# Australian Nursing and Midwifery Federation

**Annual Report Federal Office** 

2013 - 2014



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# **Federal President's report**

One of my most favoured duties as President is to report on the activities of the Federal Executive and Federal Council for the financial year 2013 - 2014.

I am proud to report for the 9th successive year our union continues to grow, with an overall increase in ANMF membership in all state and territory Branches and a national membership of almost 240,000. The sheer size of our Union means we command respect and credibility with Governments and other health stakeholders. With this respect comes the power to influence, and faced with a new federal Coalition government now is the time to use our influence to advocate for our patients and the health system broadly.

In February 2014 the Federation farewelled Yvonne Chaperon, Assistant Federal Secretary, who resigned her position with the Federation to take up a post closer to her family in Tasmania. We acknowledge the tremendous work that Yvonne has committed to over her many years with the Federation and wish her well for her future. As a result in March 2014 the Federal Executive appointed (pursuant to Federal Rule 51.1.2), Annie Butler as Assistant Federal Secretary. Annie has experience covering more than a decade as a union official in her roles as professional officer and lead organiser with the ANMF in New South Wales and it is my great pleasure to congratulate Annie on her transition to the Federal Office as an elected official of our union.

In 2013 the Federation held its 11<sup>th</sup> Biennial National Conference in Brisbane. The conference was attended by over 120 delegates and observers from around the nation and debated resolutions from marriage equality to asylum seeker policy. It was an extremely successful few days culminating in a protest march with the Queensland Branch to demonstrate against a raft of unfair changes to the WorkCover system in Queensland that would dramatically affect the ability for workers to access entitlements under the scheme. It was a privilege to march with our Queensland colleagues and support them in their growing quest to maintain a civil society which is under attack by the Newman Government.

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 and professional issues being faced by the state and territory Branches and also for essential strategic planning for the Federation's future direction.

At the national level, the Federation has continued 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.

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 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.



Coral Levett Federal President

# **Federal Secretary's report**

I have great pleasure in preparing the annual report for the Australian Nursing and Midwifery Federation for 2013 - 2014.

The preceding 12 months have been challenging and successful as the Federation has continued to go from strength to strength, now one of the fastest growing unions in Australia. The Federation's membership at the end of June 2012 was 220,531; at 30 June 2013 was 230,711 and at 30 June 2014 was 239,935; an increase of 4% over the last 12 months.

In my report for 2012 - 13, I reported on the attacks on nursing, midwifery and health in most states and territories. Sadly this trend has continued with the election of a Coalition federal government who has introduced a range of cuts and levies on health and health consumers. These cuts are in addition to the ongoing issues in Queensland where the state government continues to slash and burn nursing and midwifery positions and other frontline jobs and services in the public sector. In NSW the Branch has maintained a strong and concerted campaign to maintain and extend nurse to patient ratios against a background of industrial changes that directly affect nurses and midwives. All states are heavily involved in "bust the budget" rallies and together nationally we are campaigning to have the proposed GP tax and cuts to state health budgets overturned.

Some highlights from the activities of the federation are:

Our ongoing commitment to see graduate nurses and midwives get jobs on completion of their education. This disgraceful situation must stop and as a profession we must ensure that we provide all graduates with decent well organised transition to practice programs and ongoing employment, for the sake of our health systems in the future.

In the past 12 months the National Enrolled Nurse Association has completed a constitutional change process and very soon will elect a new committee to assist with the affairs of this ANMF special interest group.

In an environment where unions are under threat from the Royal Commission into Trade Unions it has been a time of reflection for the Federation. Ensuring our governance, policies, procedures and financial affairs are above scrutiny. As a result I can report that in the last financial year we recorded a small operating surplus, employed another professional officer to take that team to three and as Coral has reported we farewelled Yvonne Chaperon and welcomed Annie Butler.

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

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



Lee Thomas Federal Secretary

# **Federal Industrial report**

The 2013 - 2014 industrial program continued to focus on the protection and advancement of the industrial rights of nurses, midwives and assistants in nursing.

The objectives included:

- providing effective industrial leadership and representation for nurses, midwives and assistants in nursing at the national level:
- achieving 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;
- maintain and enhance conditions of employment for nurses, midwives and assistants in nursing in Australia;
- provide support to ANMF Branches to enable them to meet their industrial objectives;
- develop effective and constructive relationships with the Australian Council of Trade Unions and affiliated unions; and
- develop effective and constructive relationships with the Federal Government, other political parties and industrial bodies.

#### **Industrial Regulation**

The principle law covering the employment of nurses and midwives in Australia is the Fair Work Act 2009. In the past 12 months a number of important changes were made to the Fair Work Act.

The *National Employment Standards* have been changed, effective from 1 July 2013, in relation to various parental leave entitlements and requests for flexible work arrangements.

#### Parental and pregnancy related leave entitlements

Dads and partners of primary carers are now entitled to take up to eight weeks concurrent unpaid parental leave, increased from three weeks. In addition, they are entitled to take the leave in separate periods of, at least, two weeks within twelve months of the birth/adoption.

Any period of special maternity leave – usually taken on account of pregnancy related illness – will no longer be offset against any unpaid parental leave to which the employee is otherwise entitled.

All pregnant employees with particular health issues now have the right to request they be transferred to a safe job on account of their pregnancy, regardless of their length of service. Eligibility was previously restricted to persons with, at least, 12 months' prior continuous service.

#### **Requests for Flexible Work Arrangements**

Prior to 1 July 2013, the only people who could request their employer for a change in working arrangements (or for a 'flexible working arrangement') were parents or carers of children under school age, or, children under 18 with a disability.

The group of people eligible to request a flexible working arrangement has now been expanded – with effect from 1 July 2013 – to include employees who:

- · are carers of children who are of school age or younger;
- are carers of persons who are disabled, chronically or terminally ill, mentally ill or frail and aged;
- themselves have a disability;

- are 55 or over:
- · are victims of domestic violence; and
- are caring or supporting a member of their family or household because the other person is themselves a victim of domestic violence.

