

Submission by the Australian Nursing and Midwifery Federation

2026-27 Pre-Budget Submission

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**Australian
Nursing &
Midwifery
Federation**



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Introduction

1. The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 356,000 nurses, midwives and care-workers across the country.
2. Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.
3. Our strong and growing membership and integrated role as both a trade union and professional organisation provides us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.
4. Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.
5. The Australian Nursing and Midwifery Federation (ANMF) welcomes the opportunity to provide input to the 2026-27 Australian Government Federal Budget.

Overview

6. Access to affordable, safe, high-quality, and timely healthcare is a fundamental right for every Australian. The ANMF maintains that achieving this goal depends on sustained investment in the nursing, midwifery, and care-worker workforce. As the largest and most diverse group within Australia's wider health workforce, these workers are at the frontline across hospitals, aged care, maternity care, primary health, and community health sectors, and more and play



a critical role in care delivery and the health, safety, and wellbeing of all community members. Without ring-fenced and long-term investment in this workforce, Australia risks compromising both the accessibility and quality of its health services and the health and wellbeing of its people.

7. With an ageing population and increased prevalence of chronic illness, comorbid conditions, and mental health conditions, the demands placed on the health sector are ever-increasing. Maternity services, aged care, and disability care are also under increasing pressure and face a range of longstanding pressures and years of underspending. Meeting these growing and complex demands requires more than a once-off stimulus or even incremental investment, and instead must be supported by systemic reform and targeted funding in workforce development, education, infrastructure, and public and preventive health.
8. Persistent workforce shortages remain one of the most critical threats to the resilience of Australia's health, maternity, and aged care system. Shortfalls in nursing, midwifery, and care-worker roles have led to increased workloads, burnout, and attrition, undermining both staff wellbeing and patient outcomes. Further, nurses, midwives and carers are on the frontline of climate-related impacts, yet remain under-resourced, under-supported and disproportionately exposed to climate-related risk. To secure and sustain the workforce required for the future, it is essential to implement comprehensive strategies to attract, train, and – most critically - retain skilled professionals in safe, rewarding, and valued jobs long-term. This includes the expansion of scholarships and training pathways, greater financial and clinical support for students, recognition and remuneration that reflect professional responsibility, safe work amid climate change, and an increase in advanced practice roles such as nurse practitioners and endorsed midwives. Such measures not only improve workforce supply, safety, and retention but also enable innovative models of care that deliver better access and outcomes for patients and communities.
9. Investment in healthcare must be viewed as a core pillar of national prosperity, as opposed to the common view that health spending is a drain on the system. Individual and population



health and wellbeing are fundamental to a well-functioning, resilient economy and communities that support every member to thrive. A well-resourced and supported health workforce underpins Australia's economic productivity, social stability, and wellbeing. Effective investment, particularly in preventive health and workforce support and innovation, is an important initiative to prevent illness, minimise hospital admissions, and support people to live healthier, more fulfilling, and productive lives. In this way, it can be viewed that investment in health is an investment in national productivity and GDP increase, both returning significant gains on initial spending and contributing to Australia's success in innumerable qualitative ways.

10. To maximise and sustain the contributions of nurses, midwives, and care-workers to Australia's health, maternity, and aged care sectors, ongoing reforms across Government policy are necessary. The adoption and implementation of the ANMF's recommended policy reforms would result in improved cost efficiency for Governments and employers, increased patient/client satisfaction, better health and well-being outcomes, and nurses, midwives, and carer workers and students being generally safer, happier, and healthier in their roles. This would result in better education outcomes, employment, recruitment, and retention and help to support a more sustainable and effective healthcare workforce across Australia.
11. The ANMF has five priorities for workforce and system support and reform:
 1. Nursing, midwifery, and care-workforce reform
 2. Aged care reform
 3. Health and maternity care equity
 4. Gender equity and industrial relations reform
 5. Climate change and social justice
12. Future-proofing the health workforce through sustained investment will ensure that Australians continue to receive safe, equitable, and person-centred care, now and for generations to come.



NURSING, MIDWIFERY AND CARE WORKFORCE REFORM

13. The ANMF's overall objective is to work towards and advocate for strengthened national workforce planning, retention, and development and support nurses and midwives to work to full professional scope across all settings. Our objectives also focus on ensuring enhanced education pathways, mentoring, and flexible work options for all nurses, midwives, and care workers. Foundational to reforms across these areas is the implementation of the [2024 National Nursing Workforce Strategy](#), which would help address workforce challenges, foster collaboration and drive action among stakeholders in shaping the future of workforce planning, investment and reform and aligns with the ANMF's priorities around career development, education, and strengthening the workforce for the future.

Recruitment

14. To support the sustainable growth of the nursing, midwifery, and care worker workforce required to meet current and growing demands, investment in undergraduate education is critical. This includes ensuring there are enough Commonwealth-supported places for tertiary education and government-funded vocational training places, through investment in initiatives such as the Fee-Free TAFE program.

The ANMF calls on the Federal Government to:

- a. Increase the number of *Commonwealth Supported Places* (CSP) for undergraduate and post-graduate nursing and midwifery courses, with CSP caps developed in consultation with states, territories, and the tertiary education sector, to ensure alignment with workforce demand. This measure will support an increased supply of nurses and midwives and support more nurses and midwives to upskill to advanced practice roles. Ring-fenced funding should be provided to support scholarship funded places for Aboriginal and Torres Strait Islander People commencing undergraduate and postgraduate studies in nursing and midwifery.
- b. Increase the number of scholarships offered under the *Primary Care Nursing and*



Midwifery Scholarship Program, with ring-fenced places for those working in regional, rural or remote Australia and First Nations People, to grow the number of nurses and midwives working in advanced practice roles. Funding should be directed to supporting paid protected study time for RNs studying to become nurse practitioners as well as expenses incurred during integrated professional practice placements such as cost of accommodation, travel and ongoing living expenses.

- c. Increase the number of *Fee-Free TAFE program* places for aged care, health care, and disability care programs, with ring-fenced places for those working in regional, rural, or remote Australia and First Nations People, to grow the number of enrolled nurses, care workers, and disability support workers.
- d. Develop and fund scholarships and other financial support initiatives to support enrolled nurses to undertake studies to become registered nurses and/or midwives while remaining in their workplace.
- e. Increase funding to reduce AHPRA registration processing times for overseas nurses and midwives and ensuring ethical international recruitment standards consistent with WHO guidelines.

15. Rising cost-of-living and inflation are placing significant financial pressure on students, particularly those preparing to enter essential professions such as nursing and midwifery. With the increasing demand for nurses and midwives, enabling students to study full-time is essential for growing the workforce in a timely manner. The cumulative impact of high tuition fees, increasing indexation, and the prospect of substantial long-term debt creates a significant barrier to both commencing and completing study. Such financial strain not only disadvantages students but also delays the entry of much-needed graduates into the health workforce at a time of critical national demand.

The ANMF recommends that the Federal Government:

- a. Increase the Commonwealth Supported Place subsidies for priority areas, including



undergraduate and postgraduate nursing and midwifery degrees, reducing the student contribution amounts required to complete these degrees.

- b. Implement an immediate freeze on higher education fees and all HECS-HELP debt accrued by nursing and midwifery students, maintaining current levels and preventing any future increases resulting from inflation, indexation, or other cost escalations.
- c. Develop and fund a series of initiatives to financially support nursing and midwifery students to study full-time, such as ring-fenced *AusStudy* and *Study Assist* funding for nursing and midwifery students.

16. During their studies, nursing and midwifery students are required to complete 800 hours of clinical placement to meet course accreditation standards and become fully qualified. While these placements are essential to preparing a competent health workforce, they significantly restrict students' ability to undertake paid work during their studies. As a result, many face severe financial strain, referred to as 'placement poverty', which has been further intensified by the current cost-of-living crisis. This financial pressure is a major driver of rising attrition rates, as students are increasingly unable to sustain study without income. The ANMF welcomed the Commonwealth Prac Payment (CPP) introduced in the 2024–25 Federal Budget as a first step in alleviating the financial burden associated with mandatory placements. The CPP helps ensure that students can complete their studies and enter the workforce at a time of significant national need.

