VICTORIAN ALLIED HEALTH PROFESSIONALS ASSOCIATION

Your wages, your conditions, your Agreement – Get Involved!

WHAT IS IMPORTANT TO YOU AT WORK?

Survey Report

PUBLIC SECTOR CAMPAIGN 2015 – 2016

- Advanced scope of practice
- Student load pressure
- Victorian Health Professionals underpaid!
- Branch 3... an identity crisis
- Workload pressures
- Campaigning smart

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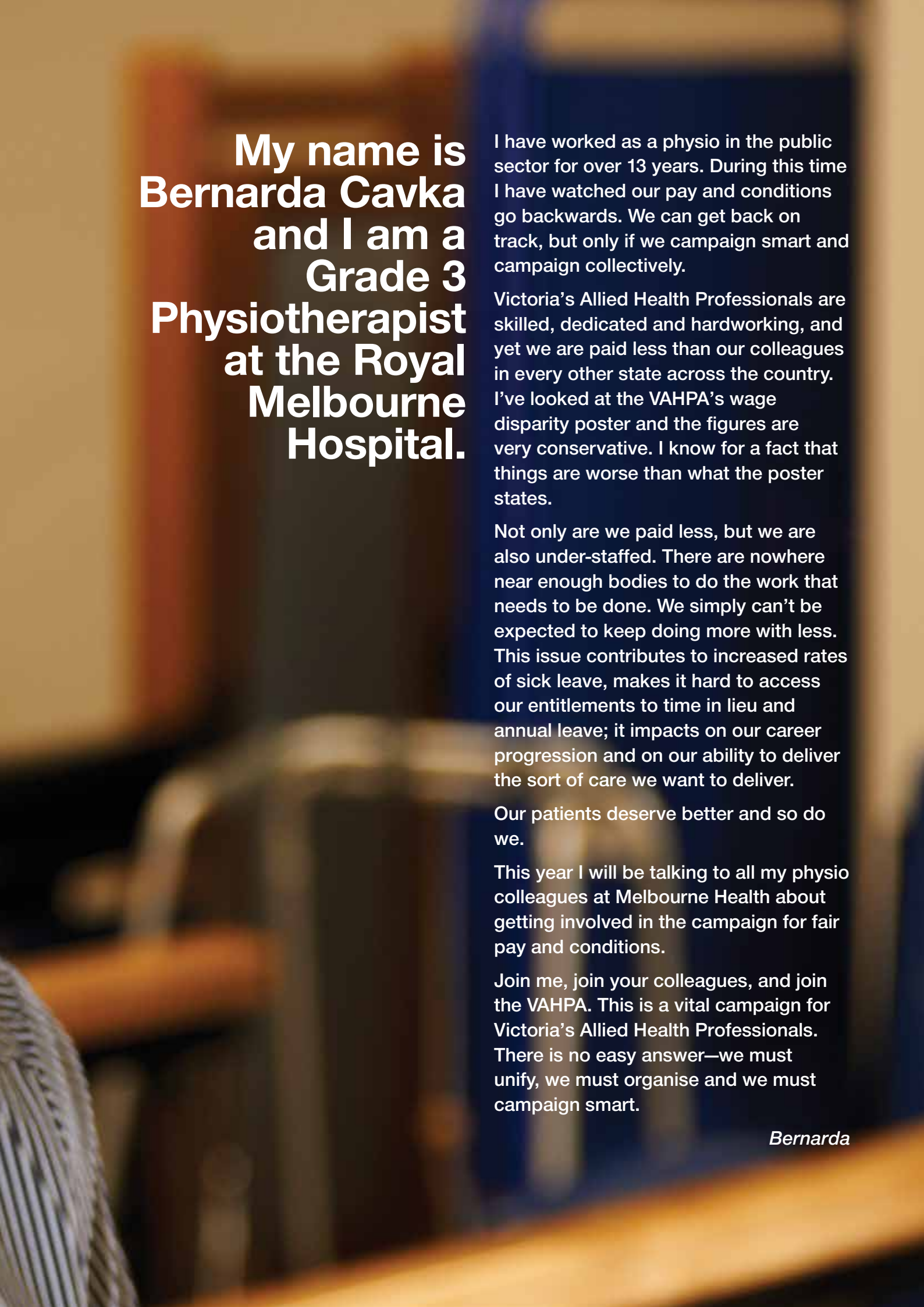


My name is Bernarda Cavka and I am a Grade 3 Physiotherapist at the Royal Melbourne Hospital.

I have worked as a physio in the public sector for over 13 years. During this time I have watched our pay and conditions go backwards. We can get back on track, but only if we campaign smart and campaign collectively.

Victoria's Allied Health Professionals are skilled, dedicated and hardworking, and yet we are paid less than our colleagues in every other state across the country. I've looked at the VAHPA's wage disparity poster and the figures are very conservative. I know for a fact that things are worse than what the poster states.

Not only are we paid less, but we are also under-staffed. There are nowhere near enough bodies to do the work that needs to be done. We simply can't be expected to keep doing more with less. This issue contributes to increased rates of sick leave, makes it hard to access our entitlements to time in lieu and annual leave; it impacts on our career progression and on our ability to deliver the sort of care we want to deliver.

Our patients deserve better and so do we.

This year I will be talking to all my physio colleagues at Melbourne Health about getting involved in the campaign for fair pay and conditions.

Join me, join your colleagues, and join the VAHPA. This is a vital campaign for Victoria's Allied Health Professionals. There is no easy answer—we must unify, we must organise and we must campaign smart.

Bernarda

An overview

The 2015 VAHPA enterprise agreement survey sought feedback from Victorian Allied Health Professionals on a broad range of issues, from workload to pay and conditions, from scope of practice to workplace identity.

At its heart, we asked Allied Health Professionals (AHPs): "What is important to you at work?" We asked you to invest your time, knowledge, opinions and aspirations to help start the process of building a better agreement. And you responded – in droves!

The survey was open for longer than most – from 20 April to 3 July – reflecting the size and breadth of the sector, and our commitment to being truly consultative and democratic in all aspects of our work.

The survey was open to all Allied Health Professionals working in the public sector in Victoria, including non-members of the VAHPA. We felt this was particularly important, especially during this period of worker/union re-engagement.

Individual comments provided by Allied Health Professionals were particularly useful and provided us with real-world examples of issues, and their impact on workers and patients. They also conveyed a genuine and qualitative depth of feeling that is often subsumed by dry statistics.

Who responded to the survey?

Survey respondents broadly reflected the demographics of Allied Health Professionals across the Victorian public sector, and those in the VAHPA:

- 80% of respondents were female.
- 65% of respondents worked in a full-time capacity.
- 29% of respondents were under 30.
- 14.3% of respondents had worked as Health Professionals for more than 20 years, while 26.1% had been in the industry for between 5 and 10 years and 17.7% had worked as a Health Professionals for between 10 and 15 years.
- 25.5 % of respondents had been with their current employer for between 3 and 5 years while 24.8% of respondents had been with their employer for between 6 and 10 years.

Uniform concerns across a diverse workforce

It is fair to say that many of the issues identified by respondents have been raised with us before. What the survey does, however, is make clear that these issues are widely and uniformly felt – by medical illustrators, by health information managers, physiotherapists, medical imaging technologists, social workers and many others, by those working in rural areas and by those working in the city, by those in small centres and by those in the largest hospitals. This uniformity went further than the specific issues of concern; it went to depth of feeling as well. There was palpable anger in many of the comments; there was also a great deal of optimism for the coming round of bargaining.

