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Securing a sustainable nursing and midwifery workforce for all Victorians.

2020-24
public sector
EBA campaign

Public EBA

16 April 2020

Intro



The ANMF, the Victorian Hospitals Industrial Association (VHIA) representing health services, and the Department of Health and Human Services (DHHS) reached in-principle agreement on 28 March 2020, for amendments and improvements to the Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2016-2020 which expired on 31 March 2020.

Subject to approval, these improvements will be drafted into a new proposed Nurses and Midwives (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2020-2024 (the new Agreement) that will then be the subject of a vote to approve it followed by approval by the Fair Work Commission in accordance with the provisions of the Fair Work Act.

Since 2015 nurse to patient and midwife to patient ratios are contained in the Safe Patient Care Act rather than the enterprise agreement. Improvements to ratios have taken place through lobbying the Andrews Government, a list of recent and upcoming improvements to ratios follows

Since we last met...

Negotiations on:

Wednesday 4 March

Tuesday 10 March

Thursday 12 March

Friday 13 March

Monday 16 March

Tuesday 17 March

Thursday 19 March

Friday 20 March

Saturday 21 March

Monday 23 March

Tuesday 24 March

Wednesday 25 March

Thursday 26 March

Friday 27 March

Saturday 28 March and

Monday 30 March

Since we last met...



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With a further 95 ANMF claims agreed in whole or in part



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Level	Ward Type	New 50% rule applies (must round up when applying ratio)		
		AM	PM	ND
Level 1	medical/surgical	1 March 2019	1 March 2019	1 March 2019
Level 2	medical/surgical	1 March 2019	1 March 2019	1 March 2019
Level 3	medical/surgical	1 March 2020	1 March 2021	1 March 2019
Level 4	acute	1 March 2020	1 March 2021	1 March 2019
all	aged high care	1 July 2023	1 July 2022	1 March 2019
all	palliative care	1 March 2021	1 March 2022	1 March 2020
all	GEM	1 March 2021	1 March 2022	1 March 2020
all	rehabilitation	1 March 2021	1 March 2022	1 July 2022
all	SCN	1 March 2022	1 March 2023	1 March 2021
all	NICU	1 March 2022	1 March 2023	1 March 2021
all	antenatal	1 March 2022	1 March 2023	1 March 2021
all	postnatal	1 March 2022	1 March 2023	1 March 2021
all	birthing suites	1 March 2022	1 March 2023	1 March 2021
Level 1	coronary care	1 March 2019	1 March 2019	1 March 2019
Level 2	coronary care	1 March 2019	1 March 2019	1 March 2019
Level 3	coronary care	1 March 2020	1 March 2021	1 March 2019
Level 4	coronary care	1 March 2020	1 March 2021	1 March 2019
Level 1	high dependency	1 March 2019	1 March 2019	1 March 2019
Level 2	high dependency	1 March 2019	1 March 2019	1 March 2019
Level 3	high dependency	1 March 2020	1 March 2021	1 March 2019
Level 4	high dependency	1 March 2020	1 March 2021	1 March 2019
Level 1	post-anaesthetic	1 March 2019	1 March 2019	1 March 2019
Level 2	post-anaesthetic	1 March 2019	1 March 2019	1 March 2019
Level 3	post-anaesthetic	1 March 2020	1 March 2021	1 March 2019
Level 4	post-anaesthetic	1 March 2020	1 March 2021	1 March 2019
Part 1	emergency	1 March 2019	1 March 2019	1 March 2019
Part 2 and 3	emergency	1 March 2020	1 March 2021	1 March 2019
all	acute stroke	1 March 2021	1 March 2021	1 March 2021
all	oncology	1 March 2021	1 March 2021	1 March 2021
Level 1	haematology	1 March 2021	1 March 2021	1 March 2021

