



# AUSTRALIAN NURSING & MIDWIFERY FEDERATION

ANNUAL REPORT 2014 – 2015





Australian  
Nursing &  
Midwifery  
Federation

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**SallyAnne Jones**  
Federal President



**Maree Burgess**  
Federal Vice  
President



**Lee Thomas**  
Federal Secretary



**Annie Butler**  
Assistant Federal  
Secretary

## FEDERAL PRESIDENT'S REPORT



My name is Sally Anne Jones and I was elected Federal President in 2015 following a contested election. I am very honoured to be in the position of Federal President and excited to be able to continue my advocacy of nurses and midwives through this national role. I am also the President of the Queensland Nurses Union (QNU), a registered nurse and the Assistant Nursing Director of the emergency department of a large tertiary hospital in metropolitan Brisbane.

But first, I want to pay tribute to our immediate past Federal President Coral Levett who made a decision not to stand for re-election. Coral had been the longest serving Federal President and had held the position for 12 years. Coral has shared her knowledge and experience in the Federal Presidency with me and it is my aim to fulfil the responsibilities of the position with as much strength and integrity as she did.

Secondly, I would like to congratulate and welcome Maree Burgess who was elected Federal Vice President. Maree is a maternal and child health nurse and the Australian Nursing and Midwifery Federation Victorian Branch President. I look forward to working with Maree in the coming term and I am confident that our clinical and union leadership experience will hold us in good stead as we undertake our new roles in the Federation.

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

Nurses and midwives continue to join the ANMF and in the previous 12 months we have reported a membership growth nationally of 3.59% bringing total membership to 248,538 as at 30 June 2015.

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

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

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

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.

Sally Anne Jones  
Federal President



## FEDERAL SECRETARY'S REPORT



I have great pleasure in preparing the annual report for the Australian Nursing and Midwifery Federation for the 2014-2015 financial year.

The preceding 12 months have been challenging and successful as the Federation has continued to go from

strength to strength, now the largest union and fastest growing union in Australia.

Over the preceding few years, I reported on the attacks on nursing, midwifery and health in most states and territories. Sadly this trend has continued with the delivery in May 2014 of the Coalition government's first federal budget. There was hardly an area of the community that was left untouched by these cuts. Health, education, pensions, fuel, university fees, paid parental leave and doctor's visits, all came in for special attention by the federal government. But nurses and midwives fought back through the campaign 'lies, cuts and broken promises' and we continue to fight back and to advocate for the people in our care irrespective of the location.

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 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 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. I can report that in the last financial year we recorded a small operating surplus, employed a digital and social media officer and in the next 12 months with the support of the Federal Executive we plan to formalise a research capability in the Federal Office.

It's an exciting time but more and more we realise that we need to be able to fight for our rights based on an economic argument and it's on that basis that the research capability will come in very handy.

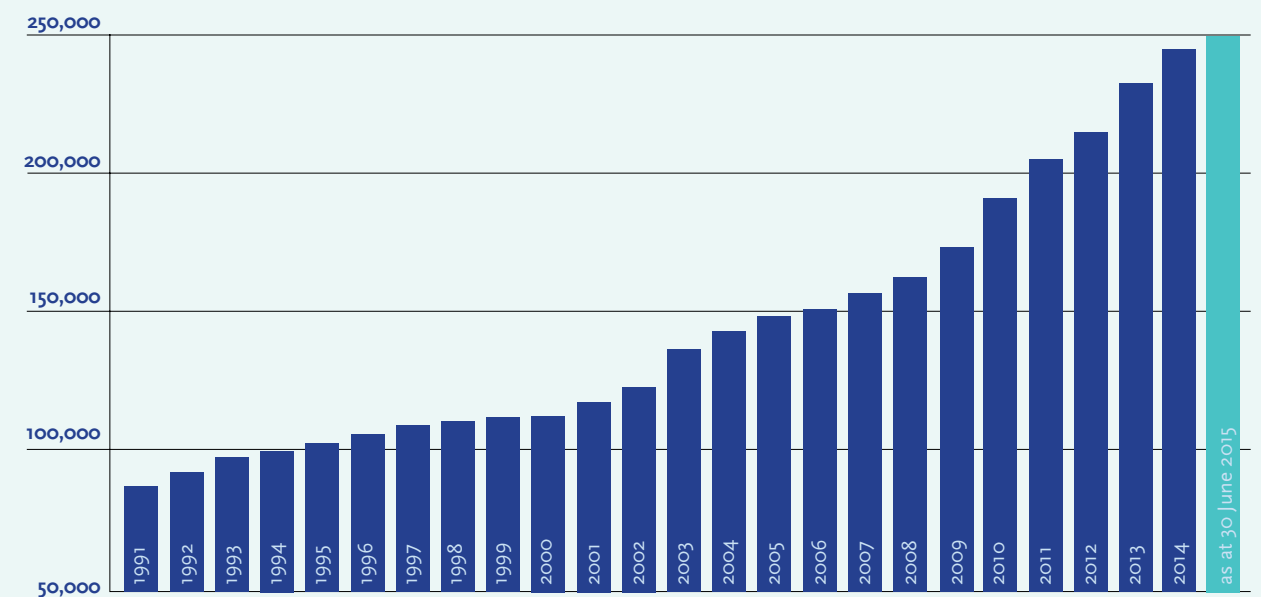
It has been a busy time for the Federation, the Federal Executive and Federal Council and it is my great pleasure to present the reports from the Professional, Industrial, Political, Education and Communications teams to allow you a taste of the work we have achieved in the last 12 months.