Log of claims

The results of this extensive review have been used to craft a draft log of claims. This log was opened up to member review. Your feedback was analysed and properly incorporated into the log where appropriate. You should have received the finalised log of claims by now (it is also available on our website)

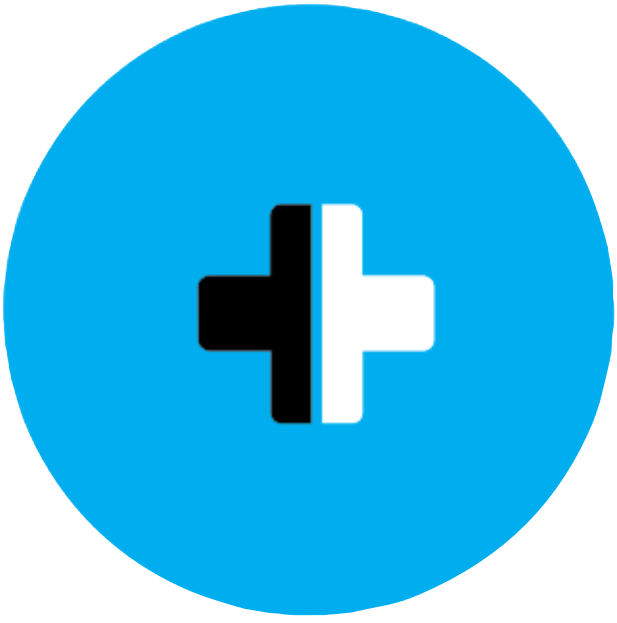
Meetings

Workplace meetings to consider the final log of claims will be held throughout August. These meetings are an opportunity for members to register their support for their log of claims and will culminate with the official launch of the campaign on 25 August. We urge members to get along to these meetings, have your say and endorse your log of claims.

Workplace meetings will be open to all Allied Health Professionals, and new members will be able to sign up on the day — remember, only VAHPA members are eligible to cast a vote. The endorsed log of claims will be the most consultative and democratic industrial document ever produced for Allied Health Professionals in Victoria.

Conclusion

We are delighted to see the depth and breadth of engagement in both the survey and in this round of bargaining. You have stated in no uncertain terms that you want to play a genuine role in ensuring that we make up for lost ground and that the work done by Victorian Allied Health Professionals is critical to the healthcare of all Victorians. Allied Health Professionals are dedicated, expert and professional; our wages and conditions must reflect this.



Our Members - Allied Health Professionals

We are a specialist union representing members working in most areas of healthcare, including public and private hospitals, community health centres, aged care facilities, medical centres, private clinics and health and community services.*

The VAHPA represents a broad range of professions, including:

AHP Therapeutic & Clinical Stream

- Allied Health Directors
- Exercise Physiologists
- Music Therapists
- Occupational Therapists
- Orientation and Mobility Practitioners
- Orthoptists
- Physiotherapists
- Play Therapists (Child Life Therapists)
- Podiatrists
- Prosthetists / Orthotists
- Speech Pathologists

AHP Radiation & Imaging Stream

- Bone Densitometrists
- Mammographers
- Mechanical Officers
- Medical Imaging Technologists
- Medical Resonance Technologists
- Nuclear Medicine Technologists
- Radiation Engineers
- Radiation Therapists
- Sonographers

AHP Dental Stream

- Dental Laboratory Managers
- Dental Prosthetists
- Dental Technicians
- Dentists

AHP Technical Stream

- Behavioural Scientists
- Biomedical Technicians
- Cardiac Technologists
- Clinical Coders (Degree qualified)
- Health Information Managers
- Medical Illustrators / Photographers
- Medical Laboratory Technicians
- Medical Librarians
- Medical Technicians
- Renal Dialysis Technicians
- Research Technologists
- Technical Officers

AHP Social & Welfare Stream

- Child Psychotherapists
- Client Advisors
- Community Development Workers
- Recreation Therapists
- Recreation Workers
- Rehabilitation Consultants
- Rehabilitation Counsellors
- Safety Officers
- Social Planners
- Social Workers
- Welfare Workers
- Youth Workers

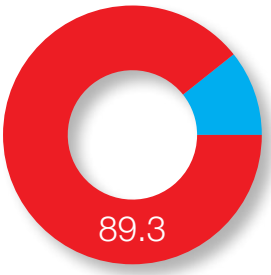
Other Health Professionals not listed here may also be eligible to join. Not sure if we cover you? Please contact the VAHPA to check.

* Note that professionals in mental health and in some community health centres may not be eligible.

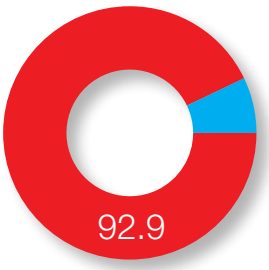
A horrifying set of numbers

There are approximately 7500 Allied Health Professionals in the Victorian Public Sector

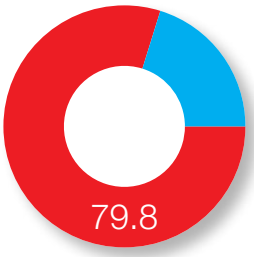
Over 1650 Allied Health Professionals across 86 public sector employers took our survey—that is roughly 22% of the entire public sector workforce.



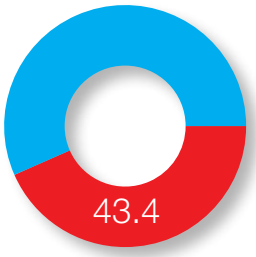
89.3% of respondents are very concerned or extremely concerned about the fact that Victorian AHPs are paid less than their colleagues in all other states.



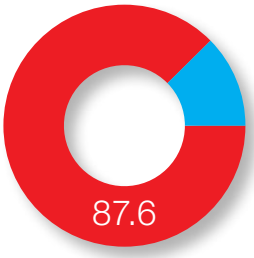
92.9% of all respondents feel that their workload has increased over the last two years.



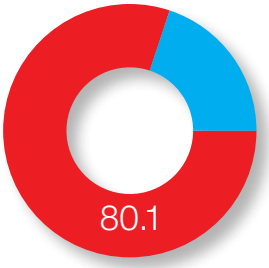
79.8% of respondents are very concerned or extremely concerned about a lack of backfill to cover periods of leave.



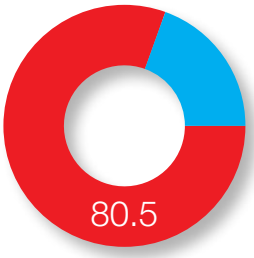
43.4% of respondents feel that there has been a 'large increase' in the workload over the same period.



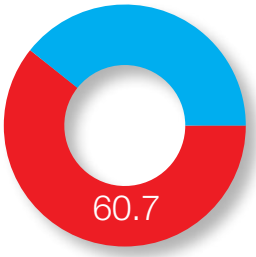
87.6% of respondents are very concerned or extremely concerned at increasing workloads with no corresponding growth in staffing levels.



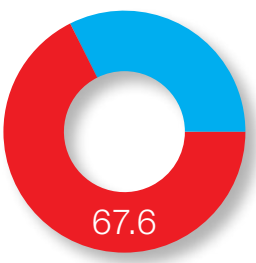
80.1% of Allied Health Professionals believe that their productivity levels have increased 'significantly' over the past 5 years.



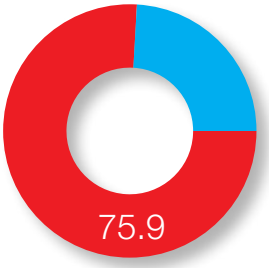
80.5% of all respondents feel that the scope and complexity of their vocational responsibilities continue to increase, with 67.9% of respondents expressing concern at the risks associated with this.



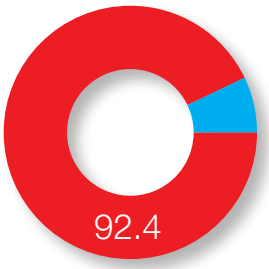
60.7% of respondents believe that 'students and interns (where applicable) are not receiving the training they need due to workload pressures on qualified staff'.



67.6% of those surveyed feel that they do not receive the respect they deserve in the workplace

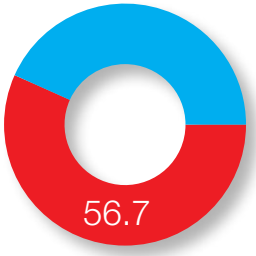


75.9% of Allied Health Professionals agree or strongly agree that increased workloads are placing quality of care at risk.