The ANMF calls on the Federal Government to:

- a. Maintain support for the *Commonwealth Prac Payment* (CPP) introduced in the 2024–25 Federal Budget and review and amend the CPP amount to include equitable adjustments that are sensitive to those with additional financial needs, such as students with dependent children. Further scholarships should be excluded from the income test in determining eligibility for CPP.
- b. Alongside the CPP, establish and fund a dedicated reimbursement system for nursing



and midwifery students undertaking clinical placements. This system should fully reimburse students for out-of-pocket costs incurred for essential travel, meals, and accommodation during placement periods, regardless of location. Funding level should be adequate to address hardship, reflect actual expenses in both urban and rural placements, and be accessible through a simple claims process.

17. Following the completion of studies, a supported transition to professional practice is an important factor that assists workforce readiness and improves the retention of nurses and midwives. This applies to both new graduates entering the workforce for the first time as well as to experienced practitioners returning to the workforce after a career break or moving to a new area of practice or specialty. In many contexts, high-quality transition to professional practice programs, especially those that target older and/or experienced nurses and midwives, are not available or are not well supported (e.g., by not providing sufficient staffing to cover work undertaken by mentors/preceptors).

The ANMF calls on the Federal Government to:

- a. Formalise and fund structured programs for the paid employment of second and third/final year undergraduate nursing and midwifery students in the health sector to work in addition to state and territory ratios/NMHPPD/workload tools as RUSONs/RUSOMs with financial support tied to the employment of agreed numbers of students in specified financial years.
- b. Fund dedicated nursing/midwifery clinical support positions (however titled), for example, 'clinical nurse/midwife coaches', to enable both new graduate and returning practitioners to be supported and mentored as they become confident and autonomous practitioners. This could also support retention of older, experienced nurses as they transition to retirement.
- c. Provide targeted, ongoing funding to public hospitals to establish and sustain clinical facilitator positions. These facilitators will support the expansion and enhancement



of nursing and midwifery clinical placements and transition to practice programs.

18. The Australian Immunisation Handbook outlines essential vaccines for healthcare workers.

While employers are expected to facilitate these vaccinations, the onus for organising and paying for required vaccines often falls on individual workers. This can delay workforce entry, particularly for students and new graduates, and impose financial hardship on healthcare workers, heightening stress and contributing to burnout. Many state health policies require workers to provide documentation of immune status before employment, and healthcare services are tasked with minimising the transmission of vaccine-preventable diseases, but there is no universal federal funding mechanism for these immunisations. The cost and effort are often shouldered by future or current staff, who may be excluded from roles if unable to comply promptly.

- a. The ANMF requests that the Federal Government fully fund all vaccinations for healthcare workers listed in the Australian Immunisation Handbook and work with employers to improve and streamline data sharing across jurisdictions to reduce administration and duplication. This investment is essential to remove barriers to entry, foster a safe, protected workforce, and ensure ongoing public health and workforce sustainability.

19. All nurses and midwives must be registered with the Australian Health Practitioner Regulation Agency (AHPRA) which works in partnership with the Nursing and Midwifery Board of Australia (NMBA) as our national regulatory authority and are thereby required to meet a high standard for criminal history checking. Nurses, midwives, and care workers currently face unnecessary and costly barriers to entry to professional practice or different practice areas due to the multiple and often duplicative requirements for criminal history/record and associated 'checks'. Currently, these 'checks' are managed by states and territories, but a streamlined and national system would be ideal. To give an example of the number of 'checks' and associated costs, based on South Australian figures a Working with children check is \$114.00 (mandatory for both nurses and midwives), an NDIS worker check



is \$114.00 (necessary for anyone working in a registered or unregistered NDIS provider), an aged care sector employment check is \$95.50 (necessary for anyone working in aged care), and the Vulnerable person-related employment check is \$95.50 (not a legal requirement but some employers may request it), and a National police certificate (from SAPOL) is \$74.50. This adds up to \$398 and can be a barrier, especially for casual and agency workers who might work multiple jobs in different sectors at the same time or in series to make ends meet.

- a. The ANMF requests that the Federal Government develop and fund a single 'check' for nurses and midwives and carers that satisfies Commonwealth, state and territory regulatory requirements to practice across the country in health, aged care and disability sectors (e.g., a combined NDIS/Working with Children and Police check).

Retention

20. Initiatives to expand the number of nursing, midwifery, and care-worker graduates are essential to meeting Australia's growing healthcare needs. However, these measures will not succeed unless they are matched by urgent action to improve working conditions and safety, ensuring fair and reasonable wages and conditions, responding to the threat of climate change and addressing cost of living pressures. Retention of experienced nurses, midwives, and care workers must be considered a priority. The pandemic intensified long-standing workforce pressures across all care settings, and its continuing impacts have accelerated the departure of staff from their roles and, in many cases, from the profession entirely. This trend poses significant risks to patient safety, service continuity, and the well-being of the remaining workforce, who increasingly operate in understaffed environments. Targeted reform is required to stabilise and retain this essential workforce.

21. The ANMF has previously argued that fragmented workforce planning across jurisdictions leads to cyclical shortages, maldistribution, and reactive policy. Establishing and providing sustainable funding for a National Nursing and Midwifery Workforce Planning and Data Unit at the federal level with legislated reporting obligations would effectively underpin a multitude of workforce investments proposed within this submission and would position the



Commonwealth as a steward rather than a passive funder. Functions of this Unit could include national supply–demand modelling and forecasting (by specialty, geography, and setting), public reporting on attrition, vacancy, and graduate outcomes, and evaluation of Commonwealth-funded workforce programs.

The ANMF calls on the Federal Government to:

- a. Guarantee funding for permanent positions for nurse practitioners, nurses, and midwives – including endorsed midwives – in underserved areas where access to and retention of healthcare professionals is challenging including regional, rural and remote areas.
- b. Provide funding to the Australian Nursing and Midwifery Federation to support the implementation and sustainability of a national project implementing and evaluating locally-based nurse- and midwife-led workplace projects to address and improve workforce health and wellbeing and nurse and midwife retention.¹
- c. Invest in the mental-health and well-being of the nursing, midwifery, and care workforce, through committing ongoing funding to the [Nurse Midwife Health Program Australia](#). This service provides nurses and midwives with access to free, confidential counselling, peer support, and structured early-intervention supports for those experiencing trauma, stress, or burnout.
- d. Establish and fund a National Nursing and Midwifery Workforce Planning and Data Unit within the Commonwealth (or AIHW), with legislated reporting obligations.
- e. Ensure improved equity across the public health workforce by reviewing Section 57A of the *Fringe Benefits Tax Assessment Act 1986* to extend FBT exemptions to frontline healthcare workers in non-hospital settings, such as those in Health Contact Centres

¹ The ANMF and Adelaide University have partnered on a three-year research project (2026-2029) funded through the Teachers Health Foundation. Additional Government funding would ensure that this project could be scaled up nationally and sustained beyond the initial funding period.



(e.g., 13HEALTH), local council roles, and correctional facilities.

22. Nurses, midwives, and care workers, as frontline health care staff, are subjected to unacceptable levels of occupational violence and aggression. Australian data indicate that more than 60% of nurses and midwives have experienced some form of workplace violence or aggression in the past year,² with 20% facing such incidents on a weekly or even daily basis.³ Beyond immediate physical harm, unsafe workplaces contribute to a range of adverse outcomes, including heightened risks of mental health conditions such as post-traumatic stress disorder and depression, increased burnout and absenteeism, sleep disturbances, and diminished job performance, including reduced quality of clinical care.⁴ Addressing occupational violence and aggression is therefore essential both to safeguard these vital workers and to support the recruitment and retention of nurses, midwives, and care workers.