Of course I must recognise the work of the Federations leadership team, Sally Anne Jones as Federal President, Maree Burgess as Federal Vice President and Annie Butler as Assistant Federal Secretary, three wonderful women all of whom work tirelessly for the members of our union. Thank you.

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

Lee Thomas Federal Secretary

Membership





## INDUSTRIAL REPORT



The 2014-2015 industrial program continued to focus on the protection and advancement of the industrial rights of nurses, midwives and assistants in nursing.

The objectives included:

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

### INDUSTRIAL REGULATION

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

Over the 2014-2015 period there have been a number of changes to the minimum employment standards that apply to all employees covered by the Act. These include changes in relation to:

1. parental and pregnancy leave entitlements;
2. requests for flexible work arrangements; and
3. anti-bullying regulations.

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

- Safety, Rehabilitation and Compensation Amendment Bill
- The Fair Entitlements Guarantee Amendment Bill
- The Fair Work Better Bargaining Bill

In all cases, the legislative Bills have been referred to Senate References Committees for analysis and report. The ANMF where possible, provided submissions and evidence on the proposed changes. To date all of the industrial legislative Bills are languishing in the Senate and are yet to become law.

### PRODUCTIVITY COMMISSION INQUIRY

In a related development the Australian Government has requested the Productivity Commission to examine the operation and impact of the Fair Work Act 2009 and to make recommendations on changes that would promote productivity and efficiency in Australian workplaces.

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

It is expected the Productivity Commission will hand down a draft report in July 2015 and a final report with recommendations will be provided to the Government by October 2015.

### PENALTY RATES CAMPAIGN

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

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

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

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

NATIONAL WAGE CASE

Each year the Fair Work Commission reviews the adult minimum wage and the minimum wages in modern awards. In 2014-2015 the Commission adjusted the adult minimum full time (38 hours per week) wage to \$699.60 per week or \$18.41 per hour. Wage rates in modern awards were adjusted by 2.5%. Both increases were payable on and from 1 July 2014.

FOUR YEARLY REVIEW

In 2014-2015 the Fair Work Commission continued its four yearly review of all modern awards. The process is to ensure that awards meet statutory obligations and also to allow industrial parties to argue in support or against change to the provisions of awards.

The ANMF proposed changes to relevant awards including the *Nurses Award*, and opposed changes sought by employers. Proposed changes were yet to be determined by the Commission by the end of the period.

It is expected these processes will continue until at least the later part of 2016.

AGED CARE

The wages gap between nurses working in aged care and nurses working in the public sector continues to be a significant barrier to attracting and retaining nurses in the sector. Across Australia 789 agreements operate in the residential aged care sector covering 2,054 out of 2,427 facilities. While 84.6% 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 and Queensland commenced negotiations for new agreements covering nurses and midwives employed in the public sector while the Tasmanian Branch concluded a two year agreement providing increases in wages and allowances and other work related conditions.

The table opposite details the percentage increases and expiry dates of public sector enterprise agreements that apply over the 2014-2015 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, leave, 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.

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 now cover 92 percent of private hospitals across the country.

SEATO NURSES

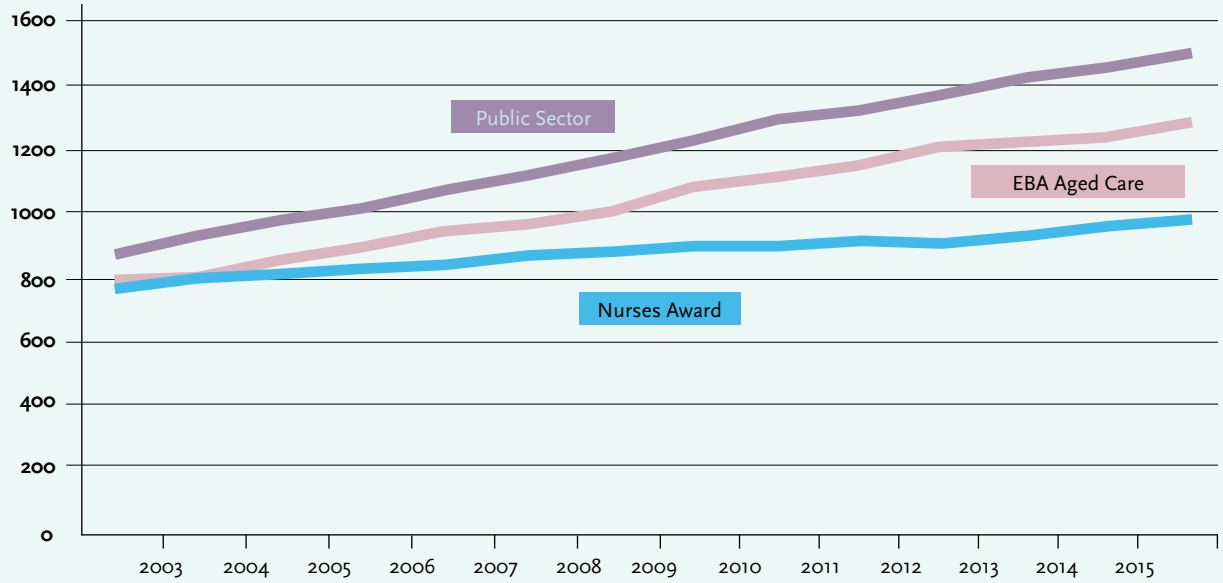
The ANMF continues to campaign for SEATO nurses who served as part of the civilian surgical and medical teams during the Vietnam War between 1964 and 1972. The nurses, who are suffering from many of the same illnesses and health conditions as the military personnel, have been denied access to entitlements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