Ratio improvements



Ward type		Plus in-charge at night
Palliative		1 March 2020
Level 1 Medical/surgical wards		1 July 2021
Level 2 Medical/surgical wards		1 July 2022
Level 3 Medical/surgical wards		1 July 2023
Post Natal		1 July 2022
Short Stay	Level 1 EDs with 30+ treatment spaces	1 July 2022
SCN	8 or more costs	1 July 2022
Birthing	6 or more suites	1 July 2022
GEM		1 July 2023
Rehabilitation		1 July 2023

Ratio improvements

Level	Ward Type	New ratio 1 March 2020		
		AM	PM	ND
all	acute stroke	1:3 plus in-charge	1:3 plus in-charge	1:3 plus in-charge
all	oncology	1:4 plus in charge	1:4 plus in charge	1:4 plus in charge
Level 1	haematology	1:3 plus in-charge	1:3 plus in-charge	1:5 plus in-charge

Ward type	Plus in charge AM	Plus in-charge PM
SCN with 8 or more costs	1 March 2020	1 March 2020
Birthing with 6 or more suites	1 March 2020	1 March 2022

Level	Ward Type	1 March 2020		
		AM	PM	ND
all	Palliative care	1:4 plus in-charge	1:4 plus in-charge	1:6 plus in-charge
		1 March 2021		
Level 1 ED	Resus	1:1	1:1	1:1
		1 July 2022		
Warrnambool	Med/Surg	1:4 plus in-charge	1:5 plus in-charge	1:8 plus in-charge

Coverage

Registered Nurse means a person registered in Division 1 Registered Nurses of the Register of Nurses of the Nursing and Midwifery Board of Australia established by the Health Practitioner Regulation National Law Act 2009:

but excludes a person employed solely or predominantly in the provision of Public Mental Health Services.

In this Agreement, 'employed solely or predominantly in the provision of Public Mental Health Services', refers to the service, department, unit or program of the Employer rather than the duties of the individual employee.

Example: a Registered or Enrolled Nurse who works in an ED Hub in an Emergency Department providing treatment for people that present with mental health and alcohol and other drugs issues is covered by this Agreement given the work of the relevant department as a whole.

Classifications and related matters

- Midwives will be named in all relevant clauses in the Agreement.
- New clauses to confirm when previous experience applies for an Internationally Qualified Nurse or Midwife.
- Confirmation of what “campus” means for the purposes of obligations to have a Director of Nursing and After Hours Coordinators

Letter of Appointment

- the inclusion of requirement to include the Employee's classification and position title in their letter of appointment, and
- provide updated letters of appointment when changes occur

MCH Classifications

- New definition of MCH Nurse and
- a classification for MCH Coordinators and MCH coordinator pay rate

NM 5 and above

There will be four levels of health service for the purposes of Nurse/Midwife Managers 5-9

NM9	Only Executive DONs would be graded at NM9
NM8A	New rate of \$3236.05 for NM8A - campus DON of the Monash Clayton sized hospitals, major regionals
NM8B	Larger health services not named in 8A, e.g. Echuca
NM8C	Smaller health services not named in 8A or 8B
NM8D	Single service delivery sites – aged care and Tweddle
NM6	A, B, C or D dependent on campus DON level above
NM5	A, B, C or D dependent on campus DON level above (after hours coordinators)

Certificate IV TAE

From FFPPOA 1 January 2021

a 3.5% allowance will be payable where the employer requires the employee to hold a current Certificate IV TAE.

The new Allowance will not apply to someone already in receipt of a higher qualification allowance

Higher Duties Allowance - Enrolled Nurses

Delegates Conference 2019 Colac Health

the rate of pay to apply in the unusual circumstance of an Enrolled Nurse being required to be in-charge of a nursing home ward where there is no available Registered Nurse to be in-charge.

The Enrolled Nurse will be paid at the ANUM rate for that period.

Portability of Personal Leave

an Employee

- who transfers from Employer A to Employer B and who remains engaged on casual bank/or as a casual employee with Employer A
- can transfer their accrued personal leave to Employer B (subject to the existing cap - maximum of 180 working days)

Base Employment Campus-payment for relocation

Base Employment Campus means the Campus at which the employee ordinarily starts and finishes work.

