

**VICTORIAN
HEALTH
PROFESSIONALS
ASSOCIATION**

SPECIAL REPORT TO MEMBERS

SEPTEMBER 2013

Welcome to your new union / A clean sweep of the HSU / Respect us say Peter Mac RTs / **Pay rip-off exposed in Community Health** / **The Public Sector: is the grass greener?** / Stopping the squeeze on Health Professionals / **Your views: member survey results**



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September 2013

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Welcome to your new union

Craig McGregor *VHPA Secretary*

We have built a new independent Union for Health Professionals from the ground up.

In last year's election, members voted for a new leadership that promised a 'Clean Sweep'. I am proud to be delivering on this promise. In just over six months, we have introduced:

- Strict new controls on how the Union spends your money
- A comprehensive overhaul of governance and compliance
- Full transparency and caps on Union salaries
- Structural separation from Health Services Union (HSU) branches
- Effective budgeting measures to facilitate the implementation of part-time membership rates
- An entirely new staff team with a modern office and extended opening hours
- Member control of our Union.

And now we have a new name — the Victorian Health Professionals Association.

In a recent survey of members, there was overwhelming support for dropping the name 'HSU'. You voted for a distinct identity for your Union and the new name achieves this.

We believe that our new name, combined with the move to a new office near Melbourne's Parkville hospital precinct, will eliminate ongoing confusion about our relationship with other branches.

Now is the right time to make these changes. The jobs and careers of Victorian Health Professionals are under enormous pressure. We need to make sure our professions have a higher profile and are not forgotten when health managers and funders make their decisions.

We need to cooperate with other professional bodies to resist the 'squeeze' on our jobs through workforce changes that favour less-qualified health workers.

We need to campaign so that the salaries and conditions of Victorian Health Professionals keep pace with our interstate colleagues, as well as those in related disciplines such as nursing.

And we need to protect our members from unfair treatment in their workplaces and to ensure they have a safety net of industrial and legal assistance — including professional indemnity insurance — if things go wrong.

I want to wholeheartedly thank all of our members who have stuck with us over the past year. Your support has helped us make the transition.

We are building a modern and effective Union to represent you. But we still need your help. Democratic organisations can only succeed if members are actively involved. When the call goes out for volunteers, we need you to put your hands up. And we need you to reach out to colleagues and ask them to join.

Only a growing and active membership can achieve the good jobs, cooperative workplaces and decent careers for Health Professionals that we all aspire to.

A lot of hard work has been done but there is much more to do.

“ WE ARE BUILDING
A MODERN AND
EFFECTIVE UNION
TO REPRESENT YOU. ”

Craig McGregor, Secretary





WHO IS COVERED?

Our members work in most areas of health care, including public and private hospitals, community health centres, aged-care facilities, medical centres, private clinics and health and community services.

Professionals covered by the VHPA include:

- Art Therapists
- Behavioural Scientists
- Biomedical Technologists
- Cardiac Technologists (Technicians)
- Cardiac Sonographers
- Child Psychotherapists
- Clinical Coders
- Community Development Workers
- Dental Therapists
- Dentists
- Diversional Therapists
- Health Information Managers
- Medical Librarians
- Medical Illustrators
- Medical Imaging Technologists
- Medical Laboratory Technicians
- Medical Photographers
- Music Therapists
- Nuclear Medicine Technologists
- Myotherapists
- Occupational Therapists
- Orientation and Mobility Practitioners
- Orthoptists
- Prosthetists / Orthotists
- Physiotherapists
- Play Therapists
- Podiatrists
- Radiation Engineers
- Radiation Therapists
- Recreation Therapists
- Recreation Workers
- Rehabilitation Counsellors
- Renal Dialysis Technicians
- Research Technologists
- Safety Officers
- Social Planners
- Social Workers
- Sonographers
- Speech Pathologists
- Welfare Workers
- Youth Workers

Not sure if we cover you? Please contact the Union to check – phone 1300 322 917.

Note that professionals in mental health, disability and certain other sectors may not be eligible for coverage by the VHPA.

Our commitments to members

The Victorian Health Professionals Association is a specialist union that promotes and defends the industrial, professional and democratic interests of our members.

Our values

We are committed to our members' professional values of caring, advocacy and evidence-based practice. And we are committed to union values of collectivism, equality, fairness and integrity.

Our aims

- To achieve fairness, equality and opportunity in the workplace and the wider community.
- To promote recognition and respect for the role of Health Professionals in a caring community and a healthy society.
- To create a healthcare system that supports Health Professionals to deliver high-quality care in work that is meaningful and appropriately rewarded.
- To improve the general well-being of Health Professionals and seek a future for our members, families and communities that is equitable and sustainable.

Our focus

- To build a democratic organisation that delivers services and benefits to members efficiently.
- To organise workplaces so that our members are empowered to achieve their professional objectives and industrial aspirations.
- To win concrete improvements in the pay, conditions and rights of our members.
- To provide leadership on professional issues including standards, innovation, education, funding, policy and legislative reform.
- To form cooperative alliances with professional associations, unions and other organisations in pursuit of our members' interests.

“ WE HAVE MADE RADICAL IMPROVEMENTS TO THE UNION IN A SHORT SPACE OF TIME. I'M MOST PROUD OF OUR CAREFUL FINANCIAL MANAGEMENT. THIS HAS ALLOWED US TO DELIVER CUTS IN FEES FOR PART-TIME MEMBERS AND PUT A FREEZE ON FULL-TIME FEES. ”

Cheryl O'Connor, President

Our Committee of Management

(as at 30 June 2013)

President

Cheryl O'Connor (formerly Hale), Mammographer

Senior Vice President

Joanne Ginn, MRI Technologist

Junior Vice President

Rebecca Barnden, Physiotherapist

Trustee

Bruce Poole, Prosthetist/Orthotist

Branch Secretary

Craig McGregor, Senior Radiographer

Assistant Secretary

Andrew Hewat, Sonographer

Members

Jenni Bourke, Occupational Therapist

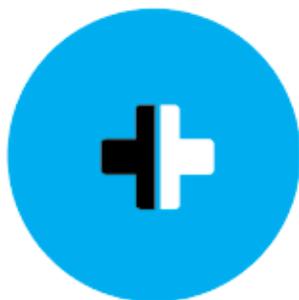
Anthony D'Amore, Sonographer

Julian Ginn, Radiographer

Michael Hovenden, Radiographer

Trish Pham, Radiographer

Sam Tuck, Radiographer



YOUR VHPA MEMBERSHIP INCLUDES

Advice and representation

We provide professional assistance on underpayment, redundancy, leave entitlements, bullying and other workplace issues.

Collective bargaining

We work with our members to negotiate pay and conditions and to ensure members have decent jobs in cooperative and efficient workplaces.

Professional indemnity

Members receive \$10 million insurance coverage at no extra cost to protect against legal liability arising from incidents relating to their professional work. †

Policy and advocacy

Your Union is a democratic organisation representing the professional interests of members through policy and legislation, and in the broader community.

Legal advice

Members have access to free legal advice and services from Australia's leading industrial and personal injury law firm, Maurice Blackburn.

Member benefits

Our extra benefits include access to quality banking, superannuation and financial services as well as discounts on shopping, cars and many other products.

Fees from 1 July 2013*	Annual	Quarter	Month	Fortnight
Full time, part time or casual	\$603.20	\$150.80	\$50.30	\$23.20
Part time or casual (9-24hrs)	\$452.40	\$113.10	\$37.70	\$17.40
Part time or casual (<9hrs)	\$301.60	\$75.40	\$25.10	\$11.60
Other categories ^	Parental & Other Leave \$101.10 Early Graduate \$101.10 Associate \$82.10 Student \$25			

* Fees shown are for direct debit. An extra \$5.50 processing fee applies to statements sent by mail.

^ Associate and Student Members are not eligible for Professional Indemnity Insurance.

† Terms and conditions apply - see vhpa.asn.au for details.

A clean sweep – how your Union is being rebuilt

Since late 2012, the new leadership team has been busy rebuilding your Union. This has required a fundamental restructuring of the organisation with new accounting systems, new governance arrangements, new infrastructure and new staff.

The previous discredited leadership left behind an administrative mess that meant the new team had to start from scratch in most areas. From the start we have had to deal with:

- Inadequate and poorly maintained membership and accounts systems.
- Financial records and systems that varied between inadequate and non-existent.
- Poor industrial record keeping systems. Crucial documents pertaining to members were nowhere to be found.
- No mechanism for payroll functions or accounting and no access to Union bank accounts.
- Complicated interconnections between our Union and the HSU Victorian Branch 1 and the equivalent NSW Branch that have had to be unwound.

“ ON A MONTH-TO-MONTH BASIS, THIS REPRESENTS A 92% REDUCTION IN EXPENDITURE OF MEMBERS’ MONEY. ”

Expenses and financial management

There is a world of difference between the Union’s financial management under the new leadership team and that of the past. While the accounts for the 2012-13 financial year are currently being audited (the audited accounts will in due course be reported to members), a number of key line items give an indication of the difference.

In the period for which we have records, 2003 to 2010, expenditure by the former management of the Union on just four items alone - travel, donations, entertainment and conference expenses - averaged around \$106,000 per year. The new VHPA leadership’s expenses in these areas were less than \$5,000 in the final seven months of the last financial year. On a month-to-month basis, this represents a 92% reduction in expenditure of members’ money by the current leadership.