ANMF RULES

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

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

NURSING WAGE DISPARITY 2002 – 2015  
Public Sector and Aged Care



STATE	OUTCOME	
New South Wales	2.27%	01.07.14 (new agreement pending)
Victoria	12%	over 4 years (expires 31.03.16)
Northern Territory	9%	over 3 years (expires 09.08.17)
Tasmania	4%	over 2 years (expires 30.11.16)
South Australia	9%	over 3 years with additional increases (expires 01.09.16)
Queensland	2.2%	01.04.2015 (new agreement pending)
Australian Capital Territory	12%-15%	over 4 years (expires 30.06.17)
Western Australia	14%	over 3 years (expires 30.06.16)

Private Acute Hospital sector

## PROFESSIONAL REPORT



The ANMF federal professional team represents the interests of the ANMF membership across the wide range of issues impacting the nursing and midwifery professions and health and wellbeing outcomes for the community. The professional team has established relationships

with other national nursing and midwifery organisations, governments, consumer and carer groups, and relevant health and aged care national bodies, to progress issues of importance to nursing, midwifery and the broader society.

The team participates in the analysis, development and review of policy and advocates for a broad range of issues, focusing on nursing and midwifery. The aim of the federal professional team's work is to enhance the safety and quality of care leading to improved health outcomes for all people living in Australia.

### PROFESSIONAL ADVISORY COMMITTEE

The Professional Advisory Committee (PAC) provides advice to the Australian Nursing and Midwifery Federation (ANMF). Its major function is to develop recommendations consistent with the professional objectives of the Federation, which can be adopted by the Federal Executive and Federal Council.

Membership comprises the professional officer/s from each state and territory Branch, and the Federal Office. The federal professional team calls, chairs and provides the secretariat for the committee. There were two face to face meetings and two teleconference meetings of the PAC held in 2014-2015. Meetings addressed issues of: planning; development; policy and publication review; information sharing; strategy; and discussion of issues affecting the professions.

### COALITION OF NATIONAL NURSING ORGANISATIONS (CONNO)

The ANMF Federal Office has had a long-standing funding agreement with the Australian Government Department of Health to manage the Coalition of National Nursing Organisations (CoNNO). This coalition, made up of 53 national nursing and midwifery organisations, works collectively to advance the nursing and midwifery professions and improve health care.

During the past twelve months, the ANMF developed a Memorandum of Understanding (MoU) with the CoNNO Council, which clearly articulates responsibilities of both

parties, for the continued smooth functioning of the coalition. Council, in consultation with members, also revised the CoNNO Governance Framework and Constitution into a new Terms of Reference (ToR) which more accurately reflects the functions and responsibilities of the Council and the Secretariat (ANMF).

### POLICY WORK

The professional team work extensively to achieve outcomes for nurses, midwives and assistants in nursing irrespective of the sector or location in which they are employed. 2014-2015 has been no exception with representation on several committees dealing with the review of nursing and midwifery standards. These include:

- NMBA Review of the Enrolled Nurse Standards for Practice
- NMBA Review of the Competency Standards for Registered Nurses
- ANMAC Eligible Midwife Accreditation Standards
- ANMAC Review of the Nurse Practitioner Accreditation Standards

### PROJECTS WITH EXTERNAL ORGANISATIONS

- ACN Nursing in General Practice Handbook
- Australian Government Diabetes Care Project
- Quality Use of Medicines (QUM)
- ACSQHC Health Service Medication Expert Advisory Group
- Fifth Community Pharmacy Agreement
- NPS Medicinewise
- Choosing Wisely Australia

### RURAL HEALTH

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, health and aged care impacting on people in rural and remote Australia.

The ANMF is a founding member and one of the now 37 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.

Involvement in the Alliance provides the ANMF with the opportunity for collegial support and networking whilst undertaking advocacy/lobbying work with other national organisations having common concerns and a shared vested



interest in the health and wellbeing of people in rural and remote parts of Australia. Through the NRHA, the ANMF contributes nursing and midwifery expertise to the discussion and development of broad Government policy to effect health, wellbeing and social change for rural and remote communities.

Member bodies of the Alliance have identified five shared high priority areas for rural health to be raised with politicians including the Federal Health Minister, the Assistant Federal Health Minister and the Shadow Federal Health Minister. Priority issues related to:

- the transition from Medicare Locals to Primary Health Networks;
- a 'last mile' program to enhance access to broadband and telephone access (fixed line and mobile);
- the deregulation of university fees;
- the operational plan to be the basis of action on the agreed National Aboriginal and Torres Strait Islander Health Strategy; and
- Government commitments to additional resources for public dental health services.

#### Reconciliation Action Plan

Work was completed during 2014 on a total revision of the ANMF Federal Office *Reconciliation Action Plan* (RAP). Following endorsement by the ANMF Federal Executive in December 2014, the Federal Office RAP framework can be utilised in the development of state and territory Branch RAPs. The format follows that devised by Reconciliation Australia and incorporates activities under the broad areas of: relationships, respect, opportunities and tracking progress and reporting.

### CLIMATE CHANGE

The ANMF acknowledges climate change as a significant issue for the health of our community and has participated in activities to promote mitigation of its effects.

#### Climate and Health Alliance (CAHA)

The ANMF maintains membership of the Climate and Health Alliance (CAHA). This alliance of health 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 through use of the Global Green and Healthy Hospitals Agenda.

### WORKFORCE ISSUES

In addition to the issues outlined in this report, the ANMF federal professional team also provided advice from a professional perspective to a range of workforce issues for nurses and midwives. An example is:

#### Professional Indemnity Insurance for Homebirth Midwives

The issue of an appropriate indemnity insurance product for Privately Practising Midwives (PPMs) providing intra partum services for planned home births remains unresolved. Extensive lobbying by the ANMF, and others, has resulted in the Australian Government granting an extension to the exemption on the requirement for PPMs to hold professional indemnity insurance, until the end of 2016. This decision facilitates greater choice for women in their birthing environment.