#### **Anti Bullying Regulations**

From 1 January 2014 a worker who "reasonably believes" they have been bullied in the workplace will be able to apply to the Fair Work Commission and seek orders against the perpetrator and their employer requiring them to stop the bullying.

Upon application the Fair Work Commission is now able to take serious steps to stop or prevent bullying at the workplace if:

- · the worker has been bullied at work by an individual or group of individuals; and
- there is a risk that the worker will continue to be bullied at work by that same individual or group.

Further information on bullying regulations is available at: http://www.fwc.gov.au/documents/documents/antibullying/Guide\_antibullying.pdf

#### **Minimum wages**

Each year the Fair Work Commission reviews the adult minimum wage and the minimum wages in modern awards. In 2013 - 2014 the Commission adjusted the adult minimum full time (38 hours per week) wage to \$640.90 per week or \$16.87 per hour. Wage rates in modern awards were adjusted by 3%. Both increases were payable on and from 1 July 2013. These changes have been included in the nurses award which is available at: https://www.fwc.gov.au/documents/documents/modern\_awards/award/MA000034/default.htm.

#### **Review of modern awards**

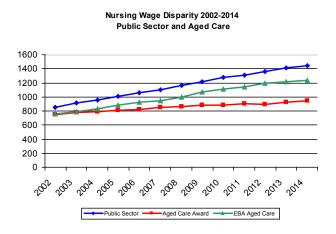
In 2013 - 2014 the Fair Work Commission commenced its four yearly review of all modern awards. The process is to ensure that the awards meet statutory obligations and also to allow the industrial parties to argue in support or against change to the provisions of an award.

We expect that employers will again seek changes to penalties, hours of work and other existing benefits. ANMF will oppose such changes and also seek improvements to the award.

In a concurrent exercise the Fair Work Commission is conducting a statutory review of default superannuation terms in modern awards. Superannuation funds have filed applications which will be reviewed by an expert panel to assess their suitability to be included in modern awards. It is expected that these processes will be completed towards the end of 2014.

#### **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 to the sector. Across Australia 800 enterprise agreements operate in the residential aged care sector covering approximately 2,144 out of 2,396 facilities. While 90% of 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.



#### **Public sector agreement outcomes**

ANMF Branches in New South Wales, the Australian Capital Territory, South Australia, Tasmania and Western Australia have successfully negotiated new Agreements covering nurses employed in the public sector providing increases in wages and allowances and improvements in work related conditions.

The table below details the percentage increases and expiry dates of public sector enterprise agreements that apply over the 2013 - 2014 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	2.27% 01.07.13 (new agreement pending)
Victoria	12% over 4 years (expires 31.03.16)
Northern Territory	9% over 3 years (expires 09.08.14)
Tasmania	2% 01.12.13 (new agreement pending)
South Australia	9% over 3 years with additional increases (expires 01.09.16)
Queensland	9% plus \$500 on base rate over 3 years (expires 31.03.15)
Australian Capital Territory	12% - 15% over 4 years (expires 30.06.17)
Western Australia	14% over 3 years (final 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/Territory Enterprise Agreements and now cover 92% of private hospitals across the country.

#### **Southeast Asia Treaty Organisation (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 illness 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.

Nursing team members participated in various television, radio and print media interviews as well as gaining support from the Returned and Services League, General Peter Cosgrove and other relevant organisations.

#### **Migrant and Graduate Working Party**

In August 2013 the ANMF Federal Council endorsed the establishment of a working party to develop the unions understanding of the often competing goals between migration policies and the domestic nursing labor market.

While the ANMF continues to support migration, poor domestic economic circumstances, the sustained increase in undergraduate nurse numbers along with the expansion of the numbers and role of the third level nurse has reduced the need for offshore nursing labour.

The Migrant and Graduate Working Party will examine nursing and midwifery labor market issues to develop our long term strategies that properly plan and manage the domestic workforce.

Specifically the working group will be responsible for:

- 1. the collection and analysis of statistics and related information on the employment of overseas trained? registered and enrolled nurses;
- 2. the collection and analysis of data on the employment of new graduate nurses;
- 3. the development and review of ANMF policies on the employment of overseas nurses; and
- 4. the development and review of ANMF policies on the employment of new nurse graduates.

The working group will also provide an annual report to the Federal Council on the work undertaken for the previous twelve months.

#### **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 labor force.

Over the past twelve months there have been changes to the Rules relating to the Federal Office and Branches responsibilities for the management and reporting of financial arrangements.

These changes have now been incorporated into the Rules and are available at: http://www.e-airc.gov.au/145v/rules



Nick Blake Senior Federal Industrial Officer



### **Federal Professional report**

Over the 2013 - 2014 period, the ANMF Federal Office professional team has maintained our policy and advocacy work in the health, maternity and aged care arenas. The team represents the interests of the ANMF membership across the wide range of issues impacting the nursing and midwifery professions, and to effect positive outcomes for the health and wellbeing of the community. Activities throughout the year include leading and participating in national projects, developing and coordinating national submissions, attending and contributing to, national conferences, seminars, forums, committees, meetings, working groups, alliances and projects, submitting writings to many and varied publications, and, joint work with other peak national nursing and midwifery organisations. The professional team's responsibilities encompass coordinating the development and review of ANMF national policy, position statements and guidelines in conjunction with the state and territory Branches.

The federal professional officers coordinate the Professional Advisory Committee, which consists of Federal and state/territory Branch professional officers. Federal Office works closely with our colleagues in the ANMF Branches in the provision of advice and submissions to governments and health related bodies on a wide range of matters, primarily concerning the nursing and midwifery professions.

ANMF is the auspicing body for the Coalition of National Nursing Organisations (CoNNO). Our team has continued to provide secretariat support to the CoNNO, an alliance of over fifty nursing and midwifery organisations. The Coalition consists of organisations that represent the national interests of nurses and midwives in all sectors of the health and aged care systems, and provides a forum for discussion on issues of mutual concern. The Australian Government Department of Health and Ageing (now Department of Health) has committed to the provision of funds for CoNNO until June 2015. This funding supports a face to face meeting twice a year, alternating between Melbourne and Sydney.

