commit to a mandated requirement for 24 hour registered nurse cover for all aged care facilities with residents assessed as having high care needs?
- Will your party commit to regulation of all assistants in nursing/personal care workers who assist in the delivery nursing care and nursing services?

## Penalty rates

- Will your party commit to protecting penalty rates for all workers required to work outside traditional business hours?
- Will your party commit to protecting penalty rates for all nursing and midwifery workers regardless of where they work?

Responses were received from the three major parties to our correspondence, though not all in a timely manner. The Coalition's response was received on the day before the election. The ANMF therefore published the parties' positions on our key issues to members and supporters via social media and electronic direct mailouts (EDM's) based on the best available information.

## TAKING THE CLAIM TO CANDIDATES IN THE ELECTION

To supplement our formal correspondence, Branches developed campaign pledges for use by nurses and midwives to sign the pledges themselves and to take to their local MPs for them to sign and commit to our issues. The ANMF published these commitments as they were received via social and digital media. We also published any refusals from politicians.

## National Aged Care Phone-in

As the federal election campaign progressed, it became clear that Medicare and health care were the most important issues for voters while the issue of safe staffing in aged care was to attract attention. In an attempt to raise awareness about the need for safe staffing in aged care, the ANMF decided to hold a national aged care phone-in.

The national phone-in, coordinated by Federal Office and involving most Branches, was held on 18 June and was promoted through advertisements in local newspapers, media releases, e-mails to our members and supporters, ads on Facebook, and leaflets.

The survey, which ran from 17–21 June 2016, was conducted primarily online with a national phone-in held on 18 June 2016. A total of 2,423 people, comprising 1,724 aged care nurses and care workers and 699 community members, mostly relatives of people in aged care, participated. This report provides an outline of their views on:

- current key concerns in aged care;
- the adequacy of staffing levels and staffing skill mixes in aged care;
- the adequacy of care delivery in residential facilities;
- improvements needed in aged care; and
- voting intentions relating to aged care.

The overwhelming theme to emerge from both the aged care worker and community group responses to the ANMF's aged care survey was the participants' belief that the elderly deserve much better care than they are currently receiving. This belief related to care in every aspect: personal, physical, medical, psychological, emotional and social.

A full copy of the report can be found on the ANMF website.



## **KEY POLITICAL AND CAMPAIGN ACTIVITIES – 2015-2016**

Other key areas of focus for the ANMF's political, campaign and media team during 2015-2016 are outlined below.

### **Federal Budget 2015-2016 – ANMF response**

The ANMF was again dismayed that for the third consecutive year, the Coalition Government neglected to provide adequate funding for health and aged care in the Federal Budget. A further \$1.2 billion was cut from aged care in the budget, and the Government's pledge to restore \$2.9 billion to the public healthcare system (after the cut of \$57 billion), was condemned by the ANMF and our members.

### **MYEFO Rips \$472m from Aged Care and Nurses Feel the Pinch**

Aged care nurses were hit with a \$472m budget cut released in the Mid-Year Economic and Fiscal Outlook (MYEFO). The Treasurer delivered this blow to the aged care sector demonstrating that the government does not recognise the growing needs of caring for our ageing population. The removal of funds for aged care providers places further pressure on nurses and carers to provide quality care for our elderly across the country.

### **Detention of asylum seekers**

Following the activism of the QNU in the protests outside the Lady Cilento hospital in support of baby Asha and her family, the ANMF called on both the Turnbull Government and the Opposition to urgently reverse the inhumane policy of keeping children and their families in indefinite detention.

However, the ANMF remains deeply concerned about the Government's intentions for the future of asylum seekers currently on shore and will continue to monitor any policy developments on offshore detention.

### **Aged Care Workforce Senate Inquiry**

On 1 December 2015, the Senate referred the following matter to the Senate Community Affairs References Committee for inquiry and report: The future of Australia's aged care sector workforce. A total of 296 submissions were made to the Inquiry.

At the calling of the election and dissolution of the Senate, the Inquiry lapsed. Once the new Senate Community Affairs Reference Committee is decided and meets, it will decide on the re-referral process. The ANMF will be meeting with Senators to support the ongoing work of this committee, noting that it is customary for most Inquiries to continue following an election.

