



Stat Report 2019/27

In this issue of STAT Report we cover:

- Adding injury to insulting workloads
- Bargaining Updates
- Hospital Pharmacists' on Victoria's Mental Health System
- Developing Aboriginal and Torres Strait Islander Workplace Leaders
- Victorian Health and Safety Reps Conference
- New service to members – The New Daily
- Campaign Corner
- Worth Reading
- Member Benefits

Adding injury to insulting workloads

During 2018, the Union undertook to survey all of its members about the impacts and extent of unpaid work. We have been undertaking this research for a number of years in order to better understand the nature and impact of unpaid work.

Unpaid work is defined as that work done outside of rostered hours without payment, including overtime penalties applied. Unpaid work is a very accurate measure of workload and work stress in any workplace. It is not, however the only measure.

The results from the 2018 survey show that workloads are continuing to increase adding to the already excessive workloads reported in the 2015 survey results as well as the survey that formed part of the public sector bargaining in 2016.

The 2018 survey reveal that more than 85% of respondents are doing more than an hour extra unpaid work per fortnight, with over 60% doing two or more hours of unpaid work. This result becomes more startling when consideration is given to the fact that nearly 40% of respondents are doing unpaid work on a daily basis, with more than 45% of respondents doing unpaid work on a weekly basis.

It is alarming that our surveys, conducted over a number of years, continue to indicate that for many health services the workplace culture is such that staff feel pressured into doing unpaid work on their own initiative, rather than because they've been asked by their supervisor or management team. It is also concerning that there remains such a heavy reliance on unpaid work in order for the work to be completed.

The patterns of unpaid work are showing that systematic unpaid work is becoming a 'normal' thing in workplaces across all sectors of health.

When asked about the reasons for doing unpaid work on their own initiative, approximately 85% of respondents suggested being unable to complete tasks within ordinary hours; 68% indicated it was because of the department being understaffed; 65% are doing unpaid work for patient care reasons; and approximately 58% indicated the unpaid work was due to urgent requests. These figures are strongly suggestive of a workplace culture which is 'normalising' unpaid work and 'normalising' the negative health impacts on the workforce.

The findings from the survey also indicate that when people are doing unpaid work at the request of a supervisor or their management team, it is because the department is understaffed. For more than 65% of respondents, requests to do unpaid work were agreed to because it was the only way to get all of their work completed. It is also worth noting that when asked if there were sufficient staff to cover the workload when staff take annual leave or sick leave, approximately 87% of respondents indicated there were not enough staff to cover such instances of leave; and more than 50% of respondents indicating they had been refused leave because of understaffing.

The results from the 2018 Survey paints a stark reality for all of our members – that service demands are continuing to significantly increase, staff levels are not meeting increases in demand and, as a direct result, workloads and the amount of unpaid work is continuing to increase. More unpaid work is being performed than in either 2011-12 or 2015.

One of the issues highlighted from the 2018 Survey is the rise of management's use of on-call and re-call to cover understaffing. This particular issue had not been highlighted in earlier surveys and appears to have become a source of tension for respondents in the past 12 to 24 months. This kind of approach to managing clinical services in public health appears to stem from the unwillingness of managers to ensure the appropriate mix of staff required; under-resourced and understaffed services resulting in there often not being enough staff rostered to do the work; and continued successive cuts to healthcare by State and Federal governments.

Every time your employer refuses to increase staffing they are effectively adding injury to extreme workloads. It says that they don't value your personal health and well-being. It also says they have no interest in ensuring the safety of patients because they are prepared to put your health at risk to get through unsustainable workloads; and when your health is put at risk through high levels of stress it significantly increases the risk of mistakes that can ultimately affect patients. This is something your employers know and understand but budgets are more important than your health and well-being.

The research shows there are some very big implications for the future if Victoria wants to continue delivering world-class healthcare, and particularly in a way that does not injure health workers.. If the current unsustainable model of relying on high workloads and unpaid work rather than employing adequate staff is allowed to continue our members will work in an entrenched environment of high risk of serious workplace injury and unsustainable workload.