The clause provides for payment where an Employee is required by the Employer to relocate from their Base Employment Campus before or during a shift, temporarily or permanently

1. Within rostered shift – paid time and vehicle allowance
2. Outside rostered shift – vehicle allowance and travel time allowance > 15m
3. Temporary relocation – actual cost up to \$1900
4. Permanent relocation – actual cost up to \$1900



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Biometric Timekeeping

Delegates Conference 2019 Monash Dandenong

- where an Employer has or introduces biometric timekeeping, the Employer will give consideration to an Employee with genuine difficulties in complying with a requirement to utilise biometric technology to mitigate or avert the impact on that Employee.

Lead Apron Allowance

Delegates Conference 2017 Melbourne Health

An Employee who may be required as part of their usual duties to wear a lead apron is to be paid the Lead Apron Allowance of \$8:00 per shift or part thereof, rising in line with wage increase percentages thereafter.

Sunday night shift

Delegates Conference 2017 Bendigo Health

from 1 July 2023,

the Sunday night shift rate for full and part time employees will increase from \$89.90 per shift (currently \$82.30) to \$154.60 per shift.

The parties will begin collecting data in 2021 to see if the increased rate impacts on the capacity of health services to meet rosters from within their full and part time staff.

Superannuation

Delegates Conference 2017 Barwon Health

Employee choice of fund, including the employer contributions

Study Leave



access to study leave has been expanded to include supporting Government initiatives to improve workforce development of priority areas of nursing and midwifery. E.g. EN to RN, RN to Midwife

High demand leave approval process

- employers to manage annual leave requests fairly during, for example, school holidays and Christmas/New Year.
- Employers will develop and publish (which may be a specific ward or work area) requirements for a high demand holiday period.

Ceremonial leave

- substitution of a public holiday to enable attendance at NAIDOC events, subject to operational requirements.

Mandatory Education

Delegates Conference 2018 Peninsula Health

Mandatory Education

employer mandated training must occur in paid time, including for casuals, and not part of an employee's existing professional development leave.

Absence on Defence Service

A full time or part time Employee absent on defence service will be reimbursed by the Employer an amount equal to the difference between:

- i) the amount paid in respect of a period during which the Employee was absent on defence service; and
- ii) the amount the Employee could reasonably expect to have received from the Employer as earnings for that period had the Employee not been absent on defence service.

Voluntary emergency management leave

Delegates Conference 2018 Otway Health

- a) An Employee who engages in a voluntary emergency management activity with the Country Fire Authority, Red Cross, State Emergency Service and St John Ambulance or similar that requires the attendance of the Employee at a time when the Employee would otherwise be at work (including for attainment of qualification) is entitled to up to two weeks paid leave per year for:
- i) time when the Employee engages in the activity;
 - ii) reasonable travelling time associated with the activity; and
 - iii) reasonable rest time immediately following the activity.

Approval of paid leave is subject to the operational requirements of the Employer resulting from any emergency.



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Special disaster leave

up to 3 days per calendar year for full time or part time employee where Personal leave is not available (either because the Employee has exhausted the accrual or the circumstance does not qualify for Personal Leave), and unable to attend work due (such as fire or flood) where:

- (i) The Employee's residence being damaged or under imminent threat of major damage;
- (ii) the lives or safety of their immediate family or household members are threatened; or
- (iii) the formal closure, flooding, or other unusual danger of the use, of a road(s) which is the Employee's normal travel route to work and no alternative practicable travel route is available.

Fixed Term Employment



- not be used to fill an ongoing position but can be used for backfill including for extended leave.

Post Registration Midwifery students

from 1 January 2020

- Post Registration Midwifery students provide for payment of clinical placement and supervised practice in accordance with EFT fraction (not less than 0.6 FTE) set out in DHHS Guidelines

HSR elections

- Employers will provide a copy of the DWG list, with the names of the HSR(s), their respective election dates and training dates to the ANMF at least annually or within 28 days of receiving a written request from the ANMF.