It is likely that the Union’s travel expenses will rise in the coming financial year as our Organisers and officials travel around Victoria to meet with members, and also through a planned conference of Union delegates. The new leadership team will not repeat the lavish outlays of the past on entertainment, donations and various unnecessary expenses.

Financial controls have been established so that there is proper accountability for expenditure, and management of expenses against budget – something to which the previous leadership unfortunately did not pay sufficient attention.

The VHPA leadership team has set up robust systems, including new bank accounts, new auditors, new compliance procedures, as well as regular accounts reporting to the Audit and Compliance Committee.

Statement of Income and Expenses 2012/13

(pre-audit financial report)

	\$
Income	
Membership fees	1,311,135
Other income (bank interest, etc)	13,166
Total Income	1,324,301
Expenses	
Salaries and employee costs	644,817
Office rent, general administration	204,841
Member benefits	122,834
Affiliation fees	43,020
Legal and professional	29,908
Travel costs	7,450
Delegates and council of management expenses	495
Total Expenses	1,053,366
Net Surplus	270,935

Notes

This statement of income and expenses has not been subject to audit.

Formal accounts are still under preparation at the time of printing.

Figures quoted may vary from those in final audited accounts that will be lodged with the Fair Work Commission.

Salaries and officials

Another key area of difference with the former administration is in the level of salaries paid to elected officials and employees of the Union and the transparency around these arrangements. In the past there was little accountability around remuneration, leading to the outrageous situation of former officials being paid up to \$400,000 a year.

The current Secretary, Craig McGregor, is paid \$125,000 a year - a rate set by the Federal Court-appointed Administrator, Justice Michael Moore. The rate is comparable to that paid to heads of other unions of this size and was subsequently unanimously approved by the incoming Branch Committee of Management. All other staff are employed on salaries and conditions that are based on average rates of pay across the union movement. There is a clear salary schedule and classification structure for the Union with employment conditions based on the Clerks – Private Sector Award.

There are also now firm guidelines in place for staff travel, phone and other expenses to ensure that all payments are transparent and accountable.

We firmly believe that Health Professionals should always be in charge of their Union and are seeking to change the Union Rules to ensure all senior officials, office bearers and Committee of Management members are qualified Health Professionals.

Policies and governance

Since November 2012, the Branch Committee of Management (BCOM) has met regularly to guide the leadership and staff and ensure the Union is on track to meet its commitments to members.

In keeping with the recommendations of the Administrator and the current leadership's promises,



VHPA staff (from left): Craig McGregor, Secretary; Michael Nolan, Membership Officer; John Ryan, Organiser; Neil Bowker, Finance Officer and Office Manager; Ian Wilson, Communications Officer; Miin Yeo, Membership Officer; Jay Morrison, Organiser; Emma Brelsford, Organiser; Linda Jenkin, Lead Organiser; Andrew Hewat, Assistant Secretary; Luke Smeaton, Member Assist Organiser; Alex Leszczynski, Senior Industrial Coordinator (absent).

New staff appointments

One of the first tasks undertaken by the new leadership team was the appointment of new staff. All ongoing positions were advertised externally and on the Union website. A fresh team of organisers, administrators and financial and communications staff has now been appointed.

The new team has more than 40 years of collective experience in the union movement and the non-profit sector. Their work ethic, depth of experience and empathy with members has already had a positive effect on our members.

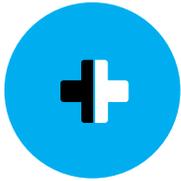
the Branch Committee of Management has put in place a series of detailed policies to ensure integrity and transparency in the Union's financial and organisational processes. These policies, along with the minutes of BCOM meetings are detailed on the Union website. They include:

- Finance Policy: Audit and Compliance; Tendering and Procurement; Motor Vehicles;

Corporate Credit Cards; Business Expense Reimbursement

- Governance Principles
- Employment Policy: Salary Schedule and Classification Descriptors
- Workplace Committees Policy.

New office and new name



**VICTORIAN
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PROFESSIONALS
ASSOCIATION**

Your Union, as announced in early July, has been renamed the Victorian Health Professionals Association (VHPA). With the change in name comes a new logo and new premises in West Melbourne. We made these changes for several reasons.

First, member feedback from our surveys strongly supported distinguishing our Branch from the name "HSU". The new name VHPA was one that garnered major membership support as it highlights our focus on the work and careers of Health Professionals. Development of the new logo happily coincided with the depletion of stationery stocks and the need to print new letterhead minus the now-defunct HSU East logo.

Second, the shift was necessary. When the Federal Court ordered the demerger of HSU East into the previously existing NSW, Victoria Branch 1 and Victoria Branch 3, the Administrator took steps to divide

up the assets. Unfortunately, while Branch 3 (VHPA) went into the merger with \$1.1m, it emerged with only \$350,000 in assets and no equipment.

So, since the demerger the VHPA had temporarily operated out of Victoria Branch 1 offices in South Melbourne. We had ten people squeezed into a tiny space, no cleaning services, loaned IT and stairs-only access. Furthermore, Branch 1 (who own the building) made it clear they needed the space.

After a long search and many quotes, new office space was found at 351 William Street, West Melbourne. The new office is accessible, close to public transport and the main hospital precinct, and is large enough to house a growing team. The office has been fitted-out with a very basic set up, using as many recycled materials as possible to save costs. The new leadership has ensured that no more of members' funds have been spent on the office relocation and fit-out than absolutely necessary for functionality.

“ THE CURRENT LEADERSHIP OF THE VICTORIAN HEALTH PROFESSIONALS ASSOCIATION HAS ZERO TOLERANCE FOR CORRUPTION AND MISUSE OF UNION FINANCES. DEBACLES SUCH AS THOSE SEEN DURING THE JACKSON, WILLIAMSON AND THOMSON ERA ARE NO LONGER POSSIBLE. ”

Craig McGregor, Secretary



Craig McGregor (right) and Andrew Hewat at the new VHPA office

OUTSTANDING INQUIRIES AND CHARGES

As one of four Victorian state branches, the VHPA plays a role on the national executive of the Health Services Union. The VHPA is working closely with HSU National to ensure full accountability and transparency throughout the HSU.

The VHPA also strongly supports the prosecution of all former officials who have been charged or are yet to be charged with offences relating to the misuse of their positions in the HSU. We are cooperating fully with investigations or prosecutions including the charges and allegations involving:

- Michael Williamson, former HSU East General Secretary and HSU National President
- Craig Thomson, former HSU National Secretary and Member of Parliament
- Kathy Jackson, HSU National Secretary

'Internal control weaknesses' – HSU East

Source: Letter to the Administrator of HSU East, VJR VJ Ryan & Co., Chartered Accountants, 17 July 2012

- 2.1 No purchase orders are raised or approved prior to committing for goods or services.
- 2.12 Lack of control of petty cash expenses as no formal approval of claims and no subsequent review on float reimbursement.

- 2.13 There is no written policy as to the use of the credit cards
- 2.14 Credit card balances are automatically paid from the Union's bank account each month and the statements are then copied and distributed to cardholders for substantiation of charges.
- 5.1 No budgets prepared or any regular review of actual v budget expenses.
- 5.3 There is no review of financial reports by senior management

MISSING DOCUMENT ALERT

Important documents including financial reports and management committee minutes from previous years are missing.

The Victorian Police fraud squad, as part of their investigations into Kathy Jackson, are seeking all such documentation.

If you served in an official capacity with the Union prior to May 2010 and hold any copies of financial reports, statements or minutes please urgently contact the VHPA on 1300 322 917.



Excessive salary increases – HSU East

Source: Final Report on HSU East by Ian Temby QC and Dennis Robertson FCA, 3 July 2012

Name	Position	30.09.10	30.09.11	Increase
M. Williamson	General Secretary	\$315,272.82	\$394,675.87	25%
K. Jackson	Executive President	\$173,314.00	\$286,976.00	66%
M. Bolano	Deputy General Secretary	\$118,737.00	\$201,463.00	70%

Our organising agenda for workplaces

Linda Jenkin *Lead Organiser*

‘Being part of a collective that improves the pay, conditions and rights of Health Professionals is what the VHPA is all about. The new leadership is single-mindedly focused on this goal and is determined to deliver results for members. And by putting in place the right building blocks, we are already starting to generate wins for members.

We know that the pay and conditions of Health Professionals have been lagging behind many of our colleagues in the health sector in recent years. We also know that the health industry is undergoing continuous and massive change. Government funding and policy shifts are driving much of the change and are putting pressure on employers in the private, public and community health sectors. In turn, this pressure is leading to more intense work-

loads, hard-line approaches from HR departments and, in some cases, job losses through redundancy.

The only effective way to respond to this pressure is as a collective. History shows us that the actions of isolated individuals can be easily ignored and deflected. But if those actions are organised and are part of a coherent, democratic strategy, they can be so much more powerful. This is where the Union’s workplace organising agenda comes in. We must harness your energy and enthusiasm and bring Health Professionals together.

Until the most recent elections, and especially in the aftermath of the HSU East demerger, the Union’s track record on organising collectively left much to be desired. The new leadership is determined to turn this around. We want to focus on organising our workplaces and empowering our members as the best way to improve the pay, con-

ditions and rights of Health Professionals. Instead of just handling individual grievances, our approach is to build a fence at the top of the cliff rather than wait with an ambulance at the bottom. We are proud of our achievements so far.

Enterprise Agreements

Effective organising strategies are being developed and implemented in workplaces where Enterprise Agreement negotiations are taking place. As Enterprise Agreements (EAs) are the main determinant of pay and conditions for members, success in this area is critical. The Union is currently negotiating more than ten EAs (see panel). In recent months, a new Agreement has been finalised at St John of God, and members have given in-principle support for new deals struck at Healthscope and Ramsay Health Care.