### POLICIES AND POSITION STATEMENTS

During 2014-2015 the federal office professional team co-ordinated the review of twenty-four national ANMF policies, position statements and guidelines. This was done not only to ensure relevance and evidence-base for contemporary practice, but also to update the format with the logo and name change introduced in 2013.

### PROJECTS

#### Telehealth e-book

Telehealth professional practice standards for nursing and midwifery, developed in 2013 by a consortia led by the ANMF, have been produced as an e-book version. This improves accessibility for nurses and midwives, particularly for those practicing in non-metropolitan parts of Australia.

### SUBMISSIONS

The federal professional team analysed draft policy documents and consultation papers circulated by a range of government, nursing and midwifery and other external bodies. Some of these issues also involved participation in consultation forums. During the 2014-2015 financial year period the professional team prepared thirty national submissions (papers and letters) in conjunction with state and territory Branches.

A selection of major submissions is listed below:

Nursing and Midwifery Board of Australia (NMBA) reviews:

- Registration Standards and Guidelines: Professional indemnity insurance, Continuing professional development, Continuing professional development guideline and Recency of practice
- Guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses
- Draft enrolled nurse standards for practice
- Registration standard endorsement for scheduled medicines for eligible midwives
- Endorsement as a nurse practitioner registration standard and supporting documentation
- Safety and Quality Guideline for Privately Practising Midwives

Australian Nursing and Midwifery Accreditation Council (ANMAC) reviews:

- Nurse Practitioner Accreditation Standards
- Accreditation Standards for Education Programs for Internationally Qualified (EPIQ) - Registered Nurse and Re-entry – Registered Nurse Programs
- Eligible Midwife Accreditation Standards
- Re-entry Programs for Midwives Accreditation Standards

#### Senate Inquiries:

- Select Committee into the Abbott Government's Budget Cuts
- Select Committee on Health
- Education and Employment References Committee Inquiry into the Higher Education and Research Reform Bill 2014
- Select Committee on Wind Turbines

### CONSULTATIONS

The federal professional team provided advice and written submissions, on invitation, to a number of commissioned consultations, for example:

- Review of role of National and International Regulators in relation to referral, treatment and rehabilitation programs for health professionals with a health impairment
- Review of Australian Government Department of Health Personally Controlled Electronic Health Record (PCEHR)

## CAMPAIGN AND POLITICAL REPORT



The previous 12 months have been extremely busy particularly in light of the federal government's 2014-2015 budget announcements which saw cuts to federal government spending in health, cuts to the Medicare rebate for doctors and the proposed introduction of a \$7 GP tax to see the doctor. These measures were in addition to proposed increases to the Higher Education Contribution Scheme (HECS) that would have seen a dramatic increase in the cost of higher degrees like teaching and nursing, proposals to change the pension age and amounts received, increases to fuel excise and a raft of other measures to reduce the so called deficit.

On a happier note we did expect that the Prime Ministers own long hailed paid parental leave scheme would be introduced. Alas, that was not the case!

### THE POWER OF THE SENATE

Despite the Governments wish to make significant legislative changes in health, education, Medicare and other matters fortunately the Senate had other ideas.

The Senate is continuing to block a number of Government cuts and measures from Budget 2014 and 2015. Not only do they continue to block some budget items, they are the target of furious lobbying by a range of groups, including unions and the ACTU, in the hope they will vote down other pieces of legislation, or unpopular government announcements. The Senators are:

#### Nick Xenophon – SA:

No Pokies Ticket – Held the balance of power with the Greens and Family First from 2008 – 2011.

#### Glenn Lazarus – Qld:

Independent – split from Palmer United Party (PUP) and was previously leader of PUP in Senate. Has met with ANMF and QNU and is particularly interested in aged care.

#### Jacqui Lambie – Tas:

Independent – split from PUP.

#### Dio Wang – WA:

Member of PUP.

#### Ricky Muir – VIC:

Motoring Enthusiasts – loose alliance with PUP.

#### Bob Day – SA:

Family First Party.

#### David Leyonhjelm – NSW:

Liberal Democratic Party.

#### John Madigan – Vic:

Democratic Labor Party.

Of all the measures proposed by the Government in the 2014-2015 budget, a range were voted down by the Senate in what must have been a frustrating time for Government. The Bills blocked included:

**Defunding of the Australia Council** All eight cross benchers voted with Labor and the Greens to establish two Senate Inquiries to scrutinise the actions of the Attorney General George Brandis for his decision to divert \$105 million from the Australia Council and his handling of the letter sent by the Martin Place Sydney siege gunman. **It was the first time all eight crossbenchers have voted with Labor and the Greens** to refer the Government to an inquiry chaired by the Opposition.

**Registered Organisations Bill** went to a vote on March 2. Lazarus, Lambie, Muir and Wang voted against the Bill. Day, Leyonhjelm, and Xenophon voted in favour. Madigan did not vote, but regretfully informed us that his intention had been to oppose the Bill, but there was confusion in his office about which vote was taking place, so he abstained in error.

**The Building and Construction Industry (Protecting Witnesses) Bill** went to a vote on May 11 and all Cross Bench Senators voted for the Bill. This Bill extended the coercive powers of the Fair Work Building Commission.

**Introduction of a GP Co-payment** was likely to be voted down by the Senate so the Government withdrew it (and froze the Medicare rebate instead) in Budget 2015. This Medicare rebate freeze will be implemented from 1 July 2015.