OHS Education for Managers

Delegates Conference 2017 Albury Wodonga Health

Employers to ensure Nursing Midwifery Managers/Supervisors receive adequate education and support to ensure the following can occur:

- a) the assessment of OHS risks
- b) the undertaking of OHS incident investigations
- c) consultation with staff over OHS issues.

Post incident support

Following an incident, the Employer will as soon as practicable:

- provide the employee(s) with access to post incident support services;
- take appropriate action to prevent further injury to Employees,
- conduct an incident investigation in a timely manner and implement workplace controls to prevent the incident recurring, and
- provide information regarding the Employee's rights as relevant including the making and lodging of a worker's compensation claim and reporting to police.

OVA Reporting



Each Employer will, make available to the OVA committee:

- number of code greys and code black and other alerts relating to risk of violence
- overall number of reported incidents of OVA
- number of incidents that have resulted in injury to staff, patients and visitors
- number of incidents that have resulted in property damage where available.
- Systemic recommendations and actions affecting risk management and OVA.

Rostering and changes to roster

	Old agreement	New agreement
Length of roster	28 days	28 days
Posted	14 days before	28 days before
On-call roster	vague	Same as above
Change of Roster allowance		Also applies to on call roster
From 1 July 2020	Without 7 days notice (\$33.10)	Without 14 days notice (\$33.10)
From 1 July 2020	Without 7 days notice (\$33.10)	Without 7 days notice (\$66.20)

Overtime and Recall

- A request or direction made by the nurse or midwife in charge of the ward that an Employee work overtime is to be considered approved overtime
- Recall that occurs on a public holiday will not affect the rostered off benefit
- The time spent travelling to and from the place of duty when recalled will be deemed to be time worked.
- An employee working overtime will take a paid rest break of 20 minutes after each four hours of overtime worked if required to continue to work after the break

Emergency on-call/recall

From 1 July 2021, employees in Cath Labs or Operating Theatres (including anaesthetics and recovery) who are rostered on-call for the purposes of an emergency

- will not be required to perform routine overtime (beyond the end of a procedure that commenced before the conclusion of the rostered shift)
- will be entitled to recall to duty in the event they remain on-duty (after the completion of a procedure that commenced before the conclusion of rostered ordinary hours).
- As far as is practicable, and having regard to fatigue considerations, each Employer will seek to ensure that non-emergency overtime/recall will be allocated to other employees

Cumulative recall (without return to work)

Delegates Conference 2019 – Latrobe Community Health Service

from 1 July 2021 – if an employee:

1. was on-call for telephone advice or similar before a rostered shift; and
2. During the preceding 8 hours had:
 - i) exceeded two hours work (rather than the time paid); or
 - ii) had 3 or more recalls over a period of 4 hours or more, and

the Employee is due to commence their rostered shift within 4 hours of the completion of the last recall, the Employer will:

- (1) not require the Employee to resume or to continue to work without having had 10 consecutive hours off duty without loss of pay for rostered ordinary hours; or
- (2) pay the Employee at the rate of double time until released from duty for 10 consecutive hours, without loss of pay for rostered ordinary hours occurring during such absence.



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12 Hour Shifts

Any 12 hour shift trial or agreement must allow, as a minimum,

- one unpaid 30 minute meal break and
 - one 20 minute paid meal break and
 - three 10 minute paid tea breaks.
-
- Confirmation that a 12-hour shift trial or agreement may only be terminated either:
 - a) in the manner provided in the shift trial or agreement; or
 - b) by the Employer, following consultation in accordance with clause 11 and, where relevant, clause 12.

Shift lengths

Delegates Conferences 2017 and 2019 – Kerang, Hamilton, Edenhope, Penshurst, East Wimmera

From July 2021 the current list of campuses at which an 8:8:10 roster for full and part time employees will apply to include:

- i) East Wimmera Health Service (Charlton, Wycheproof and Birchip - St Arnaud campus and Donald campus are already named).
- ii) Edenhope Health Service.
- iii) Western District Health Service – Hamilton and Penshurst.
- iv) Kerang District Health

Meal Breaks

Delegates Conference 2019 Monash Casey

Meal break not taken – escalation process

Each Employer will describe, in writing, the steps to be taken where an Employee does not take a scheduled meal break and it has not been rescheduled to ensure that:

- (1) Wherever possible, the meal break is rescheduled and taken during the shift, and
- (2) Consideration is given to what caused the Employee to miss the scheduled meal break and whether any additional action is required to address those causes to reduce the likelihood of recurrence.

