Understand Your Pay and Working Conditions as a Graduate Nurse/Midwife

Paul Gilbert
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Australian Nursing and Midwifery Federation (Victorian Branch)
Understand Your Pay and Working Conditions as a Graduate Nurse/Midwife

**Award**
- Annual Leave
- Personal Leave
- Long Service Leave
- Parental Leave
- Rosters
- Public Holidays

**Agreement**
- Classifications
- Salary Increases
- Staffing
- Allowances
- Professional Development
- Salary Packaging
- Nurse/Patient Ratios
### Understand Your Pay and Working Conditions as a Graduate Nurse/Midwife

<table>
<thead>
<tr>
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Annual CPD Allowance

• Full-time Employees receive an annual CPD allowance of $900, payable in two instalments of $450 on 31 March and 30 September each year.

• Part-time Employees receive pro rata based on normal hours at the time of payment

• CPD Allowance payable to any Employee who is employed by an Employer (and not on unpaid leave) on the date the payment is due
• March 2014 ~ $1009.10

• Per Hour (/38) = $26.55

• Increases again by 2.5% in March next year
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**Post Grad Quals**

- Graduate Certificate (or equivalent) 4.0% of base rate.
- Post-Graduate Diploma or a Degree (or equivalent) 6.5% of base rate.
- Double Degree in Nursing and Midwifery 6.5% of base rate.
- Masters or Doctorate, 7.5% of base rate.
  - Paid during all periods of leave except sick leave beyond 21 days and long service leave.
  - The allowance is to be paid on a pro-rata basis for non-full-time Employees.
- Base Rate is Grade 2 Year 3
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Weekends

- Time and a half for each hour worked between midnight Friday and midnight Monday
- “time and a half” means 150% of your hourly rate – i.e. $26.55 ph x 1.5 = $39.82 ph on weekends
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**Public Holidays**

- Double Time on weekday ($53.10 ph)
- Double Time & a half on a weekend ($66.38 ph)
- Actual Days for weekend workers
- Substitute days for M-F workers
- 13 Public Holidays
Salary Packaging

Public and Denominational Hospitals “package”

• Employee choice
• Convert salary to benefit
• No Income tax on benefit
• Fringe Benefits Tax
• Conditions and limits apply
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Rosters

A roster of at least:

- 14 days duration in the private sector
- 28 days duration in the public sector
- Must be posted at least 14 days before it comes into operation in each work location
- The roster must set out your daily ordinary working hours, commencing and finishing times and meal intervals.
- Except as in emergency situations seven days notice shall be given of a change of roster.
- The roster shall be drawn up so as to provide at least eight hours off duty between successive ordinary shifts.
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**Change of Roster**

Where your roster changes from that posted, without 7 days notice

*(other than where you volunteer to pick up that additional shift or you ‘swap’ with a colleague)*

you are entitled to a “change of roster” allowance
Meal Breaks

- All Employees are entitled to meal breaks and are entitled to leave the ward/unit area for such breaks.

- Where Employees are regularly unable to take meal breaks then a "crib time" arrangement should operate.

- An Employee who is unable to take a meal break shall be paid for the meal break as time worked at the ordinary rate plus 50%.
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Rest Breaks

At a time suitable to the employer two rest intervals of ten minutes each shall be given during each day or rostered shift and shall be counted as time worked.
Annual Leave

- 5 weeks per year
- 1 extra week if full-time and work weekends
- Some Agreements – on-call counts
- Leave Loading
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**Long Service Leave**

- 26 weeks after 15 years
- 17 weeks after 10 years
- Portable in public sector
- EBAs
Parental Leave

- 52 weeks unpaid (after 12 months)
- Can request up to 104 weeks
- 10 weeks paid maternity adoption
- 1-2 weeks paid paternity
- Government scheme additional
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**Personal Leave**

Amount of paid personal leave (pro-rata for part time)

- 1 day for each month of service in the first year;
- up to 14 days, in each year in the second, third and fourth years of service;
- up to 21 days, in the fifth and following years of service.