- a. The ANMF requests that the Federal Government provide guaranteed, ongoing funding to develop, trial, and implement dedicated occupational health and safety measures to reduce occupational violence and aggression, such as comprehensive 10-point plans for prevention and response.
- b. The ANMF further requests that the Federal Government take action to implement the recommendations of the recent Independent Review of the Safety, Compensation and Rehabilitation Act (Cth) 1988 to comprehensively reform the Act.⁵ We believe that a reformed Act would advance best practice in prevention of workplace injury, and promote fairer compensation, and access to recovery and return to work

² Yang BX, Stone TE, Petrini MA, Morris DL. Incidence, Type, Related Factors, and Effect of Workplace Violence on Mental Health Nurses: A Cross-sectional Survey. *Arch Psychiatr Nurs*. 2018 Feb;32(1):31-38. doi: 10.1016/j.apnu.2017.09.013. Epub 2017 Sep 21. PMID: 29413069.

³ Shea T, Sheehan C, Donohue R, Cooper B, De Cieri H. Occupational Violence and Aggression Experienced by Nursing and Caring Professionals. *J Nurs Scholarsh*. 2017 Mar;49(2):236-243. doi: 10.1111/jnu.12272. Epub 2016 Nov 30. PMID: 27905189.

⁴ Mento C, Silvestri MC, Bruno A, Muscatello MRA, Cedro C, Pandolfo G, Zoccali RA. Workplace violence against healthcare professionals: A systematic review. *Aggression and Violent Behavior*. 2020;51(101381):1-8. doi: 10.1016/j.avb.2020.101381.

⁵ Department of Employment and Workplace Relations, Safety, Rehabilitation and Compensation Act 1988 Review – Final Report, 12 December 2025.



processes for workers covered by the Act.

- c. We also call up on the Federal Government to support the ongoing Best Practice Review into the Model WHS laws and Regulations.⁶

23. Safe staffing levels are essential to delivering high-quality, equitable healthcare and ensuring the well-being of both patients and the workforce. Evidence has demonstrated that adequate nurse- and midwife-to-patient ratios improve clinical outcomes, reduce mortality, enhance patient safety, and support staff recruitment and retention.⁷ Despite this, staffing standards vary significantly between states and territories, resulting in unequal care and inconsistent workforce planning. A nationally consistent approach, developed collaboratively with professional bodies, unions, and state and territory health departments, would provide clear, evidence-based guidance for workforce planning, strengthen transparency, and ensure all Australians receive the same safe standard of care regardless of where they live. Embedding national minimum staffing levels across all healthcare settings in a way that accounts for patient/client acuity, staffing, skills mix, and fluctuating demand could be achieved by embedding them into the National Safety and Quality Health Service (NSQHS) Standards and would ensure a consistent, high-quality standard of care and reduce risks associated with understaffing.

- a. The ANMF calls on the Federal Government to support nationally mandated minimum staffing levels across all healthcare settings embedding them into the National Safety and Quality Health Service (NSQHS) Standards.

⁶ Safe Work Australia, Best practice review: shaping the future of Australia's WHS model laws, 2 December 2025.

⁷ McHugh MD, Aiken LH, Sloane DM, Windsor C, Douglas C, Yates P. Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: a prospective study in a panel of hospitals. *Lancet*. 2021 May 22;397(10288):1905-1913. doi: 10.1016/S0140-6736(21)00768-6. Epub 2021 May 11. PMID: 33989553; PMCID: PMC8408834.



AGED CARE REFORM

24. Supporting nurses and care workers in aged care is fundamental to delivering safe, dignified, and high-quality care for older Australians, and remains a central pillar of the ANMF's advocacy following the Royal Commission into Aged Care Quality and Safety. The ANMF has consistently argued that while important progress has been made by the Labor Government, such as the introduction of mandated care minutes and 24/7 registered nurse requirements, these reforms must be fully implemented, adequately funded, monitored, and strengthened to achieve their intended impact. The ANMF calls on the Government to undertake the next phase of reform to better enforce existing minimum staffing ratios in residential aged care, improve adherence to direct care time standards to ensure the right staff are delivering the right care, and fair wages and secure employment to address chronic workforce shortages and high turnover. We highlight the need for stronger regulation and transparency, including improved provider accountability and better use of data to monitor care quality, as well as expanded access to high-quality, publicly delivered aged care services. Further, the Government's commitment to actioning the recommendation to establish a registration scheme to regulate aged care workers must be implemented as a priority. As the ANMF has argued in past submissions, this would be ideally done via the Australian Health Practitioner Regulation Agency (AHPRA). Together, these reforms would recognise that a skilled, supported, and valued aged care workforce is essential to restoring trust in the system and ensuring older people receive the care, respect, and quality of life they deserve.

Access to aged care

25. With the growing number of older Australians choosing to receive aged care services in their own homes, there is an urgent need for increased government investment and allocation of in-home care places under the new *Support at Home program*. Long-standing issues with extensive wait times for Home Care Package approvals continue to create barriers to access, often leaving older people without the essential support they require.

- a. The ANMF calls on the Federal Government to provide substantial and sustained



investment in the *Support at Home* program to increase timely access to in-home aged care packages that enable older people to remain and receive clinical care in-place for as long as clinically feasible.

- b. The Federal Government should commit specific funding to state and territory public sector providers to reinstate and improve public provision of aged care services, ensuring a sustainable and high-quality alternative to private models.

Provision of care and staffing levels and skills mix

26. Enrolled nurses are critical to the aged care workforce, providing essential frontline care and supporting the complex needs of older Australians. Despite this, their contributions are often undervalued, and financial incentives to retain and develop these skilled professionals remain insufficient. Funded incentive schemes would help attract and retain enrolled nurses in aged care, encourage ongoing professional development, and address workforce shortages in both urban and remote communities. This aligns with national efforts to reform and strengthen the aged care sector in accordance with recommendations from the Royal Commission into Aged Care Quality and Safety.

The ANMF calls on the Federal Government to:

- a) Establish and fund a dedicated incentive program for enrolled nurses working in aged care, including a one-off payment to recognise the vital role these nurses play in delivering safe and high-quality care. Additional payments should be provided to those working in rural or remote areas, those holding relevant postgraduate qualifications, and those undertaking mentoring, training, or supervisory responsibilities.
- b) Mandate the presence of enrolled nurses (ENs) in all residential aged care facilities 24 hours a day, seven days a week, in addition to the existing requirement for registered nurses (RNs) to be present 24/7. To support this mandate, the Government should also establish a dedicated 24/7 EN supplement designed to encourage workforce



growth and retention, ensuring that facilities have adequate staffing levels to meet this obligation.

- c) Develop and mandate specific Enrolled Nurse minutes of care in nursing homes in recognition of the vital role that Enrolled Nurses play in providing safe, high-quality care to older Australians.

27. In 2016, the ANMF in collaboration with Flinders University and the University of South Australia, developed the *National Aged Care Staffing and Skills Mix Project Report 2016*, which made evidence-based recommendations well above the currently mandated level. However, since this time, the needs of older people receiving aged care has undoubtedly changed. To ensure that care is reflective of actual needs and to inform policymakers on appropriate care minute standards necessary to ensure high-quality, safe, and effective care up-to-date research is required.

- d) The ANMF calls on the Federal Government commit \$1 million in funding to the Federal Office of the Australian Nursing and Midwifery Federation (ANMF) to undertake a comprehensive update of the *National Aged Care Staffing and Skills Mix Project Report 2016*, investigating the current state of staffing and skills mixes in Australia residential aged care and projecting future needs, in collaboration with universities, industry, and key stakeholders.
- e) To ensure transparency and accountability, the Government should mandate a 'workers' voice' scheme in aged care, providing a formal legislative arrangement for nurses and care workers to monitor and report on mandated staffing levels and care minutes within their facilities and workplaces in community aged care. This would also support improved Federal Government investigations to unfair workforce practices that detrimentally impact recruitment and retention.



