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ANMF Australian Nursing & Midwifery Federation VICTORIAN BRANCH

HEALTHSCOPE NURSES AND MIDWIVES EBA UPDATE

CAMPAIGN UPDATE 23, 23 JANUARY 2026

SUMMARY OF REVISED PROPOSAL ENDORSED BY MEMBERS' MEETING

As part of bargaining for a new enterprise agreement, Healthscope provided the ANMF with an updated proposal on 21 January. This proposal was discussed in detail at our bargaining meeting on 22 January, and then at the ANMF members' meeting on the same day.

Members who attended this meeting passed a resolution to accept Healthscope's proposal and to proceed to a formal ballot of all nurses and midwives.

Below is a summary of the proposal, including items that were achieved as part of bargaining in 2025.

The ANMF wishes to acknowledge the commitment of all members throughout this campaign, particularly the efforts to work together to achieve a positive outcome.

We also wish to highlight the efforts of ANMF Job Representatives, particularly those who attended bargaining meetings with Healthscope.

View the resolution at the end of this EBA update.

THE PROPOSAL

SALARY

Under the updated proposal, 1% of the wage increase previously payable in July 2027 has been brought forward to January 2027, as follows:

- From FFPPOA 1 January 2027 – 1%
- From FFPPOA 1 July 2027 – 4.25%

This results in the following increases over the life of the agreement:

- 1 July 2025 – 4.25%
  (plus market adjustment to some classifications)
- 1 January 2026 – 2.25%
- 1 July 2026 – 4.25%
  (plus market adjustment to some classifications)
- 1 January 2027 – 1.00%
- 1 July 2027 – 4.25%

Note that backpay is payable for the July 2025 and January 2026 increases. **There are two steps that need to occur before members will receive pay rises and relevant back pay**:

1. The proposed agreement will go to a formal ballot of all employees, not just ANMF members, employed under this EBA.
2. If the majority of employees vote yes to the proposed agreement, it will go to the Fair Work Commission (FWC) for review and a final approval. Following FWC approval, the agreement comes into effect seven days later.

STAFFING

A requirement that the (previously agreed) Nursing and Midwifery Agreement Implementation and Staffing Committee must consider and discuss:

- patient allocation for nurses in charge on a night duty; and
- the workload and staffing levels of the education team in mental health facilities.

SALARY PACKAGING

The salary packaging clause to be part of the agreement, with the following protections to be included:

- the words 'Employee Opt-in Only' to be in the title
- replace 'Employee agrees' in clause 23.3B(f) with 'Where an Employee elects to participate in salary packaging, the Employee agrees.'
- a clause requiring that 'A copy of this clause will be provided to each employee that commences employment after the commencement date of this Agreement.'

RENEGOTIATION

To commence four months before expiry date (previously agreed), with parties required to exchange logs of claim in the month prior to this, being November 2027. This will ensure meaningful negotiations take place prior to Christmas in 2027.

PREVIOUSLY AGREED ITEMS

The above points build upon the following, which were achieved in bargaining last year:

1. The following staffing improvements, to take effect from 1 July 2026:
   a. After Hours Coordinators to not have a patient allocation, except in emergencies
   b. N/MUMs on AM shifts to not have a patient allocation, except in emergencies.

Authorised Maddy Harradence, Secretary, Australian Nursing & Midwifery Federation, 535 Elizabeth St, Melbourne VIC 3000.