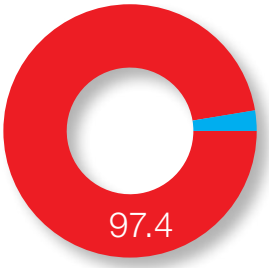


92.4% of respondents feel that increasing workloads are leading to rising stress levels of individual health professionals.

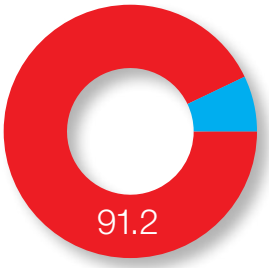
91.2% of respondents feel that the lack of career progression opportunities is an important or very important workplace issue.



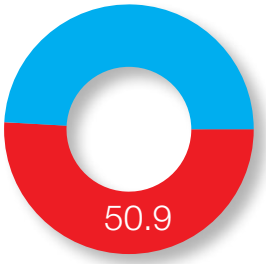
56.7% of all respondents suggest workload pressures increase the likelihood that they 'need' to take sick leave.



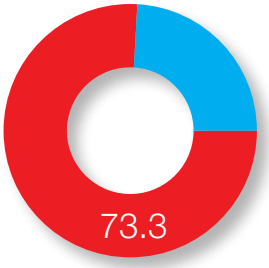
97.4% of respondents consider Continuing Professionals Development Leave to be an 'important' or 'very important' workplace issue.



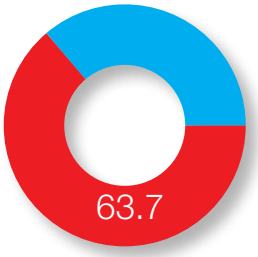
91.2% of respondents suggest that increased workloads are leading to stress within departments.



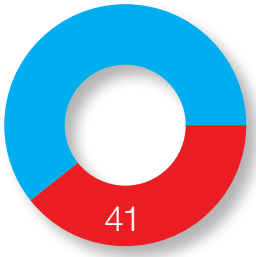
50.9% of respondents often feel that they should be completing work outside of their work hours even though they do not want to.



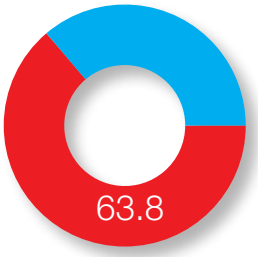
73.3% of respondents feel that increased workloads are placing health professionals' safety at risk.



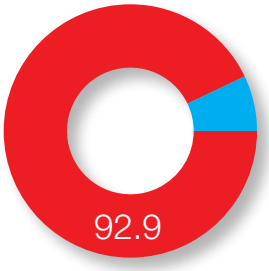
63.7% of respondents feel that they are not given sufficient time to perform the administrative tasks that are assigned to them.



41% of respondents are less satisfied or much less satisfied in their job than they were 3 years ago.

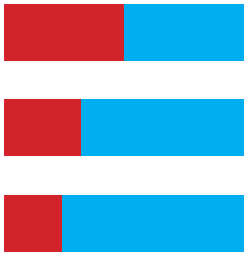


63.8% of those surveyed feel that workload pressures are having a negative impact on their work/life balance.



92.9% of respondents consider increasing productivity pressure to be an important or very important workplace issue.

Of those who experienced a change in job satisfaction, (88.2% of all respondents):



49.1% were considering leaving their current employer

31.4% were considering leaving their profession and

24.1% were actively seeking work outside healthcare.

Craig McGregor
Secretary, VAHPA

Why You Deserve Better

The previous leadership of Health Services Union Victorian No. 3 Branch (now trading as the VAHPA) failed the membership in many ways. These failings – including poor governance and financial mismanagement – have received a great deal of media attention. What isn't so widely publicised are the poor industrial outcomes that occurred on Jackson's watch. These outcomes have had an impact on the entire Allied Health Professional workforce across Victoria.

Members could reasonably expect that a union would be able to negotiate good wages and conditions during favourable periods – when jobs are plentiful and workers in short supply. This opportunity was not seized.

An examination of the relevant agreements and awards shows that the relative wages of Victoria's public sector Allied Health Professionals' stagnated during this period; so much so that we are now paid less than our colleagues in all other states.

Perhaps the most obvious way to demonstrate this slide is to make a comparison to our nearest colleagues, those Allied Health Professionals covered by another branch of the HSU, the Medical Scientists Association of Victoria (MSAV).

It is worth noting that Allied Health Professionals covered by the MSAV (dietitians, medical scientists and audiologists among others) have, since the late 90s, enjoyed better conditions in many areas than their colleagues in the VAHPA. There are many reasons for this discrepancy, but the most apparent is poor decision making by the previous leadership of the union.

Up until 2008, VAHPA members (physiotherapists, social workers, occupational therapists and medical imaging technologists among others) enjoyed comparable pay rates to health professionals covered by the MSAV. In some cases, health professionals covered by the VAHPA were on higher rates; in other cases health professionals covered by the MSAV were on higher rates.

Then in 2008, the MSAV secured a new enterprise agreement that:

- Provided for pay increases of between 15% and 17% over the nominal life of the agreement depending on classification;
- Provided for a sign-on bonus of $1250; and
- Generally maintained existing entitlements and made improvements in a number of other areas.

By contrast, the leadership of Branch 3 worked to ensure an outcome could not be negotiated, and instead pushed Fair Work Australia to arbitrate our agreement. The result was a series of determinations made by Fair Work Australia and a multi-enterprise agreement that mirrored those determinations. The outcome was not pretty. VAHPA members:

- Received pay increases of just 11.75% over the nominal life of the agreement;
- Saw some entitlements stripped from the agreement and generally received no meaningful improvements in conditions.

This meant the full-time Grade-2 Year-4 physiotherapist for instance went from being $8.10 a week better off than the dietitian Grade-2 Year-4 rate in 2007, to being $64.70 a week worse off than the dietitian Grade-2 Year-4 rate by the end of 2011.

The next round of bargaining was also disastrous for health professionals covered by VAHPA. The union at the time accepted a 2.5% increase per annum and a rollover of conditions that didn't address the problems of the previous agreement. Further, in early November 2011, union officials signed off on a Heads of Agreement document that would see the vital Chief structure seriously threatened – this was the key trade-off for the nebulous classification review referred to at the time as 'Better Structures, Better Care'. Sloppy drafting of the relevant clause saw the $15 million – largely earmarked for health professionals – dwindle as it was dispersed among employees covered by three Victorian branches of the HSU.

Unsurprisingly, this outcome was again worse than that achieved by the MSAV. While both branches secured pay increases of 10% over the nominal lives of their agreements, allied health professionals covered by the MSAV received a single up-front lift to wages of between $20 and $45 a week. As a result, the rates of pay for allied health professionals covered by the VAHPA fell even further behind.

Your current enterprise agreement expires at the end of this year. And while the good times (aka advantageous market forces) have passed us by, we do have an opportunity to make up the lost ground—so long as we campaign smart and work together.

Get involved, stand with your union and let's get our wages and conditions back on track.

Staffing Levels at Crisis Point

Results from the survey reveal a crisis in staffing levels and workload for Allied Health Professionals across Victoria.

More than 85% of respondents indicated that workloads continue to increase in their workplaces, while staffing levels have stagnated. An increased workload over the last 2 years was reported by 97 per cent of respondents, with more than 45% reporting a large increase.

This disparity between management's expectations of health professionals and the failure on the part of employers to adequately resource services and departments has led to reports of significant increases in stress levels, sick leave, unpaid overtime and negative impacts on work/life balance.

More than 91% of respondents indicated that increased workloads were leading to rising stress levels, with a significant majority indicating that sick leave was used as a means of dealing with this stress.

These alarming figures should be a wake-up call to management; the current situation is unsustainable, and comes with associated costs in lost time, burnout and potential worker's compensation claims from health professionals who have been pushed beyond the limits of endurance, and potentially compromised quality in patient care.