Healthcare interfaces

28. As highlighted by the Royal Commission into Quality and Safety in Aged Care, many systemic failures in aged care over the past decade arise from a persistent reluctance to acknowledge that healthcare for older people is integral to delivering safe, high-quality aged care. While the Federal Government has undertaken important reforms and progressed implementation of the Royal Commission's recommendations, additional action is required to ensure that older Australians, particularly those living with chronic conditions, frailty, and cognitive impairment, can reliably access the healthcare they need. Achieving this requires robust and well-integrated interfaces between aged care and the broader healthcare system, founded on recognition that aged care is a core component of healthcare. Currently, these interfaces remain underdeveloped, resulting in widespread gaps in access to essential healthcare for older Australians receiving aged care services.
29. The significant number of avoidable emergency department transfers and hospital admissions for aged care residents means this population would be an excellent target for a funding model that incentivises investment in nurse-led prevention and early intervention via a single payer model funded by the Federal Government (see also below under Primary healthcare). The single payer model would provide an incentive for the single payer to prioritise continuity of care by supporting residents to access care from the same healthcare professionals including nurses when they enter a nursing home and prioritise prevention and early intervention for presentations and conditions that would otherwise be escalated to an emergency department and/or hospitalisation thus reducing associated high costs of hospital transfer and care.

The ANMF calls on the Federal Government to:

- a. Increase and embed *Residential-in-Reach* (RIR) Programs within public health services to meet local demand and reduce avoidable hospital admissions from aged care. RIR teams should incorporate dementia specialists and nurses with psychogeriatric expertise, with EFT allocations aligned to the volume and distribution of aged care



services within each geographic catchment, including adjustments to ensure adequate support for regional settings.

- b. Expand the role of Nurse Practitioners in aged care through development and implementation of a national NP workforce plan.
- c. Review and strengthen the role of General Practitioners in aged care, including funding and reimbursement arrangements, mandatory care standards, and incentives for aged care providers to employ dedicated medical staff.
- d. Fund specialised Advanced Care Planning training as well as recognise and fund the critical role nurses play in Advanced Care Planning within the community and aged care facilities, ensuring individuals' dignity, wishes, and quality of care are upheld.

HEALTH AND MATERNITY CARE EQUITY

30. The ANMF's overall objectives are to promote equitable access to safe, affordable, and culturally safe health and maternity care in all settings and to advance nurse- and midwife-led models of care and innovation to benefit all members of the community. Our priorities reflect a commitment to a more equitable, accessible, and person-centred health system that meets the needs of all Australians, particularly those who experience disadvantage or barriers to care. Central to this approach is strengthening the role of nurses and midwives through greater recognition, expanded scope of practice, and support for innovative, clinician-led models of care that improve access, continuity, and outcomes. Further, our goals emphasise the need for widely available culturally safe care supported by meaningful action to embed First Nations perspectives across health and maternity services, alongside investment in workforce capability and service quality. The ANMF also recognises the importance of working with Government, professional bodies, and industry in modernising health service delivery through digital and integrated approaches, while ensuring new initiatives enhance rather than undermine existing services. Collectively, the ANMF is keen to work with government across each of these priorities aim to build a sustainable,



responsive health system that delivers safe, affordable, and high-quality care across the lifespan.

Medicare and the Pharmaceutical Benefits Scheme

31. Nurses and midwives with specialist qualifications and advanced practice skills are essential to the delivery of accessible, high-quality, and cost-effective healthcare across Australia, especially in rural and remote communities. In many of these communities, the limited availability of medical practitioners results in treatment delays and increased patient travel costs.

The ANMF calls on the Federal Government to:

- a. Commit to the full implementation of all recommendations from the [Scope of Practice Review](#) and findings of the [Nurse Practitioner Reference Group Report](#), removing the regulatory and financial barriers that prevent nurses and midwives from practicing to their full potential and maximising the utility of the health workforce.
- b. Provide permanent funding for the 19(2) Exemptions Initiative to allow services provided by primary health care providers in rural and remote areas to be claimed against the MBS and extend access in regional and metropolitan areas.
- c. Update the voluntary patient registration (VPR) platform via [MyMedicare](#) to include nurse practitioners and relevant allied health practitioners working in primary healthcare to provide improved person-centred care, choice, coverage, and access for more community members as well as greater support for a wider range of primary healthcare providers.
- d. Ensure sustained and sufficient funding to support existing telephone triage services including Health Contact Centres now that 1800 Medicare is now available.

32. The Australian healthcare system, under Medicare, provides comprehensive medical coverage for most basic health services; however, a critical missing piece in dental care. As



oral health and overall systemic health is closely interrelated, this exclusion has serious implications for the health of all Australians. Currently, many Australians go without adequate dental care due to unreasonable out-of-pocket expenses, particularly those in rural areas and First Nations people.

- e. The ANMF calls on the Federal Government commit to introducing a Dental Benefits Scheme embedded in Medicare, with an initial implementation that targets vulnerable populations, such as rural communities, seniors, and First Nations people. An implementation plan outlined in the 2019 report entitled 'Filling the Gap: A Universal Dental Scheme for Australia' by the Grattan Institute, estimates a required commitment of at least \$9 billion over 10 years.

Primary healthcare

- 33. Primary health is essential for long term improvement to the overall health system. The Federal Government must review federal to state/territory health funding arrangements to ensure transparency, accountability, and effective use of the health budget to enable states and territories to better access and utilise resources for primary healthcare and preventive health, and eliminate the current disconnect between state and federally funded services, to lead to improvements in primary healthcare patient care, coordination, and chronic disease management across all sectors.
- 34. Nurses and midwives are essential to delivering such care and increased funding to support those currently working in primary care together with expanding access across primary health care networks is essential. This will assist in alleviating the impact of medical practitioner shortages, particularly in rural and remote areas and reduce the cost of delivering and accessing health care. In addition, improved funding for nurses, midwives and allied health practitioners in primary health allows greater use of skills and capability. The [Workforce Incentive Program \(WIP\) – Practice Stream](#) assists general practices to engage health professionals including nurses, midwives, allied health professionals and Aboriginal and Torres Strait Islander Health workers in employment in regional/remote areas based on



community need and helps to support and incentivise increasing multidisciplinary team services. The program, however, does not currently fully cover the cost of wages. This means positions funded through the WIP are vulnerable to being cut back or discontinued if funding is not adequate to sustain positions long-term.

35. Another challenge is that there is currently very limited funding available for practices that are not accredited as a general practice clinic (i.e., nurse and midwife led clinics including nurse and midwife practitioner clinics) despite ample evidence of their effectiveness and benefit. Expanding access to these clinics would help support sustainable long-term models of care especially in areas with poor access to medical practitioners. The Government should develop a new single-payer funding scheme that would provide sustainable and ringfenced support for current and newly proposed evidence-based nurse- and midwife-led preventive and primary healthcare clinics and models of care including to support these clinics and models to establish or scale up integration with digital technologies such as virtual/telehealth. In midwifery, a key area needing support is midwifery continuity of care models and midwifery group practice care models.

The ANMF calls on the Federal Government to

- a. Increase funding for the Workforce Incentive Program (WIP) – Practice Stream and ensure greater accountability that this extra funding is tied to sustainably employing nurses, midwives, allied health professionals, and Aboriginal and Torres Strait Islander health workers and health practitioners to flexibility to respond to local community needs and gaps in services includes the complex health needs of older people and people living with chronic and complex conditions.
- b. Increase funding for training opportunities/infrastructure for regional areas to support health professionals and their families moving to regional, rural, and remote areas.
- c. Increase funding for nurse- and midwife-led, multidisciplinary based primary care



facilities, particularly in MMM3-7 areas where access to quality/equitable health is limited and fund the development of a new single-payer funding scheme including in-reach for nursing homes and incentives for providers to deliver care in place based on transparent and accountable use of funds and evidence of performance.

