

**SOUTH AUSTRALIAN PUBLIC SECTOR NURSING AND MIDWIFERY AGREEMENT  
ANMF (SA BRANCH) LOG OF CLAIMS 2025**

*The following log of claims was developed in consultation with ANMF (SA Branch) Worksite Representatives and members across all Local Health Networks (LHN) and services, with over 95 visits covering every public health service facility in the state. It was unanimously endorsed by ANMF (SA Branch) Council on 9 April 2025.*

**Private and Confidential and Provided on a Without Prejudice Basis.**

**PREAMBLE**

The ANMF (SA Branch) commence bargaining on the assumption that the outcome of all reviews, working groups, and research projects stipulated in the Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2022 (NMEA) will be incorporated in the 2025 Enterprise Agreement.

It is also the assumption of the ANMF (SA Branch) that any outstanding reviews, working groups, and research projects be concluded by a mutually agreed-upon date. If they remain unresolved by that date, the ANMF (SA Branch) seek full control of the reviews, working groups, or research projects, as well as the determination of their outcomes.

**PART 1: ATTRACTION AND RETENTION OF SKILLED WORKFORCE**

Post-COVID-19, there is a global shortage of nurses and midwives, and there are no longer untapped pools of skilled workers available for recruitment from interstate or overseas. With a tightening labour market and growing demand for healthcare services, it is crucial that South Australia offers competitive wages and conditions to attract and retain nurses and midwives. Retaining skilled professionals and preventing migration to other states is essential for sustaining quality healthcare services within the state.

**1.1 Rural and Remote Incentives.**

Rural and Remote regions are disproportionately affected by the tight labour market. While the last Enterprise Agreement saw some initiatives to attract employees to these areas, no measures were taken to support retention. Addressing this is crucial for the viability of these services. The ANMF (SA Branch) seek the following:

- A. The current zone allowance to be ongoing and continue beyond 5 years of service for all nurses and midwives working in rural and remote areas. The increased cost of living pressures to reside in these areas does not stop at 5 years.
- B. An additional 5 days Travel Leave annually to compensate for the extra time it takes to access conferences/Continuous Professional Development (CPD), and other forms of leave.
- C. Allowance of **\$63.20** per shift to retain skilled employees in rural and remote settings who have completed education to undertake additional duties for this setting such as, but not limited to, suturing, taking x-rays, etc, on an ongoing basis.

- D. A responsibility allowance of **\$63.20** be provided to a designated nurse or midwife who is clinically in charge of the healthcare facility when no medical officer is physically available to be on-site if required.
- E. A review of the current zone allocation to include health services that are currently not included but may be eligible.
- F. The eligibility for rural incentives should be clearly defined in the Enterprise Agreement, specifying that the incentives are based on the location of work performed rather than the employing entity/LHN, due to the inconsistent application across different LHNs.

### **1.2 Count the Women and Babies.**

All states, except South Australia are either currently counting women and babies, or reviewing the workload associated with caring for women, babies and families in the postnatal period. Counting 'women and babies' reflects the entire workload of midwives during each shift, as it includes newborns who also require care.

The ANMF (SA Branch) seek the midwives' entire workload is included in the staffing methodology.

### **1.3 Associate Nurse Unit Manager (ANUM)/Associate Midwifery Unit Manager (AMUM) Protected Non-Clinical Time.**

When ANUMs and AMUMs have a clinical patient load, it is challenging to support the NUM or MUM in the management responsibilities listed in Appendix 7 such as recruitment, staffing, rostering, work allocation, attendance, leave, performance, finance and supplies, and undertake a portfolio as stipulated by their employer. The ANMF (SA Branch) seek each clinical area to have **1 day per week per roster** of ANUM or AMUM protected non-clinical time.

### **1.4 Professional Development (PD).**

The PD allowance must reflect an individual's AHPRA PD requirements for registration. The ANMF (SA Branch) seek the nominal PD Allowance paid for 20 hours of PD, and any additional PD requirement above 20 hours, will receive the corresponding percentage of the allowance.

