

**IN THE FAIR WORK COMMISSION
REGISTRY: MELBOURNE**

MATTER No: AM2024/11

Application by the Australian Nursing and Midwifery Federation to vary the *Nurses Award 2020*

HEALTHSCOPE'S OUTLINE OF SUBMISSIONS

(Filed pursuant to order 3 of the directions made by the President, Hatcher J, dated 4 December 2025)

A INTRODUCTION

1. These submissions are filed on behalf of Healthscope Operations Pty Ltd and the Adelaide Community Health Care Alliance Incorporated (**Healthscope**) and address the application made by the Australian Nursing and Midwifery Federation (**ANMF**) to increase the minimum wages of Registered Nurses (**RNs**), Midwives, Enrolled Nurses (**ENs**), Nurse Practitioners (**NPs**), Occupational Health Nurses (**OHNs**) and nursing assistants (**AINs**) under the *Nurses Award 2020* (**Award**).
2. Healthscope agrees with the summary of issues identified at paragraphs 5 to 11 of the ANMF's submissions dated 20 March 2026 (**ANMF Submissions**). Healthscope's position in respect of each of the 11 issues identified by the ANMF below (adopting the ANMF's defined terms where relevant) is as follows:
 - (a) **Integration Issue:** Healthscope does not have an interest in this issue and does not take a position in respect of it;
 - (b) **Enrolled Nurses:** Healthscope agrees with the ANMF's proposed rates and structure for ENs in a non-aged care setting and otherwise does not have an interest in the rates of ENs in aged care.
 - (c) **Nurse Practitioners:** Healthscope agrees only to a 15 per cent increase for non-aged care NPs. Healthscope opposes any further increases for non-aged

Lodged by: Healthscope Operations Pty Ltd and the Adelaide
Community Health Care Alliance Incorporated

Telephone: 02 9921 8580

Address for Service:
C/O Kate Plowman
Governor Macquarie Tower, 1 Farrer Place
Sydney NSW 2000

Email: kate.plowman@minterellison.com

care NPs. Healthscope does not have an interest and does not take a position in respect of aged care NPs.

- (d) **RNs, Midwives, OHNs, AINs:** Healthscope agrees with the rates and classification structure for RNs, Midwives, OHNs and AINs.
- (e) **Progression Issue:** Healthscope opposes the ANMF's proposal to remove the casual and part-time employees hours threshold for progression.
- (f) **Phasing:** Healthscope does not oppose the interim order. Healthscope otherwise agrees that the variations should be phased in over five annual increments, weighted equally. Healthscope's position is that each increment should commence operation on 1 July.
- (g) **Award name change:** Healthscope agrees that the name of the Award in the title at cl 1.1 be amended to *Nurses and Midwives Award 2020*.

3. As to the three contested issues, Healthscope contends, in summary:

- (a) the Full Bench should decline to vary the minimum wage rates of non-aged care NPs beyond the 15% increase to align the rate with the aged care NPs. The full percentage increase sought by the ANMF results in the maintenance of the existing relativity of 50% (first year) and 55% (second year) as compared with the benchmark RN rate. Such an increase is not justified for work value reasons;
- (b) the Full Bench should not remove the existing threshold for part-time and casual employees progression through pay points in clause 15.2(a) of the Award (the **equivalent hours threshold**). This threshold is necessary to ensure that progression in the new classification structure reflects equivalent work value of part-time and casual employees. The ANMF provides no compelling basis to depart from this longstanding feature of pay progression under the Award; and
- (c) the variations, to the extent Healthscope agrees with them, should take effect on the first full pay period after 1 July consistent with the default operative date of determinations generally pursuant to s 166(1) of the *Fair Work Act 2009* (Cth) (**FW Act**).