- d. A Commonwealth-funded key health worker housing program in regional, rural, and remote Australia and areas within metropolitan centres identified as lacking affordable housing, delivered with states and local governments, including: capital grants for nurse accommodation, rental subsidies tied to service commitments, and priority access for early-career and First Nations nurses.
- e. Establish a healthcare funding 'innovation fund' to trial and evaluate new models of primary healthcare funding to complement activity-based funding models and help transition from old to new, evidence-based models.
- f. Support the scale-up of block funding payments as the mechanism to fund primary health care provided by nurses and midwives as a mechanism to provide improved job and funding security for nurses and midwives in the primary healthcare sector and enhance workforce attraction and retention.
- g. Extend funding for the [Primary Care Nursing and Midwifery Scholarship Program](#) for the Australian College of Nurse Practitioners to support a sustained pipeline of nurse practitioners and endorsed midwives with a focus on guaranteeing the sustainability of NP and endorsed midwife roles in primary healthcare.

Public health and health promotion

- 36. Public health and health promotion are critical to national prosperity because they prevent illness before it requires costly treatment. Investments in prevention, such as vaccination, chronic disease prevention, maternal and child health, and population-wide health promotion reduce avoidable hospital admissions, limit long-term disability, and support a healthier, more productive workforce. By addressing the social and environmental



determinants of health and intervening early, public health strategies deliver strong returns on investment and help contain escalating healthcare expenditure.

37. Nurses and midwives are central to this effort. As the largest and most widely distributed health workforce, they are uniquely positioned to deliver prevention, early intervention, and health education across the lifespan and in every community. Their trusted relationships with individuals, families, and communities enable effective health promotion, early detection of risk, and continuity of care, particularly for vulnerable and underserved populations. Strengthening the role of nurses and midwives in public health is therefore not only good health policy, but sound economic policy, underpinning better outcomes for communities while protecting the long-term viability of national health budgets.
38. Improved integration between primary healthcare strategies and other related but often overlooked public policy is needed. For example, access to safe, appropriate housing, nutritious food, work conditions, areas to exercise and engage in social and community activities are fundamental to effective preventive and primary healthcare. This is especially important for vulnerable populations with inequitable access to resources. This could be achieved through ensuring that the Government's efforts to establish a 'wellbeing economy' continue and are achieved.
39. The Government must provide greater funding for evidence-based, patient-centred, and holistic preventive health and health promotion interventions and activities. Current funding models prioritise interventions for discretely measurable presentations and health issues rather than proactive and preventive interventions that support better health and wellbeing. Funding for preventive and health promotion initiatives should not come at the expense of hospital-based funding.

The ANMF calls on the Federal Government to:

- a. Increase sustained Commonwealth investment in public and preventive health,



recognising prevention as a core pillar of health system sustainability and national productivity, not a discretionary add-on.

- b. Expand funding for nurse- and midwife-led prevention and early intervention programs, including vaccination, cancer, chronic disease prevention and management, maternal and child health, sexual and reproductive health, and mental health promotion.
- c. Embed nurses and midwives as key deliverers of public health strategy, with funding models that support health promotion, education, and continuity of preventive care across the lifespan and in all communities.
- d. Reform funding models to properly value public health and preventive care, moving beyond activity-based and episodic funding toward models that incentivise early intervention, population health outcomes, and long-term wellbeing.
- e. Strengthen integration between primary healthcare and broader social policy, including housing, food security, employment, education, and urban planning, to address the social and environmental determinants of health.
- f. Support the development of a 'wellbeing economy' framework, ensuring health, equity, and prevention outcomes are embedded across Commonwealth policy and budget decisions.
- g. Invest in place-based and community-led public health initiatives, particularly in rural, remote, and socio-economically disadvantaged communities, to reduce avoidable hospital admissions and health inequities.
- h. Enhance public health workforce capacity and capability, including dedicated funding for public health nursing and midwifery roles, training pathways, and leadership development.
- i. Ensure preventive health funding complements, rather than competes with, hospital funding, with transparent, long-term investment streams that protect prevention from short-term budget pressures.
- j. Strengthen research, data collection, evaluation, and reporting of preventive health outcomes, to build the evidence base, demonstrate return on investment, and guide



continuous improvement in public health policy.

Aboriginal and Torres Strait Islander People and cultural safety

40. Aboriginal and Torres Strait Islander nurses and midwives play a vital role in improving health outcomes and addressing long-standing inequities experienced by First Nations peoples, yet they remain significantly underrepresented across the health workforce and in senior leadership roles. The ANMF's submissions consistently emphasise that growing and supporting this workforce is essential to delivering culturally safe, high-quality care and to meeting the Australian Government's commitments under the *Closing the Gap* framework. Evidence from ANMF advocacy highlights that culturally safe care is strongest where First Nations nurses and midwives are visible, supported, and empowered—both as clinicians and leaders—and where all health workers are equipped with nationally consistent cultural safety training. Strengthening education pathways, investing in Aboriginal-led organisations such as CATSINaM, and expanding First Nations leadership within nursing and midwifery are therefore not workforce “add-ons”, but core reforms required to build trust, improve access to care, and deliver health systems that genuinely respond to the needs, rights, and aspirations of Aboriginal and Torres Strait Islander peoples.

The ANMF requests that the Federal Government:

- a. Ensure inclusion of designated places for Aboriginal and Torres Strait Islander People in Masters degrees to become nurse practitioners as well as culturally safe pathways for First Nations RNs to complete integrated professional practice hours, including education on Country and strengthening the role of ACCHOs to create, plan and employ RNs to practice at the advance practice level and support RNs to become nurse practitioners.
- b. Commit to increasing the proportion of Aboriginal and Torres Strait Islander nurses and midwives to reflect the population profile, distribution, and density of First Nations people in Australia, ensuring representation across all levels of leadership and an increase in graduate positions.
- c. Commit funding to the Congress of Aboriginal and Torres Strait Islander Nurses and



Midwives (CATSINaM) to deliver nationally mandated cultural safety training to all health workers in all sectors.

Midwifery and maternal and family healthcare

41. Supporting midwives, midwifery-led models of care, and strong midwifery leadership is critical to improving outcomes for women, babies, and families, and to strengthening Australia's health system more broadly. The ANMF has consistently demonstrated through its published advocacy that midwifery care, including continuity of care and midwifery group practice models deliver better clinical outcomes, higher satisfaction, and more cost-effective maternity services, particularly for women with higher levels of need. Midwives provide culturally safe, community-controlled maternity services, such as Birthing on Country models for First Nations Australians, to address persistent inequities experienced by Aboriginal and Torres Strait Islander women. Central to this work is the recognition that midwives are not simply a workforce input, but leaders in maternity reform. When midwives are supported through appropriate workforce planning, professional recognition, and senior policy leadership – which would be delivered by establishing and funding the role of a Chief Midwifery Officer at the Federal level, the health system is better able to deliver safe, respectful, woman-centred care at scale.

The ANMF calls on the Federal Government to:

- a. Establish and implement a review of the Commonwealth funding model for maternity services, specifically addressing the issue of 'qualified and unqualified' newborn babies in maternity service workloads to ensure that the actual care needs of every infant are reflected in staffing requirements.
- b. Establish a National Chief Midwifery Officer position, whose remit would be the professional lead for clinical governance and evidence-based midwifery-led workforce planning and policy.
- c. Provide sustained and ongoing investment for the expansion of access to midwifery



continuity models of care, publicly funded homebirths, and midwifery-led birthing services across regional, rural, and remote Australia including reinstatement where services have been closed or placed on bypass.