2. One day (7.6 hours) dedicated administration/ management time for NUM/MUMs of wards of at least 20 beds.
3. Employees with employer-allocated portfolio work or administrative duties will have reasonable paid time to undertake such responsibilities (including rostering).
4. Introduction of a new Nursing and Midwifery Agreement Implementation and Staffing Committee, which will consider workload/staffing issues and provide a consultative mechanism for resolution of these.
5. Improvement to the definition of experience, which will achieve quicker pay point progression for part-time staff. Specifically, progression to occur once an employee has worked 1248 hours, rather than needing to wait a further 12 months if those hours aren't achieved in a given year. In addition, a midwife who is not a registered nurse, but later becomes one, will have their experience as a midwife count as experience towards their registered nurse increments.
6. Improvements in minimum classification:
    a. Educators, outreach nurses, floor coordinators and ECT coordinators will all be classified at a minimum Grade 4B; and
    b. Nurses/midwives who act as a team leader (but are not an appointed ANUM/AMUM), will be paid at the appropriate ANUM rate for the shift.
7. Inclusion of a clause to govern the redeployment of nurses and midwives between wards, with available casual/bank and agency staff to be utilised before permanent staff are redeployed, and that scope of practice is considered appropriately. Clinical educators will not be redeployed in ad hoc circumstances unless emergency circumstances require.
8. Include an ECT coordinator classification and classification descriptor, which includes the requirement for an employee in this role to be a registered nurse and have completed appropriate ECT training. Minimum classification will be Grade 4B.
9. Employees rostered on call for the purposes of recall to staff an emergency in a catheter laboratory or operating theatre (including anaesthetics and recovery) will not be required to work overtime or be otherwise recalled, other than for an emergency or complication during that on-call period.
10. Improvements to parental leave entitlements:
    a. an increase in paid parental leave to 14 weeks for primary carers (to be phased in with 13 weeks on approval and 14 weeks from 1 July 2026) and two weeks for non-primary carer.
    b. Subsequent periods of parental leave (where there has been a return to work on temporary reduced hours) will be paid based on the contracted hours prior to the initial parental leave, not on the temporarily reduced worked hours.
    c. Employees who suffer a miscarriage, who would otherwise have given birth to the child had the pregnancy run to full-term, shall be entitled to one week's leave if the miscarriage occurs between 12 and 20 weeks gestation.
11. A sixth week of annual leave to employees who perform weekend on-call duty on 10 weekends per annum, from 1 July 2026.
12. An increase to paid compassionate leave to three days per occasion.
13. Expansion of the definition of immediate family to recognise foster carers and kinship care.
14. Long service leave: improvement to the definition of continuous service so that eligible periods of unpaid leave count as service. Casual loading to be paid to casual employees taking long service leave.
15. 20 days of paid family and domestic violence leave for full-time and part-time employees (such leave attracting penalties and allowances) and 10 days for casual employees for days they were rostered to work.
16. Study leave for approved courses of study will not be limited to post-graduate study. Requests will be made at least six weeks in advance and responded to within 14 days and will not be unreasonably refused.
17. Introduction of a new Sunday night shift rate (an initial 12.5% more than general night shift allowance) and a new weekend on call allowance rate (paid at an additional 10%) for weekend/public holiday (defined as periods where the majority of on call hours are on a weekend or public holiday).
18. Accident make-up pay clause to reflect "regular earnings" or PIAWE (pre-injury average weekly earnings) rather than "ordinary pay", up to 39 weeks.
19. Introduction of a group clinical supervision entitlement for mental health nurses.
20. Union delegates clause allowing for five days of paid leave for initial training and two days in subsequent years.

NEXT STEPS

The parties will now work to finalise the draft agreement, with Healthscope undertaking to commence the formal ballot process by 11 February. More detail regarding the ballot process will be provided in due course.

As stated in our Campaign Update on 22 January, given the parties have reached in-principle agreement, all forms of protected industrial action must now have ceased.

GOT A CAMPAIGN QUESTION?

If you have any questions, please contact your local Job Rep or the ANMF Industrial Relations Organiser responsible for your site (see below) via **records@anmfvic.asn.au**. Please quote case ID 1083422 in the subject line.

Dorset Rehabilitation Centre – Camilla Ablitt-Collins

Geelong Clinic – Christian Sanderson

Holmesglen Private Hospital – Stephanie Bligh

John Fawkner Hospital – Lachlan Schacht

Knox Private Hospital – Linda Elliott

La Trobe Private Hospital – Julie Wearing-Smith

Melbourne Private Hospital – Lyndal Alston

Northpark Private Hospital – Julie Wearing-Smith

Ringwood Private Hospital – Linda Elliott

The Melbourne Clinic Private Hospital – Linda Elliott

Victoria Clinic Private Hospital – Narelle Hayes

Victorian Rehabilitation Centre – Jenna Bell

Authorised Maddy Harradence, Secretary, Australian Nursing & Midwifery Federation, 535 Elizabeth St, Melbourne VIC 3000.

ANMF
Australian Nursing & Midwifery Federation
VICTORIAN BRANCH

Resolution

Healthscope

This meeting of ANMF (Vic Branch) members employed at Healthscope on Thursday 22 January 2026 resolves as follows:

- To note the report back from the ANMF regarding Healthscope's updated EBA proposal
- To instruct the ANMF to advise Healthscope that the proposal is supported and to take the necessary steps to proceed to a formal ballot as soon as possible; and
- To cease any ongoing protected industrial action.

Motion carried