

Australian Nursing and Midwifery Federation

# 2023-24 PRE-BUDGET SUBMISSION



Australian  
Nursing &  
Midwifery  
Federation



## INTRODUCTION

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

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

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

While Australia has faced various longstanding system pressures and failures, the widespread impacts of the COVID-19 pandemic have both amplified these challenges and starkly revealed that the workforce has not been sufficiently valued, recognised, or supported to realise its full potential.

To maximise the contributions of nurses, midwives, and care-workers to Australia's health and aged care sectors, significant reform of Government policy is required. Adopting and implementing the ANMF's recommended policy reforms would result in improved cost efficiency for Governments and providers, increased patient satisfaction, better health and well-being outcomes, and nurses, midwives, and carers being generally happier with the work they do, resulting in better employment recruitment and retention.

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

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

Our submission outlines the details of the actions required to achieve improved contribution and utilisation of the nursing, midwifery, and care-worker workforce to enhance the overall health and well-being of our diverse community.

**Annie Butler**  
Federal Secretary

**Lori-Anne Sharp**  
Federal Assistant Secretary

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



# NURSING, MIDWIFERY AND CARE-WORKER WORKFORCE REFORM

In order to retain the existing nursing, midwifery, and care-worker workforce and grow the workforce of the future, we must arrest the numbers of nurses and midwives either leaving the professions prematurely, reducing their hours, or turning to casual employment to achieve shifts that suit their non-work life. While we must ensure sufficient numbers of new entrants into the workforce, we must do much more than just replace retiring workers with new graduates. This is because experienced, senior staff add immense value to the workforce and bring a benefit to patient/client outcomes that is beyond the sum of additional numbers.

Achieving nursing, midwifery, and care-worker workforce reform will require a combined effort from state/territory and Federal governments. This submission focuses on actions required from the Federal Government.

## Workforce Retention

The most urgent issue for the workforce currently is the need to retain suitably qualified and experienced nurses, midwives and care-workers. The section below outlines the immediate actions needed from the Federal Government to address this.

### Flexible work arrangements and associated rostering

Nursing and midwifery employment is typically in areas that operate 24 hours a day, 7 days a week. The prevailing employer mindset is to make square pegs fit round holes, by requiring nurses and midwife employees to be available 24/7, rather than recognising that offering employees the shifts they want across that spectrum may be an incentive to work in the system rather than a barrier.

The ANMF recommends that states and territories undertake dedicated projects in their jurisdictions to develop employee centred rostering principles<sup>2</sup>, which will bring nurses and midwives back to the bedside.

**The ANMF recommends that the Federal Government provides a financial contribution to each participating state and territory to assist them in conducting these projects.**

### Post Graduate Education & Support

There is an urgent need to increase the number of nurses in specialty areas such as, critical care, emergency, aged care and primary care. There is also an urgent need to increase the numbers of midwives, particularly in rural areas.

**The ANMF recommends that the Federal Government adopts the following measures:**

- a. Increased funding of Commonwealth Supported Places (CSP) to support nurses to undertake post graduate studies in targeted clinical areas.**
- b. Increased access to undertake studies in midwifery both through a paid employment model and the undergraduate degree.**
- c. Fund additional scholarships for postgraduate (certificate and diploma) education in nursing and midwifery.**

<sup>2</sup> Victoria has commenced such a project



With currently rising costs of living, including education costs for both undergraduate and postgraduate studies, many nurses and midwives find that undertaking further studies for practice in specialist clinical areas is cost prohibitive.

**In addition to the measures outlined above, the ANMF recommends that the Federal Government provides HECS debt relief to all nurses and midwives.**

### **Career mentoring and preceptoring for newly graduated and re-entry to practice nurses and midwives**

Effective transition to practice is an important contributor to the retention of nurses and midwives, whether they are newly graduated entering the workforce as a beginning practitioner, returning to the workforce after a career break or transitioning to a new area of practice. While this is well known, due to current system pressures and traditional structures, the support that contributes to effective transition to practice is often not available.