> **"Unless something changes soon I will definitely consider leaving my job and maybe my profession. Although I like my job and helping sick people I do not enjoy being taken advantage of or unappreciated for so long."**
>
> *Pauline, Occupational Therapist*

Anecdotes from respondents paint a frightening picture of a system that is close to collapse. In many departments, respondents indicated that they were unable to access planned leave at a time that suited them. This was due to staff already being stretched to the limit with clinical and administrative workloads, combined with a consistent failure by management to engage replacement staff – even for planned periods of extended leave. A number of respondents reported that some health professionals on up to 24 months of parental leave were not being replaced. It is clear that long service leave, annual leave, sick leave, study leave, conference and seminar leave and parental leave are not appropriately taken into account when staffing levels are determined.

We heard harrowing stories of Allied Health Professionals reduced to tears, burning out and breaking down due to increased workload pressure – with many forced to work unpaid overtime outside ordinary hours, at the expense of time spent with family and other commitments outside work.

Some have reported feeling as though they are only able to take short periods of leave because they know their workload will not be covered in their absence, and that they will return to a backlog of work. For many, this means that leave which should be an opportunity to rest and recuperate from the rigors of work only adds to the sense of a workload spiralling out of control.

We received reports of departments where blocks of annual leave were being allocated 12 months in advance, meaning that planning family holidays becomes an exercise in divining the future, and it's bad luck for anyone whose life doesn't run according to a strict schedule.

> **"The number of patients per day has increased, some of the appointment times have been reduced. Tea breaks have disappeared or lunch times have been reduced. There are no family friendly working hours in the public hospital system. No ability to take time off over school holidays. Pressure to work on the weekend is always there."**
>
> *Jacinta, Radiation Therapy Technician*

A small handful of public health services enjoy an entitlement to replacement staff, but even in these instances there is no requirement to replace employees who are on 'prolonged leave'. The relevant employers are required to make 'every endeavor to appoint' to the position. In reality, this provision is difficult to enforce. No major metropolitan public health services, save for St Vincent's, are obliged to provide any leave replacement staff at all.

Our survey responses indicate that management will often avoid appointing replacement staff. This is obviously to the detriment of remaining employees who are required to do whatever is necessary to cover these shortfalls. Respondents indicated that this situation has seen patient care compromised.

Allied Health Professionals are central to the delivery of high quality healthcare in Victoria. Their ability to provide their essential services is under serious threat, however, due to staffing shortfalls.

No longer can this situation be justified by management buzzwords such as 'productivity initiatives' and 'efficiency dividends'. The default mode of operation for Victorian public health services when it comes to staffing levels is crisis mode.

> **"My job does not provide me with satisfaction. No respect in the workplace ... I don't feel I'm been mentally challenged, just churning patients in and out ... I studied too long ... earn too little money ... but have few other career options which is the only reason I haven't moved on."**
>
> *Trinh, Medical Imaging Technologist*

Cuts to public healthcare funding, driven by the Abbott Government, have increased the pressure on the Andrews State Government and on hospital management. For years this type of pressure has been soaked up by dedicated and hard working Allied Health Professionals. It is time to reverse this trend, it is time to push back and ensure that our jobs and the welfare of patients are protected.

We have a duty of care and a responsibility that cannot be abrogated.

How higher workloads are benefiting employers – and damaging Allied Health Professionals and patient care

The survey underscores evidence that Victorian Allied Health Professionals, such as physiotherapists, medical imaging technologists and social workers, have boosted their productivity substantially in recent years.

A large majority of survey respondents (80.8%) either agreed (49.5%) or strongly agreed (31.3%) that their productivity levels had increased significantly over the past five years. By contrast, only 2.8% of respondents disagreed with the proposition that their productivity levels had increased significantly.

"The pressure to keep productivity up with an increased workload, limited support and decreased staff is an irresponsible way to manage healthcare."

Tatiana, Physiotherapist

This data has been supported by some employers, who do not want be named but who have indicated that the number of patients seen by Allied Health Professionals has been increasing without a corresponding increase in staffing levels. Further, this assertion has been confirmed by employees with access to the relevant public sector employer data by virtue of their managerial positions.

This increased productivity has been achieved in large part through an increase in employee workloads rather than through genuine productivity improvements. As indicated elsewhere in this report, 85.4% of respondents agreed or strongly agreed that workloads have continued to increase while staffing levels have stagnated.

"I have considered whether the pressure in my job which seems to be never ending will ultimately become too much for me and wonder how long I can continue to place myself at risk."

Chau, Occupational Therapist

Chronic increases in workload, under the guise of improved productivity, are seriously problematic for patients and employees. This myopic approach is detrimental to the delivery of healthcare and impacts negatively on the lives of health professionals – including on their health.

The survey results relating to workplace satisfaction are therefore not surprising:

- 39.3% of respondents indicated that they were less satisfied or much less satisfied with their job than they were a year ago.
- 40.9% of respondents indicated that they were less satisfied or much less satisfied with their job than they were three years ago.
- 39.7% of respondents indicated that they were less satisfied or much less satisfied with their job than they were five years ago.

This is further reflected in responses to the question: "If your job satisfaction has changed, has it resulted in you considering or doing any of the following?":

- **49.6% of these respondents indicated that they were considering leaving their current employer.**
- **39.2% were considering leaving the public hospital sector.**
- **31.7% were considering leaving their profession.**
- **37.4% were actively seeking work with another healthcare provider.**
- **24.3% were actively seeking work outside of healthcare.**
- **24% were advocating against healthcare as a vocation choice.**

People often consider changing employers to seek better career opportunities. But with a staggering 35% of all respondents indicating they are considering leaving their current employer, there are clearly huge problems in Victoria's public hospitals.

An even more alarming indicator is the finding that almost a quarter of all respondents are considering leaving their profession altogether. The fact that such a large proportion of workers are looking for a way out is a clear sign that there are serious problems within allied health. Given the years of study that Allied Health Professionals are required to undertake, both prior to and after graduation, and the cost that this entails, this is of enormous concern.

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How you are being short-changed

An overwhelming majority of respondents to the survey expressed a very high level of concern at Victorian Allied Health Professionals being paid less than their counterparts in all other states (based on an assessment of like-for-like work from the relevant salary schedules). 59.3% of respondents were extremely concerned about their relative pay disadvantage, with a further 29.7% indicating they were very concerned. By contrast, less than 1% of respondents indicated they were not concerned.

This response is not surprising. While it is not always simple or straightforward comparing wages rates in different agreements and awards (given they generally have different classification structures), even when you take a conservative approach, the rates of pay applying to Allied Health Professionals covered by the VAHPA in Victoria (such as radiation therapists, speech pathologists, sonographers and health information managers) are generally less than the corresponding rates in all other states for the highest increment in the grade/level at which most experienced health professionals are employed.

The Victorian UG1 Grade-2 Year-5 rate is:

- $3,206 per annum less than the NSW Level 2 Year 4 rate
- $2,370 per annum less than the Tasmanian Level 2.6 rate (with this difference likely to increase to $4,790 this year)
- $2,610 per annum less than the Queensland Level HP3, 7th increment (with this difference almost certain to increase to at least $4,452 this year)
- $4,541 per annum less than the South Australian Level AHP-2, 4th increment rate (with this difference to increase to $6,683 this year)
- $15,195 per annum less than the West Australian Level P-1.6 rate.

Again, this is a conservative comparison to the rates of pay for Allied Health Professionals in other states. It is highly likely that many at the UG1 Grade-2 Year-5 rate of pay would translate to a grade/level higher than those indicated above in other states, and as such the difference would be even greater. It seems that Victoria's Allied Health Professionals have good reason to be extremely or very concerned that they are paid less than their interstate counterparts.