B NURSE PRACTITIONERS

4. The current minimum weekly wage rates for non-aged care NPs are:

- (a) \$1,791.90 (1st year); and

- (b) \$1,845.10 (2nd year).
5. The ANMF seeks that the minimum weekly wages of NPs be increased to \$2,381.90 (1st year) and \$2,452.60 (2nd year), which constitute percentage increases of 32.93%. The proposed NP rates seek to maintain existing relativities of 50.82% (first year) and 55.30% (second year), compared to the RN Level 1, pay point 2 in the existing structure.¹
 6. Healthscope (and all other parties) oppose the full increases sought by the ANMF and contend that the increases to minimum weekly wages of non-aged care NPs should be limited to 15%, consistent with the NP wage increases in aged care arising from the *Stage 1 Decision* and *Stage 2 Decision*. Taking into account the 2025 Annual Wage Review, the minimum weekly wages should be varied to \$2,060.70 (first year) and \$2,121.90 (second year). This results in a relativity of around 30% (first year) and 34% (second year), compared to the benchmark rate. For the reasons outlined below, Healthscope's (and the other parties') position should be preferred.
 7. *First*, as was recognised by the Expert Panel in the *Nurses Decision*, the NP rate in aged care in the current structure (taking into account the 15% for NPs in aged care) has a "very high relativity" (54 per cent in the first year and 58.5 per cent in the second year) compared to a RN Level 1 pay point 1, and a first year NP has a rate of pay about the same as a RN Level 5 grade 1, who exercises management and leadership responsibilities.² The existing relativity as compared with the benchmark rate is similarly high (50% and 55% as outlined above).
 8. *Second*, the Expert Panel, in the *Nurses Decision*, also considered that the evidence before it concerning NPs was insufficient to justify further pay increases at that time.³ In particular, the Expert Panel considered that the evidence did not justify NPs in aged care receiving further pay increases such as to place them significantly above the Level 5 teacher who similarly practises their profession at an advanced level of accreditation.⁴ The criteria for a Level 5 teacher is "Teacher with Highly Accomplished/Lead Teacher accreditation/registration" or equivalent.⁵ The agreed NP rate aligns with the proposed RN Level 3 which covers Clinical nurse consultant, Nurse manager or Nurse Educator.

¹ The ANMF calculates its proposed new rates by applying a percentage increase of 50.82% and 55.30% to the RN Level 1 (Completion of 1st year (1 year plus)) rate of \$1,579.30.

² *Nurses Decision*, [61].

³ *Nurses Decision*, [61].

⁴ *Nurses Decision*, [61].

⁵ *Educational Services (Teachers) Award 2020*, cl 14.1.

The ANMF's proposed rates would place NPs above RN Level 4 (Assistant Director of nursing) and just below RN Level 5 (Director of nursing). While the Expert Panel left open the possibility for further review and "*further and more focused evidence on the qualifications and the role of NPs*" in this application,⁶ the evidence led by the ANMF is insufficient to justify maintaining existing relativities.

9. The ANMF has filed limited evidence quantifying the relative value between the work performed by entry level NPs and RNs paid the benchmark rate. Dr Heap provides a relative comparison between RNs and NPs as part of her Spotlight analysis. However Dr Heap's opinion, and what can be derived from it, is limited for a number of reasons. The report is based on information gathered from only four NPs who were interviewed for Dr Heap's study.⁷ This is a narrow pool and not necessarily representative of the experience of NPs more generally. Further, the Heap Report compared experienced NPs and experienced RNs, rather than the more useful comparison for the purposes of the rates sought by the ANMF, of an entry level NP compared with the benchmark RN classification. This inapt comparison affects the utility of the conclusions reached in the Heap Report. In any event, taken at its highest, the Heap Report only provides for a relativity of 125% for NPs as compared with RNs.⁸ This is far lower than the existing relativity sought to be maintained by the ANMF and more closely aligns with the relativities of Healthscope and the other parties' proposed increase.
10. *Third*, the agreed 15% increase reflects the interim increase that the Full Bench decided to apply to NPs in aged care. In making that determination, the Full Bench referred to the Joint Employer' observation that the role of Nurse Practitioners is "very niche."⁹ In concluding that an interim increase was warranted for nurse practitioners, the Full Bench agreed with the Joint Employers' submission that in relation to the evidence in that proceeding, a Nurse Practitioner's scope of practice and competence sits somewhere above a RN and below a general practitioner, and that "*it's clear that some of their activities are unashamedly of a much higher order than those undertaken by a registered nurse.*"¹⁰ Having regard to the Full Bench's observations, the 15% increase already recognises the unique role and responsibilities of NPs, which is the subject of the expert and lay evidence that has been filed in this proceeding.