The ANMF filed a submission to the Committee, the summary of recommendations is outlined below. The ANMF undertook strategic work to publicise this Committee, in particular calling for submissions from our members and community supporters, who might have a concern about aged care. It is understood that there was an unusually high number of individual submissions, many from our members and the ANMF is extremely keen for this Inquiry to continue into the next Parliament.

Summary of Recommendations in ANMF Submission:

1. The Australian Government must fund and implement mandated minimum staffing levels and skill mix requirements for registered nurses, enrolled nurses and assistants in nursing/ personal care workers in the aged care sector.
2. Close the wages gap between working in aged care and the public hospital.
3. Dedicated funding be made available to close the wages gap and that provision of the funding is conditional on the achievement and maintenance of wage parity.
4. All assistants in nursing and personal care attendants (however titled) be licensed and subject to regulation.
5. All assistants in nursing and personal care attendants (however titled) must be required to meet a minimum standard of qualification.
6. Mandated/legislated requirement for 24 hour registered nurse cover for all high care residents in all aged care facilities, where the residents have been assessed with high care needs.



## Senate Inquiry into Superannuation

The ANMF appeared before a Senate Standing Committee on Economics inquiry into economic security for women in retirement arguing the need for a more equitable superannuation system for women workers.

Australian Bureau of Statistics (ABS) figures show there is currently a 47% gap between the super balances of men and women aged 55-64 and given that over 90% of our nursing and midwifery workforce are women, there's little doubt there is a pressing need for better retirement arrangements and a more equitable super system for women workers.

The ANMF presented our concerns regarding the current structural arrangements for superannuation in Australia which mean that nurses, midwives and assistants in nursing (AINs) simply won't have sufficient savings to support them and give them a decent standard of living in their retirement.

## Paid Parental Leave

The ANMF gave evidence to the Community Affairs Legislation Committee, warning of the detrimental impacts changes to the current paid parental leave (PPL) scheme will have on working families.

ANMF Federal Secretary Lee Thomas, Assistant Federal Secretary Annie Butler and ANMF members, including Anita Stirling, told the Senate Inquiry that the existing system allows nurses, midwives and assistants in nursing (AINs), to maximise the time they can spend with their newborns, to breastfeed and bond, leading to improved mental and physical health for both mother and baby.

PPL also leads to increased workforce participation by women, improved retention, increased productivity, profitability and employee morale, as well as bringing positive changes in long term wages for both men and women.

## Paid Parental Leave Survey

The ANMF conducted a survey of members investigating their views on PPL, including their experiences of accessing PPL and managing after the birth of a child as well as their intentions to access PPL in the future.

The survey, which ran over a three week period from 3-22 June 2015, received an excellent response with 1,244 nurses, midwives and assistants in nursing participating from all states and territories.

The key findings of the survey showed:

- the majority of participants, 70.3%, reported they have children with 58.8% indicating they had taken leave due to the birth of a child;
- more than a third of participants, 35.4%, reported they had accessed the government's PPL scheme, with 85.7% of those reporting they had accessed both employer based PPL and government provided PPL. The main reason for accessing both schemes was to extend the time at home with their newborn;
- 90% reported financial reasons as the key factor in their decision on when to return to work; and
- more than 50% of participants indicated they are planning to have children soon, with 71% of them reporting the Government's decision to restrict access to government funded PPL and employer provided PPL would affect their decision to start a family.

The survey findings were incorporated into the ANMF's submission to the above Inquiry.

## Border Force Act

The ANMF condemned the new laws which silence nurses, midwives and other health professionals who speak about the poor conditions in detention centres.

The Australian Border Force Act, effective from 1 July 2015, can result in a two-year jail sentence for nurses, midwives and other health professionals who publically highlight their concerns about detention centres without the express permission of the Immigration Minister.

# AUSTRALIAN NURSING & MIDWIFERY JOURNAL



**Kathryn  
Anderson**  
ANMJ Editor

**Over the past 12 months ANMJ paper circulation dropped from 98,970 to 93,185. This trend started in July 2015 when members were given the option of cancelling their hard copy version of the Journal, with the ability of viewing the ANMJ online.**

While the number of online views of the Journal has been low, there has been a gradual increase in sightings over the past 12 months.