**The ANMF recommends that the Federal Government fund dedicated nursing/midwifery clinical support positions (however titled), for example ‘clinical nurse/midwife coaches’, which enable beginning and returning practitioners to be supported, mentored and preceptored as they transition to a confident and autonomous practitioner in their area of practice. This could also support retention of older, experienced nurses as they transition to retirement.**

### **Retention of Older Nurses & Midwives**

Preventing, reducing or replacing the loss of skills and expertise of older nurses and midwives is one of the main workforce challenges facing many countries, including Australia, at this time. This has been amplified during the past three years due to the impacts of the COVID-19 pandemic. Policies must be put in place to enable nurses to “age well” and remain in the workforce.

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

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



## Workforce Development & Recruitment

### Education & Training

To ensure ongoing growth of the nursing and midwifery workforces, it is critical that there are sufficient numbers of tertiary education places for nursing and midwifery, which are widely accessible and not cost prohibitive.

**The ANMF recommends that the Federal Government adopts the following measures:**

- a. Provide additional CSP undergraduate nursing and midwifery places following consultation and collaboration with states & territories to determine demand.
- b. Increase subsidies for HECS fees for those undertaking nursing and midwifery studies.
- c. Introduce free places for nursing diploma study, which leads to registration as an enrolled nurse, in states and territories where it does not exist.
- d. Provide free places for AINs/PCWs to attain Cert III/IV with ability to articulate to Diploma and/or Degree courses.
- e. Provide financial support for enrolled nurses who continue their studies to become registered nurses and/or midwives.
- f. Provide targeted grants to fund course costs and employment of those undertaking recognised return to practice/refreshers programs.
- g. Provide targeted grants to fund course cost and employment of First Nations Peoples.
- h. Provide targeted grants to fund course cost and employment for Nurse Practitioner Candidates and midwives seeking to become Eligible Midwives.

### Clinical Placements & Associated Requirements

Students of nursing & midwifery must complete mandatory clinical placement hours in order to fulfil the requirements of their courses. While these clinical placements are critical components of nursing and midwifery education, students are frequently unable to work in paid employment while completing the placements. As most nursing and midwifery students need to work to support themselves through their education, the negative cost impact can act as a disincentive to completing nursing and midwifery studies.

**The ANMF recommends that the Federal Government:**

- a. Funds meals, travel and accommodation allowances for students of nursing and midwifery while on clinical placement.
- b. Provides fund for clinical facilitator positions in public hospitals, which would assist in increasing the number of clinical placements.



## Structured Employment Models for Nursing & Midwifery Students

Most nursing and midwifery students need to work while they are studying. Many work in care-worker or similar roles in health and aged care settings, while an increasing number, where this opportunity is provided by the jurisdiction, work in structured employment programs as registered undergraduate students of nursing/midwifery (RUSONs/RUSOMs). These programs, which employ RUSONs/RUSOMs in the health sector in addition to state and territory ratios/NMHPPD/workload tool requirements, were expanded during the pandemic and provided a valuable and much needed addition to the workforce during that time.

Early evidence demonstrates an increase in confidence and work readiness of those graduates who have worked as either RUSONs or RUSOMs in a variety of clinical settings prior to their graduation.

### **The ANMF recommends that the Federal Government:**

- a. Formalise and fund the employment of 2nd and 3rd/final year nursing/midwifery undergraduate students in the health sector to work in addition to state and territory ratios/NMHPPD/ workload tools as RUSONs/RUSOMs.**
- b. Provide financial support for RUSON/RUSOM programs, tied to the employment of specific numbers of students in specified financial years.**

## Rural and Remote Workforce

Nurses working in rural and remote areas are under significant pressure where staffing shortages are being acutely felt. Pre-existing and widespread issues relating to recruitment and retention have been further compounded by the pandemic. In many remote areas there are extremely high vacancy rates and staff turnover, which significantly impact the quality of patient care. This staffing instability is affecting staff safety, and increased incidences of workplace violence are being reported.

