

MIDWIFERY CONTINUITY OF CARE MODELS

A GUIDE TO THE INDUSTRIAL FRAMEWORK AGREEMENT BETWEEN THE ANF, VHIA AND DHS

Step 1:

Develop a written proposal (consider appropriate consultation with midwifery staff, ANF reps at this stage). ***It is prudent to advise the ANF in writing at this stage that, firstly, your organisation is developing a written proposal in relation to Midwifery Continuity of Care Models and, secondly, that the organisation may be forwarding a formal proposal in accordance with the Industrial Framework Agreement to the ANF at some later stage.***

Contact VHIA
9861 4000

Conditions to be included in the Proposal:

- Participation in the model is voluntary (clause 5.1)
- Model provides for continuity of care (clause 5.3) and clinically effective arrangements (clause 5.7)
- Model provides for appropriate back up, including hand-over to other midwives (clause 5.4) Handover to be between 8 and 12 hours of duty (clause 5.10)
- Details the arrangements to apply to midwives not entering the model (clause 5.5)
- Caseload for model midwives not to exceed 45 women (booked in) (clause 5.6), pro rata for part-timers
- Nurse patient ratios to remain unless varied in accordance with clause 14 process of the 2004 MECA (clause 5.8);
- Midwives to be provided with flexibility to meet client needs, as per local arrangements and the 2004 MECA (clause 5.9)
- Standard 8 hour day to be the objective, with maximum of 12 hours (clause 5.10);
- 4 clear days free of duty and on call to be provided (clause 5.12)
- Appropriate managerial and midwife classification structure to be included (clause 5.14)
- Full indemnity arrangements to be maintained by the health service (clause 5.15);
- Vehicle to be provided or relevant vehicle allowance to be paid (clause 5.16);
- Professional development support to be available as per the 2004 EBA with additional support as agreed (clause 5.17);
- Appropriate OHS provisions (clause 5.18)
- Outlines interrelationship between existing maternity services and the model

Refer to clause 5 of the Framework Agreement for detail - the Framework Agreement provides that these matters **must** be included in any proposal. ***In other words, the proposal that is forwarded to the ANF must outline how each of the conditions will be met. It is advisable to include in the proposal as much information as you can, as this will expedite the consideration of the proposal.***

Review Provisions and Dispute resolution clauses to be included in the Proposal

- The proposal should include provision for informal evaluation by nursing management, ANF reps and staff on a monthly basis with provision for a formal review no later than 12 months after the introduction of the model (clause 6)
- Dispute resolution – at first instance refer to VHIA, DHS and ANF for discussion otherwise through clause 9 of the 2004 MECA (clause 7)

Remuneration Options to be included in the Proposal

All four remuneration options outlined in the Industrial Framework Agreement must be included in the written proposal (clause 5.13)

See attached list of remuneration options

Step 2:

Write to ANF Branch Secretary, attaching a copy of the written proposal and advising of the need to establish a Local Health Agency Committee (LHAC) to consider the proposal. ***It is important that the name of the "independent person" who is proposed to conduct the ballot is included in the written proposal. It is also important to include the names of the management nominees to the LHAC as the LHAC must be comprised of equal numbers of management and non-management nominees.***

cc. VHIA (attention Brian Sullivan/Bob Burrows);
cc. Local ANF organiser/industrial officer

Step 3:

Establish LHAC in accordance with clause 14 of 2004 MECA (equal numbers of reps)

Step 4:

If a majority (ie more than 50%) of the LHAC support one or more remuneration option/s, then those option/s only are included in the written proposal that is put to a vote of the relevant nursing staff;

If there is no majority support, the two remuneration options most favoured by the LHAC included in the proposal to be voted upon (clause 5.13(a) and (b))

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Step 5:

If the proposal is **supported** by a majority of the LHAC, then the written proposal is put to a vote of the relevant nursing staff, including the remuneration option/s.

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Step 6:

- A written copy of the proposal will be sent to an independent person (nominated in the proposal) who will distribute it to nursing staff and conduct a secret ballot of those employees;
- If the proposal is accepted by a majority of midwives, the employer will then implement the proposal;
- If the proposal is **not** accepted by a majority of midwives, the employer cannot implement the proposal,

Note: if the proposal contains more than one remuneration option to be voted upon, then the ballot also needs to ask nurses to vote for their preferred remuneration option (the one with majority support is then the remuneration option to be implemented)

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Step 7:

If the proposal is **not** accepted by a majority of the LHAC:

- (a) Where the proposal is a 'complying' proposal (within the meaning of clause 14 of the MECA), then the proposal is referred to the ANF/VHIA/DHS for consideration. The employer may choose to seek that a vote of relevant nursing/midwifery staff be conducted;
- (b) Where the proposal is a 'non-complying proposal', then the proposal cannot proceed further.