



Stat Report 2015/08

Redundancy at Healthscope

This week Healthscope informed the Union of redundancies, so the Union has prepared this quick guide to some common questions.

What does the union know about the situation?

We have been given general information by the company stating that the following reductions are occurring

- Molecular Genetics – 1.00 FTE – Laboratory Technician
- Call Centre – 3.10 FTE – Clerical / Call Centre Personnel
- Haematology – 1.00 FTE – Medical Scientist
- Duty – 0.80 FTE Medical Scientist
- Microbiology (Water) – 0.90 FTE – Medical Scientist & 0.60 FTE Clerical
- Serology / Immunology – 0.60 FTE – Medical Scientist
- Cytopathology – 3.10 – Medical Scientists
- Data Entry – 3.00 – Clerical
- Moreland – 0.50 FTE – Medical Scientist & 0.40 FTE Clerical

Can Healthscope do this?

Healthscope is required by Clause 27 of the *Healthscope Pathology - Victoria – Medical Scientists & Technicians Agreement 2014 – 2017* to notify employees of their decision to make a change and employees may request representatives (including the union) to consult on their behalf. We do not get advised in advance.

These discussions will be about:

- The introduction of change
- The effect the change is likely to have on the employees
- Measures the employer is taking to avert or mitigate adverse effects of the change on employees

What are my entitlements?

If you are being made redundant, you are entitled to severance pay in line with the following schedule:

Period of Continuous Service (years)	Severance Pay (Weeks)
Less than one year	Nil
1 but less than 2	4
2 but less than 3	6
3 but less than 4	9
4 but less than 5	12
5 but less than 6	15
6 but less than 7	16
7 but less than 8	17
8 but less than 9	18
9 but less than 10	19
10 and over	20

Additionally:

- 4 weeks' notice shall be given or paid out in lieu of notice. If you've been there for more than 2 years and are over 45, you are entitled to an additional week's notice.
- All accrued annual leave will be paid out.
- Members who have been employed for more than 10 years will have their accrued long service leave paid out.

What happens next?

The Union is seeking further information from Healthscope about the cuts. We will report back to

members the key outcomes from these discussions. If requested, we will hold members meetings at Clayton to discuss the impacts.

If you are a member at Healthscope and you would like to discuss your situation in more detail please contact the Union on 9623 9623.

Dorevitch Enterprise Agreement Negotiations to Resume

Dorevitch Pathology management has agreed to resume negotiations with the MSAV for a new agreement covering scientific staff in all laboratories. The first meeting will be held in Melbourne on Tuesday 24 March.

These negotiations have been ongoing since June 2007. In the past almost 8 years since the last EBA wages increase Dorevitch management has refused to make a reasonable and fair offer as terms for a new agreement.

The MSAV will go to the negotiating table with the same expectation that a decent wage increase offer should be made, and that any demand to trade conditions of employment for a wage increase is unacceptable.

We will keep members informed as developments occur. MSAV meetings will be organised to report directly to members.

Annual Conference 2015 - Save the date

After the success of last year's Annual Conference, the Union will be holding an Annual Conference in 2015. The Union is working on the theme and lining up some great guest speakers.

We're sure that this year's Annual Conference will be huge!

So make sure you save the date – Friday 29 May – for Annual Conference

More details will be published in future editions of STAT Report.

A year after ARCBS became a "manufacturer"

In the lead up to the first year anniversary of the Red Cross Blood Service being a so-called manufacturer, we're calling on all members to share with us their experiences of the Red Cross Blood Service in the last year.

After receiving random reports about a number of significant issues we felt it is time to gather as much information as we can to try and put together an accurate picture of the actual impacts that have emerged from this change.

You won't be identified but it's vital that the public know what's really happening at the Red Cross Blood Service.

Join the campaign – No Pay? No Way!

Show your support for the campaign by downloading & using one of our graphics for your email signature.



Union Aid Abroad-APHEDA 2015 Raffle

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Worth Reading: Hockey plans to smash a world-class superannuation system

Proposals floated by the Treasurer, Joe Hockey, to breach the principle of "preservation" of superannuation accumulations for purposes such as housing deposits would destroy universal retirement savings at its core.

The key to wealth accumulation in retirement savings is compound earnings. It is the earnings on the earnings plus new weekly capital commitments that allow superannuation accumulations to roughly double every seven to eight years."

Read the entire opinion piece by former Prime Minister, Paul Keating, in the Sydney Morning Herald at: <http://www.smh.com.au/comment/hockey-plans-to-smash-a-worldclass-superannuation-system-20150309-13z1gc.html>

Worth Reading: Medicare co-payment could still happen - bulk-billed patients may face gap fees

"Despite declaring its Medicare co-payment "dead, buried and cremated," the Abbott government is considering proposals to give GPs the option of charging gap fees to bulk-billed patients.

Under the current rules, if a doctor bulk bills a patient, they must accept the Medicare rebate of \$37.05 as full payment for the service. Alternatively, the doctor must forgo the Medicare rebate and charge the patient a higher fee upfront, usually about \$70. The patient then claims the \$37.05 rebate from Medicare.

A change to allow gap charges would reduce out-of-pocket costs for patients who already pay upfront to see their doctor, but would mean the end of free care for some patients, and some advocates predict the change would push up fees over time."

Read the full article by Dan Harrison in the Sydney Morning Herald at:

<http://www.smh.com.au/federal-politics/political-news/medicare-copayment-could-still-happen--bulk-billed-patients-may-face-gap-fees-20150308-13yecy.html>

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Authorised by Paul Elliott, Executive Officer, Level 1, 62 Lygon St, Carlton South. Medical Scientists Association (03) 9623 9623 Association of Hospital Pharmacists (03) 9623 9624 Victorian Psychologists Association Inc (03) 9623 9625 Fax (03) 9663 8109 Email enquiry@msav.org.au A.B.N. 30 345 343 541 (MSAV), 72 520 393 213 (AHP), 87 851 818 075 (VPA Inc).

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