The Union undertakes this workload to collect relevant and accurate data to make legislators and the public better aware of the impacts that funding cuts are having and how the failure to increase our workforces is actually putting patients at risk. And it's for these reasons that the Union will again be undertaking its **No Pay? No Way!** Survey in 2019. We encourage all members to take the survey which we will be sending out in late September.

We will be sending out the 2019 No Pay? No Way! survey later in September so keep an eye out for it.

Paul Elliott
Secretary

Bargaining Updates

Monash Health

Biometric scanning is becoming a big issue at Monash Health. The service has informed the Union that at this stage the roll out of "Kronos" is for dietitians & other allied health but that Monash Health will be rolling out the system to all departments at some stage. We're still unclear

about timelines for the current round of consultations.

We have asked for clarity on what happens if a staff member does not consent to the collection of their fingerprint algorithm and as at today there is no response. As far as we understand it the national privacy principles require your direct consent so at the moment we are collecting general feedback to use when we do meet with Monash Health's management.

At other Health Services an alternative has been provided in the form of a swipe card.

Many members have expressed that they feel that Monash Health doesn't trust its own workforce. One of the reasons for the introduction of the biometric option is "you can give a pass to someone else", implying that staff are untrustworthy.

There is meant to be 6 minutes leeway for lateness but we have our doubts about payments of overtime for staying more than 6 minutes behind as many of our members do every day.

The Union strongly recommends that members:

- Attend any consultation forums offered
- Ask about options for non-consent / opting out
- Ask about timelines for implementation
- Tell them what you think - don't hold back but make sure you are not rude.
- If questions aren't answered on the spot ask when you will receive the answers and how the answers will be given for example in an email, or at another forum.
- Communicate any information you receive with the Union to heidib@msav.org.au

We also encourage you to sign the Pledge against Forced Biometric Sign-On and send it to us. It's vital we show Monash Health the degree and level of anger and frustration about this issue and their on-going refusal to respect staff and their privacy.

[Download the Pledge here.](#)

Melbourne Health / VIDRL

The MSAV has become aware of an invitation to scientists to participate in "working parties" to facilitate their proposal to relocate Microbiology to the Doherty Institute and to relocate VIDRL Haem and Biochem to RMH.

When the MSAV suggested to Melbourne Health that they withdraw their Change Impact Statement, this suggestion was made so that they would be able to properly develop a new CIS with appropriate input from Senior Scientists who would be expected to manage the changes. This document would then be consulted with MSAV.

Remember, key issues raised were things such as floor plans, work flows, organisational structure changes (if any) that would require the input of Senior Scientists. (see attached)

The Union understood that Melbourne Health had agreed to do precisely that.

Instead, what appears to have happened is that Melbourne Health are endeavouring to work around the consultation process in the agreement by coming up with this "working group" process requiring EOs with career history and reasons for wanting to be involved.

This approach was not discussed with MSAV nor is it supported by MSAV.

In the Union's mind, this is a deliberate and wilful attempt to push forward with an underdeveloped proposal in an inappropriate way.

Consequently, by choosing this path of action, Melbourne Health has put the Union in a position whereby our only path of action will be to notify a dispute with the Fair Work Commission for breach of the consultation arrangements in the Enterprise Agreement.

If you have any questions about what is happening please contact Matt on 9623 9623 or at matth@msav.org.au

Hospital Pharmacists' on Victoria's Mental Health System

Rosemary Kelly attended a roundtable on behalf of the Association of Hospital Pharmacists on the role of allied health professionals in the provision of mental health services as part of the Victorian Royal Commission into Victoria's Mental Health System.

The Roundtable was Chaired by Dr Alex Cockram one of the three Commissioners.

The AHP was invited to provide information about the critical role played by clinical pharmacists in mental health services.