According to statistical data there were 140 reads of the Journal in June 2016.

The amount of paid subscribers has also dropped which may be a result of ANMF NSW, QNU and WA Branches members being able to view the Journal online as a benefit of their membership. Despite this, it is hoped having a truly national digital presence will assist with communication to nurses and midwives across the country into the future.

In relation to online international subscribers, statistical data revealed the Journal was viewed online in the USA, UK, Ireland, New Zealand, Indonesia and Japan.

The Journal has maintained a minimum of 48-pages per issue, increasing to 56 pages as advertising and content has enabled. This has provided a good balance of advertising to editorial copy and has allowed contributions from members in various sections of the Journal, from letters and 'working life' articles to issues, viewpoints, focus section and clinical updates.

Over the past 12 months the layout of the ANMJ has been subtly improved and refined, with care taken to maintain the current feel and ownership members have toward the Journal, to maximise readability.

An extra journalist was employed giving much needed support to the Journal team. As a consequence better quality content has been produced, which the membership has responded favourably to.

In an attempt to be interactive with members and to encourage advertising, the ANMJ has continued to be active on social media. The Journal has highlighted an array of stories from the current issue on Facebook and twitter. One of the most popular stories on Facebook

this year was on end of life choices that received over 1,000 likes and hundreds of comments and shares. This reaction and the reaction to other posts have allowed us to use Facebook as a tool to gauge what issues are important to the membership.

Using the tools at our disposal, the ANMJ has continued to keep abreast of the latest happenings in the nursing and midwifery professions over the past year with some significant highlights in 2015-2016.

The ANMJ has reported on key issues for the ANMF including the ANMF's campaign on the federal election: *If you don't care, we can't care* and the Rosie Batty *Never Alone* campaign. In addition, the Border Force Act and changes to paid parental leave were some of the prominent news stories. Social justice, Indigenous health, and environmental health remained common themes throughout the year.

## FEATURE

Features remained popular with the membership. Particularly popular features included, *Stand by me: Nurses and midwives putting a stop to domestic violence*; *Generation next: Helping graduate nurses and midwives find jobs* and *Taking enrolled nursing into a new era*.

### ANMJ feature articles in 2015-2016:

- Mission possible: Australian nurses and midwives strengthening developing countries
- Stand by me: Nurses and midwives putting a stop to domestic violence
- No place like home: Nurses and midwives tackling homelessness
- Cultural diversity and inclusivity: Where are we at?
- The age of reason: Shining a spotlight on aged care
- A force to be reckoned with: A year in review
- Generation next: Helping graduate nurses and midwives find jobs
- Taking enrolled nursing into a new era
- The lost souls: How Australia's asylum seeker policy is damaging children
- If you don't care about \$57 billion in health cuts, we can't care
- Federal election 2016: *If you don't care, we can't care*

## FOCUS

Focus topics reflected the diversity of the areas in which nurses work, both clinically and geographically. Many of the topics covered were of broader areas of concern to members and in which the *ANMJ* received many submissions, such as education and mental health which ran over two issues.

### Focus topics 2015-2016

- Education Part 1
- Education Part 2
- Wound/Infection control
- Rural/remote
- Men's health
- Primary/community care
- Aged care
- Indigenous health
- Diabetes health
- Mental health Part 1
- Mental health Part 2