While there is an immediate and urgent need to build a sustainable and supported pathway to rural and remote nursing practice, there is no formalised nationally accredited pathway program to attract, recruit and retain rural or remote area nurses and midwives. Early and mid-career nurses frequently express their frustration at the limited availability of financial and professional support to pursue rural and remote opportunities.

### **In addition to the measures outlined above, the ANMF recommends that the Federal Government:**

- a. Invests in additional assistance for rural and remote nursing and midwifery clinical placements.**
- b. Provides grants to appropriate professional organisations for administration of scholarships which provide 'wrap around' support – mentoring, career advice and professional support, engagement with peers.**
- c. Require increased emphasis on primary health care in undergraduate degrees.**
- d. Invest in a national rural/remote pathway program to support nurses to transition to rural/remote practice through fully supported access to professional development encompassing: building clinical skills, increasing cultural safety, professional support, and embedding the concept of lifelong learning.**



- e. Provide support through flexible workplace models enabling access to study leave, variations in skill mix, supervised practice and professional support.
- f. Implement models of care that enable midwives, nurses and nurse practitioners to work to their full scope of practice, supported by appropriate funding models.
- g. Provide supported secure accommodation/housing for nurses and midwives working in rural/remote settings.
- h. Conduct an urgent review of the impact of FBT changes on rural & remote recruitment and retention.

### **Growing the First Nations Nursing & Midwifery Workforce**

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

**The ANMF recommends that the Federal Government:**

- a. Amends the flexible work arrangements entitlement to ensure requests from First Nations staff members are considered in light of a mandatory Working with Aboriginal and Torres Strait Islander Peoples Cultural Competence and Awareness Policy (howsoever named).
- b. Ensures the provision of a paid amount of cultural and ceremonial leave, in addition to an unpaid component.
- c. Increases First Nations representation in the nursing and midwifery workforce through provision of increased scholarships for under and post-graduate study.

### **Regulatory Requirements and Checks**

There is currently an unnecessary and costly barrier to entry to practice for nurses and midwives, or area of practice, caused by multiple requirements for criminal history/record and associated 'checks'. Nurses and midwives are registered with their national regulatory authority, the NMBA, and are thereby required to meet a high standard for checking of criminal history – there should be no need for them to have to meet multiple 'checks', which are unnecessarily costly and duplicative.

**The ANMF recommends that the Federal Government creates a single 'check' for nurses and midwives and carers that satisfies Commonwealth, state and territory regulatory requirements to practice across the country in the health, aged care and disability sectors, e.g. a combined NDIS/Working With Children and Police check.**



## AGED CARE REFORM

The ANMF welcomes the Albanese Government's commitment to critical and urgent aged care reform and the measures the Government has introduced to achieve this reform, including: legislated requirements for 24 hour registered nurse presence at every Australian nursing home, mandated minimum care hours in nursing homes, capping home care charges, and increasing requirements for transparency in the aged care sector with specified information to be made publicly available. The ANMF also welcomes the Government's commitment to improving wages and conditions for workers in the aged care sector, in particular its commitment to funding the outcomes of the Aged Care Work Value Case.

However, the sector remains in crisis mode with particular regard to workforce recruitment and retention. Further measures are therefore required. (Ref also to general workforce section)

### Aged Care Workforce

#### Staffing Levels & Skills Mix

The ANMF recommends that the Federal Government:

- a. Specify, within the mandated minimum care minute target, the minimum portion that must be provided by ENs, i.e. 40 minutes.
- b. Implement a national registration scheme via Ahpra for personal care workers/ assistants in nursing, which includes a standardised national minimum qualification for entry to practice, at little or no cost these workers.