[See attached document which was submitted to the RC](#)

Developing Aboriginal and Torres Strait Islander Workplace Leaders

Developing Aboriginal and Torres Strait Islander delegates is key to the promotion of equality for First Nations Australians in the workplace.

This year, the Australian Council of Trade Unions is thrilled to be running specialised, intensive courses for Aboriginal and Torres Strait Islander delegates. The program will:

- Increase participants' awareness of issues that affect First Nations workers;
- Examine the history of First Nations workers' roles with unions in Australia;
- Increase participants' engagement with the union movement;
- Provide skills and knowledge that boost participants' confidence to act as workplace union leaders;
- Develop participants' understanding of strategies for effective engagement with Aboriginal and Torres Strait Islander union members.

Sydney: 28 October - 1 November

Adelaide: 11 - 15 November

Brisbane: 25 - 29 November

[Click here for more information about the course and to register.](#)

Victorian Health and Safety Reps Conference

Registrations are now open for the 2019 HSR Conference!

The Conference will be held on Tuesday, the 29th of October and is open to all Health and Safety Representatives, Deputy Health and Safety Representatives and Union Officials across Victoria. Sign-in starts at 8am and the proceedings will start 9am.

There are 5 locations to choose from when you register including: Melbourne, Bendigo, Wodonga, Churchill and Portland.

Go to <https://www.ohsrep.org.au/hsr-conference-2019> and fill out the form to make sure you give your employer enough notice for your entitled paid time to attend.

New service to members – The New Daily

The Union is pleased to announce its partnership with The New Daily to provide members with a regular, quality news service.

The New Daily is Australia's fastest growing online news service, which aims to provide fair and balanced coverage of major events across Australia and around the world. It's written and edited by media professionals, with content provided and published by The New Daily's journalists, alongside stories from other media services such as the ABC and The New York Times. It is trusted information because it works to a Charter of Editorial Independence and is owned by Industry Superannuation Funds.

In addition to up-to-date daily news, The New Daily also offers a free Money round-up, headed by leading financial journalist Michael Pascoe, covering important financial information. It also provides specialised sections, dealing with Travel, Property, Health and Lifestyle.

The union makes no financial return because of this partnership. We are introducing members to this quality news service to support greater media diversity, and because we think members will value the service.

We will be activating this new service for members in October. This means you'll receive news seven days a week from The New Daily, and you can unsubscribe at any time. If you would prefer not to receive these news alerts, [please click here to opt out](#), but we recommend you give it a try. We think you'll like it.

To give it a try, you don't need to do anything.

If you have any questions about the news service, please don't hesitate to contact us on 9623 9623 or at enquiry@msav.org.au



Psychologists: If you need help at work you need the VPA Inc.

If you are a psychologist and not in the VPA, you are taking unnecessary risks with your reputation and career. [Download an application form and join today.](#)

Common beaches of employment entitlements and negotiation of enterprise agreements

The VPA routinely assists members over issues such as harassment and bullying, under classification, organisational re-structuring, incorrect calculation of leave entitlements and health and safety. In addition, it negotiates enterprise agreements for psychologists in the public and private sectors to ensure that rates of pay and conditions remain up to date.

Support the Healthy Futures campaign



The Union strongly believes that climate change is union business. We know that climate change threatens our health by increasing the risks of heatwaves, bushfires, droughts and storms, displacing people and straining our health systems.

And right now HESTA and First State Super (FSS), Australia's biggest health industry super funds, are investing our money in fossil fuels - coal, oil and gas.

Join us in asking HESTA and FSS to divest from fossil fuels at www.healthyfutures.net.au/divest.

Stopping Gendered Violence at Work

Far too often women are attacked, harassed and threatened in their workplaces. And it needs to stop. That's why the Union is fighting back against gendered violence in the workplace – it's a very serious occupational health and safety issue.

Gendered violence is like a disease in our workplaces. Working women's experience of violence at work indicates that the problem of gendered violence is endemic in our workplaces.