**Freeze on Superannuation payments** In September 2014 the Government moved quickly to freeze superannuation contributions at 9.5% for seven years in Parliament. This was supported by a number of the Cross Benches without time for lobbying and discussion including all of the then Palmer United Party Senators. This freeze affected the retirement incomes of nurses and midwives significantly, being a female dominated and largely older workforce.

**Deregulation of Universities** The Senate has used their numbers to vote down the Governments attempts to deregulate university fees on two occasions. In the second attempt, Minister Pyne split the original budget 2013 proposal and removed the \$1.9 billion funding cut to course fees only putting the university fees deregulation to a vote. The Government again lost this vote by 30 – 34 with the following



cross bench Senators voting with the ALP and Greens to block – Xenophon, Lambie, Lazarus, Muir and Wang.

**Paid Parental Leave (PPL).** This announcement in Budget 2015 is expected to affect at least 80,000 women workers who were likely to have applied for the Government PPL on top of their employer provided PPL from 1 July 2016. Approximately 100,000 of our members are likely to lose the entitlement of approximately \$11,500 in Government PPL as the Government announced those employees with employer provided PPL (usually via EBA's), would no longer be able to get both the Government minimum PPL and their employer scheme.

**PPL Senate Inquiry** On 25 June 2015, the Senate referred the Fairer Paid Parental Leave Amendment Bill 2015 to the Senate Community Affairs Legislation Committee for inquiry and report. The report is scheduled to be released on 15 September 2015. On this basis it is anticipated that public hearings will take place in August although there is no confirmation at this time. The ANMF is working with the ACTU and other unions on a combined effort for the hearings and the submission process. The ANMF Federal Office will be making a submission to the Inquiry.

Information has been shared with ANMF supporters to encourage them to make a submission to this Committee also.

### CURRENT STATUS OF PPL IN SENATE

With Labor and the Greens strongly opposed the Government need six of the eight crossbenches support to have this drastic change passed.

Not Supporting - Dio Wang

Supporting - David Leyonhjelm, Bob Day

Undecided - Jacqui Lambie, John Madigan, Nick Xenophon

Undeclared – Ricky Muir, Glenn Lazarus

### ANMF PPL SURVEY

With the Industrial team, the ANMF promoted a survey on PPL with our members. We received 1,244 responses, from the following locations:

Respondents by State (where they provided a postcode):

ACT – 31; NSW – 169; NT – 12; QLD – 362; SA – 58; TAS – 34; VIC – 393; WA – 95

### KEY RESULTS

Will the Government's decision to restrict access to government funded PPL and employer provided PPL affect your decision to start a family?

Yes – 506 (40.7%); No – 409 (32.9%); Unsure – 161 (12.9%)

Do you believe you should be able to access both government and employer PPL schemes to maximise your leave entitlement?

Yes – 948 (76.2%); No – 189 (15.2%); Unsure – 69 (5.5%)

Do you believe the amount of paid parental leave in your workplace agreement is enough?

Yes – 410 (32.9%); No – 755 (60.7%)

### LIES, CUTS AND BROKEN PROMISES

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. As this campaign was just implemented for last years report, this report will focus on the main cuts and any action around them.

### MEDICARE – GP CO-PAYMENT

A considerable campaign was run by the ANMF and other health unions to defeat the Governments attempts to implement a GP co-payment. This included *#copaynoway*, *#healthcareemergency* and working with various community groups and *#savemedicare* groups.

An online action was coordinated in December when the AMA released their report in support of a GP co-payment provided that a bulk of the proposed \$7 co-payment was given to GP's. Various and many organisations coordinated activity targeted directly at the AMA to highlight the hypocrisy of this position. Within a day or so of the AMA position being released, the Government withdrew their support for a GP co-payment.

### NEW FEDERAL HEALTH MINISTER

The ANMF welcomed The Hon Sussan Ley as the new Federal Minister for Health, replacing Minister Peter Dutton. The ANMF met with Minister Ley to discuss priorities and key objectives.

MY BOSS WAS VERY  
THREATENING AND  
INTIMIDATING.  
WHEN I TRIED TO  
RESIGN, I WAS TOLD  
I WOULD HAVE TO  
PAY THOUSANDS  
TO PAYOUT THE  
CONTRACT.

DELY. REGISTERED NURSE



### MEETING WITH SENATOR GLENN LAZARUS

The ANMF has met with Queensland Senator Glenn Lazarus to discuss mandated staffing levels in aged care and our ongoing campaign to save universal healthcare in Australia. The Senator was supportive of the ANMF's position in relation to mandated staffing levels.

### EBOLA CRISIS

In late 2014, the ANMF were very involved in the Ebola discussion and sending more resources to help Ebola affected countries. A survey of our members found over 350 were ready and willing to volunteer to assist the United Nations efforts, if co-ordinated by the Australian Government. Significant media was gained around these releases and interviews conducted on radio and television.

### FOCUS GROUPS

ANMF Federal Office has undertaken focus groups with members and swinging voters in Queensland, New South Wales, South Australia and Tasmania on key health issues, attitudes and communication styles on aged care, penalty rates, Medicare and Healthcare Emergency. As expected, our members are strongly in favour of a campaign continuing on penalty rates and also support for an aged care campaign.

### AGED CARE

The focus groups communicated that the issues in aged care are well understood for members and swinging voters and the crisis in this sector is worsening. The breadth of concern about aged care is strong but the depth of concern is not there for it to be one of the top 10 issues that would change their vote.

### MEDICARE

The focus groups indicated that Medicare is still cherished in our community but immediate threat is thought to have dissipated given its referral to a Committee. Medicare did not rate in one of the top two issues arising from our focus groups.

