General Practice Survey: Victoria

In defence of ANF’s application for a low-paid bargaining authorisation

1. Please provide your contact details below

2. Name of practice

3. Is your Practice listed as a respondent to the ANF’s application for a low-paid bargaining authorisation? (This means the ANF has served the application on your practice)
   - Yes
   - No

4. What type of General Practice is your organisation?
   - GP Private Practice
   - Corporate GP (for e.g. two or more practices in a group/chain)

5. What is the Geographical area of your practice?
   - Suburban
   - Regional
   - Remote/Rural

6. Do you currently employ a Nurse in your practice?
   - Yes, continue this survey
   - No, jump to question 26

7. How many Nurses do you employ in your practice?

<table>
<thead>
<tr>
<th></th>
<th>Full-Time</th>
<th>Part-Time</th>
<th>Casual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Registered Nurses</td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Number of Enrolled Nurses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Nurse Assistants</td>
<td></td>
<td></td>
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</tbody>
</table>
8. Do you engage any Nurses on an independent contractor basis? (for e.g. the Nurse may be a sole trader)

☐ Yes – If so how many? ___________

☑ No

9. What is the total headcount of all employees (including clerical, medical and miscellaneous) employed within your practice?

_________________________

10. Does your practice currently receive funding from any source (Government or other) which assists to aid the engagement of Nurses or Nursing Assistants in your practice? Please advise:

YES  PIP  NURSE INCENTIVE

11. How many Nurses employed in your practice hold a Medicare provider number? 

12. How are Nurses in your general practice paid?

☐ At the Award ‘base rates’ of Pay (Nurses Award 2010 or other)

☑ Above the Award ‘base rates’ of Pay

13. Do the Nurses in your general practice receive any penalties, allowances and loadings in addition to their ‘base rate’ of pay?

☐

14. Please fill in table below with regards to your Nurses’ terms and conditions

<table>
<thead>
<tr>
<th>Nurse</th>
<th>Award Classification (if known)</th>
<th>Hourly Rate of Pay or Annual Salary</th>
<th>Average Working Hours Per Week</th>
<th>Enrolled or Registered</th>
<th>Other Penalties, Allowances or Loadings Paid?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>33.00</td>
<td>30</td>
<td>Registered</td>
<td>Y</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>33.60</td>
<td>2</td>
<td>Registered</td>
<td>Y</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>28.50</td>
<td>Casual</td>
<td>Enrolled</td>
<td>Y</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
15. What is the length of service of Nurses employed in your practice?

<table>
<thead>
<tr>
<th>Registered and Enrolled Nurses</th>
<th>Number of Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>With less than 1 year service</td>
<td></td>
</tr>
<tr>
<td>With more than 1 year service but less than 2 years' service</td>
<td></td>
</tr>
<tr>
<td>With more than 2 years' service but less than 5 years' service</td>
<td></td>
</tr>
<tr>
<td>With more than 5 years' service but less than 10 years' service</td>
<td>1</td>
</tr>
<tr>
<td>Number of Nurses with 10 years' service or more</td>
<td>3</td>
</tr>
</tbody>
</table>

16. What is the average Nurse-to-Patient ratio of your practice? (for e.g. on average, if the Nurse is taking care of 3 Patients at one point in time at the Practice, then the Nurse to Patient ratio is 1:3 in that Practice)

Nurse _______ |
Patient(s) ______ | 1 - 2 |

17. Do any Nurses in your practice perform specialist duties? (For e.g., but not limited to: Diabetic; Cancer-related; Dementia; Parkinson's; Epilepsy; Heart Conditions etc.) Please provide a brief description

DIABETES, AGED CARE, WOUND REPAIR

18. Do you engage/employ Nurses via a written Contract of Employment?

Yes

19. Do you have a certified or non-certified employment Agreement in place that was negotiated collectively with your Nurses or the ANF? If yes, what is the title of the Agreement?

No

20. Apart from the ANF's log of claims served on you in June of 2011, have you ever been approached by the ANF or your Nurses to enter into an enterprise bargaining Agreement either historically or recently?

No
21. Does the practice facilitate pay increases? If so how regular and on what basis for e.g. annually in line with federal minimum wage increase or bi-annually as part of a systematic performance review or via individual negotiation etc.

YES

22. Does the practice facilitate paid professional development or conference/seminar leave? If so how many days or total package worth?

YES

23. When establishing employment conditions for your Nurses within your practice are you ever required to enter into discussions over employment conditions?

YES

24. If so what type of conditions?

| Pay and Wages | ✓ |
| Rosters and Hours of Work | ✓ |
| Facilitation of paid time off, for e.g. | ✓ |
| Rostered Days Off | ✓ |
| Leave conditions for e.g. increased annual leave or sick leave | ✓ |
| Study Leave/Professional Development | ✓ |

25. What changes (if any) could be made to the employment of your Nurses to improve productivity and service delivery?

CANT THINK OF ANY

26. Do you support the ANF campaign for a low paid bargaining authorisation for practice Nurses within your organisation? This means that your organisation would be respondent to a multi-enterprise employer agreement and you would collectively bargain with other general practices across the sector for engagement of Nurses on Above-Award increased salary and conditions. This means that you would not ordinarily be able to negotiate the terms and conditions of employment with your Nursing staff and would be required to adhere to those set out in the Agreement.

NO
Employers who do not currently employ Nurses please continue the survey from here.

27. Do you engage any Nurses on an independent contract basis at any time? (for e.g. the Nurse may be a sole trader)
   - Yes – If so how many? __________
   - No

28. Do you intent to engage or employ a Nurse in the future?
   - Yes
   - No

29. What is the total headcount of all employees (including clerical, medical and miscellaneous) employed within your practice?

   ___________________________

30. Does your practice perform specialist duties? (For e.g., but not limited to: Diabetic; Cancer-related; Dementia; Parkinson’s; Epilepsy; Heart Conditions etc.) Please provide a brief description:

   ___________________________
31. Do you have a certified or non-certified employment Agreement in place that was negotiated collectively with previous Nurses engage by your Practice (if any) or the ANF? If yes, what is the title of the Agreement?

__________________________________________________________

32. Apart from the ANF’s log of claims served on you in June of 2011, have you ever been approached by the ANF or your employees to enter into an enterprise bargaining Agreement either historically or recently?

__________________________________________________________

33. What changes (if any) could be made to the employment of Nurses in the industry to improve productivity and service delivery?

__________________________________________________________

__________________________________________________________

__________________________________________________________

34. Do you support the ANF campaign for a low paid bargaining authorisation for practice Nurses within the industry? This means that organisations would be respondent to a multi-enterprise employer agreement and would collectively bargain with other general practices across the sector for engagement of Nurses on Above-Award increased salary and conditions. This means that Practices would not ordinarily be able to negotiate the terms and conditions of employment with your Nursing staff and would be required to adhere to those set out in the Agreement.

__________________________________________________________

__________________________________________________________

__________________________________________________________

Additional comments? Have your say now!

__________________________________________________________

__________________________________________________________

__________________________________________________________

Thank you for completing the survey.