Sign up to support the campaign at: <http://www.unionwomen.org.au/stopgv>

Do you need access to Domestic Violence services?

If you're experiencing domestic violence and need help, here is a list of Victorian services which may be able to assist you.

[Safe Steps \(formerly Women's Domestic Violence Crisis Service of Victoria\)](#)

[Aboriginal Family Violence Prevention and Legal Service Victoria \(FVPLS\)](#)

[Centre Against Sexual Assault \(CASA\) Forum](#)

[Community Legal Centres](#)

[Court Network](#)

[Domestic Violence Victoria](#)

[Elder Rights Advocacy \(ERA\)](#)

[Elizabeth Morgan House Aboriginal Women's Service](#)

[inTouch Multicultural Centre Against Family Violence](#)

[Men's Referral Service](#)

[No To Violence](#)

[QLife Australia](#)

[Seniors Rights Victoria \(SRV\)](#)

[The Jewish Taskforce Against Family Violence](#)

[Victoria Legal Aid \(VLA\)](#)

[Victorian Aboriginal Child Care Agency](#)

[Women with Disabilities Victoria \(WDV\)](#)

[Women's Housing Ltd](#)

[Women's Information Referral Exchange \(WIRE\)](#)

[Women's Legal Service](#)

[Women's refuges](#)

Worth Reading: How rivalries between doctors and pharmacists turned into the 'turf war' we see today

"Would you like to go to your local pharmacy and buy prescription medicines without seeing the doctor first? Or would you like to collect your prescription medicines at the local supermarket?"

These are some of the options canvassed now the Commonwealth government is negotiating the [seventh Community Pharmacy Agreement](#) with pharmacists.

Groups representing [pharmacists](#) and [doctors](#) are [putting forward their own cases](#) about how health care should be delivered in Australia, where it's delivered and who delivers it.

Arguments are playing out as a type of "turf war" between the professions as each side

discusses which is the safest, most cost-effective way to deliver health care over the next five years.

But the professions haven't always existed as we know them today. And current "turf wars" are not new. In fact, history shows us the changing nature of the professions since medieval times."

Read the entire article by Philippa Martyr in The Conversation at:

<https://theconversation.com/how-rivalries-between-doctors-and-pharmacists-turned-into-the-turf-war-we-see-today-122534>

Worth Reading: The wages explanation you won't hear from Treasury or the RBA

"Wages growth for Australian workers is among the worst in the industrialised world.

For more than [a third](#) of workers on individual contracts, wages aren't growing at all.

This is odd, given Australia is in a "[record](#)" 28th year of economic growth with apparently [low unemployment](#) and a supposedly [strong economy](#).

Government economists have floated a range of reasons, from blaming workers not changing jobs enough to caps on public service salaries.

But the most obvious factor is the loss of worker power due to the decline in unionisation over the past three decades."

Read the entire article by David Peetz in The New Daily at:

<https://thenewdaily.com.au/money/work/2019/09/09/wages-growth-trade-unions/>

Worth Reading: Drugs don't affect job seeking, so let's offer users help rather than take away their payments

"The Morrison government is [having another shot](#) at getting its proposal to drug test people on welfare through the Senate.

Welfare, health and drug treatment experts have consistently opposed the proposal since it was first introduced three years ago. They say these measures will only serve to [further marginalise people on welfare](#) and people who use drugs, and may have a range of [unintended consequences](#) such as homelessness.

If the government really wanted to assist people who have drug problems to return to work, it would increase funding for drug treatment."

Read the entire article by Nicole Lee in The Conversation at: <https://theconversation.com/drugs-dont-affect-job-seeking-so-lets-offer-users-help-rather-than-take-away-their-payments-123096>

Worth Reading: How rising temperatures affect our health

"Global warming is accelerating, driven by the continuing rise in greenhouse gas emissions. Australia's climate has warmed [by just over 1°C since 1910](#), with global temperatures on course for a [3-5°C rise this century](#).

