

Australia: Victorian doctors reject sellout interim pay offer

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9 October 2026

Public sector doctors in Victoria have decisively rejected a meagre “interim” pay offer from the state Labor government, aimed at shutting down their dispute ahead of the November 28 election.

Some 89 percent of Australian Salaried Medical Officers Federation (ASMOF) members voted down the proposed deal, which was put together in backroom union-government negotiations last week, even as doctors were taking to the streets in their second strike since August.

The overwhelming vote was a clear expression of doctors’ determination to fight for decent pay and safe working conditions. But the very fact that they were called upon to vote on the sellout offer demonstrates that no such fight can proceed within the framework of the ASMOF bureaucracy.

Less than 24 hours after the October 1 stoppage—begrudgingly called by the ASMOF leadership after a furious response from doctors to their liquidation of a 24-hour strike planned for September 15—the union presented doctors with the interim offer, which was then rushed to a ballot within days.

The offer did not begin to address the concerns driving the doctors to strike, including chronic staffing shortages, unsafe rostering practices and deepening real wage cuts. What it did contain, however, was a no-strike clause that would have prevented doctors taking any further industrial action until at least June 2027.

Under the proposal, doctors in training would have received a 10 percent nominal pay rise from October 1, denying them seven months of back pay, since their previous agreement expired in February. With the offer stipulating that there would be no further pay increase until September 2027, the “10 percent” deal roughly equated to a 4.5 percent per annum rise beginning in March, barely higher than the official 4 percent

inflation rate.

Specialists would have seen no increase in base pay at all, only a one-off \$25,000 lump-sum payment, reduced pro rata for part-time doctors. This would have meant that, when enterprise bargaining resumed in the middle of next year, the starting point for specialist doctors’ salaries was the same as in March 2025.

Doctors’ central concerns over dangerous hours and fatigue would also have been left unaddressed. A 13-hour limit on shifts and a cap of five consecutive night shifts would only “come into effect once the full EBA has been finalised,” that is, at an unspecified date, no earlier than the second half of 2027.

Formally, the ASMOF bureaucracy recommended a No vote. But the way it presented the offer was clearly aimed at pressuring doctors into accepting it. Alongside its reasons to vote No, the union set out a detailed case for voting Yes. It warned that if the offer was rejected, “there is a material risk that there will be no improvements to the current EBA for a prolonged period, and that the eventual pay outcome may be worse,” particularly if “finding savings in the public health system is a focus for the newly elected government.”

In a message clearly aimed at undermining future strikes, the union stressed that doctors “are exposed to loss of income during further stop work industrial action, particularly if this is regular or prolonged.”

ASMOF also fraudulently promoted the one-off 10 percent increase for doctors in training as “equivalent to a 28.9 percent increase over a 4 year period.”

The bureaucracy’s formal No recommendation was a hedge, allowing it to try to push through the deal with Labor while still maintaining some degree of credibility, having already confronted an angry response from doctors to its attempts to sell them out.

On September 14, ASMOF cancelled a 24-hour statewide strike planned for the next day, after the government invoked what the union called “technical and patient safety mechanisms” to stop it. More than 1,100 doctors then attended an online meeting and angrily denounced the cancellation, and ASMOF’s plan to use the government attack as a pretext to permanently sideline doctors and ask the pro-business Fair Work Commission to arbitrate the dispute.

Earlier, ASMOF called off, also at the eleventh hour, a strike planned for August 13 at seven Melbourne hospitals, after the government raised an issue with the union’s paperwork.

Since the interim offer vote, ASMOF has made clear that it is not pursuing a fight for doctors’ original demands, but merely an “improved interim offer.”

ASMOF says the Victorian Departments of Health and Treasury have told it that “proximity to the election makes a 4 year deal before November 3 impossible,” referring to the start of the caretaker period, and that it is “preparing for the emerging reality that it is likely our campaign will continue well into 2027.” These statements are clearly directed at demoralising doctors in preparation for an identical or minimally changed offer to be pushed through in the coming weeks.

The union has foreshadowed a 12-hour statewide stoppage, a rally and a march in Melbourne’s CBD “within the month.” But its perspective remains confined to pressuring and appealing to Labor—the very government that is determined to slash wages and conditions for doctors and throughout the public sector, and which has just put forward this derisory offer—and the other parties of big business.

ASMOF has said it will “approach all major parties directly to make a commitment to finalising our EBA if elected.” The reality is that whatever the result on November 28, the next state government will be tasked with imposing deepening austerity measures, including sweeping cuts to the public sector.

Doctors’ rejection of the interim offer is an important step. But the ASMOF bureaucracy’s thinly veiled promotion of the rotten deal, following its repeated strike cancellations, should be a stark warning.

The recent experience of Victorian public school educators holds important lessons. For the first time in decades, teachers voted down a deal backed by the Australian Education Union (AEU), forcing a second

mass strike. But without an independent perspective and organisation, they were eventually worn down and pushed into accepting an AEU-Labor deal that was largely unchanged.

To avoid a similar fate, doctors need to take matters into their own hands. That means building rank-and-file committees in every hospital, politically and organisationally independent of any union.

Doctors are not the only Victorian health workers currently engaged in dispute. Thousands of public sector allied health workers, including radiographers, physiotherapists, pharmacists, speech pathologists and occupational therapists, are also trying to fight back against Labor’s attacks. Members of the Victorian Allied Health Professionals Association (VAHPA) also struck on October 1, their third 24-hour statewide strike.

Doctors and allied health workers face the same issues: chronic understaffing, unsafe workloads and falling real wages. They are up against the same employer, the state Labor government. Yet ASMOF and VAHPA deliberately kept their October 1 rallies apart, as part of a broader isolation exercise.

Hospital rank-and-file committees would provide the means for doctors to link up with allied health workers, nurses, midwives and support staff, and to reach out to educators and other sections of the working class facing similar attacks from state and federal Labor governments.

What is required is a political fight against the capitalist profit system, which subordinates public health to the demands of the corporate elite, and for a socialist program in which high-quality health care is a social right, with decent pay and safe conditions for every health worker.



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