For each of these Agreements, the Union has achieved pay increases that are better than rises in the cost of living (CPI). Health Professionals at Ramsay won a 3.75% increase from January 2013 and St John of God employees gained a new \$500 professional development allowance in addition to a 3.25% pay increase.

“ WE WANT TO FOCUS ON ORGANISING OUR WORKPLACES AND EMPOWERING OUR MEMBERS AS THE BEST WAY TO IMPROVE THE PAY, CONDITIONS AND RIGHTS OF HEALTH PROFESSIONALS. ”

Jo Ginn, MRI Technologist



WHY BARGAINING PAYS

The value of collective bargaining has been confirmed in recent research by the Australian Bureau of Statistics. According to the official figures, employees in the healthcare and social assistance industries who are union members earn on average \$182 a week more than non-members. That adds up to a whopping pay advantage of \$9,464 a year for the average unionised person in healthcare. (6310.0 May 2013, ABS)

Delegate elections

Central to the Union's organising strategies has been the development of close contacts with members and delegates in as many workplaces as possible - particularly those where EAs are being negotiated or there are pressing collective issues to resolve. Delegates act as a first port-of-call for members with workplace concerns or issues that need to be fed into Enterprise Agreement campaigns. Where delegates cannot deal with the issue independently, they refer members to the designated Union Organiser.

Ideally, there should be more than one delegate for each worksite so as to spread the workload and ensure maximum representation across disciplines and, where applicable, across multiple sites. We have had a good response to the elections held for delegates so far, and aim to complete a full round of delegate elections over the coming months. New and experienced members are encouraged to nominate for these important roles.

Workplace Organisers

Over the last seven months the Union has been drawing together a skilled and experienced organising team. Two new Organisers have joined the team in recent months. We now have six staff who are providing industrial representation and expert advice to members and are seeking another. This is a relatively small team considering the number of Enterprise Agreements and workplaces that the VHPA covers. Each member of the team has a specific role in supporting members and is al-

located particular worksites so they can build direct relationships with the members at those sites.

Over the next few months we aim to cement the structure of the team and focus on providing members with continuity of support.

Member issues

Another key priority area is resolving individual issues and grievances that members have raised. Some of the problems raised by members have been outstanding for years. They include concerns about being underpaid, being wrongly classified, workers' compensation claims, discipline and performance issues, bullying and unfair dismissals.

The Union is working steadily through the backlog of individual cases, and can report the successful conclusion of many outstanding member issues, including:

- \$5,600 in back pay for a part-time podiatrist who had been classified incorrectly.
- The successful overturning of a Health Professional redundancy at the Alfred, with the member gaining back their job.
- An additional week's annual leave for several members who had not been granted appropriate overtime due to the employer's failure to keep adequate overtime records.

VHPA Organiser John Ryan has been progressively working through more than 125 individual cases. He has now achieved a positive result for members in more than two-thirds of these cases, with the remainder still open.

COLLECTIVE BARGAINING UPDATE

Barwon CASA – Increase in paid parental leave and improved pay structure are main items still being negotiated.

Cabrini Health – In-principle support given, final drafting underway.

Community Health – Claims lodged for ten Centres so far and major campaign is ongoing.

Eastern Palliative Care (EPC) – Negotiations continue around classification and pay. Improvements have been achieved in dispute resolution, change management and reclassification.

Epworth HealthCare – Log of claims under development following successful member survey. Bargaining commences late September.

Health Care – After a hearing initiated by the VHPA at the Fair Work Commission, Health Care have been forced to give an undertaking that staff are entitled to access pro-rata Long Service Leave after 10 years service.

Healthscope – Negotiations with management have been finalised, with staff to vote on the Agreement shortly.

Healthcare Imaging Services (HIS) – VHPA has served log of claims and held first bargaining meeting.

Ramsay Health Care – In-principle support given to new EA, waiting on drafting by management, vote of staff pending.

St John of God Health Care – EA completed.

St John of God Pathology – EA completed.

St Vincent's Private – EA completed.

South East Palliative Care – Better classification structure for Social Workers close to being finalised. Improvements have been achieved in dispute resolution, change management and reclassification, as well as a \$750 per annum professional development allowance.

Yooralla – VHPA has served a log of claims on Yooralla and first bargaining meeting is set for 18 September.

Workplace news

Massive back-pay win for higher qualifications

A successful case by the VHPA before the Fair Work Commission has won a member a massive \$7000 backpay for a previously unpaid Qualifications Allowance. The VHPA ran the case at no charge to the member.

Health Professionals with a relevant qualification that is higher than necessary for their base role are entitled to an additional payment if their Agreement or Award contains a Qualifications Allowance.

"If you believe you are eligible for a Qualifications Allowance and have been told by your employer that you are not entitled you should double-check with the VHPA," said Alex Leszczynski, Senior Industrial Co-ordinator.

Serious concerns at Albury Wodonga Health

A meeting of Albury Wodonga Health members established a number of serious concerns regarding an Allied Health Clinical Review that is currently underway.

A series of regular follow-up visits to assist members to work through a range of workplace issues is now being planned. If you would like to arrange a team visit or talk with a VHPA Organiser, please contact Linda Jenkin.

Win for fairness as Biomedical Engineering redundancy is withdrawn

In a win for transparency and fairness in the workplace, a Biomedical Engineering redundancy at the Royal Children's has been withdrawn for a minimum of 12 months. During this period a comprehensive review will be undertaken – which will examine many elements raised by our members that were overlooked in the initial process.

This small but important team within the Royal Children's was not prepared to accept the management's initial recommendations for change and worked with the VHPA to present all the relevant factors against the proposals.

"Change is constant within our hospitals however we expect that processes will be transparent and fair and that members will be treated with respect," said Lead Organiser Linda Jenkin.

'Respect Us' say PeterMac staff

Prompt and sustained action by the VHPA in recent months has ensured greater staff input to a review at the Peter MacCallum Cancer Centre.

Earlier in the year a review of radiation therapy services at PeterMac prompted widespread concern about the lack of consultation and the speed of change.

In response, the VHPA created momentum in support of Radiation Therapists (RTs) by writing to the chief executive of Peter Mac calling for a moratorium, using specially-created 'Respect Us' badges to highlight the issue and holding a lunchtime BBQ in the park opposite the East Melbourne campus (see picture).

These activities led to staff concerns being taken more seriously by PeterMac management with a Consultative Committee set up to provide RTs and the VHPA with greater input to the review.



Needle program change worries health workers

BY KATE BRADY
HEALTH REPORTER

The closure of a needle exchange program in Geelong, along with plans to restrict drug users from accessing services, health workers say.

“This stuff we see is how they take over a Monash Health initiative before the program is properly trialed, which prevents these workers and programs from a dignified exit,” says David.

Community workers also expressed concern that people at neighbouring Springdale will pick up discarded syringes and provide them to drug users.

Monash Health dismissed the concerns, saying the needle exchange program on July 2 and replaced it with a “primary care clinic” staffed by nurses, which will provide health care for drug users.

“Instead of programs on Springdale will be stopped as part of the program change, we are supporting drug users visiting the community clinic and health care workers,” says David.

The initial intention of the health workers group, says John Kelly, said he was concerned the change affecting one of the lowest service levels in the region.

“It is to ensure continuity of care to ensure health workers, legal referrals and local drug users that it is in the best interests of the community,” says Kelly.

“Monash Health is making increased budgets and more staff management in the future,” says Kelly.

Health Services Chief executive Craig McKellar said “having up three months of barriers to accessing these syringes and medicines is a major barrier.”

“We all want to see drug users get the best medical care possible, but it is a challenge to do that in a community program,” says McKellar.

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Monash Health CEO Craig McKellar

Monash Health ordered to reconsider redundancies

Community workers at a Needle Syringe Program run by Monash Health successfully won the right to be considered for redeployment at a recent Fair Work Commission hearing.

Since the announcement of the Program’s closure, with the loss of up to nine jobs for Community Workers, the VHPA has worked with the affected members to prevent the redundancies or get the best alternative outcome.

“Despite our efforts so far, including successfully gaining coverage in The Saturday Age newspaper (see above), Monash Health seemed determined to proceed with the redundancies without properly exploring the option of redeploying staff into new positions,” said Alex Leszczynski, Senior Industrial Coordinator.

Tyres slashed at Barwon Health

Barwon Health employees have had their car tyres slashed as a result of parking restrictions introduced at the McKellar Centre in Geelong.

Fees of up to \$20 a week were introduced last year for on-site parking and employees at the time were encouraged by management to park in surrounding streets if they want to avoid the fee. However this triggered a backlash from local residents who vented their frustration on some occasions by slashing the tyres of McKellar Centre staff.

Health Professionals who are still having problems with parking should contact the VHPA’s Organiser, Emma Brelsford.

Members at HIS win first aid pay and curbs on hours

Health Professionals working for Healthcare Imaging Services (HIS) have achieved curbs on extended work hours thanks to intervention by the VHPA.

The management of HIS recently tried to extend staff work hours so that the company could operate MRI consultations from 6am to 11pm every day. The extra hours of work would clearly have an adverse impact on the ability of staff to balance their work and family needs.

However by taking the matter to the Fair Work Commission, the VHPA has been able to curb the

change and limit the normal span of hours from 6am to 10pm. This is the second win by HIS staff this year, with successful representation by the VHPA achieving pay for CPR training.