Another valid point of wage comparison lies within the Victorian context – that is, to rates of pay for Allied Health Professionals covered by the HSU Victoria No. 4 Branch, known as the Medical Scientists Association of Victoria (MSAV). Dietitians provide us with a clear point of reference. Not only have the wages for the two groups been in close alignment for decades, but the educational standard and nature of the work is strikingly similar. Dietitians, for example, are generally required to complete a four-year bachelor's degree or a master's degree (like most Allied Health Professionals covered by the VAHPA). And they generally complete their degrees in the same faculties at university. They also work alongside professionals covered by the VAHPA within public hospitals.

> **"I love the work I do. I love the hospital that I work for. But the simple fact [is] that I cannot afford to get by on my current wage ... by failing to improve wages and conditions of physiotherapists we are ensuring the decline of the public health sector."**
>
> *James, Physiotherapist*

52.6% of survey respondents indicated extreme concern that Victorian Allied Health Professionals covered by the MSAV agreement (including dietitians, audiologists and pharmacists) received superior rates of pay to them, with a further 30.8% indicating they were very concerned about this. By contrast, only 3.2% of respondents indicated they were not concerned.

Again, this is not surprising. Over the past seven years, the rates of pay applying to dietitians, audiologists and pharmacists have leapt ahead of those for Allied Health Professionals covered by the VAHPA.

Back in 2006, the full-time Grade-2 Year-4 dietitian rate was $8.10 a week ($422.33 a year) less than the Grade-2 Year-4 UG1 rate that applied to most Allied Health Professionals covered by the VAHPA. By 1 November 2015, this situation will have turned around by a massive $85.30 a week. Even with the Grade-2 Year-5 increment, recently negotiated by the current leadership of the VAHPA, the full-time Grade-2 Year-4 dietitian rate is $4,025 per annum higher.

> **"Myself and many of my colleagues ... seek additional work e.g. casual weekend work, to supplement their income. It is tragic that highly trained health professionals feel the need to do this in order to earn a decent wage."**
>
> *Ljubica, Physiotherapist*

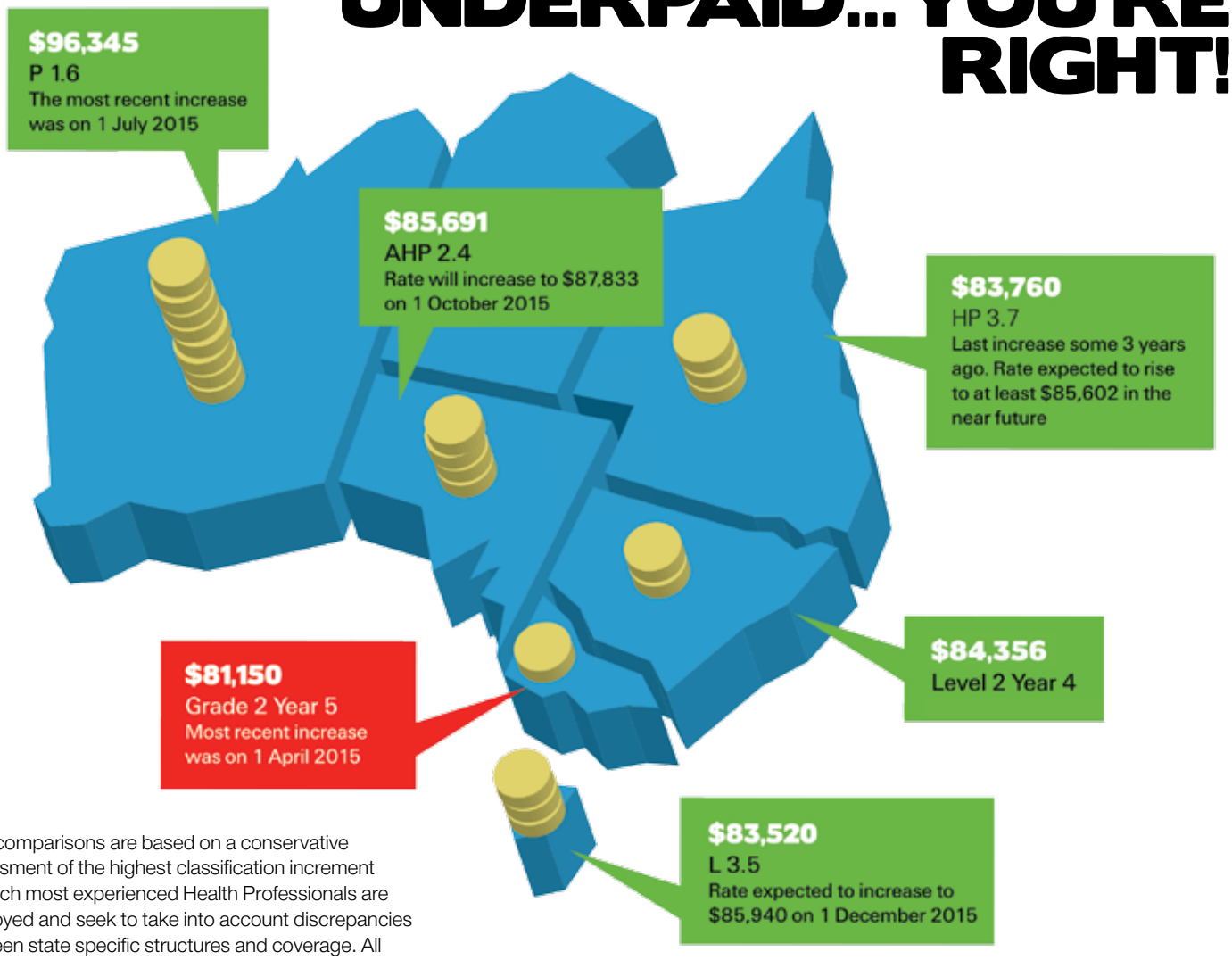
Similarly in 2006, the full-time Grade-3 Year-4 dietitian rate was only $17 a week ($886.38 a year) higher than the Grade-3 Year-4 UG1 rate that applied to most Allied Health Professionals covered by the VAHPA. **Come 1 November this year, this gap will be $137.55 per week, or an astonishing $7,171 per annum.**

Victoria's Allied Health Professionals are right to be seriously concerned about their rates of pay.

ALLIED HEALTH PROFESSIONALS

How does Victoria compare?

IF YOU THINK YOU'RE UNDERPAID... YOU'RE RIGHT!



* Rate comparisons are based on a conservative assessment of the highest classification increment at which most experienced Health Professionals are employed and seek to take into account discrepancies between state specific structures and coverage. All comparisons refer specifically to the public sector.

Victoria's Allied Health Professionals are paid significantly less than their colleagues in all other Australian states. We have an opportunity to rectify this injustice.

Your Enterprise Agreement is up for negotiation later this year. It is time to take an active role in determining your wages and conditions.

VICTORIAN ALLIED HEALTH PROFESSIONALS ASSOCIATION

Get involved

JOIN YOUR UNION

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HSU Victoria No. 3 Branch
A Troublesome Identity Crisis

Introduction

Publicity, media coverage and a strong sense of identity are fundamental aspects of any good industrial campaign.

One of the best industrial campaigns seen in this country in recent times was the Code Red campaign run by the Ambulance Employees Australia of Victoria (AEAV). It wasn't just industrial might that got the ambulance officers a good outcome. Their success came from a strong sense of identity, smart campaigning, hard work and, importantly, an ability to attract loads of media attention.

It is interesting to note that ambulance officers do not like the term 'ambos'; they embraced it slowly and grudgingly as the campaign progressed. But this designation – this handle – allowed the media and the Victorian public to grab hold of the campaign and to access it in a very real way.

There can be no doubt that a clear, strong and well-understood identity is central to running a good campaign.

A linguistic mess

On this count, HSU Victoria No. 3 Branch has always struggled. We have always been known as the 'Health Professionals' branch and have had a range of trading names that reflect this.

The 'Health Professional' designation stems from two key factors. The first is industrial correctness. The underpinning award of most relevance to the Number 3 branch, and the plethora of enterprise agreements that sit atop it, is the Health Professionals Award. Historically, too, we were within the jurisdiction of the Health Professional Services Conciliation and Arbitration Board. The other factor relates to the politics of amalgamation and the need to find a generic label that would satisfy all parties involved in a series of state-based union mergers in the 80s and 90s.