### **1.5 Nurse Practitioners (NP).**

NPs work independently as expert clinicians, practicing beyond the usual extent of a nurse with an expanded scope of practice. Research shows the use of NPs achieves timely access to care, improved patient follow-up, improved quality of care, cost savings, improved interprofessional collaboration, job satisfaction, and attraction and retention in the profession. The ANMF (SA Branch) seek the following:

- A. PD Leave be increased from 3 to 5 days, accumulated over up to 2 years considering the average length and location of conferences.
- B. 20% of protected non-clinical time for NPs (1 day per week pro rata for part time employees) to allow for professional requirements for education, research, professional leadership, credentialling.

- C. Not counted in nursing numbers. NPs are not included in nurse-to-patient ratios or N/MHPPD, allowing them to fully perform their extended scope of practice and to ensure optimal patient outcomes.
- D. Reclassified to Level 5.1. NPs be reclassified to Level 5.1 in Appendix 7, Career Structure as they practice independently as expert clinicians. NPs are differentiated from other Advanced Level 4 Nurses and Midwives with additional registration and qualification requirements. Note: this is reliant on 1.6 Qualification Allowance for RN and RM Level 5 and Level 6 being agreed upon.
- E. There is recognition that the master's is not considered as the base qualification.

### **1.6 Qualification Allowances for RN and RM Levels 5 and 6.**

The ANMF (SA Branch) seek Levels 5 and 6 be included in Appendix 12 of the Enterprise Agreement to incentivise a more highly educated workforce, remunerate employees for time and effort to obtain post graduate qualifications, and attract and retain a highly skilled workforce.

### **1.7 Permanent Contracts for EDON/Ms.**

EDON/Ms are currently on executive contracts for a period of 3 or 5 years, which does not provide job security, and adversely impacts the attraction of highly skilled individuals to the role. The ANMF (SA Branch) seek EDON/M positions appointed on a permanent, ongoing basis.

### **1.8 Qualification Conditions of Eligibility for Enrolled Nurses (EN).**

The ANMF (SA Branch) seek to align Appendix 12 with the Australian Qualification Framework (AQF), the national policy for regulated qualifications in Australian education and training.

### **1.9 Changing Classification Due to Qualifications.**

There are issues surrounding the termination of employment when an employee obtains additional qualifications that change their classification (e.g., AIM to Midwife, or EN to RN), resulting in loss of entitlements, such as personal/carers leave accrual and length of service. The ANMF (SA Branch) seek individuals in these circumstances are not terminated but instead undergo an administrative change in classification thereby retaining all accrued entitlements and experience no loss in wages.

### **1.10 Reclassification.**

The reclassification process is open to interpretation, leading to inconsistent practices between the LHNs. Members have reported some outcomes have taken well over a year to be determined, and that the process is unclear, arduous and unappealing. The ANMF (SA Branch) seek the following:

- A. The reclassification process to be standardised for all ENs, RNs and RMs (all levels).

B. Review of the guidelines to:

- I. Ensure consistent practice across all LHNs.
- II. Align the classification criteria to the 'Core Roles/Descriptors' outlined in the NMEA.
- III. Simplify the process.
- IV. Include an external appeals process that is both consistent and robust.

C. Pay entry clarification whereby members are appointed to a higher increment rate than their current rate. The NMEA currently does not specify the increment level a member is to be appointed to when a personal reclassification occurs.

**1.11 Working with Wisdom Positions.**

The Working with Wisdom (WWW) program is an initiative across SA Health that benefits the entire workforce, supporting the profession while offering roles that help retain skilled and experienced nurses/midwives in the clinical setting. The ANMF (SA Branch) seek to establish ongoing positions per LHN with a minimum of 1 WWW position per site, and a ratio of 1 WWW position to 100 headcount of nursing and midwifery employees. These positions are separate to and not including educators.

**1.12 Redeployment Allowance.**

The ANMF (SA Branch) seek a Redeployment Allowance of **\$39.50 per occasion**, increasing annually with respective wages, and will apply each occasion an employee is relocated from their rostered shift location to another. This will not apply to casuals or those in a designated Resource Pool.