ANMF funded a consultant to facilitate a workshop for CoNNO Council to review the CoNNO Governance and Constitution Framework in February 2014. Outcomes of the workshop were the development of a Memorandum of Understanding between the ANMF and CoNNO Council, and Terms of Reference for CoNNO. Both documents align with the funding agreement between the ANMF and the Australian Government Department of Health.

On behalf of ANMF members, the professional team participated in the analysis, development and review of national policy and advocated across a range of professional nursing and midwifery issues including those related to the priorities outlined below. Our work aims to: promote nursing and midwifery's leadership role in health and aged care; enhance the delivery of safe, quality health and aged care; and promote safe and competent practice, leading to improved health outcomes and wellbeing for the Australian community.

Priorities for the Professional Team in 2013 - 2014 included (but not limited to):

- nursing and midwifery practice, professional practice frameworks, regulation including registration and accreditation standards, education, continuing professional development, national standards for practice and leadership;
- health, maternity, and aged care workforce and reform;
- · social justice and human rights;
- Aboriginal and Torres Strait Islander peoples' health;
- primary health care;
- quality use of medicines;
- · rural and remote health; and
- environmental issues including climate change and natural disaster management.

This list is not inclusive as there were many other health and aged care issues of importance the professional team addressed throughout the course of the year.

Major work activities are outlined below. Federal professional officers Julianne Bryce and Elizabeth Foley participated in all committees listed (unless otherwise specified):

#### **National registration and accreditation:**

#### **Review of the National Competency Standards for Nurse Practitioners**

The review of the existing National Competency Standards for Nurse Practitioners was completed in June 2013. The resultant document - the National Professional Practice Standards for Nurse Practitioners was launched at the Australian College of Nurse Practitioners Conference held in Hobart, in September 2013. Papers from this project have been accepted for the International Council of Nurses, International Nurse Practitioner/Advanced Practice Nurse Network Conference to be held in Helsinki, Finland in August 2014.

#### Review of the National Competency Standards for Enrolled Nurses

In 2012, the NMBA funded Monash University to undertake a project to review the current National Competency Standards for the Enrolled Nurse (2002). The primary purpose of the project is to consider the relevance and currency of the existing standards against the contemporary role and scope of practice of enrolled nurses; and revise the standards accordingly. ANMF has participated in consultation forums and contributed to a preliminary consultation by the NMBA on draft National Enrolled Nurse Standards for Practice, prior to the public consultation phase scheduled for later in 2014. Originally due for completion in 2014 the project has been extended to 2015.

#### NMBA Review of the Competency Standards for Registered Nurses

A consortium led by Southern Cross University and the University of Sydney, will undertake the project to review the National Competency Standards for the registered nurse. This 18 month project commenced in May 2014, and is scheduled to be completed by November 2015.

#### **Supervision Models for Privately Practicing Midwives**

In May 2014, the NMBA engaged PricewaterhouseCoopers (PwC) to manage a project on potential models of supervision for privately practising midwives (PPMs). Focus groups for this project have been scheduled for June and July 2014. The ANMF Federal Office is represented on the PwC Expert Panel by Julianne Barclay, Professional Officer, midwifery at the ANMF Victorian Branch.

#### **ANMAC Midwifery Accreditation Standards**

The Australian Nursing and Midwifery Accreditation Council (ANMAC) commenced a review of the Midwifery Accreditation Standards in February 2013. The ANMF Federal Office was represented on the ANMAC Expert Advisory Group by O'Bray Smith, a registered midwife and member of NSWNMA Branch Council. The ANMF participated in all consultation formats which included: a discussion paper, an on-line survey, and forums in some capital cities and regional settings, with the final consultation forum held in December 2013. The revised Standards were accepted by the ANMAC Board in February 2014 and are under consideration by the NMBA.

#### **ANMAC Eligible Midwife Accreditation Standards**

In November 2013, ANMAC commenced a review of the accreditation standards used to assess and accredit the programs of study required for endorsement as an Eligible Midwife, namely:

- Accreditation Standards for Programs of Study Leading to Endorsement for Scheduled Medicines for Eligible Midwives: and
- Interim Standards for Accreditation of Professional Practice Review Programs.

ANMF Federal Office is represented on the ANMAC Expert Advisory Group by Julianne Barclay. The first stage of the consultation commenced in January 2014 with a paper, an on-line survey, forums and focus groups.

#### ANMAC Review of the Nurse Practitioner Accreditation Standards

ANMAC commenced review of the Nurse Practitioner Accreditation Standards in May 2014.

#### **Primary health care:**

#### ACN Nursing in General Practice (NiGP) Resources Project

an Advisory Group in September 2013 to review the Australian College of Nursing's (ACN) Nursing in General Practice Resources Kit - Nursing in General Practice: A Guide to the General Practice Team, originally published in 2005. The ANMF made extensive comment, particularly in relation to the role and responsibilities of Registered Nurses and Enrolled Nurses (legal and professional lines of responsibility), the difference between professional and employment relationships between nurses in general practice and General Practitioners, scopes of practice, and industrial matters. The primary aim of this document is to provide the general practice team with information on employing and supporting nurses into the general practice environment.

#### **Coordinated Veterans' Care Program**

the oversighting committee, the Health Innovation Clinical Reference Group, for the Department of Veterans' Affairs (DVA) Coordinated Veterans' Care Program. This Program, provides funding to General Practitioners and nursing providers (either in general practice or community care) to coordinate care for these elderly people who are at risk of hospitalisation. The aim is to reduce unnecessary hospitalisations of chronically ill DVA Gold Card holders.