#### Recruitment & Retention

The ANMF recommends that the Federal Government:

- a. Fund aged care transition programs that give early career nurses an opportunity to undertake post graduate studies in Gerontology. Support better skill mix and retention of nurses in aged care, and recognise the complexity associated with working with the older person.
- b. Enhance articulation between PCW/AIN, EN, RN, and NP roles and fund pathway from PCW/AIN – EN – RN and support RN to NP in aged care with guaranteed employment opportunities.
- c. In addition to increasing wages and ensuring safe staffing levels and skills mix, raise the status of nurses working in aged care by:
  - i. Allowing nurses to work to their full scope of practice.
  - ii. Removing the need for NPs to be linked to GPs.
  - iii. Acknowledging that gerontological nursing is a specialty and aged care nurses are highly educated and skilled practitioners.
  - iv. Using block funding/similar models to employ NPs in nursing homes and in other effective models of NP employment, e.g. primary care in-reach.



## Wages & Conditions

The ANMF welcomes the Albanese Government's commitment to fund the outcome of the Aged Care Work Value case, including the decision to provide an interim 15% increase in wages for direct care workers. The passing of the Secure Jobs, Better Pay Bill to amend the Fair Work Act will also provide opportunity to improve wages and conditions in the aged care sector, through a range of measures.

The ANMF notes that there is further work to be done in relation to the Aged Care Work Value case and that further reforms will provide the basis of improving wages and conditions in aged care, which in turn will address the longstanding difficulty attracting and retaining skilled and suitably qualified workers to residential and home aged care.

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

- a. That the interim increase of 15% be fully funded by the Commonwealth Government (including on costs) and that the increase be applied in full to both Award reliant employees and those covered by enterprise agreements.**
- b. Fund the 15% interim increase to the pay rates of the Direct Aged Care Worker classifications commence operation under the relevant Awards and enterprise agreements as soon as the full funding is available to aged care employers so that they can fund the increased pay rates to employees from the first full pay period in which they apply.**
- c. That appropriate measures to ensure transparency and accountability with respect to payment of the 15% interim increase and any future payments be put in place however, this should not delay payment of the funding for interim increases to providers and the passing on of those increases to the Direct Aged Care Workers.**
- d. Take all necessary steps to progress Stage 3 of the Aged Care Work Value case to ensure a positive outcome for all aged care workers as soon as possible, including funding of the final wage outcomes sought in the unions' applications.**
- e. That Government funding of the interim increase of 15% and any subsequent increase be implemented based on the principle that services to older Australians are not to be negatively impacted as a result of the increase in costs.**



**The ANMF recommends that the Federal Government:**

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

## **Aged Care/Healthcare Interface**

As identified by the Royal Commission into Quality and Safety in Aged Care, many of the failures in care across the sector over the last decade stem from a lack acknowledgement that aged care is also health care and a subsequent lack of access to health care for older Australians living in nursing homes and in the community.

**The ANMF recommends that the Federal Government:**

- a. Reduce public hospital admissions from aged care
  - i. Increase and embed Residential in Reach (RIR) in public health services to meet local demand and to reduce admissions from aged care services<sup>3</sup>.
  - ii. Residents should not be transferred to emergency departments if there is capability for them to be assessed and treated in the facility where they reside.
  - iii. RIR teams should include dementia specialists and nurses with psych-geriatric expertise, with RIR EFT per network based on aged care services within geographical areas, with consideration for regional settings to also receive appropriate support.

<sup>3</sup> Victorian Election 2022, ANMF VB election commitment policy area 1, Recommendation E.



- b. Embed and expand Aged Care Assessment Teams (ACAT) in the public sector<sup>4</sup>. Greater assistance for families/carers/patients to navigate types of care options, i.e. by implementing Aged Care nurse navigators. This will develop capacity and advocacy for ready access to such care.
- c. Expand role of NPs in aged care via a national plan.
- d. Review role of GP in aged care – funding, reimbursement and mandatory standards of care, incentives for aged care providers to employ their own medical staff.
- e. Guarantee the same standards of care and reporting mechanisms operate in the health and aged care sectors.
- f. Acknowledge that nursing homes are places where older people with complex and chronic conditions live and guarantee that care is delivered by appropriately qualified multidisciplinary care teams.