Personal illness or injury

- With medical certificate (any number of times)
- With Stat Dec three occasions (not exceeding three consecutive working days) in any one year
- Without evidence - for one day, on not more than three occasions in any one year.

Must advise employer two hours before the time rostered to commence duty on that day, if rostered for duty prior to 11.00 a.m. not be required to give such notice before 9.00 a.m.
Personal Leave

Carer’s Leave

- Up to 10 days* per year to care for immediate family or household member who is sick and requires the employee's care and support or who requires care due to an unexpected emergency.

- You must, where practicable, give prior notice including the name of the person, their relationship to you, the reasons for taking such leave and the estimated length of absence.

* Public Sector, and perhaps others, allow all sick leave to be used as Carers Leave
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Other Leave

PD /Study/Conference/Seminar Leave - All Employees

- 5 day's paid professional development leave per year to attend conferences, seminars workshops; or for research or home study. (pro-rata for part time)

Study Leave - All Employees

- Paid study leave will be available to all Employees at the Employer's discretion. The Employer will not unreasonably refuse a request for study leave. To be taken as mutually agreed, for example, four hours per week, eight hours per fortnight or blocks of 38 hours at a residential school. A part-time Employee will be entitled to paid study leave on a pro-rata basis.
Accrued Days Off

• Full time only

• Work 40 hours, get paid for 38

• Accrue 2 hours per week

• Every 4 weeks get a paid ADO

• Not applicable everywhere
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Overtime

• Time and a half for first 2 hours, Double time for remainder and weekends

• Recall to work during an off duty period where that work is not continuous with the next succeeding shift- minimum of 3 hours pay at the overtime rate

• On-call rate $54.30 per 12/24

• 10 hours off before and after overtime

• Time in lieu
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Allowances

Uniform Allowance

• Where an Employer requires an Employee to wear a particular type or style of uniform then the Employer shall provide this at no cost to the Employee.

• Laundry Allowance – regardless of uniform in public sector

Telephone allowance

• Where an Employer requires an Employee to install and/or maintain a telephone for the purposes of being on call the Employer shall refund the installation costs and pay a Telephone Allowance

Childcare Allowance

• Where Employees are required by the Employer to work outside their ordinary rostered hours of work and where less than 24 hours’ notice of the requirement to perform such overtime work has been given by the Employer, other than recall when placed on call, the Employee will be reimbursed for reasonable childcare expenses incurred.

• Evidence of expenditure incurred by the Employee must be provided to the Employer as soon as practicable after the working of such overtime.
### Shift Allowances

- **PM Shift**  $25.20 per shift
- **Night Shift**  $67.70 per shift
Discipline

Where disciplinary action is necessary, management shall notify you of the reason.

- The first warning is verbal and recorded on your personal file. An ANMF representative shall be present if desired.
- If the problem continues the matter will be discussed with you and a second warning in writing will be given and recorded on your personal file. The local ANMF representative can be present.
- If the problem continues you will again be notified by management. If a final warning is to be given then it shall be issued in writing and if required by either party, a copy sent to ANMF. You have the right to ANMF representation.
- If the problem re-occurs, your employment may be terminated. However, your employment may not be terminated without the authority of senior management.
- An Employee may still be summarily dismissed for acts of serious and wilful misconduct.
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Dismissal

You may terminate your employment by providing four weeks’ notice to your Employer in writing

- 6 month qualifying period
Clinical Nurse Specialist

• Specific post basic qualifications and twelve months' experience working in the clinical area of her/his specified post basic qualification, and is responsible for clinical nursing duties, or
• minimum of four year's post registration experience, including three years' experiences in the relevant specialist field; and
• demonstrate one criterion in each of paragraphs 1,2 and 3.

1. Clinical Skill
• Higher level of skill demonstrated in clinical decision making - in particular in problem identification and solution, and analysis and interpretation of clinical data;
• Maintenance and improvement of clinical standards.

2. Professional Behaviour
• Positive role model;
• Act as a mentor or preceptor to less experienced nurses, including graduate nurses;
• Support of, and contribution to, quality improvement and research projects within the area of practice and ward/unit/department; and
• Acting as a resource person to others in relation to clinical practice.