#### **Australian Medicare Local Alliance**

a Nursing in General Practice Expert Advisory Group for the Australian Medicare Local Alliance (AMLA) Nursing and General Practice Program. The aim of this program has been to support and build capacity of the nursing workforce within general practice. Specifically the program has focused on supporting nurse leaders, the Practice Nurse Incentive Program, and market the role of nursing in general practice.

#### **Nursing in General Practice Standards Project**

Project to review the ANF Competency Standards for nurses in general practice (2006) commenced in 2013. The report on this is found below under 'Projects'.

#### Quality use of medicines:

#### **ACSQHC Health Services Medication Expert Advisory Group**

Represented ANMF on the Australian Commission for Safety and Quality in Health Care (ACSQHC) Health Services Medication Expert Advisory Group (HSMEAG). This group has oversight of implementation of the National Inpatient Medicines Chart (NIMC) in the public health sector, and the National Audit Process for the NIMC. The committee also advises on health service-based medicines standardisation initiatives and health service-based medicines safety and quality. The ACSQHC released a new version of the NIMC at the end of October 2013. This is a suite of standard medication charts, both paper and electronic that communicate consistent information between health professionals providing care to inpatients. It is part of a national strategy to reduce medicine errors in acute care through standardised medicines prescribing, dispensing and administering, and information presentation.

#### **Fifth Community Pharmacy Agreement**

Ministerial appointment representing nursing and allied health on the Australian Government's Fifth Community Pharmacy Agreement (5CPA) Programs Reference Group (PRG), providing advice on the policy dimensions of pharmacy programs, including their scope and evaluation requirements.

#### **NPS MedicineWise**

Participated as a member of NPS MedicineWise, in their Member Day held in Sydney, in March 2014; and, in the National Medicines Symposium 2014 Medicines in health: Shaping our future, held in Brisbane in May 2014.

The ANMF regularly liaises with Dr Kay Price, joint nominee from the ANMF and Australian College of Nursing to the NPS MedicineWise Board, and with staff of NPS MedicineWise, to ensure the critical role of nurses and midwives in quality use of medicines is acknowledged in program development.

Chair the NPS MedicineWise Nursing Insight Group, which provides high level guidance and advice to enhance the support NPS MedicineWise can offer the nursing profession. Established in 2012, this group consists of registered nurses and nurse practitioners from a range of health and aged care settings across the country. The primary aim of the group is to provide advice to NPS MedicineWise on:

- issues pertinent to health and aged care which impact on quality use of medicines;
- issues to be prioritised by NPS MedicineWise in their annual workplans; and
- how best to target messages to the nursing profession about quality use of medicines.

#### ACSQHC National Labelling Recommendations Reference Group

Chair the Australian Commission on Safety and Quality in Health Care (ACSQHC) National User Applied Labelling Recommendations Reference Group. This group provides expert advice on feedback received from the health and aged care sector on issues related to the implementation of the Labelling Recommendations. They are responsible for oversight and maintenance of the Issues Register and support materials. These nationally applicable Labelling Recommendations aim to: promote safer use of injectable medicines; standardise user-applied labelling of injectable medicines; and provide minimum requirements for user-applied labelling of injectable medicines.

#### Pharmaceutical Society of Australia Guidelines for Immunisations in Pharmacy

Participated as a member on the Pharmaceutical Society of Australia (PSA) Expert Advisory Group for the development of Practice guidelines for the provision of immunisation services within pharmacy. These guidelines promote specific policies and protocols designed to ensure safe and effective channels of communication between healthcare providers; providing guidance to pharmacists on professional issues and obligations related to immunisation services within the pharmacy setting.

#### **ACSQHC National Residential Medication Chart**

Participated as a member of the ACSQHC National Residential Medication Chart (NRMC): 1st Tier Communications Group. This group was convened to ensure effective communication with the health and aged care sectors in relation to the development of the NRM chart. The new national chart will permit the direct supply and claiming of PBS/RPBS medicines from medicines charts being used in aged care, removing the need for a separate prescription form to be used by the dispensing pharmacist.

#### **Codes of Conduct**

Participated in the Department of Health sponsored Codes of Conduct Advisory Group. Essentially the work of this group is to have all makers and sellers of therapeutic goods (including medicines) complying with industry codes of conduct, and all health professional codes of ethics aligning with a set of high level principles pertaining to the use of therapeutic goods, to safeguard consumer interests in health care.

#### **Rural Health:**

It is estimated more than 80,000 ANMF members live and/or work in rural and remote parts of Australia. The ANMF Professional Team has been active on a number of fronts to positively influence policy in relation to nursing and midwifery workforce and health and aged care in general impacting on rural and remote Australia.

Areas in which the federal professional team has represented members include:

- Telehealth representation on the Australian College of Rural and Remote Medicine (ACRRM) Telehealth Advisory Committee (ATHAC).
- Australian Government funded scholarships for nurses and midwives represented the interests of our nursing and midwifery members on the Nursing and Allied Health Scholarship Selection and Support Advisory Group and the Aged Care Nursing Scholarship Advisory Group.
- Presented a paper at the ACN National Forum, October 2013 on the Working Safe in Rural and Remote Australia
   Project a unique partnership of health professionals, teachers and police, combining forces to develop a national framework for action for a whole-of-community response to working safely.
- Being one of the now 34 national organisations in the National Rural Health Alliance (NRHA), which continues
  to work collaboratively to improve the health and wellbeing of people in Australia's rural and remote areas.
  The Alliance lobbies the Australian Government on a range of health care inequities experienced by country

people. Through the NRHA, the ANMF has contributed to the discussion and development of broad Government policy to effect health and social change for rural and remote communities. This includes contributing to the development of the NRHA 2013 Election Charter Shining a Light on Rural and Remote Health.

Attended the NRHA five day strategic policy think tank 'Councilfest' held in Canberra in November 2013.

#### **Social Justice:**

As a national organisational member of the Australian Council of Social Services (ACOSS), the ANMF supports this peak body of the community services and welfare sector, and, national voice for people affected by poverty and inequality. We participate in ACOSS national campaigns, forums and conferences which raise awareness and debate sustainable policy reforms seeking to provide opportunity, justice and equity for all Australians.

