

# CORRECTED VERSION

## ECONOMIC, EDUCATION, JOBS AND SKILLS COMMITTEE

### Inquiry into portability of long service leave entitlements

Melbourne — 9 November 2015

#### Members

Mr Nazih Elasmr — Chair

Ms Dee Ryall — Deputy Chair

Mr Jeff Bourman

Mr Peter Crisp

Mrs Christine Fyffe

Mr Cesar Melhem

Mr Don Nardella

#### Staff

Executive Officer: Ms Kerryn Riseley

Research Officer: Ms Marianna Stylianou

#### Witness

Ms Amanda Kaczmarek, Industrial Officer, Ambulance Employees Australia Victoria.

**The CHAIR** — Welcome to the public hearing for the Economic, Education, Jobs and Skills Committee's Inquiry into the portability of long service leave entitlements. All evidence taken at this hearing is protected by parliamentary privilege. Any comments you make outside the hearing are not afforded such privilege. Hansard is recording today's proceedings. We will provide a proof version of the Hansard transcript so that you can correct any typographical errors. I now invite you to give us a brief presentation, and then the Committee members will ask questions.

**Ms KACZMAREK** — Thank you. Firstly, I would like to introduce myself. My name is Amanda Kaczmarek, and I am the Industrial Officer at Ambulance Employees Australia Victoria. I would like to thank the Committee for the opportunity to make submissions and be heard today in relation to what we believe is a critical issue for our members. The AEA-V represents approximately 3300 members in Victoria who are engaged in providing ambulance and patient transport services to ill Victorians. Our ambulance and patient transport officers are engaged to provide non-emergency patient transport services by both public and private health service providers and Ambulance Victoria.

Ambulance Victoria used to solely operate non-emergency patient transfer in Victoria, but due to increased demand for services, that industry has been opened up to private providers. Access to long service leave is a critical workplace entitlement which provides members with the opportunity to spend time with their families and take time for their health without being put in a position of financial hardship. However, the current system does not appropriately recognise that a large proportion of workers face an insecure work environment due to the frequency of contract changes and as a result are denied access to long service leave under the current legislative framework.

The NEPT sector in Victoria has approximately 18 employers who employ 1500 employees. The wages of patient transport officers and ambulance transport attendants are not excessive when the minimum education requirements of these employees are taken into consideration. A PTO who holds a Cert. III in Non-emergency Clinical Transport has an hourly rate of \$21.91 an hour. An ambulance transport attendant who has a Diploma of Paramedical Science (Ambulance) or a Diploma of Health Science (Emergency Care) and has completed 400 hours of supervised clinical practice earns \$23.56 an hour.

Eighty-eight per cent of our members in the sector have never had the opportunity to access long service leave, and for the vast majority of workers in the sector non-emergency patient transport is their primary source of employment. Employees in the non-emergency patient transport sector face insecure work, with 36 per cent of members engaged on a casual basis compared to 6 per cent of ambulance paramedics. It is the union's experience that periods of contract change coincide with mass movements of members as they seek increased hours of work and improved job security. This is not by choice but rather necessity.

The proposed non-emergency patient transport long service leave portability fund will benefit members as well as employers. Members are routinely engaged to work in one geographical location and develop a strong connection with local health care providers and patients, which enables them to provide a higher level of care to patients. The introduction of a portability fund will make it easier for employers to retain experienced workers in the sector. Transferable accruals will ensure that if contracts do change, the expertise of the ATAs and patient transport officers are not lost to the ambulance industry and that employees are able to return to the sector after a break from work, after accessing their entitlement.

Throughout Australia a number of jurisdictions have recognised the need for long service leave portability. ATAs and PTOs are vulnerable in their positions of employment, and the non-emergency patient transport sector is the neglected area of health. It is for that reason that the union proposes the Government establish a non-emergency patient transport long service portability fund to cover these workers in line with the current ECT model. Thank you.

**The CHAIR** — Thank you for that, Amanda. I will put the first question. Your submission notes that workers in the non-emergency patient transport sector are unable to have their prior service recognised when they gain employment as paramedics and transfer to the public sector. How many of these workers move into the public sector as paramedics, and is this a common career pathway?

**Ms KACZMAREK** — I could not provide you with an exact figure, but it is quite common, because at the moment Ambulance Victoria has a recruiting freeze in that there have only been two intakes in the past six months, whereas normally we have two intakes every couple of months. There are more ambulance graduates than paramedic positions with Ambulance Victoria, so we are seeing more moving to the private sector as, I guess, a gateway to the industry. There is that proportion of workers, but then there is also at the other end a transition to retirement. Because of ESSS, once you are done with being a paramedic, for financial reasons you resign because of the way the superannuation is structured, but it is not unusual for them to move back to the private sector once their career as a paramedic has finished.

