

Progress update

SUPPORTED IN PART CLAIMS

The following claims are supported in their entirety, or in part. Many of these also align the 2025–2029 Mental Health EBA with the general nurses and midwives EBA outcome:

1. Qualification allowance to increase and provision amended to improve and streamline application.
2. Expansion of the change-of-roster allowance to be paid when the 28-day roster is not posted 28 days in advance.¹
3. Increased night shift allowances.
4. Introduction of a clause for permanent night shift and associated entitlements.¹
5. Amendments to the annual leave provision (including annual leave loading to be applied to five weeks annual leave entitlement).¹
6. An increase in the number of single-day absences without evidence per year (from three to five) and the occasions that a statutory declaration can be used (from three to five).
7. Improved parental leave provision, including the removal of qualifying period.
8. Improved transition-to-retirement provision.
9. Introduce foster and kinship care clause, including paid leave.
10. Weekend casual rate to be standardised at 187.5%.
11. Improved definitions within the agreement, including:
 - a. consultation and roster consultation clauses²
 - b. managing conduct and performance²
 - c. immediate family
 - d. adoption
 - e. a year of service
 - f. a year of experience
 - g. normal weekly hours of work (LSL).
12. Ability to access long service leave in days rather than week blocks.
13. Superannuation to be paid during workers compensation, defence leave, jury duty and no safe job leave (whether paid or not paid).
14. Amendments to family violence leave provision¹ outcome, including to be paid as if at work and extend paid entitlement to casual employees.²
15. Payment of disaster leave to apply per disaster 'occasion' rather than 'per year'.
16. Positive obligation on the employer to recover overpayment to salary packaging.
17. Employers to cover the cost of employer-required checks.¹
18. Amendments to improve access to long service leave and annual leave records.²
19. Introduce a new right-to-disconnect clause.
20. Improved on-call and re-call provisions.^{1,2,3}
21. Improved access to flexible working arrangements.¹
22. Pre-natal leave to be expanded to cover assisted reproduction appointments.²
23. Amendments to letter-of-appointment provision and Schedule 8.¹
24. Improved provisions addressing occupational health and safety (OHS), equal opportunity and anti-discrimination, including:
 - a. New provisions to better facilitate return to work from illness or injury, particularly psychological injury.
 - b. Lists of Designated Work Groups (DWGs), Health and Safety Reps (HSRs), their training dates and vacancies will be provided to ANMF at set points in a year.
 - c. Greater access by ANMF to participate in the occupational violence and aggression (OVA) prevention and management committee, including to discuss specific workplace issues relating to OVA.
 - d. Audits of manual handling incidents to take place to inform whether manual handling training can be improved.
 - e. Amend accident make-up pay to reflect WorkCover-scheme determined pre-injury average weekly earnings.
- f. Improved anti-discrimination clause to reflect and respect diversity i.e. expanding protected attributes and intersex status.
- g. Improved gender based standing committee clause i.e. gender equity activities to be a standing agenda item at local WIC.
25. Improved RUSON provision, including RUSON rate to increase to 81.5% of the graduate rate.¹
26. Improved criteria and application process for CNS.¹
27. Introduce new climate change clause that acknowledges climate change as a health issue to align with general nurses and midwives EBA outcome.
28. Establish a central building consultative committee to ensure consultation on construction and refurbishment.²
29. Introduction of a personal leave pool.
30. Address pay anomaly for EN level 4 commencing as RNs to avoid disadvantage.
31. Expansion of graduate support nurse at each health service across seven days for all acute inpatient units, following the successful pilot .
32. Consistent number of nursing staff rostered across all shifts for mother-baby units to ensure the delivery of safe and effective 24/7 care to consumers.
33. Provision that clearly sets out the minimum staffing profiles for all bed-based services (including all inpatient units, MBU, CCU, SECU, PARC and TSU) in accordance with previously mapped and agreed staffing arrangements recorded in MOU/Deed as part of the agreed matters to be implemented alongside the making of the current 2020–2024 enterprise agreement.
34. Introduce a fitness-for-work clause.¹
35. Amendments to the reasonable adjustments clause.¹

¹ To align with general nurses and midwives EBA outcome

² Supported by VHIA

³ Subject to ongoing discussions

CLAIMS CURRENTLY UNDER ONGOING DISCUSSION

The following claims are currently still up for discussion at the negotiations; again, a number of these also align the 2025–2029 Mental Health EBA with the general nurses and midwives EBA outcome:

1. Improved access to ceremonial leave for Aboriginal and Torres Strait Islander nurses, including recognition and support for Aboriginal and Torres Strait Islander peoples' periods of mourning.
2. Introduce redeployment (change-of-ward/unit) allowance.
3. Telephone allowance to be rolled into on-call allowance.
4. Review and consolidate clauses dealing with vacancies and backfill.
5. Provisions aimed at preventing and addressing gendered violence, focusing particularly on an agreed approach to prevent sexual harassment.
6. Review and amend professional development and associated entitlements provision, including improvements to accessing professional development and study leave.¹
7. Introduce research nurse classification structure.
8. NUMs to translate to two-level structure with agreed definitions.
9. Introduction of a new yearly increment for nurse practitioners and updating classification descriptor.
10. Expanding the obligation to maintain a staffing profile based on EFT of nurses for all community mental health teams
11. Minimum allocation of one (1) EFT of senior nurse (RPN 4) in each community mental health team to ensure ready access to discipline leads and specific expertise.
12. Community mental health team intake roles to be classified at RPN 4.
13. Review and amend existing community workload management system (CWMS) clause to provide for an improved mechanism to measure workload and facilitate allocation of time to complete organisational and practitioner development.
14. Review and amend crisis team workload management system (CTWMS) clause to reduce ambiguity around its practical application
15. Each HDU/ICA to have an in charge rostered on each shift and paid an allowance for being in charge.
16. Introduce new comprehensive 12-hour rosters clause to mitigate fatigue.

1. To align with general nurses and midwives EBA outcome

CLAIMS THAT ARE NOT AGREED

The following claims have, to date, not been agreed at the negotiations:

1. Wages and allowances for registered nurses and enrolled nurses to be increased to maintain parity with public sector general nursing.
2. Community Mental Health to transition to a minimum number of nurses working in each community mental health team during the life of the agreement so that the community has access to mental health nurses
3. Re-introduce standalone community assessment and treatment teams (CATT) for all mental health services.
4. HITH to be included in minimum staffing profiles provision to reflect status as a bed-based service.
5. ANUMs on each unit to be supernumerary.
6. Include agreed nursing positions of the previously agreed 800 EFT outcome from signed MOU between the department, VHIA and unions arising out of the outcome for the current 2020–2024 enterprise agreement.
7. The appointment of a minimum of two mental health nurse practitioner (NP) positions in all mental health services (where they do not already exist) with special consideration to regional areas.
8. The expansion of the successful mental health HITH program to all services, as a discipline-specific model of care.
9. Amend meal breaks clause so that meal breaks are counted as time worked.
10. Portion of accrued personal leave entitlement to be paid out on retirement.
11. Increase to paid parental leave.
12. Increase entitlement to paid compassionate leave from four to seven days per occasion.
13. A nominal expiry date of 30 June 2028 to align more closely with the general nurses and midwives EBA.

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