Log of claims served on Yooralla management

In a major step towards negotiating a long-overdue Enterprise Agreement (EA), the VHPA recently served a ‘log of claims’ on Yooralla management. Top of the list of staff proposals is a realistic pay rise that takes into account both the quality of the service they provide to clients — which makes a significant contribution to Yooralla’s ability to attract funding — and the fact that Health Professionals at Yooralla have not had a pay rise for more than two years.

There are around 100 Health Professionals at Yooralla, including many Physiotherapists, Occupational Therapists and Speech Pathologists. Other staff proposals include improved redundancy provisions; better access to professional development; career structure enhancements; and increases to maternity and partner leave.

Vale Health Professional colleagues



In the past year we bade a fond farewell to several members who sadly passed away before their time. Their contribution to our workplaces and the lives of those around them is greatly missed.

Lloyd Ellis, Senior Medical Photographer, Royal Childrens Hospital

Bernie Herkess, Medical Imaging Technologist, Cabrini Health

Susan Moore, Social Worker, Northern Health

Jo Murphy, Medical Imaging Technologist, Austin Health

Community Health Professionals deserve better

Craig McGregor VHPA Secretary

For too long Community-Health Health-Professionals have been treated as the poor cousins of their industries. These dedicated carers have endured lower wages, worse conditions and fewer rights than their colleagues in the acute and private sectors. To make matters worse the last Community Health Enterprise Agreement (EA) expired in June 2011; there have been no wage increases since that time.

The VHPA considers Primary Health Care to be a vital pillar in the provision of healthcare in Victoria. We are thus pouring resources into a campaign that seeks to rectify this appalling situation. We have drawn a line in the sand in our negotiations with management and our campaign to win greater respect for Community Health Professionals is gaining momentum.

The story so far

With hundreds of Health Professionals working at more than eighty sites, Community Health is a crucial part of Victoria's healthcare system. A wide range of people, including disadvantaged groups and people at risk of poorer health, are delivered primary health and other human services via Community Health Centres.

However despite their important role, the conditions of people working in the sector have been sadly neglected in recent years.

Community Health Professionals have not had a pay rise for almost three years. They have also missed out on professional development and improvements to career pathways in that time. If this

situation continues, patients will lose out as a lack of appropriate rewards will exacerbate the problem of retaining quality carers in the sector.

Some of the problems stem from the removal of Community Health from the Public Sector Agreement three years ago as a result of taxation changes. This move also had the effect of further delaying EA negotiations in Community Health.

Over the last few months, new Agreements have

been finalised with Community Health employees covered by HSU No. 1 Branch (now known as the Health Workers' Union) and the HSU Victoria No. 4 Branch (MSAV). This leaves the Health Professionals covered by the VHPA as the key outstanding group.

Sticking points

Our basic negotiating position has not changed. The problem is that the VHIA, on behalf of the employers, has failed to address our main concerns. We are seeking:

- An equitable pay rise that takes into account skills and experience
- Backpay from July 2011
- Conditions that help attract and retain HPs in the sector
- Different expiry date to the public sector
- Improved rights for consultation and dispute resolution.



Community Health delegates meeting with VHPA Organisers to plan the campaign.

WE NEED YOUR SUPPORT

- Sign the petition
- Wear our stickers
- Get involved

Phone 1300 322 917 | Email chc@vhpa.asn.au



A key sticking point has been our request for the EAs to expire at a different date to the Public Sector Agreement. Our strong view is that the Community Health EAs demand the full attention of both the VHIA and the Union and this is not possible where resources are being split across different sectors.

Pay rip-off exposed

During the course of the negotiations, other sticking points have also emerged. One of the main ones is the fact that some Community Health Professionals are on a far better wicket than those covered by the VHPA.

Community Health management has already finalised its EA with Dietitians and other employees covered by the MSAV. This EA is far better in many respects than the offer that has so far been made to Health Professionals covered by the VHPA.

It would mean that most Podiatrists, Physiotherapists, Occupational Therapists and Speech Pathologists working in Community Health would be paid almost \$ 100 a week less than their colleagues, the Dietitians.

And some Health Professionals who are on the Grade 3 Year 4 increment could be worse off by as much as \$ 137 a week or more than \$7,000 a year.

While we don't begrudge the pay and conditions of Dietitians, it is blatantly unfair for management to support this disparity between collegiate groups. Reasonable remuneration must be premised in work-value and not in the failings of the previous incarnations of our Union.

Grade/ Increment	Current weekly pay rates			Management proposed weekly pay at Nov 2015		
	UG1 Rate* VHPA EA	Dietitian Rate MSAV EA	Dollar Difference	UG1 Rate VHPA EA	Dietitian Rate MSAV EA	Dollar Difference
Grade 2, Year 1	\$1,176.00	\$1,273.10	-\$97.10	\$1,316.00	\$1,433.00	-\$117.00
Grade 2, Year 4+	\$1,390.20	\$1,454.90	-\$64.70	\$1,535.25	\$1,633.50	-\$98.25
Grade 3, Year 1	\$1,445.40	\$1,465.70	-\$20.30	\$1,595.95	\$1,645.50	-\$49.55
Grade 3, Year 4	\$1,621.10	\$1,711.20	-\$90.10	\$1,789.95	\$1,927.50	-\$137.55

* These Grades are comparable Health Professional job classifications under the Community Health Centre – VHPA Enterprise Agreement.

+ Most Health Professionals working in Community Health Centres are on Grade 2, year 4 salary level. Some are also on other Grade 2 and Grade 3 salaries.

State of play

The VHPA continues to take the lead in negotiations with Community Health management. We have offered to 'drop everything' to facilitate negotiation sessions and are prepared to meet on weekends and evenings – whenever required.

We are acutely aware that members have been between agreements for some three years now and want to conclude negotiations as soon as possible.

But we are not prepared to sacrifice a good outcome for expediency. The impact of such a myopic approach would have a negative effect on Community Health Professionals for years to come.

We reject the notion that Health Professionals working in Community Health are worth less than their peers and consequently have rejected the VHIA's offer to simply 'roll-over' the current inadequate Community Health EA.

We want recognition that Community Health Professionals are crucial to the provision of healthcare in Victoria and should be remunerated accordingly. Importantly, we believe it is essential to change the timeframe of the Agreement so that it no longer coincides with the Public Sector Agreement.

At the same time, we are realistic and want an outcome that is both fair for employees and reasonable in terms of its budgetary impact on the Centres.

If you work in Community Health, please make sure you stay informed and that you get involved in the VHPA – after all, it's your job that's affected.

CAMPAIGN SITES

Ballarat Community Health Centre
 Banyule Community Health Service
 Bass Coast Community Health Service
 Bellarine Community Health
 Bendigo Community Health Services
 Bentleigh Bayside Community Health Services
 Castlemaine District Community Health Centre (CHIRP)
 Central Bayside Community Health Services
 Cobaw Community Health Services
 Darebin Community Health Service
 Dianella Community Health
 Doutta Galla Community Health Service
 Eastern Access Community Health (EACH)
 Gateway Community Health (formerly Upper Hume Community Health Service)
 Gippsland Lakes Community Health
 Grampians Community Health Centre
 Inner East Community Health Service
 Inner South Community Health Service
 Isis Primary Care
 Knox Community Health Service
 Latrobe Community Health Service
 Manningham Community Health Service
 Merri Community Health Services
 Mitchell Community Health Service
 MonashLink Community Health Service
 Nillumbik Community Health Service
 North Richmond Community Health Centre
 North Yarra Community Health
 Northern District Community Health Service
 Nowa Nowa Community Health
 Ovens and King Community Health Service
 Plenty Valley Community Health Services
 Primary Care Connect (formerly Goulburn Valley Community Health Service)
 Ranges Community Health Service (INSPIRO)
 Sunbury Community Health Centre
 Sunraysia Community Health Services
 Western Region Health Centre
 Whitehorse Community Health Service

Your entitlements



Anthony D'Amore, Sonographer

Dads and partners get parental leave pay

Did you know that working dads or partners can get up to two weeks of pay from the Federal Government when you are on unpaid leave from work? The Government's 'Dad and Partner Pay' scheme gives eligible dads and partners \$606.50 per week before tax while on unpaid leave helping to care for a child.

To be eligible for 'Dad and Partner Pay', you need to be the biological father of the child or partner of the mother of a child born or adopted after 1 January 2013.

Please note that 'Dad and Partner Pay' from the Government does not change your workplace leave entitlements under your Enterprise Agreement. So, depending on what your specific EA contains, you may be eligible for both employer-funded parental leave as well as the new two weeks of pay from the Government.

All fathers and partners (ie secondary care givers) are entitled to a minimum of three weeks of unpaid leave immediately following the birth or placement of a child under the law. Fathers and partners may be entitled to more than this minimum under their Enterprise Agreement, but cannot be denied less than the minimum of three weeks of unpaid leave.

Please note that the Public Sector Health Agreement provides one week of paid leave for fathers and partners

(excluding casuals) – however under the law a minimum of three weeks of leave applies. This means that under this Agreement fathers and partners could gain one week of paid leave from their employer and a further two weeks of 'unpaid leave' for which they receive the new Government Dad and Partner Pay.

Paid and unpaid parental leave for mothers

If you are the birth mother (ie primary care giver), you are not eligible for 'Dad and Partner Pay' but you may be eligible for the Government's Parental Leave Pay (as well as any paid parental leave that is in your Agreement).