### ROSIE BATTY – NEVER ALONE CAMPAIGN

The ANMF joined with Rosie Batty as a foundation partner to the Never Alone Campaign. The first ask in the campaign

is for nurses and midwives, members and supporters to sign onto the campaign and help build a powerful group of supporters to work towards real change. The objective is for the Never Alone campaign to build funds to assist Rosie Batty and the Luke Batty Foundation continue to campaign once her term as Australian of the Year concludes in January 2016.

Over 1,500 nurses and midwives, via a specific ANMF link, signed up to support the campaign in the first week of launch.

### #HEALTH ORGS UNITE

The ANMF joined other health organisations in an alliance calling on the Government to immediately release all children and their families from immigration detention in Australia and Nauru. A media release was distributed. There are 16 organisations in the alliance including the AMA, Royal Australians College of Physicians and the Public Health Association of Australia. The meme opposite from the ANMF. Facebook page has proven to be one of our most shared and liked to date.

### SUBSIDISED CHILDCARE FOR SHIFT WORKERS

The ANMF welcomed a Federal Government announcement just prior to the 2015 budget of a trial in the use of subsidised nannies for shift workers, including nurses. We have called on the Government to make the ANMF part of the review board of this initiative.

### NATIONAL MEDIA AND COMMUNICATIONS OFFICERS MEETING

The first meeting was held in Sydney on 3-4 June 2015. Eighteen Officials from the ANMF and Branches were in attendance for the meeting. Notes were distributed to all Branch Secretaries of the outcome of the meeting.

### PENALTY RATES

The ANMF have been involved in developing campaign against any potential cuts to penalty rates for our members, arising from a Productivity Commission inquiry into wages and conditions. Nurses and midwives pay consists of up to 40% in penalty rates for working unsociable hours, weekends and public holidays. We have been working with the ACTU who have been running 'Save our penalty rates' campaign and whilst we are supportive, we have maintained our position that our focus in this campaign will be around the messaging of 'shift

WORKING AT NAURU DETENTION:

I FELT LIKE I WAS AT  
A CONCENTRATION  
CAMP. I FELT LIKE  
I WAS A PARTY TO  
TORTURE.

RN MARIANNE

work saves lives’ and/or ‘we deserve our penalty rates’. This position was further supported in the focus groups undertaken and is work we will continue to do leading up to the federal election and the release of the Productivity Commission review.

Members conveyed to us that they felt the threat to their penalty rates was real, with massive support in favour of an ongoing campaign. They indicated their support for a ‘harder’ form of messaging when options were presented to them, which essentially shows the difficult work they do in a real manner. ANMF Federal Office is in the process of producing further penalty rates material for use in the coming months.

We found the community is generally in favour of penalty rates, but more particularly for nurses and midwives and the emergency sector. Our focus in the coming months will be to make sure our material in this campaign showcases the work of nurses and midwives and carers with words such as “We deserve our penalty rates” and “Shift work saves lives 24/7” as opposed to the “Save our weekend” campaign material.

## PENALTY RATES SURVEY

The ANMF undertook a survey of members on penalty rates and their importance, as well as any action members would take if they were removed, and the affect that shift work has on their lives.

More than 13,000 of Australia’s nurses and midwives have had their say on the importance of penalty rates with an overwhelming 93% warning they are prepared to take action to protect their penalty rates – over 60% said this would include stop work or strike action.

The survey received 13,101 responses, with its key findings showing:

- 92% of respondents currently work shifts outside regular Monday-Friday day-shift hours;
- 90% reported that shift work affected their life outside work, particularly night and weekend shifts;
- 38.9% said penalty rates compensated for the effects of shift work on their lives outside work;
- 49.2% said penalty rates at least partially compensated for the effects of shift work on their lives;
- 87% indicated they would stop working shift work if penalty rates were removed or lowered; and
- 92.7% warned they would take action to protect their penalty rates with just over 60% indicating they would take stop work or strike action.

The following is a small sample of comments from members (there were thousands):

*“Shift work is exhausting. It affects my social and personal life, health and fitness. I love nursing but if penalty rates are taken I’d leave the industry.”*

*“This month alone, I have only one weekend off. This weekend I’m working night shifts all weekend, leaving me no time at all to spend with my family or friends. Shift work, particularly afternoon and night shifts means that even days off can leave you exhausted.”*

*“Health care workers put themselves out for others and work unsociable hours ... this has physical and mental impacts on them. To suggest that they lose penalty rates is completely disrespectful to their dedication.”*

*“An attack on penalty rates will be devastating to nursing and is a real snub to all those that have fought for work conditions and fair reimbursement in the past. The Australian values that underpin compensating people for working irregular, unsociable hours is part of the core of our society. Fair go mate!”*

## NATIONAL DAY OF ACTION

Thousands of members joined the ACTU national day of action to save their penalty rates and other conditions. ANMF Federal Secretary Lee Thomas spoke at the rally in Melbourne.

Penalty Rates Post Cards – the ANMF undertook a series of penalty rates postcards on social media – receiving some of our highest likes and shares. Some of the most popular are on the following pages.

## GRADUATE NURSE CAMPAIGN

The ANMF appeared at the Senate Inquiry into Temporary Work Visas to raise concerns about the impact of temporary migrant labour on nursing and midwifery graduates. Above is some of the social media distributed at the time.

## ANMF WEB SITE

Federal Office has had the web site redesigned in a more simplistic and user-friendly manner. This has included a specific campaign page to support and promote Branch campaigns, and the ANMJ is now on-line.

## NEW SOCIAL MEDIA OFFICER AND FOCUS


A social media officer has been employed and is located in the Federal Office Melbourne. We have been reviewing our social media reach, which has increased significantly over the past 12 months, and intend to increase this via Facebook, Instagram and twitter in the future.