It should come as no surprise to find that only the most industrially savvy are even aware that there exists a distinction between the proper noun 'Health Professional' and the generic term 'health professional', which applies to basically any healthcare worker.

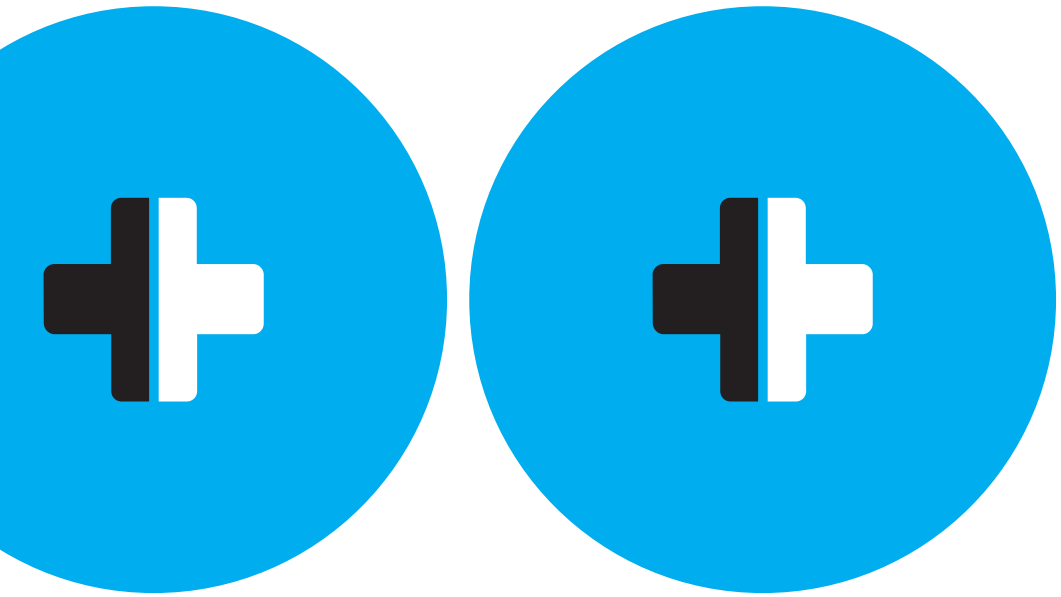
We recently concluded our long-running community health campaign. As part of that campaign we issued numerous press releases. Each had a long and wordy explanation as to who we are: "community health professionals including Physiotherapists, Podiatrists, Speech Pathologists and others". No wonder we struggled to get media coverage – we have no clear identity.

Consequently, we spent some time looking at other professional groups. We looked to the doctors and recognised that the work an orthopaedic surgeon does is wildly different from the work that a general practitioner does. We looked to the nurses and saw that a nurse unit manager was engaged in work vastly different to that done by a scrub nurse. Yet in each case each group strongly self- identified as a doctor or as a nurse.

It was clear in our case, however, that each group identifies inwardly and discretely – for example, as medical imaging technologists, as physiotherapists, as research technologist, as social workers and as radiation therapists.

Solution

The branch committee of management spent considerable time discussing this vexing issue. How could we overcome this lack



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of identity? How could we forge a sense of unity among the diverse professional groups covered by the branch? Could we find a designation that would allow the media and the public to understand us, to see us as real and human?

One designation stood out—Allied Health Professional. The committee decided to embrace it.

Justification – it's our designation

The Victorian Department of Health sees Allied Health Professionals as the essential third pillar, alongside doctors and nurses, of the Victorian health workforce and have indicated a willingness to engage in promotions around that.

They further consider 26 professions to fall within the classification 'Allied Health'. There is however no clear definition of the term. Academics use the word in distinct ways, accountants use the term to facilitate funding arrangements, universities and other training institutions likewise use it as they see fit. Part of the strength of the designation, therefore, is its malleability.

The professions that make up the department's list are divided into two streams – the therapy stream and the science stream. We have broadened this concept to fully embrace our area of coverage:

- Allied Health Professionals—Therapeutic and Clinical Stream
- Allied Health Professionals—Radiation and Imaging Stream
- Allied Health Professionals—Social and Welfare Stream
- Allied Health Professionals—Technical Stream
- Allied Health Professionals—Dental Stream

Benefits

We have seen from the paramedics' campaign that it is important to campaign smart. We must be strategic and play to our strengths. The ambos won the battle for public opinion. They used their identity to bond together and to facilitate positive publicity. We must find this unity and we must do all we can to build our profile.

Your say

Nearly 60% of respondents to the survey favoured a move to a single designation, and 75% were happy with the name 'Allied Health Professional'. Over 70% favoured the idea of becoming that 'third pillar' of healthcare.

Conclusion

While others use the term allied health professional, we are the people doing the work; we are the physiotherapists, the health information managers, the medical imaging technologists and the social workers. We are the podiatrists, the orthoptists, the exercise physiologists, the biomedical techs and the occupational therapists. We are the speech pathologists, the music therapists, the nuclear medicine techs and the prosthetists. We do the work; we define the term and collectively wear it with pride.

We are the Victorian Allied Health Professionals Association!

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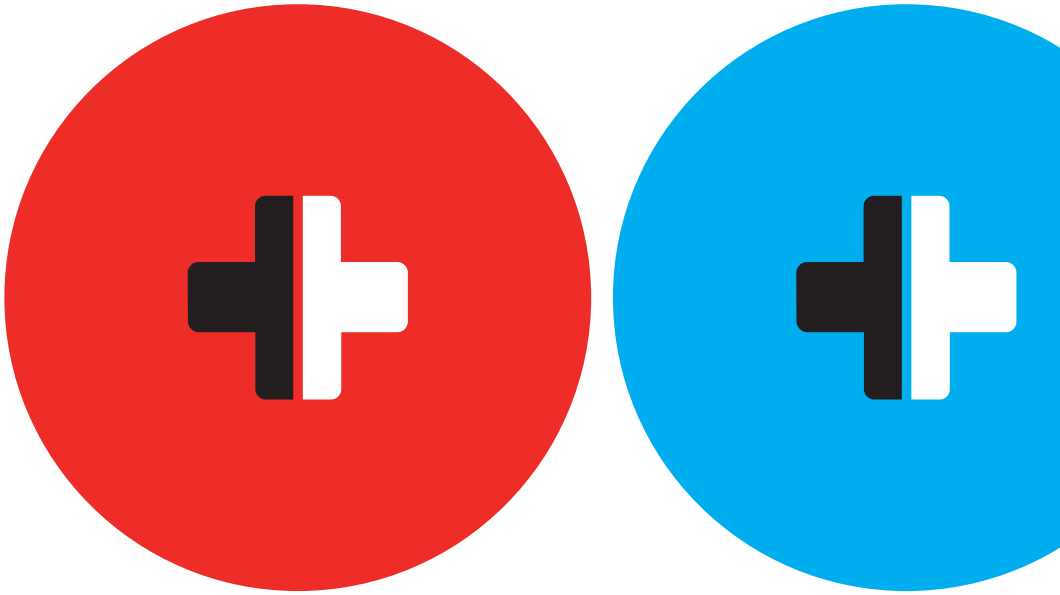


Improving career structures
Advanced scope of practice Grade 4 and Chiefs structures

Advanced scope of practice

The concept of 'advanced scope of practice' is by no means a new one. Yet there is still no recognition of it in our enterprise agreement. The survey responses clearly indicate this is a significant area of concern, and it is something the VAHPA has been working on for some time.

During 2014, the Victorian Department of Health ran a series of open forums and invited Allied Health Professionals from a variety of disciplines to present on their advanced practice activities. What became clear was that Allied Health Professionals were already performing significant advanced practice roles across most of the major Victorian hospital networks. Many of the roles could be described as going further and technically extending scope by encompassing expertise beyond the currently recognised scope of practice.