## Occupational Health & Safety

The ANMF recommends that the Federal Government:

- a. Provide one set of standardised, minimum design requirements for aged care facilities – there is a proposal to develop and publish a comprehensive set of national Aged Care Design Principles and Guidelines (the Accommodation Framework) as a result of the Royal Commission recommendation, however these are focussed primarily on resident safety, and neglect to consider the impacts that design has on staff safety. This should also apply to refurbishments / redevelopments, and not be limited to new facilities.
- b. The aged care Serious Incident Response Scheme should be broadened to encompass staff injuries and incidents, as well as resident incidents, to ensure that an additional focus is placed on this. The scheme currently only applies to incidents that cause consumers physical or psychological harm (of certain severity), but this obligation is not replicated for incidents that cause the staff a similar harm. Additionally, the incident and risk management obligations that apply to resident incidents should also apply to staff incidents.
- c. Provide guaranteed, ongoing funding for special OHS measures, e.g. IPC leads in all nursing homes, implementation of 10 point plans to prevent occupational violence and aggression.

<sup>4</sup> Victorian Election 2022, ANMF VB election commitment policy area 1, Recommendation I



## Aged Care Funding

The ANMF welcomes the funding the Government has recently committed to the implementation of its reforms, though advises that some additional funding measures will be required to ensure successful implementation of all government reforms. It will be crucial to ensure that all publicly subsidised funding provided to the aged care sector is used for its intended purpose.

### **The ANMF recommends that the Federal Government:**

- a. Review of funding for aged care patients to ensure equity whether patients are public or privately placed. At present there is disparity in funding, with greater funding received by residents in private residential aged care compared to residents in public facilities.**
- b. Work with state governments to nationalise aged care so nursing homes and services are integrated with hospitals and health services. This could commence through the establishment of collaborative services arrangements between health and aged care services.**

## Additional Transparency Measures

### **The ANMF recommends to the Federal Government that:**

- a. The Aged Care Quality and Safety Commission needs to be replaced or radically reformed. It must be overhauled to incorporate staff safety principles, and ensure that the auditors undertake onsite audits, that must include (as a mandatory component) consultation with a duly-elected HSR. This must recognise that there can't be safe resident care without safe staff members.**
- b. Undertake nationally agreed employee satisfaction surveys at least annually and publish the results on-line (together with the workforce star rating system).**
- c. A transparent star rating system (1 to 10) for workforce that tells workers and residents/families at a glance how the employer treats workers: wages (level above the award), level of casuals, average years of experience across the care workforce, security of employment, engagement with workforce (satisfaction levels).**
- d. Legislated requirements must be introduced for clinical governance (including nursing) and leadership including comprehensive financial standards where providers report on care needs and the care expenditure and how government funding is spent.**



# IMPROVED EQUITY IN ACCESS TO HEALTHCARE

## Healthcare Funding Reform

### Person-centred, value-focussed funding models

To support and sustain equitable access to healthcare for all people, healthcare funding reforms are necessary. While activity-based funding is effective and appropriate in some contexts, in many scenarios other models have been found to be more suitable. By re-focussing funding models on facilitating and incentivising better healthcare experiences and outcomes including illness prevention, reablement, and improved health and wellbeing healthcare can become both more person-centred and cost-effective. Alternative funding models that should be trialled and evaluated include; outcomes-based funding, performance incentive funding, investment bonds, bundled payments, and alliance contracting. For example, currently most maternity hospital staffing models are based on the number of inpatient mothers, where only the mother's care is funded. This funding model is reductive and can lead to unsafe workloads for midwives. Newborns who remain with their mother post-birth should be counted as an additional patient. The Federal Government should work with States and Territories to enhance the collection, sharing, and reporting of data to produce economies of scale and facilitate implementation and roll-out of more value-focussed healthcare. Moving towards the widespread adoption of alternative funding models that incentivise better health and wellbeing will also help to address demand for healthcare, improve healthcare system performance and capacity, and boost innovation.