MY SHIFT WORK  
SAVES LIVES





A photograph of a baby lying in a crib, partially obscured by a teal overlay. The overlay features a network diagram with nodes and connecting lines. The text is written in white, uppercase letters on a teal background.

MY 1 YEAR OLD  
DAUGHTER WAKES  
AFTER I LEAVE  
FOR WORK AND  
IS ASLEEP BY THE  
TIME I FINISH MY  
12 HOUR SHIFT. I  
CAN GO 2-3 DAYS  
WITHOUT SEEING  
MY DAUGHTER  
AWAKE. IT'S  
HEARBREAKING.

MIDWIFE, NSW

## EDUCATION REPORT



The Federal Office Education team now manage four (4) online training rooms for members and non-members to utilise: the Aged Care Training Room (ACTR), the Body systems Training Room (BSTR), the Continuing Professional Education training room (CPE) and the Online

Clinical Simulations for Nurses and Midwives training room.

The Federal Office has provided Continuous Professional Education (CPE) to members since 2006, initially via modules uploaded to a specifically designed portal and more recently via additional training rooms badged as ANMF.

### **Aged Care Training Room (ACTR)**

The ACTR offers over 60 modules specific to aged care nursing and community care nursing. It is purchased via an annual subscription. Subscription gives the user access to all topics on the website, a CPD learning needs and plan, learning activity reflections and evaluations and a printable transcript of course completions.

### **Body Systems Training Room (BSTR)**

The BSTR was launched in August 2014 and currently offers 58 courses on anatomy and physiology, disease processes and treatment options. Modules can be purchased as individual courses, as part of tailored packs or as a completelibrary.

### **Continuing Professional Education (CPE)**

The CPE currently offers 50 tutorials. Each tutorial is accompanied by an assessment. The CPE provides an online portfolio for members. Members have access to three free topics provided by ANMF, eight Tele-health tutorials and a mental health course that consists of four parts.

### **Online Clinical Simulations for Nurses and Midwives**

In this training room ANMF partnered with an external provider to offer 3D simulated learning for clinical procedures and currently consists of 32 modules. Each module teaches a different procedure through an interactive simulation accompanied by a step-by-step text with hyperlinks, a video demonstration, 3D model of the anatomy encountered during the procedure and a quiz. A printable log of time spent on each module is available on completion.

In addition the Federations National Vocational Education and Training (VET) Committee is co-ordinated through the education area. This includes representation of nursing, midwifery and care related courses within the Community Services and Health Training Packages, managed by the Community Services and Health Industry Skills Council (CSHISC). The CSHISC provides direction for workforce development for Australia's Community Services and Health industry.

Both the Community Services and Health Training Packages have been under a complete review including all qualifications and competency standards in the current versions. This review commenced in 2012 and is due for completion in December 2015. This occurred due to the National Skills Standards Council endorsing a set of New Standards for Training Packages in November 2012. These new standards changed the 'look and feel' of training packages and how they are used. The new standards implement the agreed recommendations from the joint COAG/NQC VET Products for the 21st Century Report, endorsed by the Ministerial Council for Tertiary Education and Employment. All Industry Skills Councils are required to transition their training packages to the new standards by December 2015.

Throughout this review ANMF is represented on the CSHISC Joint Training Package Advisory Committee (TPAC), a strategic steering committee providing ongoing advice and input into the CSHISC's continuous improvement process for both the Health and Community Services Training Packages. Each sector grouping within the packages was represented by an Industry Reference Group (IRG) who oversee and guide the project and a network of Subject Matter Expert Groups (SMEG's) who provide detailed technical input and content advice.

ANMF participated in the following IRG's: Direct Client Care and Support containing qualifications in the areas of Aged Care, Allied Health Assistance, Alcohol and Other Drugs, Community Services and Management, Disability, Health Services Assistance, Home and Community Care, Leisure and Health, Mental Health and Nutrition/Dietetic Assistance. Technicians and Support containing qualifications in the areas of Pathology, Audiometry, Cardiac Technology, Health Administration, Medical Practise Assisting, Operating Theatre Support, Optical, Pathology, Pharmacy and Sterilisation Services, Dental and Oral Health where Units of Competency related to nursing, and of course the Nursing IRG. ANMF also participated on relevant SMEG's including Nursing, Aged Care, Home and Community Care, Disability, Mental Health, Health Services Assistance, Leisure and Health and Medical Practise Assisting.

Due to the Australian Government releasing a Ministerial Paper in December 2014 – Smaller Government – Towards a Sustainable Future, the Department of Veterans Affairs (DVA), where the ANMF FEO represented community nurses on the Community Nursing Advisory Council (CNAC) was disbanded. In June 2015 DVA held a Stakeholder Engagement Design Workshop that the ANMF FEO participated in to inform the development of DVA's new stakeholder engagement strategy to ensure community nurses continued to be represented. At the time of this report, DVA have not as yet signed off on the new engagement strategy.



# AUSTRALIAN NURSING & MIDWIFERY JOURNAL



Within 12 months *ANMJ* circulation has gone from 96,450 to 98,970 thanks to a growth in membership. We have continued a minimum of 48-pages per issue, increasing to 56 pages as advertising and content has enabled. This has provided a good balance of advertising to editorial copy and has allowed contributions from members in various sections of the journal, from letters and 'working life' articles to issues, viewpoints, focus section and clinical updates.

From July 2014, Daniel Cordner, an in-house graphic designer, was employed one week a month to lay out the journal. Not only did this significantly reduce graphic design costs, but also improved workability between journal staff and the designer. A redesign of the journal occurred in June 2015 to improve its readability and sophistication. 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.