Meal Breaks



Delegates Conference 2019 Monash Casey

As is the case already – all Employees are entitled to leave the ward/unit area during their meal break.

An Employee unable to take a meal break - including where an Employee is not entitled to leave the ward /or unit area for their meal break - will be paid for the meal break as time worked at their ordinary rate plus 50%.

Crib Time

Where Employees are regularly unable to take their meal breaks (including because the Employee is not entitled to leave the ward for their meal break), a 'crib time' arrangement **will** operate.

The crib time arrangement entitles an Employee to a paid meal interval of not less than twenty minutes to commence between three hours and five hours of duty.

Clothing change break

Delegates Conference 2019 Monash Casey

Where an employee performs a role that requires changing into specific clothes that are necessary to perform work – such as theatre – the Employer will ensure there are local arrangements providing that this occurs during the shift.

Midwifery Governance

from 1 January 2021

Goulburn Valley Health and Latrobe Regional Hospital will be funded for 1 EFT midwife each at NM5A to assist with midwifery governance

This will result in all Level 5 and 6 maternity capability framework facilities having a senior midwife above the MUM level

Disputes Resolution Panel



Between now and April 2021, it is intended (with the assistance of external consultants) to create proposed classification descriptors and identify potential options for resolution for:

1. Three level NUM/MUM structure
2. CAPR stream classifications (liaison, clinical co-coordinators and advanced practice – recognising the work the SCC has already completed) and associated translation arrangements
3. descriptors for CNCs

For finalisation by the new Disputes Resolution Panel, which will also resolve disputes about:

- ward amalgamations, and
- existing classifications.

Delegates Conference 2016 Co Health

Community Stream structure to be progressed, recognising that some CHC roles will fall under CAPR stream

CNS/CMS

Delegates Conference 2019 Peninsula Health

- Clinical Nurse/Midwife Specialist - Any requirements to continue to meet the Clinical Nurse/Midwife Specialist criteria will occur during rostered time

Delegates Conference 2019 The Womens

- Transfer of CNS/CMS
 - i) Where a person appointed as a CNS or CMS by an Employer commences employment with another Employer within the same specialty/clinical area and meets the criteria, the new Employer will:
 - ii) Advise the CNS/CMS of the next normal advertisement period
 - iii) Where an application is made for the next advertisement period and is successful, the employee will be paid as a CNS/CMS back to the date of commencement in the role with the new employer.

Flexible Work Arrangements



- The parties are agreed that consistent arrangements should apply to the management of flexible work arrangement applications in public health services arising from various legislations.
- To achieve this outcome the parties have agreed to draft and issue a document setting out the legislative requirements and confirming that any approval of a flexible work arrangement will be subject to reasonable review.

Performance and conduct



New clause replaces existing disciplinary clause

- Provision for an 'early guilty plea' in disciplinary matters
- Only allows non-punitive PIPs
- specified obligations on employers before they can terminate an employee during their first 6 months of employment (the Fair Work Act qualifying period)

Gender Based Discrimination

The parties propose to establish an industry level standing committee of representative CEOs or their nominee and the ANMF and VHIA to review audit results and promote gender equity initiatives.



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Ward amalgamations

During the life of the Agreement there will be no amalgamation of wards that result in an increase in workload or increase in patient risk, without the agreement of the ANMF and the Employer.

Where agreement cannot be reached, the Dispute Resolution Panel will have regard to the Department of Health and Human Services' Guidelines which will reflect historical and contemporary practice and standards.