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

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



## More Effective Models of Care

Nurses and midwives must be better supported by the Federal Government to contribute to the health and wellbeing of all community members. As they make up the majority of the healthcare workforce, these health professionals have the capacity, expertise, and scope of practice to vastly improve health equity and access for people living in all areas of Australia. With greater Federal Government support, barriers to nurses and midwives to work to their full scope of practice including referral pathways, ordering diagnostics, prescribing and access to the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) can be removed. Nurse practitioners offer a promising and evidence-based solution to many issues with access and inequity. With stronger government support, nurse practitioners will be pivotal in addressing contemporary and future health challenges throughout Australia. Midwives must also be better supported through effective policy, legislation, and funding to contribute to better outcomes for mothers and babies and the wider community, particularly in regional and remote areas.

Interventions and models of care that focus on preventing illness and enhancing health and wellbeing are required. Extending and enhancing access to and the delivery of primary health care through investing in appropriately comprised (i.e., determined by factors such as patient complexity, community needs, and geographic location) multidisciplinary teams will also be imperative.

Mental health and disability care through the National Disability Insurance Scheme (NDIS) are also key areas where improvements are required. This will necessitate a genuine commitment by the Federal Government to work with State and Territory Government to ensure fitness for purpose and sustainable funding.

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

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



## Digital Health

Digital health and technology are inarguably central to ensuring optimal equity in healthcare access and outcomes. Commitment from the Federal Government and genuine collaboration and integration with the State and Territories will be key to supporting and sustaining the future of Australia's healthcare system. Digital health and technology will not only enhance patient/client experiences, safety, and outcomes but will also be influential in addressing workforce challenges such as increased workloads and lack of integration and communication across disparate services and sectors. There must be a centralised, coordinated approach to digital health with the Federal Government clearly best placed to take the lead.

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

- a. Address digital inclusion for all community members, particularly for those who live in rural and remote locations, culturally and linguistically diverse people, and First Nations people.**
- b. Explore opportunities in use of digital telehealth, especially in rural and remote and nurse-/midwife-led clinics.**
- c. Explore how health literacy can be improved to increase digital health engagement.**
- d. Introduce faster, more reliable internet access to promote healthy lives and wellbeing for everyone, everywhere, at all ages.**
- e. Work with State and Territory Governments to trial, evaluate, and implement effective Hospital in the Home services and Virtual Wards.**

## Climate Change and Health Emergency Response

Climate change is the single greatest threat to the health and wellbeing of people living in all nations of the world. Our region, particularly countries with more limited resources and less well-developed healthcare systems are disproportionately impacted by the effects of climate change and the multitude of crises that are now known to be linked to climate change. In Australia, it is also the most vulnerable who face the worst impacts of natural disasters, disease outbreaks, and other crises.

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

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



## First Nations Health and Wellbeing

Australia's Aboriginal and Torres Strait Islander people are among the most vulnerable groups who face inequitable access to healthcare and generally worse health and wellbeing outcomes in comparison to the general population.

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

- a. Establish a specially allocated funding pool for hospital and health services for First Nations Peoples.**
- b. Develop a whole of system approach to achieve Closing the Gap targets including working with State and Territory Governments to ensure milestones are implemented to evaluate and improve healthcare accessibility, cultural safety, and outcomes for First Nations Peoples.**

## GENDER EQUITY

The nursing, midwifery and care-worker workforce is overwhelmingly comprised of women. Consistent with the workforce itself, the ANMF's membership base is also overwhelmingly female thus making the need to achieve gender equity an urgent and pressing priority for the ANMF.