Funding contribution was made to the Anti-Poverty Week Campaign activities, held in October 2013. This annual donation is part of the ANMF's commitment to the United Nations Millennium Development Goals, particularly Goal 1: eradication of extreme poverty and hunger. We advertise anti-poverty week extensively to our membership through the Australian Nursing and Midwifery Journal (ANMJ) and to our state and territory Branches.

As a member organisation, the ANMF supports the work of the Australian Research Alliance for Children and Youth (ARACY) which advocates for social justice for children and adolescents.

The ANMF Federal Office Reconciliation Action Plan (RAP) was first adopted in 2007. A RAP Working Group has comprehensively revised the Federal Office RAP over the past six months. The Working Group includes Faye Clarke, an Aboriginal clinical nurse from Ballarat The ANMF Federal Office RAP has been revised in accordance with Reconciliation Australia's framework, and sets new goals for activities that are clear, achievable and measurable.

#### **Climate Change:**

At the front line of health care delivery, the nursing and midwifery professions will be increasingly affected by climate change in their professional capacity. The ANMF recognises climate change as a significant issue for the health of our community and has participated in activities to promote mitigation of its effects.

The ANMF maintains membership of the Climate and Health Alliance (CAHA). This alliance of health related organisations seeks to educate the health sector about climate change, advocate to governments about the importance of policies to mitigate the effects of climate change, and assist health and aged care facilities improve their environmental sustainability.

As a founding member organisation of CAHA, the ANMF Federal Office participated in a Forum in November 2013, in Melbourne. The Forum, attracted health and medical researchers, health and medical professionals, students, environmental educators and community members.

The Federal Office published articles on climate change in the February and April issues of the *ANMJ* and will continue to be engaged in this important issue during the coming year.

#### **Workforce Professional Issues:**

#### Health Workforce Australia Standing Advisory Committee for Health Professions

The Committee met four times during the year and was chaired by Professor Mary Chiarella. The role of this group was to provide high level advice and inputs on a national level to HWA's work program and act as a cohesive sounding board for testing and responding to HWA programs and initiatives.

#### Health Workforce Australia Health Professional Prescribing Pathway (HPPP) Project

The HWA HPPP Project commenced at the beginning of 2012. The Project aim was to develop a nationally consistent approach to prescribing by health professionals that supports safe practice, quality use of medicines and effectiveness of healthcare services. The plan has been to deliver a consistent platform by which health professionals, other than medical practitioners, may undertake prescribing of medicines consistent with their scope of professional practice. The Project Advisory Group, of which the ANMF was a member, consisted of

representatives of consumers, health professionals, higher education sector, jurisdictions and regulators. Following extensive consultation with all registered health professions and key stakeholders, the HPPP was completed with the final report approved by the HWA Board in July 2013. In November 2013, the Standing Council on Health (SCoH) met and approved the pathway.

#### Health Workforce Australia Extended Workforce Scope Initiatives

HWA undertook a series of Extended Scope of Practice Projects as part of their Workforce Innovation and Reform Work Plan 2011 - 2014.

The projects focused on:

- implementation of extended nurse and physiotherapist roles in the Emergency Department in response to an increasing demand in presentations to the Emergency Departments and related workforce issues; and
- implementation of an advanced practice in endoscopy nursing role in response to the increasing demand for
  endoscopies as a result of the National Bowel Screening Program and the consequent workforce capacity
  and waiting list issues.

The ANMF was represented on the Project Advisory Groups for the two nursing sub-projects: Nursing in the Emergency Department and Advanced Practice in Endoscopy Nursing. A key deliverable from these projects is development of toolkits and implementation guidelines; and consideration of the training requirements necessary to support national implementation.

The project sites for the nurses in ED program have a focus on mental health, paediatric nursing, and rural and remote settings. These sites are spread across NSW and Victoria. Lead sites for the advanced practice in endoscopy nursing program are in Queensland and Victoria, with Queensland providing the education and training program for all project participants.

Overall, the ED projects have sought to recognise and utilise professional nursing expertise that either already exists by introducing models of care to support nursing roles. Many of the ED Projects are assisting Nurse Practitioners and those working towards Nurse Practitioner endorsement, to work to their full scope in roles that recognise this advanced level of nursing practice. These models hold some promise in improving health outcomes for the community. In the case of nurse endoscopy, HWA is seeking to develop nursing expertise with additional education and training. The ANMF has continued to advise HWA of concerns around the scope and remuneration for the nurse endoscopy role. This role has only been supported to be undertaken by Nurse Practitioners.

Evaluation of the full program of projects is being undertaken by the University of Wollongong, with a focus on: the safety and quality impact of the projects; the costs and benefits involved; sustainability issues; and national scalability.

#### Health Workforce Australia Aged Care Workforce Reform Project Advisory Group

This advisory group provided advice on the range of HWA funded initiatives under their Aged Care Workforce Reform Project – a total of 26 projects. These projects were conducted across the country, in aged care and primary health care settings, between July 2012 and February 2014. Membership of the advisory group was derived from organisations which make key existing contributions, sponsorship or support for national aged care reform at an executive level, and play a key role in promotion of, and commitment to, national health workforce innovation and reform, and understanding of aged care reform, in particular.

#### Health Workforce Australia: Australia's Future Health Workforce Report

The HWA HW2025 Nursing Update (2013) Project commenced in August 2013. The primary objective for the project was to revise the HW2025 2012 projections for the future nursing workforce. A secondary objective was to identify the primary health care nursing workforce.

Using the 2011 Australian Health Practitioner Regulation Agency (AHPRA) data and working with a Project Advisory Group (PAG) the aim of the project was to:

- update the baseline projections from 2011 inclusive of both registered nurses and enrolled nurses;
- recalculate exit rates and compare to the previous rates;
- revise previous scenarios including retention and productivity and model new scenarios as recommended by the PAG;
- revise the modelling of areas of practice as in the 2011 modelling;
- revise the geographic distribution modelling for the nursing workforce; and
- develop an initial description of the primary health care nursing workforce.