**1.13 Leave Entitlements.**

The ANMF (SA Branch) seek the following amendments to leave provisions:

A. Personal/Carers Leave.

- I. Culture/religion to be included in Personal/Carers leave definition.
- II. Elder care to be included in Personal/Carers leave definition.
- III. Programmed Day Off (PDO) be removed from Sub Clause 7.7.3.11.
- IV. If an employee experience any of the conditions under the definition of Personal/Carers leave on a PDO, the day can be debited as Personal/Carers leave and a PDO credited.
- V. **Up to 6 weeks** of accrued Personal/Carers leave paid upon retirement from the Public Sector from 60 years of age, dependant on employee balance.

B. Employer Provided Parenting Leave/Adoption Leave.

- I. If an employee wishes to return to work for casual shifts in SA Health prior to their official return date from maternity leave, they may be permitted to do so.
- II. Foster care [long term] to be included in Parenting Leave/Adoption Leave, permitting them to receive the same provisions of paid parental leave and adoption leave.

C. Pandemic Leave.

- I. If COVID-19 leave provisions are removed as an entitlement from SA Health employees, the benefits available to them under the current directive in their entirety are to be provided for within the Enterprise Agreement.

D. Menstrual, menopause and reproductive (including surrogacy) leave.

- I. **6 paid days** per financial year (pro-rata and non-cumulative) in addition to Personal/Carers leave, for members unable to perform work duties due to menstruation, menopause, or reproductive reasons, including medical appointments of the same nature.

E. NUMs and MUMs.

- I. 1 week of additional annual leave to remunerate for the recognition of responsibilities placed upon these roles.

**1.14 Flexible Working Arrangements.**

To gain approval for a flexible working arrangement is a challenging process for applicants. Therefore, the ANMF (SA Branch) seek the following:

- A. Members to have the right to submit a Flexible Working Arrangement for requirements such as childcare, permanent night duty contracts, nil night duty, and seasonal farming responsibilities.
- B. The employer must give due consideration to the request.
- C. If denied, the employer must provide the rationale.
- D. Members can submit an appeal to a review panel to be established.

**1.15 Housing assistance.**

Across all rural and remote LHNs, there are concerns about the lack of available rental housing, which affects their ability to recruit and retain employees. The ANMF (SA Branch) seek SA Health to provide cost effective and time critical solutions to the housing crisis in rural and remote areas.

### **1.16 Childcare.**

The lack of available childcare is a significant concern for rural and remote LHNs in attracting and retaining employees. The ANMF (SA Branch) seek SA Health to provide cost effective and time critical solutions to the limited childcare availability in rural and remote areas.

## **PART 2: FATIGUE MANAGEMENT**

The SA Health care system has faced significant pressure since the last Enterprise Agreement, with nurses and midwives reporting high levels of burnout and fatigue. The management of fatigue is critical to ensuring the safety and wellbeing of members and patients. The risks of fatigue are particularly heightened by poor rostering practices, sustained work periods, or on-call duties. As such, the ANMF (SA Branch) seek to address current issues associated with fatigue.

### **2.1 On-Call/Recall.**

There are various ways on-call duty is managed across the LHNs, leading to several issues, often stemming from poor rostering practices that contribute to fatigue and burnout. While the ANMF (SA Branch) does not intend to impose strict rules on how on-call should be rostered and operationalised, the Enterprise Agreement must establish general principles to ensure fair and equitable rostering. This will help prevent potential adverse impacts on members health, wellbeing, and job satisfaction.

Given the widespread use of on-call/recall throughout both metropolitan, rural, and remote areas of South Australia, nurses and midwives must be appropriately remunerated for the work they perform and the disruption on-call/recall places on their personal lives due to business needs.

The ANMF (SA Branch) seek the following:

- A. Increased time off between an on-call shift and the next rostered shift.
- B. Minimum days free from on-call/recall.
- C. Maximum number of days to be on-call/recall per roster.
- D. Threshold for receiving additional leave to be calculated in hours.
- E. Notification for recall to work to be determined as an individual preference.
- F. Travel time to be include in the recall to work payment.
- G. Additional allowance for on-call/recall if the criteria is unable to be met by the employer (due to limited staff availability to be on call) as this will increase fatigue.
- H. Additional 1 week leave provision for:

- I. NUMs and MUMs who are on-call 24/7 or for extended periods.
  - II. Those already receiving 6 weeks of Annual Leave to ensure fairness and equity.
- I. An hourly rate to ensure fairness and equity. Currently, if a service provides a block of on-call/recall for 6 hours or 24 hours, employees are remunerated the same on-call allowance amount.
- o **\$7.03 Monday to Friday (with a minimum payment of \$84.40).**
  - o **\$10.56 Saturdays (with a minimum payment of \$126.70).**
  - o **\$12.33 Sundays and public holidays (with a minimum payment of \$147.90).**
- J. Recall to duty to be managed without returning to the workplace, paid a minimum of 1 hour at the appropriate overtime rate for each occasion of electronic recall (emails and phone calls).