- d. Commit to ongoing investment to increase the role and autonomy of Endorsed Midwives (EMs) as primary maternity care providers in community settings.
- e. Review and invest in mandated maternity ratios in public and private acute health services to match public sector ratio safety standards.
- f. Provide dedicated investment in expanding access to Birthing on Country and Birthing in our Community in partnership and consultation with First Nations women, elders and other key stakeholders, such as Aboriginal Community Controlled Health Organisations, midwives, and Aboriginal and Torres Strait Islander registered health practitioners.

Mental health

42. With the increasing prevalence of mental health calls for mental health emergencies, the Australian health sectors require improved response teams to offer a more appropriate response than law enforcement for mental health emergencies. The *Police, Ambulance and Clinical Early Response* (PACER) model of integrated multi-agency crisis response teams has demonstrated feasibility for mental health emergencies,⁸ however, this service has not been rolled out nationally.

The ANMF calls on the Federal Government to:

- a. Establish dedicated funding streams for the national expansion of integrated mental

⁸ Heffernan J, Pennay A, Li X, Gray R. The association between the Police, Ambulance, Clinician Early Response model and involuntary detentions of people living with mental illness: A retrospective observational study. *J Psychiatr Ment Health Nurs*. 2024 Dec;31(6):1007-1019. doi: 10.1111/jpm.13053. Epub 2024 Apr 3. PMID: 38567862.



health crisis response teams, comprising mental health nurses, paramedics, and police officers, to provide collaborative emergency mental health interventions that prioritise therapeutic outcomes and patient dignity.

- b. Establish a fully funded, single-payer model for mental healthcare accessible and free under Medicare.

43. Under the current regulation of the *National Disability and Insurance Scheme* (NDIS), access to support workers is not funded during admission to acute hospital settings. This means that clients admitted to the Acute Mental Health Inpatient Unit cannot access their support workers, leaving people with psychological disorders, despite being among the most vulnerable, without help from those who know their needs, routines, and communication styles. This can hinder recovery, impede participation in care, and increase risk of restrictive practices or rehospitalisation. Given the Australian Government's substantial investment in NDIS psychosocial support and the acknowledged need for better integration between NDIS and hospital-based mental health services, it is necessary to review this exclusion.

- c. The ANMF calls on the Federal Government to amend NDIS policy and provide funding so that support workers can continue to provide care to their client the person's admission to Acute Mental Health Inpatient Units, especially for people with mental illness or psychosocial disability.

Cancer

44. Lung cancer is Australia's leading cause of cancer-related death and the fifth most commonly diagnosed cancer. Despite this, access to specialist nursing care for people with lung cancer remains limited. Previous government funding has supported specialist nurse positions for other cancers, such as breast and prostate cancer, which has significantly improved equitable access to care and health outcomes. In Australia, there are currently only around 12 full-time equivalent lung cancer nurse specialists, highlighting a critical need for workforce expansion. With more than 12,700 Australians diagnosed with lung cancer each year, further investment is urgently required.



- a. The ANMF calls on the Federal Government to provide dedicated funding to establish and expand lung cancer specialist nurse positions across Australia, through fully subsidised professional development opportunities, accredited training, and post-graduate courses.

Skin cancer

45. Access to timely, high-quality skin cancer screening is a critical public health issue in Australia, particularly for people living in rural and regional communities who face higher exposure risks and persistent barriers to care. Based on a successful pilot study in regional South Australia, a national, rural and remote area-focussed a project led by Adelaide University's Rosemary Bryant AO Research Centre in collaboration with the ANMF's Federal Office and Branches in each state and territory would generate robust, policy-relevant evidence on how nurse-led skin cancer screening can be sustainably implemented at scale, strengthening rural health services, advancing nurses' scope of practice, and improving outcomes for communities most at risk. This project is grounded in workforce realities and national policy priorities, positioning the research to inform future health system reform and contribute to the development of a national, targeted approach to skin cancer screening. Investment in this project will enable the rigorous evaluation and sustainable implementation of an innovative, evidence-based model that improves early detection of skin cancer in high-risk regional communities while addressing workforce shortages through better utilisation of nurses' full scope of practice. Government funding will support expansion of the project nationally, nurse-led research capacity, strengthened rural and regional health services, and generate transferable evidence to inform future policy, including the development of a targeted national skin cancer screening program.

- a. The ANMF calls on the Australian Government to provide dedicated funding to support the Spot Study scale up as a national nurse-led, multidisciplinary model of care for skin cancer screening in regional Australia.



Diabetes

46. The management of diabetes in Australia faces ongoing challenges from rising prevalence and growing complexity, especially in the context of an aging population, and increasing rates of Type 2 diabetes. State-of-the-art technologies, such as Continuous Glucose Monitoring (CGM) and Flash Glucose Monitoring, have been shown to significantly improve glycaemic control, reduce complications, and enhance quality of life. However, access to these technologies remains limited for many, particularly residents of aged care facilities who often require regular prescribed insulin yet lack subsidised access to such advanced monitoring devices through the National Diabetes Services Scheme (NDSS). Multidisciplinary models of diabetes care are essential to address the multifaceted nature of diabetes, combining medical management, education, dietetics, and psychosocial support. Investment in such integrated care models and prevention programs aligns with the Australian National Diabetes Strategy 2021-2030's goals to improve health outcomes and reduce the burden of diabetes at the population level.

The ANMF calls on the Federal Government to:

- a. Increase equitable access to new diabetes technologies and expand investment in multidisciplinary diabetes care and prevention programs to support improved outcomes and reduce healthcare costs.
- b. Increase funding to the *National Diabetes Services Scheme* (NDSS) to extend subsidised access to Continuous Glucose Monitoring and Flash Glucose Monitoring products to individuals with Type 2 Diabetes who reside in Residential Aged Care Facilities and receive regular prescribed insulin.

Nurse-and midwife-led research and evaluation funding

47. Nurses and midwives are central to the delivery of health care across Australia's hospitals, aged care services, primary health care, community health, and disability sectors. As the largest and most widely distributed health workforce, they are uniquely positioned to identify



inefficiencies in care delivery, develop innovative models of care, and generate practical, system-level solutions that improve patient outcomes and workforce sustainability. Despite this, nurses and midwives remain significantly underrepresented in competitive health and medical research funding, particularly in funding streams focused on health services research, implementation science, and system evaluation.

48. This underrepresentation is not reflective of the contribution nurses and midwives make to the health system, nor of the potential return on investment that nurse- and midwife-led research offers. Research led by nurses and midwives is typically highly applied, focused on real-world service delivery, workforce models, prevention, and continuity of care. These are precisely the areas where Australia faces its greatest system pressures and where targeted investment can deliver measurable improvements in access, quality, safety, and cost-effectiveness. Existing funding mechanisms, however, often privilege biomedical and investigator-initiated research models that disadvantage practice-based clinicians, limit translation into service improvement, and overlook the value of interdisciplinary and workforce-focused inquiry.
49. The absence of a dedicated, nationally coordinated funding mechanism for nurse- and midwife-led health services research represents a missed opportunity for the Government to harness frontline expertise to drive reform. Evidence consistently demonstrates that nurse-led models of care can reduce avoidable hospital admissions, shorten lengths of stay, improve chronic disease management, enhance patient satisfaction, and deliver care more efficiently across acute, primary, and aged care settings. Many of these models, however, remain under-evaluated, under-scaled, or vulnerable to disinvestment due to a lack of robust, workforce-led evidence that meets government funding and accountability requirements.
50. Establishing a dedicated nurse- and midwife-led health services research and evaluation fund would address this gap and support the Government's stated priorities of productivity, prevention, and value for money in health expenditure. Such a fund would enable nurses and



midwives to lead and partner in research focused on contemporary workforce models, including safe staffing, skill mix, advanced practice roles, and multidisciplinary team-based care; preventive and early-intervention approaches that reduce demand on acute services; and innovative models of care in aged care and primary health that support care in place, continuity of care, and better integration across sectors.