## CLINICAL UPDATE

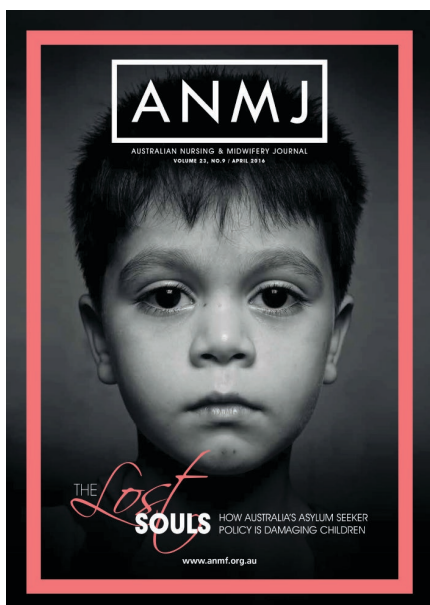
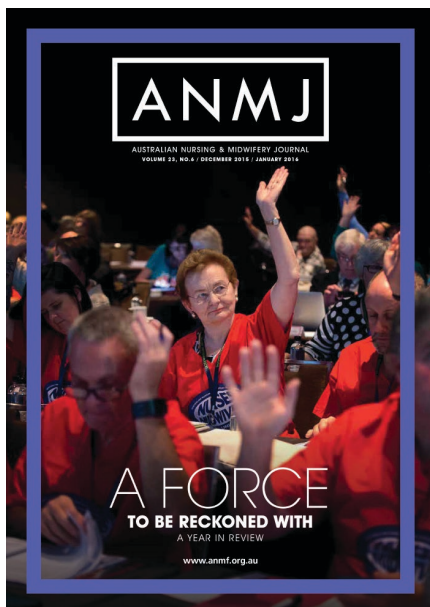
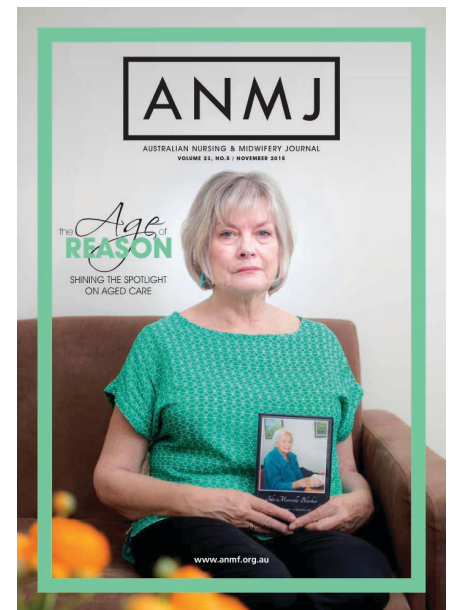
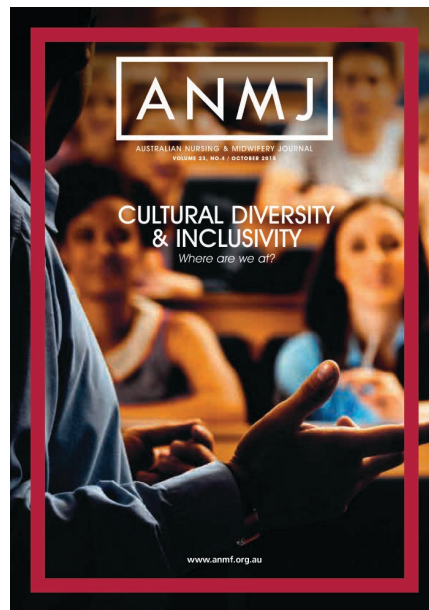
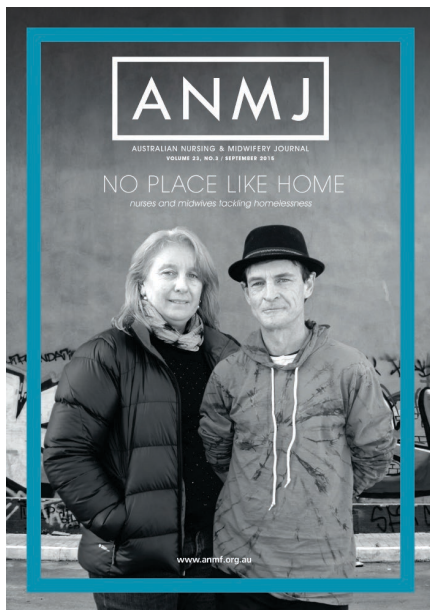
We have continued to receive a constant flow of submissions for the clinical update section from members. These have provided dialogue amongst members of new or evaluated clinical work on the ground, improvements in care, new program developments, etc. It has also enabled members to have clinical work/research published in order to secure grants or other avenues of funding such as scholarships.