All mothers (ie primary care givers) are entitled to a minimum of 52 weeks of unpaid leave following the birth or placement of a child under the law if they have responsibility for care of the child. Mothers may be entitled to more than this minimum under their Enterprise Agreement, but cannot be denied less than the minimum of 52 weeks.

In terms of paid parental leave, working mothers are entitled to the Government's Parental Leave Pay which provides more than \$10,900 of support and, in addition, you are entitled to whatever paid leave your employer provides under an Enterprise Agreement.



Self-education and FBT tax changes

After community and industry outcry, the Government has deferred the introduction of the proposed \$2000 cap on work-related self-education expenses until July 2015.

When it is introduced, the cap will mean tax deductions for work-related self-education expenses – such as study for formal qualifications, tuition fees and textbooks – will be limited to an annual amount of \$2000 per person. There was previously no limit to claiming such expenses.

While the VHPA supports sensible measures to address any ‘shorts’ under the current system, we believe it is important to support Health Professionals who make a significant investment of time and cost to further their knowledge and skills.

Australia has a rigorous system for accreditation of Health Professionals that typically requires meeting continuing professional development requirements. The cap will clearly add to the costs associated with this.

We are also concerned about the effects of the new cap on Health Professionals located in rural areas where

travel costs to conferences are typically higher.

The proposed tax change is part of a trend in recent years to pare back concessions on employment. More recently, the Government made a surprise move to clamp down on how Fringe Benefits Tax (FBT) is calculated when using a work car for private use.

This leaves the not-for-profit sector, including public hospitals, as one of the major remaining areas of salary-packaging benefits that some tax experts have warned should be on “high alert” as to possible future changes.

Owing to the prospect the Government may introduce curbs on salary-packaging for hospitals and non-profits at virtually any time they are short on revenue, the VHPA has avoided factoring these arrangements into Enterprise Agreements.

“The recent surprise FBT changes underline the wisdom of our approach and the importance of focusing on salary levels and actual income rather than ancillary benefits in Enterprise Agreements,” said Andrew Hewat, Assistant Secretary.

“ RECENT FBT CHANGES UNDERLINE THE IMPORTANCE OF FOCUSING ON SALARY LEVELS AND ACTUAL INCOME RATHER THAN ANCILLARY BENEFITS IN ENTERPRISE AGREEMENTS. ”

Andrew Hewat, Assistant Secretary

Are you getting enough super?

On 1 July there were several changes to superannuation that will affect Health Professionals. The main one is that your employer must pay more into your super from 1 July 2013 as a result of a rise in the Super Guarantee (SG) rate to 9.25%.

This increase is the first step in a gradual increase in the SG from 9% to 12% over the next seven years. (But the Federal Coalition under Tony Abbott has indicated it will delay these super increases).

Other Government changes to super that took effect from 1 July include:

- A Low Income Super Contribution that means if you are a part-time or casual Health Professional earning less than \$37,000 a year, the Australian Government will put up to \$500 extra into your super each year. The Coalition has said it will scrap this increase.
- New types of default accounts called ‘MySuper’ that will have low fees and simple features so you don’t pay for services you don’t need. For Health Professionals in a non-profit fund such as HESTA or Health Super, this change will have very little impact, since your fund is likely to already be MySuper compliant.

- New ways to keep track of your super in multiple accounts and consolidate them so that you’re not paying multiple fees with a free online system called SuperSeeker.
- Changes to the caps on how much tax is paid when you boost your super by making your own super contributions or by salary sacrificing some of your pay into super.
- New rules on financial advice to ban commissions and ensure all financial planners offer advice in the client’s best interests. If you’re in an Industry SuperFund such as HESTA you’ve got nothing to worry about because these funds have never paid sales commissions or on-going advice fees.

Another positive development is that many basic super-related financial advice questions can now be answered by your super fund as part of your membership. All you have to do is phone your super fund to get some assistance with issues like: “Am I going to have enough to retire on?”, “Am I in the right investment” and “Have I got enough life insurance?”.

The ‘squeeze’ on Health Professionals

Andrew Hewat *Assistant Secretary*

Make no mistake - our professions are under threat. If we don't stand up and fight, many of us are in danger of becoming redundant. The term the VHPA is applying to this process is the 'professional squeeze' and many of our members are already being affected.

How is it happening?

The government and employers are identifying ways of better utilising the existing workforce and creating new classifications to supplement Health Professionals. In effect, nurses are being trained to take our jobs and assistants are being introduced to take over some of our tasks. As their roles evolve, the danger is they will actually take over our jobs.

The squeeze is happening all over. There is a government department dedicated to find ways to do more with less. Wherever an opportunity is identified, an alternative workforce is explored. This is happening under the guise of 'workforce planning'.

The primary driver of this process is the desire to

“ DESPERATELY BUSY HEALTH PROFESSIONALS READILY EMBRACE THE HELP PROVIDED BY THESE ASSISTANTS. THE DANGER IS THAT GRADUAL REPLACEMENT FLOWS FROM THIS AND EVENTUALLY WE ARE CONSIDERED UNNECESSARY. ”

save money. Nurses are everywhere, and they are already multi-tasking. It is a small leap to train them into some of our roles. Wherever they can be utilised as substitutes or – worse - replacements, it will happen. And before you know it, we are no longer needed.

Assistants are much cheaper and faster to train. Desperately busy Health Professionals readily embrace the help provided by these assistants. The danger is that gradual replacement flows from this and eventually we are considered unnecessary.

The promise of advanced practitioner roles has been dangled in front of Health Professionals like a carrot for years. New roles, higher responsibility, enhanced career paths and genuine role expansion, have all been promised. But we are still waiting for results.

At the same time the Government has been seeking ways to replace Health Professionals with less skilled and, more importantly, cheaper labour.

To create these advanced practice roles we are expected to concede ground at the fringes of our professions. Apart from a few advanced physio roles, this is not happening. We are still waiting to see the long promised advanced practice development. Meanwhile, the roll-out of the replacement workforce is well underway.

Pressure from below

Among the therapies, Allied Health Assistants (AHAs) serve a useful role in many disciplines. Working alongside and under the direct supervision of Health Professionals, AHAs perform a variety of tasks that integrate with those performed by the professionals. Most AHAs relate closely to the professionals they work with. They are educated and trained in support roles.

Assistants are not new. Budgetary restraints are not new. So what has changed? The landscape. Workplace pressures, restructures and financial constraints lead to the replacement of Health Professionals by assistants. In country hospitals especially, Health Professionals are hard to attract and harder to retain. Assistants are cheap to train. Often from existing staff, they can multi-task and then replace the Health Professional. A subtle role creep occurs through familiarity and necessity. This will have significant consequences both for patient care and the integrity of our professions.

What can we do about it?

Allied Health Assistants must work under the direct supervision of the relevant Health Professional. That is what they are trained to do. We cannot allow any deviation from this minimum standard. We cannot allow assistants to be supervised by managers or nurses. We cannot accept anything less than like-for-like replacement of clinically trained and experienced allied Health Professionals. Anything less equates to direct substitution and compromised patient care.

The state government's Allied Health Assistants Implementation Project is well underway across metropolitan hospitals and community services. More regional and rural centres will follow soon. Health Professionals must be vigilant around where and how these roles are implemented to protect the integrity of our jobs and to ensure that patients are getting the best of care.

Professions under threat

Who is affected? Physiotherapists, occupational therapists, speech pathologists, podiatrists, anaesthetic technologists, radiographers, community workers, counsellors – the list goes on.

A group of Health Professionals currently under attack are the **St Vincent's Breast Screen Counsellors**. In what is claimed to be an attempt to bring this clinic in line with other breast screen centres, the counsellors are being replaced by nurses. The level of training specific to this role cannot be compared between the two different professions. The counsellors are trained, educated and qualified specifically to counsel. The nurses are trained, educated and qualified specifically to nurse. There is no targeted counselling component in their course. The losers will be the patients who will miss out on effective counselling when they receive an adverse diagnosis.

Anaesthetic Technicians are similarly under fire. They are gradually being squeezed out by nurses taking over their roles. Nurse managers, with ratios to protect, roster nurses to the job, replacing the Anaesthetic Techs and losing the benefit of their specialised skill set.

Community Development Workers are also at risk. A Needle Syringe Program run by Monash Health wants to scrap the jobs of up to nine community workers and replace them with nurses. Instead of an easily accessible shopfront and regular outreach foot patrols by the Community Development Workers there will be a 'Primary Care Clinic' that focuses on the medical treatment of drug users by nurses and GPs.

Radiographers are also under threat. At the Lorne Community Hospital, nurses are now undertaking complex tasks normally performed by radiographers following the introduction of Rural and Remote limited use x-ray licences. Under the Better Skills, Best Care program (note the irony), nurses undertake a 10-week correspondence course and then obtain an x-ray licence. This allows them to perform basic radiography, unsupervised. If deemed an emergency, they can x-ray any body



Andrew Hewat, VHPA Assistant Secretary

part. Radiographers require a four-year undergraduate degree or equivalent to obtain a licence.

The definition of 'rural and remote' is highly contentious. Medicare defines rural as 30 kilometres from a major centre. The definition of an 'emergency' is similarly problematic. 'Convenience' and 'emergency' are becoming interchangeable.

Nurses are a readily accessible workforce in country centres. This makes them a quick-fix replacement for radiographers on an as-needs basis. Emergency departments in country hospitals can just call a nurse down from the ward to take an x-ray rather than have a radiographer on staff. Victoria is currently facing an oversupply of new graduate radiographers who cannot find placements. At the same time, the government is facilitating the use of nurses to take x-rays.