Some of the roles included:

Physiotherapy:

- Advanced musculoskeletal physiotherapy post arthroplasty review clinic
- Physiotherapy-led paediatric clinic
- Joint aspiration
- Physiotherapy-led orthopaedic clinic
- Developmental dysplasia hip ultrasound clinic
- Lymphoedema clinic
- Neurological spinal screening
- Physiotherapy shoulder screening
- Advanced musculoskeletal physiotherapy in Emergency Department.

Podiatry:

- Podiatry prescribing rights
- High-risk diabetes foot clinic
- Podiatry-led assessment and triage service
- Advanced wound care.

Radiation Therapy and Medical Imaging Technology:

- Insertion of PICC lines
- Radiographer-led diagnostic and interventional angiography
- Breast process mapping and image guided radiation therapy.

Speech Pathology:

- Fibreoptic endoscopic evaluation of swallowing.

Occupational Therapy:

- Therapist-led trauma clinic
- Therapist-led elective clinic
- Post-operative and discharge therapist-led review clinic
- Combined hand care team
- Hand therapist-led discharge clinic
- Therapist-led outpatient review clinic
- Elective surgery screening.

It is clear from the breadth and depth of work currently being carried out that Allied Health Professionals are capable of, and indeed suited to, performing advanced clinical work.

The benefits to patients are significant, with demonstrated and quantifiably better outcomes and faster turnaround times through better access to appropriate health-care providers. There are also considerable benefits to the health networks, with better access to assessment and treatment, decreased emergency presentations, decreased hospital bed times, reduced admissions and increased knowledge and skills for the staff, leading to higher job satisfaction and improved retention.

The VAHPA recognises the training, study and work being performed, and encourages health professionals to explore these opportunities as they arise. However, the survey results indicate that this work is not properly recognised in the workplace, and that in many cases there is inadequate support and resources available for the professional.

It is well past time that advanced practice was properly recognised. Unfortunately, the current enterprise agreement does not provide the necessary industrial framework to facilitate this. There is a clear need for a specific advanced scope of practice classification at the Grade 4 level.

90% of respondents indicated support for such a move, noting that this improvement to the career structure was 'important', while 41% of respondents felt that it was a 'very important' shift.

Not only would this structure provide for fair remuneration for professionals performing advanced clinical work, but it would also acknowledge the increased expertise and responsibility that comes with this type of practice.

The Victorian Department of Health is supporting the concept and encouraging the organic growth of these roles; for a long time now we have seen the carrot of advanced scope of practice dangled in front of Allied Health Professionals. With Allied Health Professionals now moving into these roles, it only seems fair that their career structure reflects this.

Grade 4 – a tiered structure?

The current Grade-4 structure is flat. There is no incremental progression. By comparison, audiologists, dietitians and pharmacists have five-yearly increments to progress through. Clearly this is a disparity that needs addressing. While there has been ongoing pressure to improve rates and structures at the lower grades, we need to ensure that those with the experience and expertise necessary to advance to the higher grades are recognised for this and rewarded adequately. Failure to do this will see the public sector lose these invaluable employees.

Chief structures and management arrangements

The main sticking point during the Clause 11 Classification Review negotiations was a proposed change to the chief structure. Had this change been implemented it potentially would have seen the removal of the Chief structure for all but the big hospitals.

The VAHPA fought long and hard to find a compromise position that would ensure proper management of Allied Health Professionals.

It vital that allied health professionals are managed by allied health professionals. This is beneficial in terms of clinical support, the delivery of high quality healthcare and in the interests of career progression.

As part of this public sector campaign we will be fighting to build further protection for senior roles and working to ensure that allied health professionals are managed by allied health professionals and not by accountants or nurses

“I work in an advanced practice role; substituting for orthopaedic consultants and senior registrars; but receive nowhere near their salary.”

Bryce, Physiotherapy

“[I am] happy partaking in advanced practice but dissatisfied about [the lack of] recognition for doing so.”

Hong, Medical Imaging Tech

“[There are] 4 podiatrists employed at Western Hospital all with prescribing rights but [who receive] no remuneration [for their extended scope of practice work].”

Gerry, Podiatrist

Improving Career Structures
Allied Health Assistants

Currently, Allied Health Assistants (AHAs) are not included in the VAHPA part of the public sector enterprise agreement. But given the close working relationship between Allied Health Professionals and Assistants, and the supervision of Assistants by Professionals, it makes very good sense both professionally and industrially for them to be covered by the same agreement.

The Victorian Department of Health has rolled out its Allied Health Assistant Implementation Program over the last three years. This has been a key driver in supplementing the Allied Health Professionals workforce, and there has been significant input from Allied Health Professionals on what roles could be undertaken by the Assistants.

The Department of Health describes the roles as being "underpinned by the *Supervision and delegation framework for the allied health assistants*". Clearly, assistants are now an integral part of the allied health team and their industrial instrument needs to be aligned with that of the Professionals.

It is time to design and implement a structure that properly reflects the work done by AHAs and a career path that recognises their training and experience. It is also important that AHAs have access to professional development that allows them to maintain and enhance their skills, training and qualifications.

Given the segue between the work done by Allied Health Professionals and AHAs, it would appear eminently logical to craft an industrial structure covering both groups. This would provide each with greater protection while delineating the path necessary to achieve higher qualifications and the rewards that flow from that.

Some Allied Health Professionals have already done considerable work towards developing this process. While it is clear that there has been significant under-recognition of AHAs to date, their scope of practice needs to be factored into any claim and new structure. In many ways, South Australia has taken the lead on this inevitable amalgamation. Indeed, the SA branch of the Health Services Union recently achieved a new structure in its public sector agreement that includes an integrated 'Allied and Scientific Health Practitioners' stream. This stream includes AHAs.

Survey results indicate a high level of support for a structure that sees Allied Health Assistants incorporated into the Allied Health Professionals' agreement. More than 46% of respondents expressed support for such a structure while only 16% felt the move would be problematic for various reasons.

"I used to work at Woolworths and got paid $2 less than what I get here."

Respondents' comments reflected a high level of concern regarding the expansion of AHA roles and the need for ongoing supervision. Role replacement has been identified as a major concern by the VAHPA and would be no less important under a new structure. By having Allied Health Assistants under the same agreement, representation and consultation around any changes would be undertaken in such a way that the interest of all parties would be properly respected.

As one respondent put it: "*(They are) an important part of our team but should never take the place of a qualified Allied Health Professional.*"

We must work together to achieve a careful balance between respect for professional boundaries and genuine integration. Allied health assistants perform an important role in the delivery of healthcare. The role should be developed and nurtured.

The AHA (Allied Health Assistant) group have been disadvantaged ... It would be good to have them in the same award as HPs so that scope of practice, pay scales etc. can be logically and appropriately managed and articulated."

John, Allied Health Assistant

"[It would] be good to have one union to unite the workers and also to know what the boundaries are of their work roles."

Darren, Physiotherapist

"I have a niece in VCE. I have warned her about working anywhere in the public sector ... it is an avenue for being powerless, poorly paid and not being respected ... I get very angry when my brother ... who works with no trade or tertiary qualification earns 2.5 times what I do ... I dread the next 20 years in this industry."

Emily, Nuclear Medicine Technologist

ALLIED HEALTH PROFESSIONALS...

Disheartened by your rate of pay? Distressed by ever-increasing workloads? Dismayed by a lack of professional respect? Dispirited by a never-ending stream of students to mentor?

It doesn't have to be this way.

Be active

Get involved

Talk to your co-workers

Know your workplace rights – knowledge is power

Subscribe to the VAHPA Newsletter

Like our Facebook page – invite your friends to like it too

Friend 'VAHPA Organiser' on Facebook

Share our posts with your Facebook friends

Know who your team's VAHPA Delegate is

Become a VAHPA Delegate

Don't accept "it's always been this way"

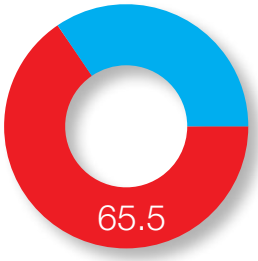
Make management take responsibility for resourcing

Attend VAHPA meetings

Adopt a noticeboard – make sure VAHPA material is always displayed

Join your Union

Take a stand



65.5% of Allied Health Professionals surveyed suggested that they would be prepared to commit to a serious campaign to achieve fair and reasonable industrial outcomes. This number will swell as the campaign gains momentum.