As of 1 July 2015 the journal was made available to all members online through ANMF's website. This included members in NSW, QLD and WA who previously had no access to the journal through their membership.

Members in Victoria, South Australia, Tasmania, ACT and Northern Territory were also given the option to opt out of receiving the journal in the mail if they wished to view the *ANMJ* online only. As this option was offered as of 1 July 2015, the uptake by the membership is yet to be seen.

In an attempt to be interactive with members and to encourage advertising, the *ANMJ* has also been more active on social media, including uploading footage from interviews and alerting members of stories in upcoming journals.

During September 2014 a readership survey was conducted, resulting in the largest response rate to surveys in the journals history. The survey results indicated the *ANMJ* remained relevant and popular amongst the membership in all states and territories with over 86% of respondents indicating the journal always or usually provided them what they wanted to see in a national nursing and midwifery journal.

The survey also assisted with what advertising was suitable for the journal.

The *ANMJ* changed advertising agencies from the Media Company to Freelance Media in October 2014. At this time advertising rates were increased for the first time in three years. Advertising revenue has improved most months; however, it is too early to determine if this trend will continue.

According to the advertising company, being available to all members online in conjunction with the hard copy of the journal should increase advertising interest in the journal.

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 2014-2015.

The *ANMJ* has reported on key issues for the ANMF including the ANMF's federal campaign *Healthcare Emergency- Lies cuts and broken promises* against the austerity measures announced during the 2014 Federal Budget. Threats to Medicare, safe staffing levels, threats to penalty rates and graduate unemployment were some of the prominent news stories throughout the year.

Features remained popular with the membership. Particularly popular features included, *Taking the lead: nurses, midwives and leadership* and *Australia's dementia diagnosis: Alzheimer's – the disease of the 21st century*.

In addition, social justice, Indigenous health, environmental health and leadership remained common themes throughout the journal over the past 12 months.

## Feature articles

- Social media: The pitfalls and the potential
- Standing up for what's right: What it means to be an ANMF job rep
- Nursing beyond the bush
- Modelling midwifery care
- Taking the lead: Nurses, midwives and leadership
- The roundup: Through our eyes – looking back at 2014
- Australia's health cuts: Paying the price for austerity measures
- Indigenous health: Stepping into the gap
- Medicare under threat: The Americanisation of Australia's health system
- In harm's way: Violence in our health sector
- Australia's dementia diagnosis: Alzheimer's – the disease of the 21st century

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.

## Focus topics

- Women's health
- Oncology
- Infection control
- Emergency nursing



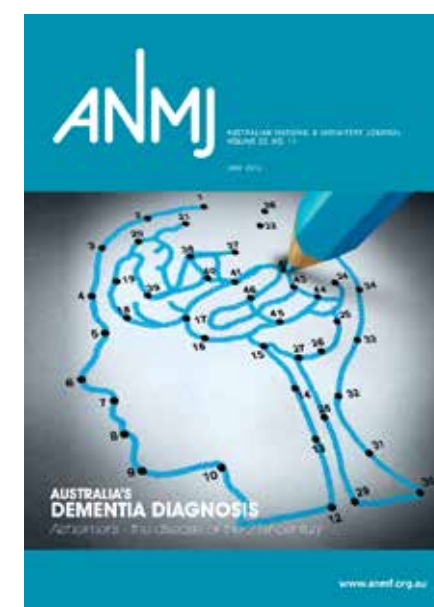
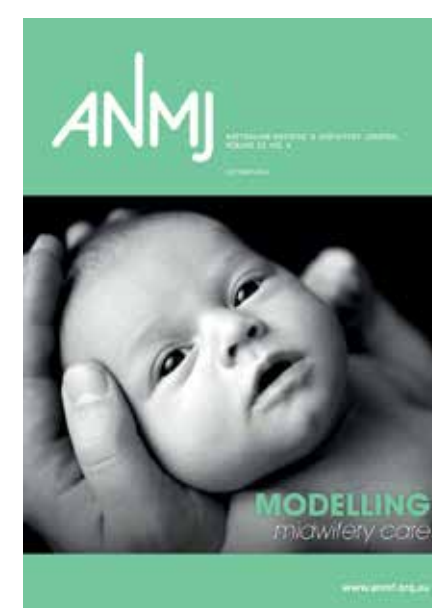
- Men's health
- Rural/remote health
- Aged care
- Mental health
- Women's health
- Drug and alcohol
- Midwifery/maternal health

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.

#### Clinical update topics

- Introducing insulin pen needle safety devices in Australia to protect nurses
- Natural but not necessarily safe: Nursing ethical and legal considerations when administering herbal and dietary supplements in clinical practice
- High flow nasal cannula therapy for infants and young children with bronchiolitis



- Narcolepsy
- Prostate cancer
- Review of a home nursing injection service: SHINE
- Ageing with HIV
- Near death experience and nursing practice: Lessons from the palliative care literature
- A return to nursing rounds: Person centered or a task too far?
- Triage nurse's assessment of a child with a fever
- Armature theatre and mental health services –a fruitful collaboration to enhance clinical supervision

So finally, the journal continues to go from strength to strength and now with an online version available it is estimated that the reach of the ANMF will increase even further.



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Victoria Lisa Fitzpatrick  
Western Australia Mark Olson

FEDERAL EXECUTIVE MEETINGS

From 1 July 2014 to 30 June 2015  
21 July 2014  
1 and 2 December 2014  
17 February 2015  
26 and 27 February 2015  
14 and 15 May 2015

FEDERAL COUNCIL MEETINGS

From 1 July 2014 to 30 June 2015  
21 and 22 August 2014  
26 September 2014  
27 November 2014  
30 January 2015



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