Australia is ahead of the global temperature curve. Our [average daily temperature](#) is 21.8°C – that's 13.7°C warmer than the global average of 8.1°C.

[Heat extremes](#) (days above 35°C and nights above 20°C) are now more frequent in Australia, [occurring around 12%](#) of the time compared to around 2% of the time between 1951 and 1980.

So what do high temperatures do to our bodies? And how much extra heat can people and our way of living tolerate?"

Read the entire article by Liz Hanna in The Conversation at: <https://theconversation.com/how-rising-temperatures-affect-our-health-123016>

Worth Reading: The rise of ‘eco-anxiety’: climate change affects our mental health, too

"The Australian Medical Association (AMA) recently declared climate change a health emergency, reflecting similar positions taken by a growing list of peak medical bodies around the world.

The AMA's statement highlights the significant impacts climate change is having on physical health, including an increase in climate-related deaths. The World Health Organisation regards [climate change](#) as "the greatest threat to global health in the 21st Century".

But the statement also draws the very important issue of mental health out of the shadows.

Read the entire article by Fiona Charlson at: <https://theconversation.com/the-rise-of-eco-anxiety-climate-change-affects-our-mental-health-too-123002>

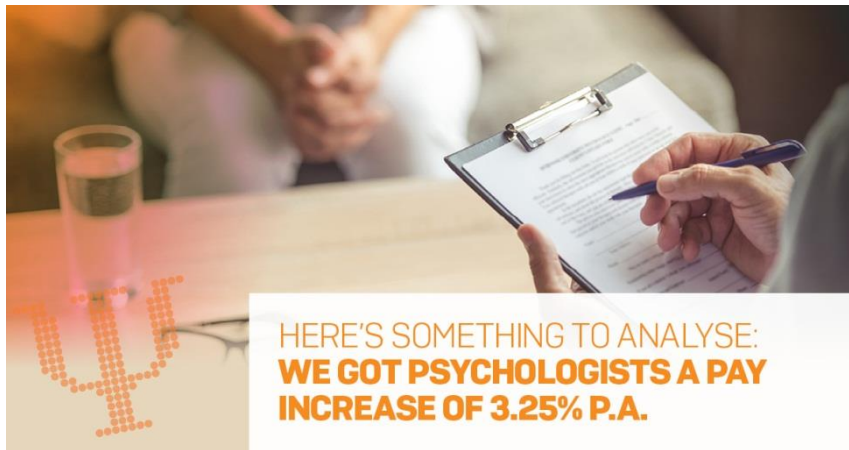
Join the Union

Are your workloads increasing? Are your stress levels increasing? Join the Union today!

To protect our professions we must strengthen our collective voice by increasing our membership. You can help by sharing one of the images below on Facebook.



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HERE'S SOMETHING TO ANALYSE:
**WE GOT PSYCHOLOGISTS A PAY
INCREASE OF 3.25% P.A.**

[Share on Facebook](#)



WE WON PHARMACISTS AN EASY
TO SWALLOW **3.25% PER YEAR
PAY INCREASE.**

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Your Union is on Facebook

Keep up to date with what's happening by liking us on Facebook

[Medical Scientists Association of Victoria](#) | [Victorian Psychologists Association Inc](#) | [Association of Hospital Pharmacists](#)

Australian Unions Member Benefits app

Over the last month Australian Unions launched some new and exclusive Member Benefits - did you see our recent email telling you about this? If not, check your inbox! Search for "Lifestyle Rewards" for your login code.

Our program has expanded to include:

- Discounted movie tickets for Village, Hoyts, Palace and Event cinemas.
- Discounted electronic gift cards including major theme parks, zoos and aquariums.
- A discounted accommodation booking site.
- A new secure member only website and smart phone app.

All this is free to all members of affiliated unions. If you have not got a login and would like join in [register for Member Benefits now.](#)



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