

Review Pursuant to Section 203 of the Return to Work Act 2014
Supplementary Submission by the Ambulance Employees Association of SA

Further to our earlier submission dated 16th March 2018 I now provide a supplementary submission under;

Term of Reference No 10

The RTW Act imposes financial disadvantage for our senior clinician members who become injured as a consequence of the arbitrary cap, of twice State average weekly earnings, on the quantum of their top-up payments.

Our senior clinical members, some of whom are high level clinicians, front line managers/Clinical Team Leaders, are remunerated at a level commensurate with their senior clinical expertise and responsibilities.

One such member classification is that of Rescue Retrieval Paramedic who undertake high risk patient retrievals from dangerous situations often via Helicopter. Our regular "road" Paramedic members experience significant difficulty accessing, economically viable, private income protection insurance as a direct result of the level of risk for this worker category. For our Rescue Retrieval Paramedic members' it is even more onerous, and actually financially prohibitive, making them an extremely vulnerable worker group as a result of the hazardous work environment to which they are regularly exposed.

For all these senior clinician classifications the base level of remuneration, when added to the penalties to which they are entitled as a result of a requirement to work rotating rosters over the span of 24 hours and 7 days, is in excess of the arbitrary cap.

This then creates a loss of income, even at this member cohort's base level of remuneration in the first 52 weeks, when they become incapacitated as a direct result of a workplace injury. This is inequitable as it discriminates against a small, senior cohort of our membership when compared to members at lower classification levels who operate in an identical uncontrolled and unpredictable operational environment.

The arbitrary cap imposed under the Act appears to be out of step with contemporary remuneration levels of operational worker/members in the ambulance setting.

Recommendation.

Removal of the upper cap for top-up payments to ensure our members, at the upper echelons of operational practice, receive top-up payments commensurate with their total notional weekly earnings (as do all other member classifications in the ambulance operational environment) and are not discriminated against or financially disadvantaged as a consequence of suffering a workplace injury.