The government also continues to push for radiology assistants who can take x-rays. The Union has fought long and hard against this but it keeps surfacing. If realised, this will make it harder for the new graduates to find work and difficult for student and intern radiographers to fulfil their practical training.

Stopping the 'squeeze'

While the assistants and nurses are pushing up from below, our professional boundaries are suppressing us from above. This is the professional squeeze. Real role expansion for Health Professionals simply isn't happening. We don't get adequately recognised or rewarded for what we are currently doing.

Unless we resist these pressures, healthcare will no longer be about the quality of care and what is in the best interests of patients and our community. It will be reduced to a budget calculation of the cost and quantity of care that can be achieved.

We must not let our professional integrity be undermined in this way. We must not let our standards be eroded. We must defend our professions and our jobs.

We have to get stronger. We have to be proud of what we do. We have to be vocal. We need to build our profile. We need to be proactive and maybe even a little creative. But above all we need to fight to protect the integrity of our professions. We need strong Union membership. The Union is in this fight but we need the membership to stand up and be counted.



Craig McGregor, VHPA Secretary

Funding and reform: the future for Health Professionals

Craig McGregor Secretary

THESE are turbulent times in the health game. Politicians, not for the first time in recent memory, have been squeezing the public health system in the name of reform, imposing cuts and efficiency targets that are messing with the welfare of patients and those of us who work in the system.

Now, just to ramp up the uncertainty, we have the imminent prospect of a change in government. What would life be like for Health Professionals under an Abbott Coalition government? Is there much to fear? Or, perhaps, some cause for optimism?

Let's start with some optimism. However adverse the times may seem – and in many respects they are – there is one thing of which Health Professionals can be comfortably certain: we work in a long-term growth industry. Almost regardless of which field we are in, and which side is in government, demand for our services is likely to keep growing, and new opportunities will emerge.

Why? Because a society in which an increasing proportion of citizens are elderly will inevitably have growing demand for health services. And an increasingly affluent populace, with higher discretionary spending, will inevitably direct some of that money towards maintaining and improving their health.

Clearly, some fields will grow faster than others. Disability care, for example, long a disgracefully neglected area of public health spending, is poised to enter boom times after Julia Gillard, in one of her last and most satisfying achievements as prime minister, secured bipartisan support from the Coalition for Labor's national disability insurance scheme.

As we might expect of an ambitious plan hatched by politicians, the scheme is not fully funded – a new disability insurance levy on taxpayers will scarcely cover half the costs. Still, it's a positive thing for disabled people and an obvious harbinger of opportunity for professionals working in the field.

At another level, it is a source of wonderment that Labor – against normal political instincts in an

election year — had the courage to introduce a new tax. Unfortunately, neither side appears to have the stomach for further revenue-raising measures needed to redress structural problems in the budget that are placing so much pressure on the public health system and other essential services.

Despite the dire revenue situation, this year's May federal budget made provision for some significant and unavoidable public health spending increases, including \$2.2 billion over four years in increased Medicare funding, in response to rapid increases in the number and frequency of Australians seeking medical treatment.

“ ALMOST REGARDLESS OF WHICH FIELD WE ARE IN, AND WHICH SIDE IS IN GOVERNMENT, DEMAND FOR OUR SERVICES IS LIKELY TO KEEP GROWING, AND NEW OPPORTUNITIES WILL EMERGE. ”

The budget was framed against the backdrop of Julia Gillard's much-vaunted reforms to the health system, the subject of a deal struck with the states two years ago. The deal imposes more financial transparency on hospitals and places increased emphasis on local control. It came with promises for reduced patient waiting times and an extra \$175 billion of Commonwealth money over two decades.

The numbers might sound impressive, but will they cover the needs of a nation with both a growing

population and an ageing demographic profile? Moreover, where will the money come from? It's very easy for politicians to make generous financial promises on behalf of their successors.

The other problem with the overhaul is its failure to deal with the structural features of the public health system that lead to incessant blame-shifting between Canberra and the states.

Kevin Rudd vowed in 2007 to end “the blame game”, but failed. Julia Gillard similarly failed during her three years as prime minister. And as long as funding of hospitals continues to be shared between two levels of government, we can be sure there will be regular finger-pointing and denial of responsibility on each side.

This year, amid the usual hostilities, Victoria's public hospitals got something of a reprieve when Canberra reversed a contentious plan to cut their funding by \$107 million. But in a hospital system where costs are counted in the billions, the reversal is small beer.

Similarly, a 4.8 per cent increase in the Victorian government's health budget over the next financial year, including 5.4 per cent extra for public hospitals, is nothing to celebrate. The extra money will barely cover the effects of inflation and population growth.

Underlining the pressures on the public system, the state budget also included a plan to cut elective surgery waiting lists by outsourcing some of the work to private hospitals — a move described by the state Labor Opposition as “privatisation by stealth”.

However you couch it, the outsourcing of surgery to the private sector seems like a clear pointer to the future of healthcare in Australia. As long as governments of all persuasions balk at increasing taxes to fix their revenue problems, public hospitals



VICTORIAN STATE BUDGET HIGHLIGHTS

- Health spending increased by 4.8 per cent in 2013-14, including 5.4 per cent more for hospitals. But almost zero real increase after including inflation and population growth.
- An extra \$421 million over four years for elective surgery.
- Some elective surgery to be outsourced to private hospitals, in a bid to cut waiting lists.
- Additional funds for a new Monash Children's Hospital, a rebuilding of the Victorian Eye and Ear Hospital, a new mental health unit at Werribee and a new wing at the Northern Hospital.



FEDERAL BUDGET HIGHLIGHTS

- An extra \$2.2 billion over four years in Medicare funding, reflecting growth in the number and frequency of Australians going to the doctor.
- An extra \$2.2 billion over four years to cover ballooning private health insurance rebate payments.
- A \$23.8 million boost for mental health, one of the fastest-growing areas of health-care and an expanding source of employment.
- More cash for cancer prevention, detection and treatment of cancer, including \$55 million for breast cancer screening of women over 70.
- An extra \$691 million to add drugs to the Pharmaceutical Benefits Scheme, offset by \$1.9 billion in savings from the Government paying reduced prices for medicines.
- New restrictions on access to the Extended Medicare Safety Net. Patients will have to incur \$2000 in out-of-pocket expenses before they can make a claim.
- Doctors squeezed by a timeline change for indexing Medicare fees paid to them.



and those who work in them can expect little relief from the atmosphere of crisis that afflicts them.

By contrast, the prospects for expansion of services and employment in the private health sector have never seemed better. The sector has not looked back since receiving a massive financial boost from the Howard Government in 1999 in the form of an annual rebate for people taking out private health insurance. Critics at the time condemned the move as a deliberate attack on Medicare.

In July last year, Labor introduced a means test on the Howard private health rebate, resulting in higher income earners getting a reduced subsidy or none at all. But – in a possible sign of how fearful Australians are of a run-down public hospital system – predictions of a mass exodus from private health cover have not materialised.

On the contrary, in the first six months after the means test was introduced, about 120,000 more Australians took out private health cover. This prompted the federal government in its May budget to allocate an extra \$2.2 billion over four years to cover higher private health rebate payments.

Tony Abbott, after initially vowing to scrap the means test, now says he will keep it to help repair the budget. While comprehensive details of their health policies have not been released, there are clear signs already of how some things would change under a Coalition government.

Mr Abbott has been openly critical of the number of new health agencies set up by Labor, prompting speculation that some would be dismantled. Peter Dutton, the shadow health minister, has vowed to abolish Labor's network of 61 Medicare Locals, saying "the guiding principle of the Coalition will be to take money away from bureaucratic wages and put it into frontline services".

Health Minister Tanya Plibersek has responded that 70 per cent of the 3000 people in Medicare Locals are health workers. "I think the notion that there are somehow people sitting in offices, bureaucrats doing nothing, are so vastly off the mark," she said.

And when put under pressure during the election campaign, Tony Abbott promised to keep Medicare Locals.

While the Coalition is being careful to hose down concerns in the electorate that it plans a return to WorkChoices, the question is whether it can be trusted to keep this promise. And if Tony Abbott makes cuts to health funding, then the pay, conditions and jobs of health workers could be just as badly affected in any case.

It is unlikely that the \$1.2 billion "compact" announced by the Labor Government earlier this year, which will deliver above-award pay rises to those working in aged-care, could have been achieved under a government led by Tony Abbott. The compact is aimed at redressing a predicted shortage of aged-care staff over coming decades and sets a valuable precedent for the healthcare sector as a whole by making a direct link between government funding and the conditions under which people are employed.

Mr Abbott has also articulated a potential point of difference with Labor over its contentious move this year to place a limit on working professionals claiming the cost of self-education against their tax. The Government says the annual tax deduction for work-related self-education expenses will be limited to \$2000 from 1 July 2015.

The plan will have a severe impact on Health Professionals who run up big expenses on courses designed to improve their skills and keep them abreast of changes in their fields. Labor wants to use the savings from the plan to help fund the Gonski education reforms.

Mr Abbott, along with groups representing Health Professionals, has expressed dismay at the plan, saying it is "robbing Peter to pay Paul". But as he gets closer to power and the responsibility of trying to balance the budget, can we be sure he will maintain his rage? He has already given up on immediately scrapping the private health rebate means test.

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The public sector: is the grass greener?

Alex Leszczynski and Craig McGregor

For many years Victorian Health Professionals working in the public sector have thought they were on a pretty good wicket. And their colleagues working elsewhere have looked over the fence thinking the grass was so much greener.