### Clinical update topics 2015-2016

- Need for improved recognition of in-hospital newborn falls
- Nurses at risk of injuries
- The barriers and enablers related to the early recognition of delirium in older palliative care patients – an integrative literature review
- Breathing retraining in anxiety and panic disorder
- Patient and carer information: can they read and understand it? An example from palliative care
- A constructivist grounded theory study of mental health clinicians' boundary maintenance
- The role of sleep in patient recovery
- Understanding the journey travelled by patients and carers living with end stage kidney disease and haemodialysis
- Pregnancy, Crohn's disease and Azathioprine: a case study and literature review
- Over the counter codeine dependency: a case analysis of an inpatient nursing intervention
- When words fail: a summary of aphasia – incorporating background memoir accounts









## **THE FEDERATION**

### **Federal Office Staff**

Federal Secretary - Lee Thomas

Assistant Federal Secretary - Annie Butler

Senior Federal Industrial Officer - Nick Blake

Federal Industrial Officer - Andrew McCarthy

Federal Industrial Officer Research - Debbie Richards

Senior Federal Professional Officer - Julianne Bryce

Federal Professional Officer - Elizabeth Foley

Federal Professional Officer - Julie Reeves

Federal Professional Research Officer and Librarian - Elizabeth Reale

Federal Political Coordinator - Sue Bellino

Federal Education Officer - Jodie Davis

Federal Finance Officer - Dorothy Abicic

Federal Finance Officer - Sotiria Ayfantis

Federal Social Media and Digital Officer - Nicole Foote-Lenoir

ANMJ Editor - Kathryn Anderson

ANMJ Journalist - Natalie Dragon

ANMJ Journalist - Robert Fedele

Administration Officer, Journals - Cathy Fasciale

Administrative Officer, Communications and Campaigns - Kristy Male

Administrative Officer, Executive Assistant and AJAN (Canberra) - Anne Willsher

Administrative Officer, Executive Assistant and Office Manager (Melbourne) - Kerrie Fitzpatrick

Administrative Officer, Education - Rebecca Aveyard (*maternity leave*)

Administrative Officer, Education - Jessica McHenry

Administrative Officer, NENA and NACA Secretariat - Jessica Flaherty

Administrative Officer, Industrial - Anna Amatangelo

Administrative Officer, Professional - Anastasia Shianis

## **Federal Council**

Federal President, Sally-Anne Jones  
Federal Vice President, Maree Burgess  
Federal Secretary, Lee Thomas  
Assistant Federal Secretary, Annie Butler

### Australian Capital Territory

Secretary, Jenny Miragaya  
President, Athalene Rosborough

### New South Wales

Secretary Brett Holmes  
President Coral Levett

### Northern Territory

Secretary, Yvonne Falckh  
Acting President, Jan Hercus

### Queensland

Secretary, Beth Mohle  
President, Sally-Anne Jones

### South Australia

Secretary, Elizabeth Dabars  
President, Marisa Bell

### Tasmania

Secretary, Neroli Ellis  
President, Emily Shepherd

### Victoria

Secretary, Lisa Fitzpatrick  
President, Maree Burgess

### Western Australia

Secretary, Mark Olson  
President, Patricia Fowler

## **Federal Executive Members**

Federal President, Sally-Anne Jones  
Federal Vice President, Maree Burgess  
Federal Secretary, Lee Thomas  
Assistant Federal Secretary, Annie Butler

Australian Capital Territory, Jenny Miragaya

New South Wales, Brett Holmes

Northern Territory, Yvonne Falckh

Queensland, Beth Mohle

South Australia, Elizabeth Dabars

Tasmania, Neroli Ellis

Victoria, Lisa Fitzpatrick

Western Australia, Mark Olson

## **Federal Council Meetings**

From 1 July 2015 to 30 June 2016

3 August 2015 [in writing]

21 and 22 August 2015

9 September 2015 [in writing]

9 October 2015 [in writing]

5 November 2015 [in writing]

17 November 2015 [in writing]

24 May 2016 [in writing]

## **Federal Executive Meetings**

From 1 July 2015 to 30 June 2016

1 October 2015 [by teleconference]

13 October 2015 [in writing]

26 – 27 November 2015

2 February 2016 [by teleconference]

25 and 26 February 2016

13 April 2016 [by teleconference]

30 – 31 May 2016

28 June 2016 [by teleconference]



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