Australia: Public sector doctors strike in Melbourne for first time in decades

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Over 1,000 doctors from Melbourne's major inner-city public hospitals struck for four hours on Thursday, August 20, rallying outside the Peter MacCallum Cancer Centre in Parkville. It was the first strike since 2002 by Victorian doctors, who voted 97 percent in favour of industrial action in July.

The doctors walked off the job in opposition to the state Labor government's attempts to inflict deeper real wage cuts and further entrench dire conditions in the sector.

The initial strike has been followed with stoppages at Monash and Eastern Health on August 25, Northern, Mercy and Austin Health on August 27 and Grampians and Bendigo Health today. A 24-hour statewide strike on September 15 has been called by the Australian Salaried Medical Officers Federation (ASMOF), which covers over 9,000 public sector doctors in the state.

After 10 months of backroom discussions with the ASMOF bureaucracy, the Labor government has not made an offer above its public sector wage policy, which caps nominal pay rises at 3 percent per annum. This would be a significant cut, even compared with the understated official inflation rate of 3.5 percent.

The union has called for a 30 percent pay increase over four years and measures to address burnout and excessive—frequently unpaid—overtime, by capping shifts at 12.5 hours duration. Some doctors currently have to work up to 20-hour shifts, which doctors stressed are unsustainable and dangerous.

The union's pay claim, even taken at face value, is woefully inadequate, amid soaring living costs and coming after years of real wage cuts under previous union-government deals. The doctors have not had even a nominal pay increase since March 2025. Moreover, ASMOF's workload demands would do nothing to resolve the longstanding staffing crisis in the public hospital system, without any commitment from the government to a mass hiring program.

The ASMOF bureaucracy will not lead a fight for even these limited demands. At the August 20 rally and the subsequent stoppages, the union leadership has promoted illusions that doctors can achieve their demands through plaintive appeals to the Labor government to "come to the table."

Dr. Simon Judkins, Australian Medical Association (AMA) Victoria president, said, "We know that this government has been investing in health … they're building new hospitals around the state."

This was meant to send striking doctors a message that the Labor government's refusal to address their demands is merely a matter of slightly misguided priorities. Health funding need not even be increased, just redirected.

This is a diversionary fraud. Health workers should not be forced to pay for sorely needed new and improved hospitals through real wage cuts, and neither should the working class be denied high-quality public health facilities so that medical staff can have decent pay and conditions.

As is the case around the country, Victoria's public health infrastructure has been run into the ground for decades for the same reason that real wages for health workers have declined: health funding has been slashed by successive governments—Labor for 23 of the past 27 years.

Labor's attack on doctors' real wages and conditions is not a mistake or an aberration. It is part of a systematic assault on working-class living standards, being waged by the Victorian government in concert with its federal and state counterparts.

ASMOF is making this dead-end tactic even more explicit with the September 15 strike, telling doctors to write letters addressed to Premier Ben Carroll and bring them to the rally outside Parliament House, to "create a powerful visual representation of the number of doctors calling for change."

That is, the union is directing doctors to make a personal appeal to a premier who was installed to replace Jacinta Allan specifically because of her perceived failure to implement the level of austerity demanded by the corporate elite.

ASMOF Vice President Dr. Pearly Khaw also referred to the construction of new hospitals, declaring, "There's a union involved in getting that building built. They have, in their EA, conditions that we would love to see paid to us."

In fact, one of Carroll's first acts as premier was to announce a royal commission into the Construction, Forestry and Maritime Employees Union (CFMEU), deepening the attack on the building union, which was placed under quasi-dictatorial administration by the federal Labor government in 2024, in a move aimed at driving down wages and conditions in the historically militant sector. Carroll and his government are every bit as hostile to the interests of building workers as they

are to those of doctors, teachers and the entire working class.

Khaw's statement was both a diversion and an attempt to drive a wedge between striking doctors and the broader working class. At the same time, the ASMOF is deliberately isolating its members from other sections of health workers.

Victorian public sector Allied Health workers are carrying out strikes and other industrial action against Labor's derisory enterprise agreement offer, but the ASMOF and the Victorian Allied Health Professionals Association (VAHPA) have ensured these disputes have been kept entirely separate.

Moreover, these workers have been cut off from striking teachers, council workers and others in the public sector, to prevent the eruption of a broader struggle against Labor's austerity agenda, which would undermine the union bureaucracy's capacity to sell out the strikes and impose the government's demands.

The role played by the ASMOF and other unions as the enforcers of Labor's wage cuts is by no means confined to Victoria. In April 2025, New South Wales (NSW) doctors carried out a historic three-day strike. The ASMOF NSW bureaucrats quickly shut down the strike in a show of "good faith" to the Labor government, insisting doctors could achieve their demands through arbitration before the Industrial Relations Commission, the anti-worker tribunal that had already tried to ban the strike.

Victorian doctors should be warned. As long as their struggle is in the hands of the ASMOF bureaucracy, they too face the prospect of a sellout. Rank-and-file committees, independent of the unions, must be built in every public hospital. Through these committees, doctors can link up with nurses, midwives, Allied Health workers, orderlies and other health staff, in a unified struggle against Labor's attacks on their pay, safety and conditions.

Such a struggle is inseparable from the broader fight by the working class for a socialist reorganisation of society, in which high-quality healthcare is provided as a universal social right, freely accessible to all and with fair pay and conditions for all staff.

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Reporters from the *World Socialist Web Site* spoke with striking doctors at the August 20 rally.

Thomas said, "For us in the medical profession, this is pretty historical to be here today. Nothing like this has happened for a long time, not in my career, and I think that speaks volumes that we're at these lengths. To see this many doctors here on the street today walking off work, we don't take this lightly.

"The main issue really comes down to patient safety. The current workloads are unrealistic and our colleagues and myself are burning out. We don't have enough doctors on the floor to be able to provide the care that we need for our patients. You can't look after patients and provide adequate safe care if you can't look after yourself because you're not paid well enough.

"We definitely don't have enough doctors to service our system. Instead, what we're seeing is doctors doing extensive amounts of overtime, but when you think about the fatigue and the safety that that implies, then it's less than ideal. In my time as a doctor in training, there's been rotations, especially in some of our regional hospitals, where you are required to work up to 20 hours a day and do that for seven days a week. I don't think anyone could say that burnout is being addressed when that's what a roster looks like."

Hose, a trainee doctor, explained,"The workload has increased dramatically over the years and the cost of life has increased out of proportion to the wages we are getting. We've found that the only way to have a voice and perhaps be listened to is this demonstration and it's good for the public to know that the doctors are also struggling.

"The problem is, we are seeing a lot of patients in the same limited time, with less resources than before. We still have to provide care and face the risk, so that's the stressful part.

"At the end of the day, we have families to feed and we have needs like everyone else."

Greta said, "We've all been pushed to leave the hospital and leave our patients, where we would prefer to be, as a result of this insulting offer that we've been given by the government that proposes to cut our teaching time, cut our overtime rates, and likely increase the number of hours that we will have to work overtime. I was late to this strike because there were clinical duties to be done at work, and I didn't want my patients' well-being to be sacrificed. There are a lot of doctors who are still stuck at work for the same reason.

"If they cut our teaching time enough, we'll have an extra five hours to do overtime work, which seems like the likely outcome, given that they're also reducing our overtime rates for the first 10 hours of overtime every week. That's just to save money. This is in the context of the recent class action lawsuit that showed just how much junior doctors were being exploited and how much of the health service runs on the exploitation of junior doctors. It looks like the government are trying to cut corners and underpay us legally through this EBA. That's, I think, why we're so upset."