51. Importantly, investment in nurse- and midwife-led research would strengthen the evidence base needed to evaluate existing healthcare programs, inform future funding decisions, and ensure that public investment delivers measurable outcomes. By embedding evaluation alongside implementation, the Government can reduce the risk of ineffective or duplicative programs, support continuous improvement, and accelerate the scale-up of models that demonstrably improve outcomes for patients, communities, and the workforce.
52. The ANMF therefore calls on the Federal Government to establish and fund a dedicated nurse- and midwife-led health services research and evaluation program, designed to support applied, practice-based research with a clear pathway to translation and system impact. Funding should be accessible to nurses and midwives across clinical, academic, and joint appointments, support partnerships with health services and communities, and prioritise research that addresses workforce sustainability, prevention, aged care reform, and primary healthcare innovation. Such an investment would represent a strategic and cost-effective use of public funds, ensuring that those who deliver the majority of care are empowered to generate the evidence needed to strengthen Australia's health system now and into the future.

The ANMF calls on the Federal Government to:

- a. Establish a dedicated, nationally coordinated nurse- and midwife-led health services research and evaluation fund, focused on applied, practice-based research that delivers measurable improvements in patient outcomes, workforce sustainability, system efficiency, and value for money.
- b. Prioritise funding for nurse- and midwife-led research in high-impact areas, including



workforce models and safe staffing, prevention and early intervention, aged care reform, and innovative primary healthcare models that support continuity of care and care in place.

- c. Provide investment of \$55 million over three years to the Australasian Nursing and Midwifery Clinical Trials Network (ANMCTN) to strengthen Australia's nursing and midwifery clinical research workforce, accelerate evidence translation and improve national primary care outcomes. \$5 million over three years would support national clinical research workforce training, mentoring and a clinical research coordination unit and a further \$50 million over three years would support quarantined research funding for nurse and midwife led clinical trials.
- d. Ensure funding mechanisms are accessible to clinically based nurses and midwives, including those in joint clinical–academic roles, primary care, aged care, rural and remote services, and Aboriginal Community Controlled Health Organisations, to reduce structural barriers to participation in competitive research funding.
- e. Embed evaluation and translation requirements within funded projects, to support real-time learning, accountability for public investment, and the rapid scale-up of evidence-based models of care that demonstrate improved outcomes and cost-effectiveness.
- f. Support partnerships between nurses, midwives, health services, universities, and communities, ensuring research is grounded in frontline experience, responsive to local needs, and aligned with national health priorities.
- g. Use nurse- and midwife-led research to inform Commonwealth policy and funding decisions, including evaluation of existing programs and future investments in workforce reform, prevention, aged care, and primary healthcare.



GENDER EQUITY AND INDUSTRIAL RELATIONS REFORM

53. As Australia's largest union, we represent and advocate for the professional, industrial, and social interests of nurses, midwives, and care workers, strengthening the health and aged care systems to improve the health and well-being of all. Our primary objectives in gender equity and industrial relations reform support our purpose by advocating in all settings for the achievement of gender pay equity and improved work-life balance as well as fair, modern, and inclusive industrial relations frameworks.
54. We call on the Government to affirm a shared commitment to fairness, safety, and equity in the working lives of nurses and midwives, recognising that secure, well-supported workforces are essential to high-quality patient care. This shared commitment would prioritise closing systemic gender-based inequalities by addressing pay equity, retirement security, and access to income protections, while also promoting modern working arrangements that support work-life balance across different life stages. We are keen to work with government and industry to create inclusive and contemporary industrial relations frameworks that value care work appropriately, protect workers from harm, and remove structural barriers that disadvantage particular roles or settings. By delivering on these priorities, we can deliver safer workplaces, fairer remuneration, and sustainable careers for nurses and midwives, while supporting workforce retention and gender equity across the health system.

Nurses and Midwives Work Value Case

55. The ANMF commenced the Nurses and Midwives Work Value (NMWV) case in February 2024 and it is listed for hearing in June 2026 before an Expert Panel of the Fair Work Commission.⁹ The NMWV case follows the Aged Care Work Value case which resulted in wage rates in the Nurses Award 2020 increasing by over 30% in some classifications, and a minimum of 15% for all classifications.¹⁰ It is expected that the outcome for all nurse classifications, working outside of aged care, will be very similar to those achieved in the aged care case. A

⁹ Australian Nursing and Midwifery Federation Application to vary a modern award 9 February 2024 [Form 46](#)

¹⁰ [2022] FWCFB 200, [2023] FWCFB 93 and [2024]FWCFB 452



commitment from the Federal Government to support the outcome of the NMWV case will be a significant factor in ensuring award wages are varied to reflect the properly fixed work value of ENs, RNs OHNs and NPs without further delay. Both cases play an historical part in addressing systemic gender-based undervaluation of work performed in female-dominated employment sectors.

- a. The ANMF calls on the Federal Government to fund and support the outcome of the Nurses and Midwives Work Value case, via existing funding methods which support Australia's private hospitals, primary and community health sectors. We refer to the above section regarding primary healthcare in relation to increased funding to the WIP, as one essential means of meeting the outcome of the case.
- b. With the final tranche of increases to the Nurses Award for aged care nurses to become operative on 1 August 2026,¹¹ the ANMF calls for the Federal Government to confirm its commitment to funding the final increase to award rates in the aged care sector including associated on-costs.

56. A fair and modern workplace relations framework must recognise the realities of workers' lives and the diverse circumstances that affect their capacity to participate safely, productively, and sustainably in paid employment. The Australian Nursing and Midwifery Federation's proposals to strengthen the National Employment Standards (NES) are grounded in evidence that supportive leave and flexible work arrangements are not discretionary benefits, but essential protections that promote workforce wellbeing, gender equity, and economic participation. Without appropriate workplace safeguards, workers facing reproductive health challenges, family and domestic violence, or caring responsibilities are more likely to experience absenteeism, reduced productivity, workforce exit, or long-term health and financial harm. Introducing dedicated reproductive health and wellbeing leave, strengthening access to flexible work arrangements, and expanding family and domestic violence leave and family definitions within the NES would better reflect

¹¹ [2024]FWCFB 452



contemporary Australian society and the needs of a diverse workforce. These reforms acknowledge that reproductive health conditions, experiences of violence, and family structures do not conform to narrow or traditional models, yet have profound impacts on workers' health, safety, and employment security. By embedding these protections in the NES and Fair Work Act, Australia can support workforce retention, reduce inequality, and ensure that industrial relations settings promote dignity, inclusion, and wellbeing for all workers.

The ANMF calls on the Federal Government to:

- c. Include ten days per year of reproductive health and well-being leave for full time workers (pro-rata for part-time workers) in the NES. This leave would assist workers to manage reproductive health challenges such as menopause, fertility treatments and endometriosis.
- d. Amend to the Fair Work Act to specify access to flexible work arrangements for those experiencing reproductive leave challenges.
- e. Amend the family and domestic violence leave provisions within the NES to include leave for supporters of immediate family members experiencing family and domestic violence and expand the definition of those included as immediate family and household members to reflect and include people who do not fit into a relative concept of family in a multicultural society.

Superannuation

57. The ANMF actively campaigns for a fairer and more equitable superannuation system because many nurses, midwives and care workers, who are predominantly women, are disproportionately affected by retirement income inequality. Women retire with significantly less super than men and are more likely to have little or no super at all, largely due to part-time work patterns and caregiving responsibilities. The ANMF strongly supported reforms requiring superannuation to be paid on Commonwealth Paid Parental Leave (PPL) and



welcomed the government's move to introduce 12% super on PPL from 1 July 2025 as an important step toward equity.