3. Professional Development
• Membership of relevant professional body;
• Contribution to the education of other professionals. For example, being willing to provide at least one in-service education program each year; and
• Undertaking own planned professional development and competence through various forms of continuing education. For example, conferences, study days, formal study, reading.
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### Years of Experience & CNS

<table>
<thead>
<tr>
<th>Years of Experience</th>
<th>Pay</th>
<th>CNS Single Rate</th>
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<tbody>
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<td>9th Year</td>
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<tr>
<td>10th Year&gt;</td>
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either specific post basic qualifications and 12 month’s Experience working in the clinical area of her/his specified post basic qualification, and is responsible for clinical nursing duties,

or

minimum of four years post registration Experience, including three years’ Experience in the relevant specialist field;

AND..........................
and one criterion in each of paragraphs 1, 2 and 3.

1. Clinical Skill
   • Higher level of skill demonstrated in clinical decision making - in particular in problem identification and solution, and analysis and interpretation of clinical data;
   • Maintenance and improvement of clinical standards.

2. Professional Behaviour
   • Positive role model;
   • Act as a mentor or preceptor to less experienced nurses, including graduate nurses;
   • Support of, and contribution to, quality improvement and research projects within the area of practice and ward/unit/department;
   • Acting as a resource person to others in relation to clinical practice.

3. Professional Development
   • Membership of relevant professional body; - attend seminar or member of SIG
   • Contribution to the education of other professionals. eg, willing to provide at least one in-service education program each year;
   • Undertaking own planned professional development and competence through various forms of continuing education. For example, conferences, study days, formal study, reading.
Workload

• In the private sector there are no minimum staffing levels.

• In the public sector, in most clinical areas, there are nurse to patient ratios – first introduced in 2000.
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Nurse to Patient Ratios

- ED – 1:3
- Major hospitals – 1:4 (plus in charge) AM & PM

Alfred, Austin & Repat Medical Centres, Monash, Royal Melbourne, St Vincent's, Royal Children's, Box Hill, Frankston, Geelong, Northern, Dandenong, Western (Footscray), Peter MacCallum
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Nurse to Patient Ratios

Level 2

1:4 AM & 1:5 PM (plus in-charge)

- Mercy Hospital for Women
- Royal Women's Hospital
- Maroondah
- Ballarat
- Bendigo
- Goulburn Valley
- Latrobe
- Sunshine
- Werribee Mercy
- Wangaratta
- Mildura
### Nurse to Patient Ratios

**Level 3**

**1:5 AM & 1:6 PM (plus in-charge)**

- Angliss
- Bairnsdale
- Echuca
- Gippsland Base (Sale)
- Hamilton
- Monash (Moorabbin)
- Mt Alexander (acute)
- Portland
- Rosebud
- Eye & Ear
- Sandringham
- Swan Hill
- Warragul
- Warrnambool
- Williamstown
- Wimmera
- Wodonga
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Nurse to Patient Ratios

Others

Acute
• AM 1:6 +In Charge
• PM 1:7 +In Charge
• N/D 1:10

Aged Care
• AM 1:7 +In Charge
• PM 1:8 + In Charge
• ND 1:15
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50% Rule

- On a 30 bed ward with a 1:4 ratio, 7.50 nurses are required to meet the ratios. As the additional requirement is 50% of a nurse, *rounding down shall occur*… provided *patient care is not to be compromised*;

- On a 30 bed ward with a 1:5 ratio - 6 nurses are required.

- On a 23 bed ward with a 1:4 ratio, 5.75 nurses are required. As the additional requirement is 75% of a nurse, it exceeds 50%, therefore *the number of patients outside the nurse/patient ratio exceeds 50% of the requirement to appoint an additional nurse, a further nurse must be appointed*.

- On a 26 bed ward with a 1:5 ratio, 5.20 nurses are required. As the additional requirement is 20% of a nurse, an *additional requirement of 0.5% or less rounding down shall be regarded as being in compliance with the ratio.*
• Discrimination – taking part in protected industrial action

• Job Reps

• EBA Campaign