## **2.2 Night Duty.**

Night duty rostering practices can cause burnout and fatigue when shift changes occur too frequently or if there is not enough time off between change of shift from night duty to an early or late for example. The ANMF (SA Branch) seek the following:

- A. **Minimum 47.5hr break post night duty** (unless by mutual agreement otherwise). This will allow employees to have a full 2 night's sleep prior to returning to work or planned leave.
- B. Voluntary permanent night duty contracts. Some members prefer to perform night duty due to lifestyle choices or due to transitioning to retirement as per claim 1.14 Flexible Working Arrangements.

## **2.3 PDO for Level 5 (RN/RM5) and Level 6 (RN/RM6).**

Members of this classification remain working excessive hours despite the introduction and intention of Clause 4.7 of the NMEA. The ANMF (SA Branch) seek a PDO for RN/RMs level 5 and 6 to ensure a protected day off to promote fatigue management and prevent burnout.

## **2.4 Breaks.**

Consistently, all LHNs members raise concerns about not receiving their required paid and unpaid breaks due to minimal staffing or workload, leading to burnout and fatigue. In addition, receiving approval of payment for missed breaks is increasingly challenging. The ANMF (SA Branch) seek to strengthen Clause '7.5 MEAL BREAKS' to ensure members receive paid and unpaid breaks or are remunerated accordingly.

## **2.5 Lead Apron and Relief Break.**

The ANMF (SA Branch) seek an allowance of **\$5.90 per hour or part thereof for each hour the requirement continues (including recall)**, and improved conditions (such as light weight aprons) due to unresolved work, health and safety concerns.

**PART 3: STAFFING**

**3.1 Appendix 1 – Staffing Methodologies in Emergency Departments, Intensive Care Units, Peri-Operative Services, Cardiac Vascular Investigation Units Catheter Laboratories and Endoscopy Units.**

The ANMF (SA Branch) seek the following:

- A. Review of the Standards listed in Appendix 1 to ensure that the current professional standards are appropriately reflected and consistently applied across the LHNs.
- B. Review each Emergency and Casualty facility/room in South Australia, both metro and country, including those currently not listed in Appendix 1 such as Murray Bridge Soldiers Memorial Hospital.
  - I. To determine staffing requirements for patient activity and acuity to ensure patient safety, employees' wellbeing, recruitment and retention.
  - II. To apply a criteria-based staffing methodology. For example, a certain number of annual presentations or triage category presentations triggers additional employees such as a supernumerary shift coordinator or supernumerary triage nurse. This would then be applied to all Emergency and Casualty facility/room in South Australia, and staffing adjusted as the business needs arise.

**3.2 Appendix 2 – Staffing Methodologies in Units (Non-Standard Based).**

To ensure current staffing methodology is applied throughout South Australia, the ANMF (SA Branch) seek the following:

- A. Update adjusted NMHPPD due to:
  - a. Business Rules Reviews.
  - b. Inclusion of areas not currently in Appendix 2 such as Prison Health Inpatient Health Centre and Flinders Medical Centre Women's Assessment Service.
  - c. New areas and wards to be included.
- B. Update NPCHPPD to incorporate Commonwealth Legislation of 215 Care Minutes.
- C. Development of a community and case load health staffing methodology (such as but not limited to Community Mental Health, Child and Family Health Service, Hospital in the Home).
- D. Excluding Specials (ES) to be added to country staffing levels.

### **3.3 Appendix 4 – Skill Mix in Country Inpatient Units.**

The ANMF (SA Branch) seek SA Health to review the list of hospitals to ensure all hospitals are included.