Indeed, the previous union leadership fostered perceptions the Public Sector Agreement contained far better provisions. But even if this was once the case, it is not anymore.

A realistic analysis shows that the pay for public sector Health Professionals is barely keeping up with the cost of living and they are missing out on important job conditions and rights.

In these circumstances it is no wonder the outcome of the \$15 million Reclassification Review

is so important to members working in the sector. The new VHPA leadership has been working hard on the Review. We are also doing the necessary strategic planning to help us win major improvements to the Public Sector Agreement when it is next negotiated.

This article examines some of the key problems with the current Agreement that will feed into our public sector campaign.

1. Pay rises barely cover living costs

Health Professionals working in the public sector can look forward to their next pay rise of 1.25% on 1 October this year. This rise follows an identical increase six months earlier on 1 April. Over the course of the current Agreement from 2011 to

2015, Health Professionals will have gained a lump sum of \$910 (backpay) as well as a total 10% pay rise.

This sounds OK. But taking into account the cost of living, including those forecasted in the federal budget, this increase is barely enough to cover inflation. It means that public sector Health Professionals are only just keeping their heads above water financially. It also means the Victorian Government has been rubbing its hands with glee with the savings made to its budget bottom line.

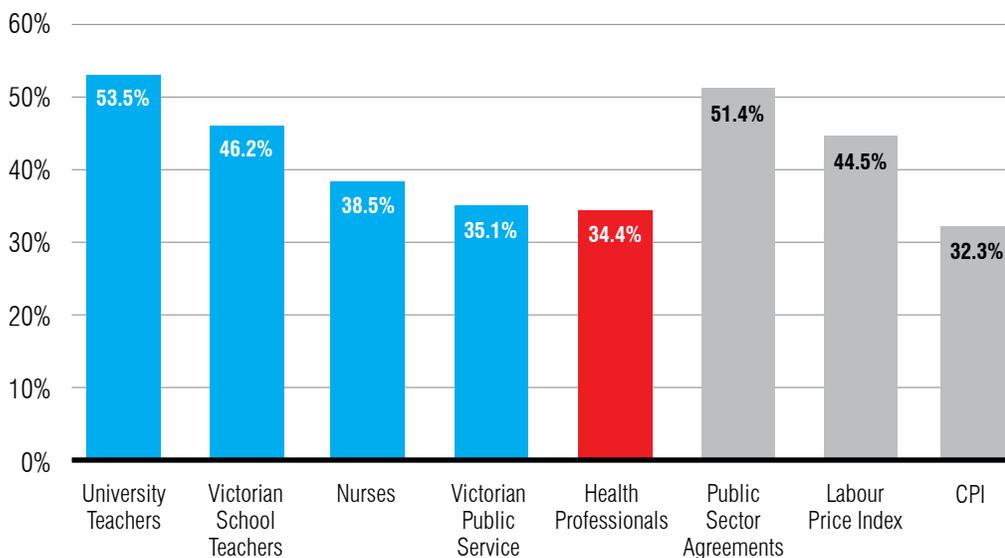
It is clear Health Professionals have not done well in recent years compared to other public sector employees. In fact it could be argued that the old HSU failed to achieve adequate salary rises for members, just as it failed to manage the Union's finances. Another way of looking at it is that members' pay struggled while the salaries of the Union's officials skyrocketed.

Research shows that the salaries of Health Professionals have fallen behind those of nurses, teachers and public service by almost 12% in the past ten years. Since 1993, Health Professionals' pay has increased by only 34.4%, barely keeping up with CPI (32.3%).

Extraordinarily, if Health Professionals had achieved even an average of the increases that teachers, nurses and Victorian Public Servants have received in that time, members would be on average \$12,000 better off (the total extra amount a Grade 2 Year 4 healthcare professional would have earned if parity with the other sectors had been maintained).

We are not saying we can achieve massive pay increases for our members tomorrow. But clearly we should, as an essential pillar of the healthcare community, be doing better. Bridging the gap will require a sustained effort by VHPA members. We need to work together and rebuild our capacity to act strategically with collective strength when it comes to future Public Sector Agreements.

Cumulative Salary Increases by Sector 2003 – 2013 (percentages)



“ COMPARED TO OTHER PUBLIC SECTOR EMPLOYEES, IT IS CLEAR HEALTH PROFESSIONALS DID NOT DO WELL UNDER THE STEWARDSHIP OF THE PREVIOUS DISCREDITED HSU LEADERSHIP... MEMBERS' PAY STRUGGLED WHILE THE SALARIES OF THE UNION'S OFFICIALS SKYROCKETED. ”

2. Long service leave out of date

The main problem with the current long service leave clause in the Public Sector Agreement may seem like a small matter, but in many ways it illustrates the broader problems with the Public Sector Agreement and how out-of-date some of its provisions are.

Long service leave is designed to reward employees who have completed a significant amount of service with the same employer. The current entitlement in the Agreement is for 6 months long service leave for 15 years of service. The problem, however, is that employees must wait 15 years before they can access any long service leave. While it may have been common 30 or 40 years ago for people to spend 10 or 15 years with one employer, times have changed.

Job security is a thing of the past, and more frequent changes of employment are the norm. In recognition of this change in the labour market,

BETTER STRUCTURES, BETTER CARE

Or, how not to negotiate an Enterprise Agreement

To sign off on an Enterprise Agreement (EA) where major financial arrangements are not resolved is, to put it mildly, unwise. Yet this is exactly what happened with the Reclassification Review for the 2011 Public Sector Agreement.

Normal practice is to conclude negotiations on all matters, including salaries and other important financial items such as changes to classifications, before signing off on an EA. Not only is this common sense, but it also benefits employees and management alike because both sides get the benefit of the changes immediately, thus speeding-up restructuring, improved work practices and the gains from skills upgrades.

Importantly, it also focuses the minds of management because it allows employees to exert industrial pressure in the context of a formal bargaining period. Once an Agreement is concluded, the Union loses the right to take protected industrial action. Without this right, the Union has little power in any negotiations.

The alternative approach, that taken by our predecessors, was to leave the Public Sector reclassification unresolved and hope for the best.

This proved a risky strategy for a number of reasons.

One, the fact that the Union has been left without the right to take industrial action means that we are at the mercy of the Department of Health—thankfully they have not reneged on the deal.

Two, when negotiations began there were three parties to the process: the VHIA, the Department of Health and HSU East. There are now four parties involved; with HSU East split into HSU Vic 1 (HWU)

and HSU Vic 3 (VHPA), which are both vying for the lion's share of the funds. While the reclassification money was originally slated for Health Professionals, there was never any formal agreement around this.

The problem is that any agreement on the Review cannot be reached until it goes to a vote of employees. This means the more than 45,000 employees covered by the Agreement must be balloted. Given that the VHPA (HSU 3) employees are massively out-numbered by HSU No. 1 Branch employees, we face a situation whereby they have an effective veto on any deal.

Three, to make matters worse, on-costs have been included as part of the deal. Overnight \$15 million that could be used to fund reclassification was effectively reduced to \$11.25 million. And with \$1 million of the \$15 million already allocated to HSU 2 (HACSU), the funds available were further reduced.

Four, the previous HSU leadership, for whatever reason, never established the mandated Review Implementation Committee. The few implementation discussions that transpired were typically informal and consequently any negotiating gains made were lost to the Union – this ground has had to be traversed all over again.

Despite all of this, the VHPA has worked long and hard to ensure that all Public Sector Health Professionals will benefit from the outcome. Clearly a great many of the benefits that were promised by the previous HSU leadership are undeliverable—the funds are simply not there. However we are confident that what has been negotiated will see Health Professionals reap both short-term and long-term gains.

many Agreements now allow employees to access pro-rata long service leave after 10 years or even 7 years of service. While some employers do allow access to part of this long service leave entitlement at 10 years, this is not assured across the sector.

The failure of the Public Sector Agreement to recognise this reality needs to be addressed.

3. Parental leave contrary to law

There are similar problems with the parental leave clause in the Public Sector Agreement.

Under the Fair Work Act, a pregnant employee who gives her employer evidence that she is fit for work, but that it is inadvisable for her to continue in her present position during the pregnancy, must be transferred to a suitable safe job. If no such job is found, she is entitled to 'Paid-No-Safe-Job-Leave'.

However, under the parental leave clause in the Public Sector Agreement, the employer will only transfer the employee if they think it is "reasonably practicable". This is contrary to the legislation. If a suitable 'safe' job is available, the employer must transfer the employee into it in this situation, not if they deem it "reasonably practicable".

There are many parts of the parental leave, annual leave and personal leave provisions that are contrary to employees' entitlements in the Fair Work Act. These matters should have been addressed in the Public Sector Agreement but weren't.

4. Lack of enforcement

An Agreement is not worth the paper it is written on unless you can enforce the employee entitlements found within it. However, when it comes to the Public Sector Agreement, things are not that simple.

Imagine if, under criminal law, a person charged with a crime could only be tried if they consented to the trial. In many ways this is the case with the current dispute resolution clause in the Public Sector Agreement – it only provides for 'consent arbitration'. That is, if the matter is not resolved through conciliation (an attempt by the Fair Work Commission to mediate the dispute), the matter can only go to a formal hearing if the employer consents to



Jenni Bourke, Occupational Therapist

it or if the Fair Work Commission chooses to do so. Let's be perfectly clear: if your employer breaches a clause in the Agreement you do not have the right to take them to the Fair Work Commission to have the matter arbitrated.