⁶ *Nurses Decision*, [61].

⁷ Spotlight Skills Recognition Report prepared by Dr Lisa Heap dated 16 March 2026 (**Heap Report**), [32].

⁸ ANMF Submissions, [100].

⁹ *Stage 1 Decision*, [934].

¹⁰ *Stage 1 Decision*, [934].

C PROGRESSION ISSUE

11. Clause 15.2 of the Award provides for progression through pay points for employees other than aged care employees. Clause 15.2 provides:
- (a) Progression for employees other than aged care employees will be:
 - (i) for full-time employees – by annual movement; or
 - (ii) for part-time or casual employees – 1786 hours of experience.
 - (b) Progression to the next pay point for all classifications in clause 15.1 for which there is more than one pay point will have regard to:
 - (i) the acquisition and use of skills described in the definitions contained in Schedule A – Classification Definitions; and
 - (ii) knowledge gained through experience in the practice settings over such a period.
12. The equivalent hours threshold for part-time or casual employees is calculated by multiplying 38 hours (the ordinary hours for a full-time employee) by 47 (constituting the number of working weeks per year, taking into account five weeks of annual leave that employees are entitled to under clause 22.2(a) of the Award).
13. The equivalent hours threshold for progression through pay points has been a feature of the Award since it was first made.¹¹ Healthscope contends that this threshold remains relevant in the new proposed classification structure, which continues to include time based increments for AINs, ENs, RNs, NPs and OHNs. The Award should contain a modified version of clause 15.2, which provides for the equivalent hours threshold for each year of service referred to in the proposed new classification structure.
14. The retention of the equivalent hours threshold is consistent with the ANMF's submissions that knowledge and skills develop with time in the role.¹²
15. It is the time performing the job that is critical to the development of knowledge and skills that are relevant for determining work value. While Healthscope does not contest that ENs, RNs (including NPs) and Midwives must comply with their continuing professional development obligations to maintain their relevant registration and accreditation, these educational requirements are not a proxy for work value. As is illustrated in the ANMF's own evidence, it is the time performing the relevant role which

¹¹ *Nurses Award 2010*, cl 15. See also similar equivalent hours thresholds in the *EST Award*, cl 14.2; *Educational Services (Post-Secondary Education) Award 2020*, Schedule B, clause B.1.3; *Medical Practitioners Award 2020*, cl 16.2; *Social, Community, Home Care and Disability Services Industry Award 2010*, Schedule B, cl B.1.3(d).

¹² ANMF Submissions, [87]-[90], [93], [95], [96], [149]., [150], [156], [163], [192], [194].

is critical for work value.¹³ While compliance with CPD requirements support RNs and Midwives to maintain competency in their role, the accumulation of knowledge and skills for the purposes of determining work value justifying wage increases depends on the actual performance of the role. If compliance with CPD requirements was a primary determining factor of work value, there would be, in theory, an unlimited ongoing annual increase of work value across a Nurse or Midwife's career (or in any occupation which requires ongoing compliance with CPD requirements). Such a proposition is untenable.

