



**Australian  
Nursing &  
Midwifery  
Federation**

VICTORIAN BRANCH

# Newsflash

## **Ratio Amendment Bill frequently asked questions**

**Monday 27 August 2018**

The following information is to assist members understand the Andrews Government's proposed legislative changes to improve ratios and introduce new ratios. The bill is currently before the Victorian Parliament.

### **1. Has the legislation passed?**

No. The amendments to the [current Safe Patient Care Act 2015](#) have been tabled in the Victorian Parliament. It is expected to be debated in the Lower House in the first September sitting. There are two sitting sessions, each of three days, in September. We are urging all state parliamentarians to support the bill in its current state, particularly in the Upper House, where the Andrews Government does not have a majority. The Andrews Government must go into caretaker mode on 29 October before the 24 November election.

### **2. When will the new and improved ratios start?**

If passed, the improvements and new ratios will be introduced in five phases starting each March from 2019. This will enable the recruitment process and funding to flow to health facilities, so that the first additional positions can commence on 1 March 2019.

### **3. Why are the improvements introduced in phases?**

There's no point changing the ratios if we don't have enough nurses or midwives. For example, there was a net increase of 19 midwives registered (including dual registered) in Victoria in 2016/17. Victoria needs time to further develop some areas of our nursing and midwifery workforce. There is a plan to do this.

Authorised by Lisa Fitzpatrick ANMF (Vic Branch) Secretary

#### **4. How will you find the extra nurses and midwives?**

The Andrews Government has a range of initiatives. If re-elected, the Andrews Government has promised a \$50 million workforce development fund to support:

- more graduate nurse and midwife positions and clinical mentors
- a statewide graduate program for 400 enrolled nurses
- refresher programs for 800 nurses and midwives
- 400 additional postgraduate scholarships
- a further 400 places for postgraduate education in specialty clinical areas
- \$10 million for rural and regional grants, scholarships and graduate places.

Plus, the Diploma of Nursing will be a free TAFE course from 2019. This will mean more enrolled nurses and registered nurses available to work in the public health system as we know at least 20 per cent of enrolled nurses continue studying and become registered nurses.

#### **5. Is the ANMF doing anything about the workforce shortage?**

Eligible ANMF (Vic Branch) members can apply for financial assistance toward post-registration and postgraduate education tuition and course fees. We'll distribute annual fee grants totaling \$500,000 to regional and metropolitan applicants, with preference given to members pursuing areas of greatest clinical need, such as midwifery.

2018/19 applications open in early September 2018.

#### **6. What's happening with the 50 per cent rule?**

It will be abolished in phases. When it's abolished in your area it means management will be legally required to always round up.

#### **7. What about birthing suites?**

Delivery suites will become known as birthing suites. There will be a fairer, transparent and evidence-based provision for nominating birthing suites. If more than six suites, there must be a plus in charge on the morning shift from 1 March 2020. Where birthing suites are utilised as outpatient assessment units, these assessment units must also count towards the nominated birthing suite numbers from 1 March 2019. The 50 per cent rule will also be removed in phases.

The Andrews Government has agreed to review the birthing suite ratio as part of discussions now underway. Talks are also looking at building capacity, through educating more midwives in employment models and encouraging midwives to increase their current hours.

## **8. What about postnatal units?**

There will be some initial improvements with 50 per cent rule changes. ANMF continues to press for 1:3, plus a midwife in charge on all shifts. It will take some time to educate and recruit the number of midwives that will be required to support this claim.

## **9. What about aged care?**

The Safe Patient Care Act 2015 already includes ratios in public aged care that were historically nursing homes. That's about 5200 beds. These areas will benefit from the phased removal of the 50 per cent rule, with night shift removal of the 50 per cent rule proposed for 1 March 2019.

We are also commencing the process of seeking nurse patient ratios in public aged care facilities that were historically hostels. Data collection is underway via the Victorian Department of Health and Human Services and the ANMF to scope this work.

Unfortunately, the state's Safe Patient Care Act doesn't and can't cover federal government-funded private and not-for-profit nursing homes. We wish it could. Victoria has about 48,000 of these beds. The federal Aged Care Act has a vague, unenforceable staffing requirement. It is totally inadequate. That's why we are campaigning for a federal aged care ratio law.

## **10. What about private hospitals, we need ratios too?**

The vehicle for staffing arrangements in private acute facilities, such as Epworth, Ramsay, Healthscope and St John of God, are enterprise agreements. These agreements contain processes for members to raise inadequate staffing issues.

ANMF will continue to support private hospital members campaign to secure ratios in their agreements. Private acute members already rely on their public sector counterparts to set private acute wage outcomes because employers generally accept the need to maintain parity with the public sector. This parity should also apply to staffing levels. We have started research into the difference between staffing in public and private health services.

## **11. What about mental health?**

ANMF members achieved an historic 125.8 equivalent full time (EFT) increase in public mental health in the 2016 enterprise agreement, which contains staffing profiles for each shift.

The ANMF continues to seek the introduction of ratios in mental health. We are hopeful the Andrews Government will agree to the ANMF claims in the next wave of ratio improvements.

## **12. What about hospital levels?**

Hospital levels impact on which ratio applies to medical/surgical wards only. All other ratios are based on clinical specialty. The Andrews Government has agreed to review hospital levels as part of our discussions for the next wave of ratio improvements. We are seeking the ability of all health facilities, as the need arises, to move between levels in a transparent, objective and consistent manner.

## **13. What was the process to develop the first wave of new and improved ratios?**

ANMF submitted 26 claims to the Ratio Improvement Taskforce. These claims, published in the April 2017 'On The Record', were based on resolutions passed at our Delegates Conferences. These resolutions were brought to the conference by Job Reps following discussions in workplaces. That's why it's so important your ward has active Job Reps.

## **14. What areas will ANMF lobby for next?**

We know there is still more work to do. We're in discussions with the Andrews Government as part of its 2018 re-election commitments, about reviewing the following areas:

- hospital levels
- supernumerary in charge on night duty
- the ratios in birthing suites, ANMF is seeking one midwife to each nominated birthing suite
- postnatal units, ANMF is seeking 1:3, plus a midwife in charge on each shift
- a plus in charge on nightshift in areas such as medical and surgical in level one, two, three and four hospitals, rehabilitation, geriatric evaluation beds, palliative care, aged care, and coronary care
- short stay units
- level four hospitals and the requirement for a supernumerary out of hours co-ordinator
- operating theatres and complex surgery
- day procedure theatre
- emergency departments and presentation numbers that fall outside the current legislation
- the removal of the distinction between low and high care
- day oncology units
- dialysis units
- geriatric evaluation management ratios
- rehabilitation ratios
- hospital in the home
- medical imaging.

**If you have questions, refer to the newsflash titled 'Ratio amendment bill tabled' (24 August 2018) outlining the five proposed phases for ratio amendments. This information, the current legislation and the amendment bill are available at [anmfvic.asn.au/ratioamendments](http://anmfvic.asn.au/ratioamendments)**

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