Bits and bobs



No Extra Claims clause updated

Consultation clause amended to

- improve clarity and process,
- including provision of PDs
- Ensure roster changes that are not major change still require consultation

Transitional Arrangements updated for:

- RIPERN Nurses
- Enrolled Nurses
- Research Nurses

Enrolled Nurse change of shift preservation date fixed

Early Parenting Centre definition expanded

FWC representation subject to s596 of the Act

DSP – relevant manager rather than e'ee supervisor

0.2EFT of NUM/MUM in wards that don't operate 5 days pw

Parental Leave

- up to 20 KIT days over 24 months
- Right to early return

Payslips must list deductions and reason

Public Holiday substitution – individual not collective

PMU replaced with vehicle types for payment of vehicle allowance

Base Rate updated to reflect streams

Redundancy clause updated to reflect streams and levels

EN and RN definition updated for greater clarity

No Lift Coordinator definition updated

Personal Leave updated to reflect Mondalez minimum 10 days

Skill Mix clause updated to align with SPC Act

minimum payment per occasion for vehicle usage

Clarification of casual payments - the specific rates to apply to weekend work and overtime by casuals

Parental Leave

Delegates Conference 2017 The Womens

	Old Agreement	New Agreement
To qualify for paid parental leave	12 months or more service	6 months or more service
Paid Primary Carer Leave	10 weeks	14 weeks (from 1 April 2021)
Paid Secondary Carer Leave	1 week	2 weeks (from 1 April 2021)

Parental Leave and Superannuation

While an employee is on Parental Leave (paid and unpaid) superannuation is to be paid as though the employee was still at work



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Annual leave

Delegates Conference 2017 Albury Wodonga Health

Weekend worker	Old agreement	New Agreement From 1 July 2022
Full time	6 weeks per annum	6 weeks per annum
Part-time	5 weeks per annum	6 weeks per annum
New test	<ul style="list-style-type: none"> • who work rostered hours on part of 10 weekends or more per year • Weekends include Sunday night shifts • Where less than 10 occasions are worked per year the employee is to be credited with a pro rata entitlement • Existing employees getting the 6th week under old test continue 	

Long Service leave



Delegates Conference 2019 Peninsula Health

One stop shop clause

	Casual RN/Midwife	Permanent RN/Midwife all Enrolled Nurses	
Accrual	0.866 weeks per year	1.77 per weeks year	
Service	Parental Leave paid and unpaid up to 24 months		taken after November 2019
Entitlement at	7 years	10 years	now
		9 years	From 1 July 2021
		8 years	From 1 July 2022
		7 Years	From 1 July 2023
	13 weeks after 15 years	26 weeks after 15 years	

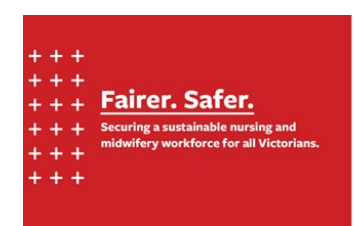
Wages and Allowances increases

The ANMF, VHIA and DHHS agreed to an 8 year wages deal in 2016, the increases that will apply over the New Agreement are:

from the first Full Pay Period on or after (FFPPOA):

- 1 December 2020 by 3%;
- 1 December 2021 by a further 3%;
- 1 December 2022 by a further 3%.

Wages – assuming commencement at *entry level* in 2016



Classification	1/04/2016	1/04/2017	1/04/2018	1/04/2019	1/12/2020	1/12/2021	1/12/2022	Over 8 years
EN LEVEL 2 (5 routes)	\$1,018.30	\$1,072.20	\$1,131.30	\$1,201.70	\$1,263.60	\$1,315.00	\$1,368.10	34.35%
RN/RM GRADE 2	\$1,083.10	\$1,158.00	\$1,239.80	\$1,394.00	\$1,509.30	\$1,628.20	\$1,762.70	62.75%
CLINICAL SPECIALIST	\$1,469.40	\$1,513.50	\$1,562.70	\$1,746.70	\$1,799.10	\$1,853.10	\$1,908.70	29.90%
ANUM/AMUM	\$1,553.50	\$1,634.70	\$1,687.80	\$1,943.40	\$2,001.70	\$2,061.80	\$2,123.70	36.70%
NUM/MUM	\$1,815.00	\$1,869.50	\$1,914.90	\$2,023.40	\$2,285.30	\$2,353.90	\$2,424.50	33.58%
G3B HITH or CH	\$1,524.70	\$1,591.60	\$1,643.30	\$1,800.00	\$1,854.00	\$1,909.60	\$1,966.90	29.00%
CNC A/B	\$1,625.90	\$1,707.90	\$1,804.50	\$2,000.00	\$2,060.00	\$2,121.80	\$2,185.50	34.42%