16. Further, under the regulatory framework governing registration of nurses and midwives, practice-hour requirements are imposed under a separate registration standard to CPD requirements. Under the Registration Standards: Recency of Practice,¹⁴ ENs, RNs and Midwives must demonstrate one or more of the following to maintain their registration:
 - (a) completion of a minimum of 450 hours of practice within the past five years;
 - (b) successful completion of a program or assessment approved by the NMBA; or
 - (c) successful completion of a period of supervised practice approved by the NMBA.
17. The above requirements make clear that CPD requirements are not a replacement for actual work experience.
18. Further, to be endorsed by the NMBA as an NP, a person must be able to demonstrate clinical experience equivalent to three years, being, 5,000 hours, at an advanced practice level.¹⁵ The inclusion of an equivalent hours threshold of clinical experience is consistent with relevant clinical experience being calculated by reference to the hours performed rather than the years of service regardless of the number of hours performed across that year. This supports the preservation of the equivalent hours threshold in clause 15.2 of the Award.

¹³ See for example: Statement of Noelleen Kiprillis dated 17 March 2026, [49]; Statement of Nikki Johnson OAM dated 17 March 2026, [57]-[59]; Statement of Stephen Voogt dated 18 March 2026, [16], [17], [22]; Statement of Rose McCrohan dated 18 March 2026, [48]; Statement of Kerrie Duggan dated 18 March 2026, [43]; Statement of Jason Moloney dated 18 March 2026 [46]-[47], [63]; Statement of Samantha Beattie dated 19 March 2026, [28a], [29], [36]; Statement of Darren Wall dated 18 March 2026, [32], [35], [48]; Statement of Nicole Mackay dated 18 March 2026, [16], [18]; Statement of Teresa Satalich dated 17 March 2026, [13], [26].

¹⁴ Registration Standards: Recency of Practice, page 2
<https://www.nursingmidwiferyboard.gov.au/registration-standards/recency-of-practice.aspx>

¹⁵ ANMF Submissions, [174(2)].

19. In respect of the examples provided at paragraph 206 of the ANMF's Submissions regarding nurses and midwives who work multiple roles or have their full-time hours with one employer split amongst multiple awards/units, those employees would continue to have their hours recognised on a full-time basis given that the years of service in the classification structure is not limited to a specific employer or a specific ward or unit.
20. Finally, in respect of the determination made following the *Nurses Decision*, which deleted clause 15.3 that provided for progression through pay points of experience by 1786 hours of experience for part-time or casual employees in respect of aged care employees, the Expert Panel is not bound to apply the same approach in this proceeding. The issue does not appear to have been fully ventilated in the aged care proceeding, save for a brief submission made by one party. For the reasons outlined above and having regard to the ANMF's own evidence regarding the value of time on the job, the equivalent hours threshold remains relevant and should be retained.

D OPERATIVE DATE

21. Healthscope generally agrees with the ANMF's summary of the applicable principles regarding the default operative dates of modern award minimum wage variations and the relevant matters that the Full Bench must take into account in exercising its powers under s 166 to specify another date on which a variation determination comes into operation.¹⁶
22. Healthscope proposes that, consistent with the default rule under s 166(1) of the FW Act, a determination varying the minimum wages in the Award should come into operation on 1 July in the next financial year after it is made. Section 166(2) provides that the Full Bench must not specify another day, "*unless it is satisfied that it is appropriate to do so.*" No adequate explanation has been provided by the ANMF to explain why it is appropriate in the present circumstances to depart from the default rule. In those circumstances, Healthscope prefers a 1 July commencement date.

E CONCLUSION

23. For the reasons outlined above, Healthscope contends that:
- (a) the Full Bench should vary the minimum wage rates of non-aged care NPs only by providing a 15% increase to align the rate with the rate for aged care NPs;

¹⁶ ANMF Submissions, [219].

- (b) the Full Bench should preserve a modified version of the equivalent hours threshold in clause 15.2 of the Award; and
- (c) the variations, to the extent Healthscope agrees with them, should take effect on the first full pay period after 1 July.

27 May 2026

FRANCESKA LEONCIO
Counsel for Healthscope Operations Pty Ltd and
the Adelaide Community Health Care Alliance Incorporated

MinterEllison
Solicitors for Healthscope Operations Pty Ltd and
the Adelaide Community Health Care Alliance Incorporated