**The CHAIR** — So there is no way you can work out the numbers?

**Ms KACZMAREK** — I could not tell you.

**Mr BOURMAN** — I have worked in the private sector myself. Actually I once was policeman. I understand how the emergency services sector works. Dealing with the two together, when it comes time to change providers—I am thinking of NPT or something—and they lose their contract and go somewhere else, in my experience a lot of the times when takeovers happen recognition of prior service gets transferred over. Is this something that routinely does not happen when someone loses a contract with non-emergency transport?

**Ms KACZMAREK** — We are finding that increasingly. For example, on 21 October this year the contracts changed. The biggest player in the sector previously was G4S. G4S, for whatever reason, lost all their contracts and have shut down business, and all those workers have been dispersed amongst the remaining providers. There was no transmission of business provision that occurred or recognition of prior service when they went to new contractors within the industry.

**Mrs FYFFE** — You say in your submission that 36 per cent of the workers are casual workers. Do you have any idea how many years they work as casual workers, and do you have any information on how many actually become permanent workers?

**Ms KACZMAREK** — I do not have exact figures.

**Mrs FYFFE** — That is fine; just roughly.

**Ms KACZMAREK** — I would say, from our survey, we are looking at an average of between 7 and 10 years service in the sector. Some agreements do have casual conversion, and I have been involved in a couple of cases involving casual conversion, but it is not an accepted minimum in all the enterprise agreements that we have with providers in the sector. And the union does not have enterprise agreements with all companies within the sector.

**Mrs FYFFE** — Would you think that many of the casuals work as a casual while they are waiting to get into the public sector?

**Ms KACZMAREK** — I would say that that would be the minimum.

**Mrs FYFFE** — I am sorry, I have taken your question. You expand.

**Ms KACZMAREK** — I would say that that would be a minority because there is a large cohort of workers for whom any NEPT is their career. There are those who come in on the way to Ambulance Victoria and those on their way out of Ambulance Victoria. That does occur, but I would say that for the majority of employees and members in our experience in the sector, it is their career, as either an ambulance attendant or a patient transport officer.

**Mr NARDELLA** — What is the reason that one company loses a contract if they have been doing it four years and another one picks it up? Do you know the reasons behind that? Are they just cheaper or what?

**Ms KACZMAREK** — I would presume, like all tender processes, sometimes it is a race to the bottom with who presents the best money deal, but I do not know why G4S lost their contract. In our experience they were a very good company. We had an enterprise agreement with them. They were professional to deal with. They paid better than award rates of pay, which is rare for the sector. I do not know what the details of the tendering process were that resulted in them losing the contracts.

**Mr NARDELLA** — So do you now need to go into a new EBA round with the new companies?

**Ms KACZMAREK** — With Medic One we are seeking to start new enterprise agreements, because with market share changing, certain providers that were smaller are now obviously much larger. For example, Medic One, which is operated by Wilson, as a result of the contract change, will now become one of the bigger players.

**Mr NARDELLA** — So Wilson do security?

**Mrs FYFFE** — They do lots of things.

**Ms KACZMAREK** — Wilson do security, they do cleaning ...

**Mr BOURMAN** — Car parks.

**Ms KACZMAREK** — and they now also do non-emergency patient transport.

**Mr NARDELLA** — So Wilson already have in the cleaning sector in the ACT a long service leave scheme. Is part of your negotiations through the EBA to try to pick up a long service scheme with them at all for their employees who have been in the previous company or not?

**Ms KACZMAREK** — We will try, and obviously that is something we will hope to achieve through enterprise bargaining, but our position is that we would like an industry-wide scheme, because providers frequently come and go in a way that does not happen in the public sector ambulance provision services, to provide security of entitlements for our members.

**Mr NARDELLA** — You talked about the qualifications that people have just to transport people around. What further qualifications do they need to get into Ambulance Victoria?

**Ms KACZMAREK** — You need to have the degree as a minimum qualification.

**Mr NARDELLA** — So what do they have to have as a driver—400 hours or something, you said.

**Ms KACZMAREK** — As an ATA, they need the diploma and then they also need to have completed 400 hours of supervised clinical practice under the non-emergency patient transport regulations, and that obviously needs to be supervised by a more experienced clinical instructor.

**Mr NARDELLA** — So if somebody goes and gets their diploma and then Wilson now will pick them up, do their 400 hours with them so that they can then drive around. Is it independently or is it two up?

**Ms KACZMAREK** — It is normally two up. Normally you have a PTO who is predominantly the driver and then the ATA, who is the jockey and treats the patient. However, it does depend on the acuity of the patient as to the crew configuration.