The Final Report for this project was submitted to HWA Board in February 2014, to the Health Workforce Principal's Committee (HWPC) in May 2014 and to the Australian Health Ministers Advisory Council (AHMAC) in June 2014. It will then be forwarded to the August meeting of the Standing Council on Health (SCoH).

#### **Policies and Position Statements:**

During 2013 - 2014 the federal professional team managed the revision and updating of 34 ANMF national policies and position statements, to ensure relevance for contemporary practice.

#### **Submissions:**

The federal professional team has reviewed and analysed draft policy documents and discussion papers prepared and issued by a range of external bodies. Some of these were preliminary consultations prior to public consultations and thus are not listed on our website for public viewing. During the 2013 - 2014 financial year the professional team prepared and coordinated 20 national submissions. The ANMF submissions can be viewed in detail on the federal office website: http://www.anmf.org.au.

#### **Projects:**

#### Review of the Competency Standards for Nurses in General Practice Project

Funded by the Australian Government Department of Health, the ANMF is managing a project to review the ANF Competency Standards for nurses in general practice (2006). In partnership with a nursing research team at the University of Wollongong, project activities include a literature review, a series of focus groups across the country, on-line surveys and a workshop at the Australian Primary Care Nurses Association conference in May 2014. These consultation processes have included nurses working in general practice, as well as other members of the general practice team The Project concludes in December 2014.

#### Telehealth Standards and Guidelines for Nursing and Midwifery

In 2012 - 2013 the ANMF partnered in an Australian Government funded Nursing and Midwifery Telehealth Consortium with the Australian Practice Nurses Association, the Australian College of Midwives, the Australian College of Nurse Practitioners and CRANAplus. The Project aimed to provide more equitable access to specialist services for people in regional, rural, remote and outer metropolitan areas. Within the Telehealth Nursing and Midwifery: Education and Support Project, the ANMF led the development and distribution of nationally agreed telehealth professional practice standards and guidelines for nurses and midwives. In order to increase availability of the guidelines to nurses and midwives in regional, rural, remote and outer metropolitan areas, the ANMF has produced an e-book version of this document.

Julianne Bryce Senior Federal Professional Officer

# **Campaign and Political report**

#### **Graduate nurses and midwives need jobs**

The Federal Government appointed an expert panel to review the regulations on employers accessing skilled labour off shore, including nurses and midwives. The ANMF made a submission focusing in particular on the high numbers of new nursing and midwifery graduates who have been finding it difficult to secure full time employment.

Through the ANMF Facebook page, a number of graduate nurses who have not gained employment made contact and provided their personal stories and were included in our submission.

Media releases were distributed on 21 May and 26 May 2014 on this issue. In conjunction with the ACTU, the ANMF and our members were featured in stories on television and radio, online and in the print media.

The ANMF also provided interviews with Annie Butler and members for a story on Lateline on this issue.



As part of the ANMF's response to the 2014 Federal budget, a social media campaign called #Healthcare Emergency, Lies, Cuts and Broken Promises was developed.

This campaign focuses on six of the broken promises by the Abbott Government announced on Budget night and enables members and supporters to take a pledge or share their story on how they will be affected.

#### Pledge options

- Cut \$50 billion in new funding for health over the next decade
- Destroy Medicare by introducing a \$7 co-payment to visit the GP
- Destroy Medicare by charging patients \$7 for blood, urine and other pathology tests
- Introduce deregulation of university charges, which will see university fees dramatically increase (including nursing)
- Start means testing Family Tax Benefits that will hurt low paid families
- Freeze pensions, which will hurt our vulnerable older Australians

Pledges and share your stories are posted on the pledge wall and able to be shared via Twitter, Facebook, and Instagram.



#### **Media Launch**

On 15 July a media event was held on the lawns of Parliament House to launch the mobile billboard for the campaign.

A large contingent of politicians attended the event including Shadow Minister for Health Catherine King MP and Stephen Jones MP, both of whom spoke, as well as Lee Thomas and ACTU President Ged Kearney. A live cross of the media event was streamed through Sky News.





#### **Question Time**

A contingent of ANMF officials, nurses and midwives attended question time on the same day during which questions were asked by the ALP on the five pledge areas of the ANMF campaign, specifically pertaining to nursing.

A motion of public importance was put by Stephen Jones MP and the issue of the nursing crisis; budget cuts and graduate nurse employment were also discussed as part of the debate on this motion.

#### Web site and social media strategy

The ANMF, through a tendering process, engaged a company called Digilante to 'refresh' the look of the ANMF web page and simplify the navigation process for users. The Federal Office is also working with Digilante to improve our social media experience for users, and to increase our profile via Facebook and twitter. An instagram account was also established via the Healthcare Emergency campaign.

#### **Political meetings**

Meetings with federal politicians from all parties continued throughout the year and most recently in conjunction with both the graduate nurse and healthcare emergency campaigns.



Sue Bellino Political Co-ordinator

# **Communications and Journals report**

Within 12 months ANMJ circulation has gone from 92,315 to 96,450, thanks to a growth in membership. We have continued to produce a minimum of 48-pages per issue, increasing to 56 pages as advertising 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.

Throughout 2013 - 2014 the ANMJ team have been working with designers Origin of Image to re-design the journal to create a more contemporary, dynamic feel to significantly propel the ANMJ forward. This incorporated a name change from ANJ to ANMJ, in line with ANMF's new title. While the design has changed, care was taken to maintain the current feel and ownership members have toward the journal. Its most popular elements, including the ANMF regular columns, clinical updates, mail, focus/contributed section and features have remained. In addition new columns were introduced including a two page supplement from the ANMF's Continuing Professional Development websites, a Techtalk column, providing technology information in the industry, and a wellbeing column on nurses' and midwives health and wellbeing. Each of the columns has proven popular with readers.