### **3.4 Appendix 7 – Career Structure.**

The ANMF (SA Branch) seek to update the career structure, ensuring it acknowledges the value and contribution of the following:

- A. Review the entire Career Structure from AIN/Ms to Level 6. The review to include but not limited to, the inclusion of Registered Undergraduate Students of Nursing/Midwifery (RUSON/M), role descriptors, classification levels of roles, number of increment levels, pay rates (for example going from an EN or ASEN to an RN1), reporting lines (professional and operational), Endorsed Midwives, and number of support roles per head count such as Working with Wisdom and Educators.
- B. AIN and AIM utilisation within the workforce model. This review will include the development of agreed criteria for the utilisation of AINs and AIMS in all health services, including scope of practice, number of AINs or AIMS per shift per area to recognise these classifications within the workforce model as a supplement to, and not in substitution of, other classifications already described within the existing and/or proposed ratios of NMHPPD. The agreed outcomes to be inserted into Appendix 7 Career Structure.
- C. After-Hours Coordinators to be included in All Nurse/Midwife Level 3 Core Roles/Descriptors. This is an important role, in charge of the clinical facility outside of business hours. There is a certain level of decision making that must occur within this role to ensure patient safety and employee health and wellbeing.
- D. Nurse Practitioner Candidates (NPC) to be included in All Nurse/Midwife Level 3 Core Roles/Descriptors. NPCs are essential to succession planning for ongoing service delivery and building the NP workforce which aligns with the Australian Governments Nurse Practitioner Workforce Plan and Strengthening Medicare Taskforce Report.
- E. Remove multi-classified position, number of direct reports, and being within a community, for the Advanced NUM/MUM (Level 4).

### **3.5 Appendix 8 – Midwifery Caseload Practice Agreement.**

The ANMF (SA Branch) seek the following:

- A. Review the entirety of Appendix 8 to update the requirements of service provision with current practice.
- B. Determine if percentage loadings accurately reflect their purpose (i.e. in lieu of on-call, recall, annual leave loading, expanded practice etc.) and adjust accordingly.

### **3.6 Level 2s.**

The ANMF (SA Branch) seek each clinical area to have a Level 2 each shift (early, late and night), each day of operational service.

## **PART 4: COMPETITIVE WAGES**

### **4.1 Wage Increase That Respects Nurses and Midwives.**

The ANMF (SA Branch) seek a wage increase that shows respect for nurses and midwives. Wage rates must achieve parity to be competitive with the national market (both private and public sectors) as a minimum, not only to attract, but also to retain nurses and midwives within the state of South Australia. If SA Health are not competitive with the national market, nurses and midwives have reported they will leave not only the state, but also the profession, placing the sustainability of the South Australian health care system at catastrophic risk.

### **4.2 Agreed Wage Increase Percentage to be Applied to all Allowances.**

The ANMF (SA Branch) seek the agreed wage increase percentage be applied to all allowances, and noted in Enterprise Agreement 2025, Part 1 – APPLICATION AND OPERATION OF AGREEMENT.

### **4.3 Night Duty.**

Night duty is one of the most challenging shifts to roster and is the shift with the least number of resources and services available. Therefore, patient safety and members' health and wellbeing are most at risk on night duty and are to be remunerated accordingly. The ANMF (SA Branch) seek an increase to the night shift allowance to **30%**.

### **4.4 Public Holidays.**

The ANMF (SA Branch) seek the following:

- A. Define 'Established pattern of work'. A lack of clarity around 'established pattern of work' in clause 7.3.1 of the NMEA has led to inconsistent management practices and application of payments. A clear definition of an 'established pattern of work' is required.
- B. 6-day workers to be included in clause 7.2 of the NMEA, under the same conditions as 7-day workers.
- C. Public holiday calculations to be based on the same principles as the Nurses Award 2020 for Saturday and Sunday work, whereby the nominated rate is applied from midnight to midnight.

### **4.5 Mandatory Training Time.**

Each LHN has its own set of mandatory training requirements. However, there has been a significant increase in both the number of training components and the time needed to complete them, much of which takes place during unpaid time. The ANMF (SA Branch) seek the facilitation of all mandatory training to **be completed during paid time.**