**Mr NARDELLA** — And how much more does somebody need to do? If you have got a diploma, what do you need to do to then get the degree qualification? Is it another two years full time?

**Ms KACZMAREK** — I believe it is another two years full-time to do the conversion.

**Mr NARDELLA** — So the diploma is what, two years?

**Ms KACZMAREK** — Two years.

**The CHAIR** — Amanda, your submission recommends that the model used by the ACT for the cleaning industry be adopted more broadly in Victoria. However, the Committee has heard that due to the ACT's smaller population this model may not be appropriate in Victoria. How do you respond to this?

**Ms KACZMAREK** — Our primary position is that we want a model that suits the non-emergency patient transport sector. It is a small cohort of workers; therefore we believe that the ACT model would be able to be applied successfully. However, if it were the finding of this Committee that a more appropriate model should be adopted because it would have a broader application, then of course we would be supportive of that.

**The CHAIR** — Your submission also notes that the ACT Government funded the administrative costs of the cleaning industry scheme until it was self-funding. What other support should the Government provide if a scheme was introduced in Victoria?

**Ms KACZMAREK** — Apart from the financial support, there would also need to be the educative support to enable these companies—because some are large providers and others are smaller—to appropriately fund and structure their business to ensure that these legal obligations are met, so an educative process I think would also need to be undertaken.

**Mr NARDELLA** — Just to follow it through, how many companies are we talking about? Are we talking about hundreds, thousands?

**Ms KACZMAREK** — Eighteen.

**Mr NARDELLA** — Eighteen companies; so we need an education process for 18 companies.

**Ms KACZMAREK** — I think there needs to be some form of information pack. If we are increasing what we expect employers to do, I think it is only appropriate that there is education surrounding those expectations provided to them.

**Mrs FYFFE** — In a lot of the arguments we are hearing—and your submission talks about more staff retention if you have got portable long service leave within an industry, such as based in the ACT. What evidence have you seen that that actually happens, that having portable long service leave available actually helps to retain staff in the sector?

**Ms KACZMAREK** — We do not have it in the ambulance sector, but we do see that in the public sector we have a lot of recruitment of paramedics from other jurisdictions within Australia, and with Ambulance Victoria there is a recognition of prior service from other ambulance services.

**Mrs FYFFE** — From other states?

**Ms KACZMAREK** — From other states and territories, yes, there is prior ...

**Mrs FYFFE** — Do you think that is a reason that they stay in the industry? Would that be major?

**Ms KACZMAREK** — I think protection of entitlements is important, and it does support them. We do have in the ambulance industry a greater entitlement than what is provided for in the Long Service Leave Act. I believe that is a factor, because 26 weeks after 15 years is, I believe, a very good incentive to stay in the industry.

**Mr NARDELLA** — But your members would see some of the absolute horrors. It is not your normal run-of-the-mill job.

**Mr BOURMAN** — It is not a taxi.

**Mr NARDELLA** — No, that is right.

**Ms KACZMAREK** — No, but neither is non-emergency.

**Mr BOURMAN** — That is why they have got reds and blues, in case they need it.

**Ms KACZMAREK** — It is non-emergency, lower acuity patients, but these people still require a tertiary education and are quite skilled in what they do. The current regulations in the state are currently under review, and Ambulance Victoria has put in its strategic statement that it wishes to transfer 100 000 non-emergency cases to the private sector each year, so the acuity of the patients that the ATAs will be responsible for will be increasing.

**Mr NARDELLA** — I might have missed it. How many people are in this part of the private industry?

**Ms KACZMAREK** — We estimate approximately 1500.

**Mr BOURMAN** — Some people have said that having a transferable long service leave scheme will actually encourage turnover of staff between different companies. How would you respond to that?

**Ms KACZMAREK** — I think what is important in the non-emergency sector is retention to the sector, because people develop local connections and knowledge of the health providers and the patients—for example, dialysis—who they routinely transport. I also think that when we are talking about movement, people do not move just for the sake of changing employers. They move for new opportunities, and I do not think that is something that this is going to necessarily change why people move on to other sources of employment. Also, I think there is the reality that if you are in a remote location, if, for example, you are a PTO in Shepparton, and RFDS, the Royal Flying Doctor Service, loses the contract, you are not going to transfer to their operations in Tullamarine. That is unfeasible. You are going to see if you can pick up work with the incoming contractor in your town.

**The CHAIR** — Amanda, would you like to add anything or are you happy with that?

**Ms KACZMAREK** — I am happy. Thank you very much for your time this morning.

**Mrs FYFFE** — Thank you, that was an excellent presentation.

**Mr BOURMAN** — Yes, very good.

**The CHAIR** — I would like to thank you on behalf of the Committee too, thank you.

**Witness withdrew.**