The ANMJ will be winding up its association with Origin of Image as of August 2014 and an in-house designer will be employed as a replacement. The design of the journal will remain the same with a few extra tweaks that should improve its sophistication and readability. The new in-house designer has also designed a template for an online newsletter to be distributed in between times when the journal is published. We hope to launch the newsletter soon.

Advertising in the ANMJ remains stable and we have continued to work with the Media Company to ensure this. We are about to undertake a readership survey which should not only indicate members' opinion about content, but also advertising in the journal. This will assist The Media Company to ensure advertising is suitable for the publication.

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 2013 - 2014. The ANMJ has reported on key issues for the ANMF including the ANMF's federal election platform in the lead up to the 2013 federal election, and the privatisation threat to Australia's public hospitals. More recently the ANMJ reported on ANMF's Healthcare Emergency online campaign against changes made in the recent Federal budget as well as ANMF's campaign for graduate nurse jobs over nurses with 457 visas.

Other key topics covered include issues surrounding the employment of assistants in nursing and the resolutions from the Federation's Biennial National Conference. Some of the features this year created much debate and discussion amongst the membership, particularly on horizontal violence and the responsibility of care: a conversation about the registered nurse's role. Social justice, Indigenous health and rural and remote health remained prominent in news stories throughout the year.

#### ANMJ feature articles in 2013 - 2014:

- Access to global health
- Federal Election 2013 You decide
- Privatisation: the threat to Australia's public hospital
- Evaluating NP models of care in aged care
- Getting the right mix: AINs and skill mix
- History is made 2013 round up
- Nurses feel the heat

- Nurses eat their own (horizontal bullying)
- Flying under the radar: the health of refugees and asylum seekers in Australia
- · Spotlight on forensic nursing
- The responsibility of care: a conversation about the registered nurse's role

#### **Focus topics 2013 - 2014**

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

- · Primary and community care
- Women's health part 1
- Women's health part 2
- Mental health
- Men's health
- · Australian Indigenous health
- Aged care
- · Midwifery and maternal health
- Palliative care

#### Clinical update topics 2013 - 2014

We have continued to receive a constant flow of submissions for the clinical update section from members. Where submissions have not met the criteria for clinical update, many have run as clinical news or issues articles. 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.

- Magnesium sulphate for the prevention of cerebral palsy in Australia and New Zealand
- Cervical cancer prevention tool kit for Australian nurses and midwives
- · Pelvic pain: a diagnosis in itself
- · Comprehensive geriatric assessment and the assessment of depression in the elderly
- Multiple Sclerosis
- Repositioning to prevent pressure injuries: evidence for practice
- Recommended fasting practices for adult, low risk patients prior to elective procedures requiring general anaesthesia
- Stethoscope hygiene: a best practice review of the literature
- Asylum seekers and mental illness in Australia; a nursing response
- Type 2 diabetes mellitus
- Developing a protocol for people living with HIV entering residential care facilities



Kathryn Anderson Editor

#### The Federation

#### **FEDERAL COUNCIL**

Federal President

Federal Vice President

**Federal Secretary** 

**Assistant Federal Secretary** 

**Assistant Federal Secretary** 

#### **Australian Capital Territory**

Secretary Jenny Miragaya

President Athalene Rosborough

#### **New South Wales**

Secretary Brett Holmes
President Coral Levett

#### **Northern Territory**

Secretary Yvonne Falckh President Shirel Nomoa

#### Queensland

Secretary Beth Mohle
President SallyAnne Jones

Coral Levett

SallyAnne Jones

Lee Thomas

Yvonne Chaperon (to 14 February 2014)

Annie Butler (from 31 March 2014)

#### 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**

The Federal Executive comprises the Federal President, the Federal Vice-President, the Federal Secretary, the Assistant Federal Secretary and the Branch Secretary of each Branch of the Federation as listed above.











I-r: Coral Levett; SallyAnne Jones; Lee Thomas; Yvonne Chaperon; Annie Butler









I-r: Jenny Miragaya, ACT; Brett Holmes, NSW; Yvonne Falckh, NT; Beth Mohle, QLD









I-r: ELizabeth Dabars, SA; Neroli Ellis, TAS; Lisa Fitzpatrick, VIC; Mark Olson, WA

#### **Federal Office Staff**

Federal Secretary

Assistant Federal Secretary

Assistant Federal Secretary

Senior Federal Industrial Officer

Federal Industrial Officer

Federal Industrial Officer

Administrative Officer Industrial

Senior Federal Professional Officer

Federal Professional Officer

Federal Professional Research Officer and Librarian

Administrative Officer Professional

Federal Political and Campaigns Co-ordinator

Administrative Officer Communications and Campaigns

Federal Education Officer

Administrative Officer Education

Federal Finance Officer

Federal Finance Officer

ANMJ Editor

ANMJ Editor

**ANMJ Journalist** 

Administration Officer Journals

Administrative Officer Executive and Office Manager

Administrative Officer Executive and AJAN

Administrative Officer NENA and NACA Secretariat

Lee Thomas

Yvonne Chaperon (to 14 February 2014)

Annie Butler (from 31 March 2014)

Nick Blake

Andrew McCarthy

Debbie Richards

Anna Amantangelo

Julianne Bryce

Elizabeth Foley

Elizabeth Reale

Anastasia Shianis

Sue Bellino

Kristy Male

Jodie Davis

Rebecca Aveyard

Sotiria Stefanis (maternity leave)

Dorothy Abicic

Natalie Dragon (maternity leave)

Kathryn Anderson

Kara Douglas

Cathy Fasciale

Kerrie Fitzpatrick

Anne Willsher

Jessica Flaherty





#### **FEDERAL EXECUTIVE MEETINGS**

From 1 July 2013 to 30 June 2014

13 September 2013

21 and 22 November 2013

24 January 2014

27 and 28 February 2014

20 March 2014

7 May 2014

11 June 2014

25 June 2014

#### **FEDERAL COUNCIL MEETINGS**

From 1 July 2013 to 30 June 2014

22 and 23 August 2013

14 October 2013

21 October 2013

5 November 2013

7 March 2014

#### **Contact details**

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# Federal and Branch Special Financial and Management Disclosure Statement