To be equitable, either party to a dispute should be able to request arbitration to enforce their rights if they so choose. This is an important area of the Agreement needing improvement.

The other problematic aspect of the dispute resolution clause in the Agreement relates to the manner in which work will proceed when a dispute

is raised. Unfortunately, the current clause means Health Professionals may be made redundant while a dispute about their potential redundancy is unresolved. The clause should instead make it clear that while the dispute is ongoing, there should be no redundancy and work should be carried out normally until the matter is resolved.

5. Disciplinary procedures favour employer

Many Health Professionals will find their conduct or performance in the workplace being called into question at some point in their careers – sometimes with justification, sometimes without. Regardless of the circumstances, any allegations of misconduct or unsatisfactory performance should be dealt with consistent with natural justice and procedural fairness.

The allegations should be dealt with in an impartial manner that provides Health Professionals with access to the evidence against them and gives them an opportunity to respond. Any action taken against them should be proportionate.

While the Public Sector Agreement does provide Health Professionals with some of these protections, it doesn't provide them with all that are needed. For example, while the current clause requires the employer to notify the Health Professional of any concerns with their conduct or performance, it doesn't provide the Health Professional with a right of reply.

In addition, disciplinary action should be taken only in certain circumstances or when an individual has not rectified their behaviour or performance. This is not the case under the current clause in the Agreement.

**PUBLIC
HEALTH
SECTOR
WAGE
INCREASES**

1 January 2012	\$35 per week or 2.50% whichever is the greater
1 October 2012	\$35 per week or 2.50% whichever is the greater
1 October 2013	\$17.50 per week or 1.25% whichever is the greater
1 April 2014	\$17.50 per week or 1.25% whichever is the greater
1 October 2014	\$17.50 per week or 1.25% whichever is the greater
1 April 2015	\$17.50 per week or 1.25% whichever is the greater

6. Consultation on change is weak

In many ways, the biggest problem with the consultation clause in the Public Sector Agreement, is that consultation is only required AFTER a final decision on workplace change has been made by management – in other words, after the horse has bolted.

When this happens, employees have no genuine opportunity to influence the decision. Instead, consultation should occur before a decision has been made so that employees have a genuine chance to influence the final outcome.

Employees in an area facing workplace change are the ones who will have the best knowledge of the area. As such, they are the ones who are likely to know whether any proposed changes are based on a faulty premise, as well as the likely effect on the area.

To ensure the employer genuinely considers matters raised by employees, the employer must also be required to respond to employees and the union in writing. Unfortunately, this is not the case with the current consultation clause.

A related problem is the definition of ‘major workplace change’. Some employers have tried to argue that making someone redundant does not necessarily constitute major change. The clause should be amended to make it clear that any change resulting in a Health Professional being made redundant, or being worse off financially, will trigger a requirement for the employer to consult with staff.

Conclusion

These are just some of the problems with the Public Sector Agreement. In the next round of negotiations, due in 2014-15, the VHPA will work to ensure these and other issues are addressed. We want to make sure the Agreement becomes the “high end” one that provides Health Professionals with standards of pay, conditions and rights that they deserve.

PUBLIC SECTOR AGREEMENT EMPLOYERS

Albury Wodonga Health (Wodonga Hospital)	Mallee Track Health & Community Service
Alexandra District Hospital	Mansfield District Hospital
Alfred Hospital	Maryborough District Health Service
Alpine Health	Melbourne Health
Austin Health	Mercy Public Hospitals Inc
Bairnsdale Regional Health Service	Mildura Base Hospital
Ballarat Health Services	Moyne Health Services
Barwon Health	Nathalia District Hospital
Bass Coast Regional Health	Northeast Health Wangaratta
Beaufort and Sipton Health Service	Northern Health
Beechworth Health Service Inc	Numurkah District Health Service
Benalla Health Service	Omeo District Health
Bendigo Health Care Group	Orbost Regional Health
Boort District Health	Otway Health and Community Service
Calvary Health Bethlehem Hospital Ltd	Peninsula Health
Casterton Memorial Hospital	Peter MacCallum Cancer Institute
Castlemaine Health	Portland District Health
Central Gippsland Health Service	Robinvale District Health Service
Cobram District Health	Rochester & Elmore District Health Service
Cohuna District Hospital	Royal Children’s Hospital
Colac Area Health	Royal Victoria Eye & Ear Hospital (The)
Dental Health Services Victoria	Royal Women’s Hospital
Djerriwarrh Health Services	Rural Northwest Health
Dunmunkle Health Service	Seymour Health
East Grampians Health Service	South Gippsland Hospital
East Wimmera Health Service	South West Healthcare
Eastern Health	Southern Health
Echuca Regional Health	St Vincent’s Health Melbourne
Edenhope & District Memorial Hospital	Stawell Regional Health
Gippsland Southern Health Service	Swan Hill District Health
Goulburn Valley Health	Tallangatta Health Service
Heathcote Health	Terang & Mortlake Health Service
Hepburn Health Service	Timboon & District Health Care Service
Hesse Rural Health Service	Upper Murray Health and Community Services
Heywood Rural Health	West Gippsland Healthcare Group
Inglewood & District Health Service	West Wimmera Health Service
Kerang District Health Service	Western District Health Service
Kilmore & District Hospital	Western Health
Kooweerup Regional Health Service	Wimmera Health Care Group
Kyabram and District Health Service	Yarram & District Health Service
Kyneton District Health Service	Yarrawonga District Health Service
Latrobe Regional Hospital	Yea and District Memorial Hospital
Lorne Community Hospital	
Maldon Hospital	

Your views: member survey results

Fair pay, job security and health and safety are the top three workplace concerns for Health Professionals, according to a recent survey of members.

The online survey attracted hundreds of responses and provides a useful summary of member views and attitudes. More than 110 different worksites responded and 26 different professions were represented in the results.

Protecting the jobs of Health Professionals and ensuring women are 'paid and treated equally at work' were seen as major cam-

paign issues for the union. The next most important issue was the need to provide extra government funding for health and hospitals.

Many members also felt that professional development and opportunities for career progression, especially in regional areas, should be prioritised.

There was strong support for the benefits of union membership

and a clear endorsement of the management reform agenda of the new leadership.

A massive 80% supported dropping HSU from the name and there was strong support for cuts to membership fees for part-time Health Professionals. The issue of part-time fees has been raised by members in the past and has recently been acted on by the VHPA leadership.

Major concerns for Health Professionals

- 88% Being paid fairly
- 82% Job security
- 72% Respect for your job or profession
- 68% Health and safety
- 67% Being consulted by management, including over workplace changes
- 66% Access to leave and time outside of work
- 58% Opportunities for promotion and a good career
- 54% Having a say over working hours/roster

Top union campaign issues

- 76% Protecting the jobs of Health Professionals
- 76% Ensuring women are paid and treated equally at work
- 67% Providing significant extra funding for our hospitals and health system
- 51% Limiting executive and senior management pay and bonuses
- 41% Improving the transparency and accountability of salary-sacrifice arrangements
- 35% Encouraging more environmentally friendly workplaces

WHAT MEMBERS ARE SAYING...

While the majority of members said the cost of union membership was either good or very good value, there was support for fee discounts for Union members who are also members of their professional association. This is another issue that we will be actively examining in the future.

In a further encouraging sign that members recognise major improvements to the Union, about

two-thirds of respondents said their opinion of the Union had improved in the last six months.

And two-thirds of members said they would be likely to recommend joining the Union to a colleague at work. In this regard, the VHPA will soon be developing a new membership kit to make it easier for delegates and active members to help sign up your colleagues to the Union. Stay tuned!

Priorities for reforming the union

- 83% Effective and professional help for members
- 80% Transparent and accountable financial systems
- 73% Active involvement of members in Enterprise Agreements
- 64% A distinct identity and union for Health Professionals
- 63% Regular and relevant communications with members
- 59% A union run by Victorians for Victorian members

“Any sensible Health Professional can easily detect the difference between the good work being undertaken by current elected officials and the previous disaster.”

“I am very glad there are no political party affiliations within the current Union branch.”

“The Union benefits are worth every cent. When you need help the Union are invaluable and when I needed representation they did everything that could be asked and more - top effort...”

“I am feeling a lot happier with the direction the Union is taking... I want to be sure that those we elect to fight for our interests and rights at work are not abusing the privilege...”

“Equality in pay for people working in rural and regional areas should be a priority... career structure/grading isn't equal to what occurs in metro.”

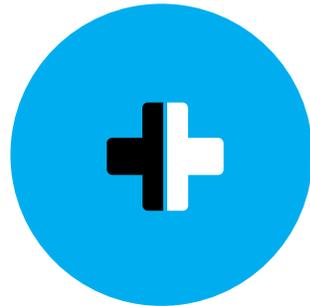
“I appreciate the regular newsletter updates and that they are Victorian based rather than biased towards NSW.”

“The disability sector is preparing for big changes with the NDIS... We need the Union to be involved to ensure that we get a fair deal.”

“KEEP UP THE GOOD WORK. YOU ARE ALL WORKING VERY HARD AND I FEEL AS THOUGH WE ONCE AGAIN HAVE A SAY IN THINGS”

NEW LEADERSHIP, NEW FINANCIAL CONTROLS, NEW NAME!

(formerly HSU Health Professionals Vic No. 3 Branch)



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HEALTH
PROFESSIONALS
ASSOCIATION**

IT'S TIME TO JOIN.



Collective bargaining for better pay and conditions



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\$10m Professional Indemnity Insurance



Your voice in policy and legislation



Legal advice



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