Victorian versus New South Wales Pay Rates

ENROLLED NURSES

REGISTERED NURSES AND MIDWIVES

* In Victoria only applies to those formerly got Seniors Allowance

** Holds Administration of Medication Scope of up to four routes (Victoria only)

*** Holds Administration of Medication Scope of all five routes (Victoria only)

**** NSW NP do not receive a qualification allowance, VIC NP receive 7.5% of base rate (not included in above rate)

	VIC % INCREASE 01/04/2019	VIC IN FRONT NSW 2024	\$ AMOUNT IN FRONT 2024
EN LEVEL 2.3	3.85%	▲ 8.08%	\$91.11
EN LEVEL 2.4	3.85%	▲ 5.58%	\$65.62
EN LEVEL 3.1*	3.85%	▲ 7.68%	\$94.65
EN LEVEL 3.2**	3.85%	▲ 10.27%	\$130.36
EN LEVEL 3.3***	3.84%	▲ 11.46%	\$147.38
GRADE 2 YEAR 1	3.07%	▲ 0.65%	\$7.39
GRADE 2 YEAR 2	7.20%	▲ 2.66%	\$32.25
GRADE 2 YEAR 3	6.23%	▲ 0.56%	\$6.89
GRADE 2 YEAR 4	7.91%	▲ 0.51%	\$6.64
GRADE 2 YEAR 5	9.38%	▲ 0.47%	\$6.32
GRADE 2 YEAR 6	10.63%	▲ 0.36%	\$5.03
GRADE 2 YEAR 7	12.25%	▲ 0.18%	\$2.60
GRADE 2 YEAR 8	13.61%	▲ 0.09%	\$1.32
GRADE 2 YEAR 9	11.56%	▲ 0.09%	\$1.32
GRADE 2 YEAR 10	9.52%	▲ 0.09%	\$1.32
CLINICAL NURSE/MIDWIFE SPECIALIST	10.53%	▲ 0.03%	\$0.48
GRADE 3A Y1	9.66%	▼ -0.64%	-\$9.96
GRADE 3A Y2	8.77%	▼ -0.51%	-\$7.92
GRADE 3B Y1	9.92%	▲ 1.28%	\$20.52
GRADE 3B Y2	8.71%	▲ 1.43%	\$22.89
ANUM YEAR 1	12.13%	▼ -0.15%	-\$2.50
ANUM YEAR 2	13.15%	▼ -0.26%	-\$4.35
GRADE 4B, Y1 (EDUCATOR)	9.78%	▲ 7.27%	\$126.44
GRADE 4B, Y2 (EDUCATOR)	7.98%	▲ 4.69%	\$81.64
NM 2	-	▲ 0.39%	\$7.21
NM 3	-	▲ 2.89%	\$54.80
NM 4	-	▼ -0.79%	-\$3.66
NP YEAR 1****	13.16%	▼ -0.84%	-\$16.58
NP YEAR 2	11.69%	▼ -0.89%	-\$17.78
GRADE 7 DON 701+	15.09%	▼ -0.72%	-\$19.89



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Questions |

Draft Resolution

- That this meeting of public sector ANMF (Vic Branch) members endorse the settlement of the 2020-2024 public sector EBA claims
- Request that the Branch Secretary sign the Heads of Agreement, and finalise drafting of the new enterprise agreement