The ANMF recognises that achieving gender equity requires legislative, policy and structural intervention on the part of governments, state/territory and Federal. This submission, while focusing on actions required from the Federal Government, seeks to set out broad measures that should be adopted to overcome differences in opportunity, access, and treatment experienced by women at work. These measures are crucial to encouraging greater workforce participation amongst women and addressing the social and economic disadvantage suffered by women as a result of shouldering unpaid care responsibilities.

### Parental Leave

The gendered uptake of both paid and extended unpaid parental leave is well-documented across jurisdictions. The impact of interruptions to workforce participation for women performing unpaid care is significant for earning capacity and retirement outcomes. We commend the Federal government for its recent announcement that it will extend government funded paid parental leave (PPL) to 26 weeks. The ANMF considers this expansion of PPL as a first step to future reform and notes the *Paid Parental Leave Amendment (Improvements for Families and Gender Equality) Bill 2022*, will further progress that reform if passed.

**The ANMF recommends that:**

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



## Superannuation

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

### **The ANMF recommends that:**

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

## Formal Care Supports

The ANMF is of the view that formal care supports and services can be improved to support women's workforce participation and better balance work and care responsibilities.

### Childcare

The availability of affordable, accessible childcare options for shift workers, performing non-standard work hours, are virtually non-existent, leaving essential workers like nurses without sustainable childcare solutions. A lack of access to affordable childcare options has significant implications for the retention of workers across the sector.

### **The ANMF recommends that the Federal Government:**

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



## Aged Care & Disability Care

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

### The ANMF recommends that the Federal Government:

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

## Industrial Reform

Industrial frameworks, policies and legislation have a significant role to play in achieving gender equity. The ANMF commends the recent amendments made under the Secure Jobs Better Pay legislation and the measures contained therein that seek to promote gender equity. However, more reform is required to adequately support women in their workplaces, particularly in the context of combining work and care.

### The ANMF recommends that the Federal Government makes the following industrial reforms:

#### Carers leave

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

#### Flexible working arrangements

- a. **Introduction of a positive duty to accommodate flexible working arrangements with the ability to refuse requests only where it would cause 'unjustifiable hardship'.**
- b. **Expansion of grounds upon which flexible working arrangements can be made to include reproductive health concerns e.g. Menopause, Polycystic Ovary Syndrome, Endometriosis, IVF.**

#### Hours of Work

- a. **Support an application by the ANMF to the FWC for amendments to the part-time employee definition under the Nurses Award to:**
  - i. **Remove the concept of minimum contracted hours.**
  - ii. **Introduce standard contracted hours that reflect the hours that are to be worked.**



- iii. Ensure variations to standard contracted hours are at the request of the employee only.
  - iv. Any hours worked in excess of standard contracted hours are paid at applicable overtime rates.
  - v. Regular review of employment status by the employer, with employees also having the right to request conversion to full-time employment where hours are available.
- b. Rostering Practices**
- i. Requirements for employers to implement roosting practices that are predictable, stable and focused on fixed shift scheduling (for example, fixed times and days).
  - ii. Provision of care-based rosters.
- c. Maximum Weekly Hours**
- i. A gradual reduction of maximum weekly ordinary hours to enable all employees a better opportunity to balance work with care responsibilities.

## Gendered Violence, Sexual Harassment And Sex Discrimination

The ANMF considers it is vital that every possible measure be taken to eliminate the risks of sexual harassment, gendered violence and discrimination in the workplace. To achieve elimination of sexual harassment, gendered violence and discrimination there must be systemic change to workplace structures that perpetuate gender inequality and cultural attitudes that condone unacceptable behaviour. These changes must be encouraged and supported by legislative, regulatory and policy reform.

The ANMF commends Federal Government for the implementation of the outstanding recommendations of the Respect at Work Report. However, further reform and funding is needed to ensure enforceability of duties and statutory obligations.

### The ANMF recommends that the Federal Government:

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