- a. The ANMF calls on the Federal Government to work with superannuation companies to explore opportunities to maintain the same level of insurance coverage for members to ensure that the same level of insurance coverage is provided to the age of retirement set by government rather than placing this expense upon the individual worker.

Tax deductible public transport and parking

58. Allowing nurses and midwives to claim public transport and vehicle parking costs as tax-deductible expenses would be a targeted and equitable reform that recognises the essential nature of their work and the realities of 24/7 health service delivery. Nurses and midwives are required to attend workplaces at all hours, often in settings where public transport is limited or unavailable, making transport and parking unavoidable work-related costs. These expenses disproportionately impact a predominantly female workforce and exacerbate existing cost-of-living pressures and gender-based income inequities. Making these costs tax deductible would support workforce participation, improve retention, and contribute to fairer and more modern industrial settings, while strengthening the sustainability of Australia's nursing and midwifery workforce.

- a. The ANMF calls on the Federal Government to make public transport or vehicle carparking costs tax deductible for nurses, midwives, and other healthcare workers.

Climate change and social justice

59. The Federal Government must work to create a climate-resilient health system by fully funding the implementation of the National Climate and Health Strategy to move from high-level strategic planning to implementation.¹² A resilient health system depends on a

¹² Lancet Countdown. (2025). 2025 climate and health policy priorities for Australia: Policy priority 1 (Policy Priority 1). Retrieved from https://lancetcountdown.org/wp-content/uploads/2025/10/Australia_Lancet-Countdown_2025_Policy-Priority-1.pdf



workforce that is adequately staffed, skilled, protected and meaningfully engaged in climate preparedness and response. Currently, nurses midwives and carers are poorly supported to engage in climate resilience. There is a shortage of meaningful roles for nurses, midwives and carers in climate change related work; climate change education offerings are suboptimal and engagement of nursing and midwifery expertise in policy development is lacking.¹³ An investment in climate and health would enable nurses, midwives and carers to reduce occupational exposure to climate stressors, participate in prevention and adaptation activities, and sustain the delivery of safe, high-quality care during climate shocks and stressors.

The ANMF calls on the Federal Government to commit to building a climate-resilient health system, by funding the implementation of the National Climate and Health Strategy including:

- a. \$161m to fund the development of a National Climate and Health education module (\$5m) to be rolled out by Climate Change educators (with ring-fenced funding for nursing and midwifery roles) across state-and-territory-based public hospitals and health facilities (\$156m).
- b. \$18 million to resource Primary Health Networks (PHNs) with dedicated climate and health leads to support preparedness, response and recovery from climate-related health impacts. These roles would build workforce capacity through targeted education, support primary care services to plan for and manage climate events, and strengthen coordination of care for communities, particularly for people living with chronic disease and/or disability, during and after extreme weather and environmental hazards.
- c. \$5m over five years to establish a dedicated Climate and Health peak body, operating adjacent to existing health peak bodies to provide Quality education and training; Nationally coordinated climate and health research, education and capacity-building

¹³ Richards, C. (2025). From margins to the centre: Positioning nurses and midwives to create climate-resilient health systems. *Australian Journal of Advanced Nursing*, 42(2).



support.

- d. \$32m over four years to fund time-limited fellowships and secondments for health professionals, including nurses, midwives and carers, to work on sustainability and climate projects within health services, organisations and peak bodies - supported through the National Sustainability and Climate Unit.

60. This investment would support both the expansion of the nursing, midwifery and care workforce and targeted education for the existing workforce. Funding would increase the number of funded positions, while also strengthening skills in climate preparedness, disaster response, and the design and delivery of sustainable models of care. Workforce development would be paired with funding for states to invest in fit-for-purpose, climate-resilient health facilities and equipment that protect both patients and the workforce.

61. As the frequency and severity of natural disasters continue to increase, it is essential that workplace entitlements recognise both the personal and professional impacts these events have on workers. Frontline health and aged care workers are often required to remain at work during disasters, providing critical care to communities while managing risks to their own safety, homes, and families. Without adequate leave provisions, these workers may be forced to choose between fulfilling essential duties and attending to urgent personal and recovery needs.

62. The ANMF's call for dedicated disaster leave within the National Employment Standards acknowledges this reality and seeks to ensure workers are supported before, during, and after natural disasters. Providing access to 5–12 days of disaster leave per year, with separate occasions of leave for each event, would enable workers to prepare for disasters, respond to immediate impacts, and recover in the aftermath—supporting workforce wellbeing, continuity of essential services, and community resilience.

- e. The ANMF calls on the Federal Government to amend the NES to provide 5-12 days per year of disaster leave, able to be taken before during and after a natural disaster, with



separate occasions of leave available for each.

63. Public subsidies for fossil fuel production and use perpetuate climate change and contribute to significant and preventable health harms, including from air pollution, extreme heat, and environmental degradation. In this context, phasing out major fossil fuel tax concessions and strengthening resource taxation would allow public funds to be redirected away from high-emitting industries and toward climate-resilient health systems, agricultural adaptation, industrial electrification, and just transition programs that strengthen economic stability and population health resilience.

- f. The ANMF calls on the Federal Government to cap fuel tax credits (e.g. at AU \$20 million per company) and introduce a 25% export levy on liquefied natural gas (in place of Petroleum Resource Rent Tax).

Social justice and human rights

64. Current income support payments provided by the Australian Government, such as JobSeeker and Youth Allowance, are insufficient to meet the rising cost of living, leaving many recipients unable to afford safe housing, nutritious food, or essential healthcare. Inadequate income support contributes to significant health inequities, as individuals experiencing financial hardship face higher risks of chronic disease, malnutrition, and stress-related illness. For children and young people in low-income households, these conditions also limit access to education, social participation, and healthy development, perpetuating cycles of disadvantage. Strengthening income support is therefore a public health intervention that can reduce preventable illness and promote social and economic inclusion.

- a. The ANMF calls on the Federal Government to increase the base rates of JobSeeker, Youth Allowance, and other relevant income support payments to reflect the true cost of living, to ensure payments provide financial security that supports safe housing, adequate nutrition, and access to healthcare.

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JobSeeker and Youth Allowance, are insufficient to meet the rising cost of living, leaving many recipients unable to afford safe housing, nutritious food, or essential healthcare. Inadequate income support contributes to significant health inequities, as individuals experiencing financial hardship face higher risks of chronic disease, malnutrition, and stress-related illness. For children and young people in low-income households, these conditions also limit access to education, social participation, and healthy development, perpetuating cycles of disadvantage. Strengthening income support is therefore a public health intervention that can reduce preventable illness and promote social and economic inclusion.

- b. The ANMF calls on the Federal Government to increase the base rates of JobSeeker, Youth Allowance, and other relevant income support payments to reflect the true cost of living, to ensure payments provide financial security that supports safe housing, adequate nutrition, and access to healthcare.

Human rights

66. The ANMF is a signatory to and participant in the Human Rights Law Centre's campaign for an Australian Human Rights Act (the Campaign) and supports the Campaign's submission to this budget including the recommendations. Specifically, the ANMF reinforces the recommendations of the Parliamentary Joint Committee on Human Rights that appropriation bills should contain an assessment of human rights compatibility meeting the standards outlined in the Committee's Guidance Note 1 and addressing the following matters; i) overall trends in the progressive realisation of economic, social and cultural rights, ii) impact of budget measures on vulnerable groups, and iii) key individual measures which engage human rights. The ANMF also echo the Campaign's reasoning for an Australian Human Rights Act. Most significantly for us, it is essential the rights to health, education, work and housing are enshrined in a national framework for human rights, to ensure the enjoyment of these rights is accessible for all. A national Human Rights Act will embed a rights-based framework in federal budgeting which will in the long term save governments money by reducing discrimination and promoting people's wellbeing and quality of life.