#### Australian Nursing and Midwifery Federation Federal and Branch Special Financial Reporting Declaration

The ANMF Federal office and Branches are required, pursuant to the Federations Rules Schedule 1 *Federal* and Branch Special Financial Reporting, to make annual declarations for officers of the federation in the following areas:

1. Disclosure of officers' relevant remuneration and non-cash benefits (Board or other organisation). The following officers disclosed remuneration from Boards and other organisations:

Name	Branch	Position	Source	Cash benefit	Non cash benefit
Brett Holmes	NSW	Director/Deputy Director	HESTA	\$4957.72	Nil
Marisa Bell	SA	Branch President	Honorarium	\$6000	Nil
Shirel Nomoa	NT	Branch President	Honorarium	\$5000	Nil
Coral Levett	Federation	Federal President	Honorarium	\$3000	Nil
Sally Anne Jones	Federation	Federal Vice President	Honorarium	\$1500	Nil
Yvonne Chaperon	Federal Office	Director	HESTA	\$3259	Nil
Emily Shepherd	Tasmania	Branch President	Honorarium	\$3000	Nil
Lisa Fitzpatrick	Victoria	Director	First State Super	\$6981.35	Nil
Trish Fowler	WA	Branch President	Honorarium	ТВА	ТВА

2. Disclosure of the identity of officers who are the 5 highest paid with regard to relevant remuneration cash and non-cash. This declaration shall be made by the Federal Secretary to the Federal Council and then published on the ANMF website.

The following Branches disclosed the relevant remuneration:

- Queensland
- Victoria
- Northern Territory
- South Australia
- Tasmania
- Australian Capital Territory
- Western Australia
- Federal Office



Following advice the NSW Branch, given the arrangements between the State Registered Union (SRU) and the Branch are not required to disclose under the Federation's Rules. The NSWNMA officers' remuneration is disclosed via other instruments.

The five highest paid officers of the federation are:

Name	Position	Salary (Gross)	Superannuation	Non Cash benefit
Mark Olson	WA Branch Secretary	\$227,853	\$29,569.81	Use of ANF
				vehicle
				Childcare
Elizabeth Dabars	SA Branch Secretary	\$214,998	\$28,249	Vehicle
Lee Thomas	Federal Secretary	\$180,221	\$27,284	Vehicle
Lisa Fitzpatrick	Vic Branch Secretary	\$167,053	\$23,749	Vehicle less
				personal use
Beth Mohle	Qld Branch Secretary	\$165,346	\$24,376	Vehicle

3. Disclosure of officers' material personal interests. The declaration shall be made to the Federal Council and shall be published on the federation website.

All officers of the federation have declared a nil material personal interest as set out in the Schedule.

4. Disclosure of payments to a related party of the federation or a declared person or body of the federation. The information shall be published on the ANMF website.

Three officers of the federation declared payments to related bodies:

- Brett Holmes Deputy Chair and Director HESTA Board \$52,863.92
- Yvonne Chaperon Director HESTA Board \$28,327.64
- Beth Mohle Director Q Super Board \$29,132.95
- 5. For those officers' of the federation whose duties include or are related to financial management of the federation they shall undertake financial training as approved by the General Manager of the Fair Work Commission.

All officers' of the federation have undergone financial training approved by the general manager of the Fair Work Commission.

#### In addition the Federation shall have:

- Internal control policies and procedures are in place to ensure the federation is conducted in accordance with the principles of good governance. Once adopted by the Federal Council these policies shall be placed on the federation's website.
- ` The federation has published on its website the policies as they relate to the principles of good governance.



2. A Finance and Risk Management Committee, consisting of at least 5 members of the Federal Council including the Federal Secretary and Assistant Federal Secretary. The committee shall meet quarterly and provide written reports to the Federal Council.

The federation has in place a Finance and Risk Management Committee comprising of 5 members of the Federal Council including the Federal Secretary and Assistant Federal Secretary. This committee meets quarterly and provides reports to the Federal Council. In addition, the Federal office has an Internal Finance and Risk Management Committee that meets monthly and includes an external consultant with accountancy qualifications. This committee reviews the financial reports and risk register at each meeting.

# **Independent Audit Report**



# **Australian Nursing and Midwifery Federation**

ABN: 41 816 898 298

#### Independent Audit Report to the members of Australian Nursing and Midwifery Federation

#### Report on the Financial Report

We have audited the accompanying financial report of Australian Nursing and Midwifery Federation, which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the Statement by Federal Council of the Federation.

#### Councillors' Responsibility for the Financial Report

The councillors are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the Fair Work (Registered Organisations) Act 2009, and for such internal control as the Councillors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.







# **Australian Nursing and Midwifery Federation**

ABN: 41 816 898 298

#### Independent Audit Report to the members of Australian Nursing and Midwifery Federation

#### **Auditor's Declaration**

We declare that the auditor:

- (a) is an approved auditor;
- (b) is a person who is a member of the Institute of Chartered Accountants in Australia; and
- (c) holds a current Public Practice Certificate.

#### **Auditor's Opinion**

In our opinion:

- (a) the general purpose financial report of the Australian Nursing and Midwifery Federation presents fairly the financial position as at 30 June 2014, and of its financial performance and its cash flows for the year then ended and is in accordance with:
  - (i) Australian Accounting Standards (including Australian Accounting Interpretation); and
  - (ii) requirement of the Fair Work (Registered Organisations) Act 2009 including Part 3 of Chapter 8 of the Act
- (b) the Federation did not participate in any recovery of wages activity during the year;
- (c) the management's use of the going concern basis of accounting in the preparation of the Federation's financial report is appropriate.

**Saward Dawson Chartered Accountants** 

Peter Shields Partner

Blackburn VIC

Date: 26 September 2014