VICTORIAN ALLIED HEALTH PROFESSIONALS ASSOCIATION

We are the Victorian Allied Health Professionals Association.

Together we are reviving public health!

"We do all [the] reception work, billing, arriving of patients, patient screening, patient cannulation, blood tests for GFR [kidney function], and of course all the scanning ... [there is] no extra remuneration for these tasks, which we did not do 5 – 10 years ago."

Medical Imaging Tech (CT)

"The pay is extremely poor in comparison to what other senior staff from other professions are earning to undertake roles of similar complexity and scope."

Speech Pathologist

"Remuneration?! Sorry, no... but it will look good on your resume!"

Management

Registration allowance

An overwhelming 97% of respondents said they considered a registration allowance to be very important or important. As part of the "Clause 11" negotiations, to amend the current agreement, some progress on this front was made via the inclusion of the continuing professional development allowance (Clause 30.15). This allowance is paid annually in November and can be used to offset professional registration costs. Australian Health Practitioner Regulation Agency (AHPRA) registration is not cheap and is a requirement for work. We will do all we can to strengthen this entitlement.

Annual leave – extra week

A claim for an additional week of annual leave has been roundly supported, with 74% of respondents saying they were very or extremely concerned about receiving less annual leave than some other hospital staff. Only 6% of staff were unconcerned by this fact.

Members have pointed to this entitlement being currently available to nursing staff. Allied Health Professionals across the spectrum are increasingly required to work irregular hours over a 24/7 schedule. This, combined with the increased workload expectation over the past decade or more, provides a strong foundation for us to make a claim for additional annual leave.

“Limited career progression and poor wages has resulted in many of my colleagues leaving the profession ... I am also looking into options available outside of the public health system.”

Health Information Manager

“Significantly increased teaching workload over the past 2 years, you simply don’t get a break to just be a radiographer without having to explain what you are doing every 5 minutes.”

Medical Imaging Technologist

“I often tell my students that they might want to consider their career choice! This is not a great situation!”

Lecturer in Social Work.

Student load pressures

Over 80% of respondents said they considered “student load pressure” to be a very important or important issue. This strongly confirms the anecdotal evidence received by VAHPA organisers about the issue, and the flow-on effects of an excessive student load.

Obviously, student placements are necessary to ensure the maintenance of high professional standards. However, it is imperative that students have access to designated clinical educators and senior staff who can properly mentor them. It is also important for clinical staff to be able to properly attend to the provision of patient care without distraction. Once again, the issue of staffing levels presents itself in a problematic way.

Career advancement opportunities

93% of respondents expressed concern about a “lack of career advancement opportunities”. The phenomenon of AHPs getting “stuck” at the top of Grade 2 or 3, with little or no opportunity for career advancement, is all too common. The limitations imposed by the existing career structure presents a real barrier to ensuring staff satisfaction and retention in the public sector.

VAHPA Delegates & EA Reps

How a bigger membership can deliver results

The Delegate role

VAHPA Delegates are the conduit between the union office and the workplace. They are the first point of contact for other members and potential members, and they are the people we call when we need to know or do something quickly in the workplace.

What growth brings

At its most basic level, as a member-based organisation, the only income we receive is from members paying dues. More members means more resources, and growth gives us increased economies of scale.

But the most significant aspect of membership growth is what it means on the ground at work, and how it translates to industrial outcomes.

Community Health EA campaign

In early 2013, we commenced work on the Community Health Enterprise Agreement. Cut off the public sector agreement, Allied Health Professionals working in community health centres had languished without a pay rise for years.

Not surprisingly, we had a low membership rate within this sector, reflecting the lack of attention that they had received from the union to that point. Those who had remained members did so because it was unthinkable for them not to be so – and you can't do anything about fixing a union if you aren't a member. These people should be congratulated for their grit, determination and willingness to hold on through what we call 'the dark times'.

The re-build – on the ground

We commenced a six-week round of meetings in April 2013 across the then 37 stand-alone community health centres in Victoria. Membership density across the state at this stage languished at below 15%. It was not uncommon for meeting after meeting, at centre after centre, for the member to non-member ratio to be 1:10. Those meetings were not fun; cynicism and anger were rife; we felt unfairly tarnished by our predecessors.

Over the following months we developed a log of claims, identified and trained delegates and started getting members active – we organised. Slowly but surely things started to change, workplace activity increased, employees joined the union, first one then more and more. Bargaining commenced, stalled and re-commenced. There were protected action ballots and, eventually, industrial action.

From first meeting through to the positive agreement ballot and Fair Work Commission approval, **membership almost tripled** and continues to grow.

Bargaining implications

At the start of these negotiations we were very much on the back foot. The VHIA (the employers representatives) were clear that we would get what they offered and "not one cent more". For community health employees, this meant the public sector pay rises without any additional cash or improvements provided by the Clause 11 Classification Review—a disaster.

To say the bosses didn't take us seriously is an understatement; it would be fair to characterise their attitude as dismissive. Basically, they laughed at us. They thought we'd all get sick of it and "roll over".

We didn't... The members didn't...

We learnt and grew and got more active. When push came to shove, the members stood together and demanded respect. They got it... and a bloody good industrial outcome.

Industrial outcomes

The most obvious wins were a much better agreement – improved terms and conditions – and better pay outcomes.

That's right: Allied Health Professionals in the much neglected community health sector – who number just under 800 – have achieved better terms and conditions than those enjoyed by Allied Health Professionals working in public hospitals.

The specifics of the how and why the community health agreement is better are for another document. However, employers in this sector now know that Allied Health Professionals in community health are likely to be union members. This not only gives them industrial strength and collegiate support but has altered the very nature of the relationship between employer and employee – they have regained their respect.

The proof, as they say, is in the pudding: growth + activism + unity = better industrial outcomes and better workplace culture.

Public sector

We start slightly ahead of community health in relation to membership density, but are still a long way from what will be needed to achieve better outcomes.

The community health example proves it can be done! And the members are starting to flood in. There is a genuine desire on the part of members to get back on track.

- 80% of survey respondents said 'yes' to asking a co-worker to join our EA mailing list;
- 91% of survey respondents said 'yes' to asking a co-worker to join the union.

There has been a marked increase in engagement in a whole range of branch activities, and the campaign is only just starting.

"If we translated the quantum leap make in community health to the public sector, we will have built both serious density and developed an engaged, active membership."

"Growth + Activism + Unity = better industrial outcomes + better workplace culture + better healthcare."

Your challenge

It's your enterprise agreement. There is something every Allied Health Professional can do to advance it. What part are you going to play? What are you going to do?

In the survey, you told us what you wanted and you've given us a sense of how you rate these issues in terms of importance.

Ultimately, however, you'll demonstrate their actual importance by what you are prepared to do to achieve these aspirations and to defend the principles behind them.

Conclusion

The branch – and especially the organising team – are extremely excited about this agreement. There is MUCH work ahead. But together we number 7500; enough to make a real difference.

We look forward to working with you to help you achieve the agreement that Victorian public sector Allied Health Professionals need and deserve.

IT'S TIME TO JOIN!

- Collective bargaining for better pay and conditions
- $10m Professional Indemnity Insurance
- Legal Advice
- Continuing Professional Development (CPD)
- Advice and representation on workplace issues
- Your voice in policy and legislation
- Member Rewards

ALLIED HEALTH PROFESSIONALS HELPLINE:

8am – 6pm Monday to Friday

1300 322 917

VICTORIAN ALLIED HEALTH PROFESSIONALS ASSOCIATION

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