

Australia: What the union-Labor sellout of Victorian doctors reveals

Morgan Peach, SEP candidate for Northern Metropolitan
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With barely five weeks until the Victorian state election, the Australian Salaried Medical Officers Federation (ASMOF) bureaucracy has helped the Labor government impose a sellout deal on public hospital doctors, shutting down their struggle over intolerable working conditions and delivering further real wage cuts.

The betrayal of doctors is a graphic demonstration of the treacherous role of the trade unions, which are presiding over the further evisceration of a public health system already in an advanced state of crisis after decades of attacks by Labor and Coalition governments at the state and federal level.

The Socialist Equality Party (SEP) is standing in this election to provide workers with a socialist alternative to all the parties of big business, including Labor, the Liberal-National Coalition, One Nation and the Greens.

None of the major issues confronting the working class in Victoria will be resolved through the upcoming election. Whatever combination of these parties forms government on November 28, the subordination of social need—including for a high-quality public health system—to the profit demands of the wealthy elite will only deepen.

Instead, the SEP is fighting to mobilise the working class in a fight against Labor and the capitalist system itself. This is antithetical to the perspective of the trade unions, which function as industrial police for governments and corporations.

The ASMOF leadership has been working to sell out this dispute from the outset, as their repeated last-minute strike cancellations have made clear. But the timing and rapidity of the final blow makes clear the motive: to shut down strike action by doctors, which was exposing the fraudulent character of Labor's claim to support the public health system and its phoney "cost-of-living" pitch.

As workers confront spiralling inflation, the Victorian Labor government with the aid of the unions is foisting real wage cuts on one section of public sector employees after another, as part of a broader drive to slash social spending. The aim is to make the working class shoulder the burden of

the state's debt crisis.

Similar processes are propelling workers into struggle in other states and internationally as the eruption of mass struggles in France graphically demonstrate.

On Monday afternoon, less than 48 hours before doctors were due to hold a 12-hour statewide strike, ASMOF told members the government had made a revised interim offer, which would be put to an immediate vote, with doctors given less than 24 hours to respond. A meeting was held to discuss the offer, but not until after the ballot opened, and doctors who had already voted were not allowed to change their decision.

Even though the union bureaucracy urged members to accept the deal, it scraped through with a Yes vote of just 51.73 percent. That is in stark contrast to doctors' 89 percent rejection just weeks ago of a similar offer. The vote itself is highly questionable: It was decided on a margin of just 190 votes, while 644 ballots were declared informal and not counted.

The nine-month interim deal was engineered by ASMOF and Labor to ban strikes until well after the election, while committing the next government to virtually nothing. It does not even begin to resolve the fundamental issues that have driven doctors into struggle, including chronic understaffing, excessive workloads and years of declining real wages.

Specialists will receive a 3 percent pay increase, back-dated to July 2026 and a one-off \$2,400 payment, while doctors in training (DiTs) will receive 6 percent and \$5,000.

These nominal increases are woefully inadequate to reverse the losses imposed in previous union-Labor deals. Under the existing agreement, base salaries increased by just 7.95 percent between March 2022 and June 2026, while Melbourne consumer prices rose by around 17 percent.

The limited improvements to conditions fall far short of doctors' demands and do nothing to resolve the underlying crisis in the public health system, created above all by successive Labor governments, which have led Victoria continuously since 2014 and for all but four years since 1999.

In the first three months of 2026, around 3,300 patients spent at least 24 hours in emergency departments, compared with 1,900 in the corresponding period of 2025. By the end of June, 68,730 patients were on the waitlist for surgery—more than 10,000 higher than a year earlier and 72.5 percent higher than in June 2019.

These dire conditions have driven practically every section of public sector health workers to industrial action.

On October 1, the same day doctors held a four-hour statewide stoppage, allied health professionals walked off the job for 24 hours, their third statewide strike this year. These workers have since rejected an interim offer, similarly aimed at getting them off the streets before the election.

Hospital support workers, including cleaners, orderlies, theatre technicians and ward clerks, struck across the state in December 2025 and early 2026. Almost 4,000 mental health nurses began protected industrial action in February 2025 and general nurses and midwives undertook 51 days of industrial action during their 2024 enterprise-bargaining campaign.

The fundamental issues in these disputes are identical. But ASMOF and the other health unions have systematically isolated workers and worked with the Labor government to ram through one sellout deal after another.

The same process was demonstrated in the recent Victorian public school teachers' dispute. After more than 40,000 educators struck and twice rejected agreements negotiated by the Australian Education Union (AEU) and the Labor government, the union bureaucracy pushed through a third, substantially unchanged deal in September. This shut down the struggle until 2030, leaving unresolved the fundamental issues of declining real wages, excessive workloads and chronic understaffing.

This is the role the trade unions have played for decades. These organisations do not represent workers, but serve as an industrial police force, suppressing the struggles of the working class and imposing the demands of big business and government.

The SEP advances a diametrically opposed perspective. We call on all sections of workers—doctors included—to build new organisations of struggle, independent rank-and-file committees, to take the power back from the union bureaucracies that fraudulently claim to represent them.

Through such committees, doctors can formulate demands based not upon government budget requirements, but upon what health workers actually need, including wage increases that fully reverse the losses inflicted by inflation, massive recruitment to overcome understaffing, enforceable limits on hours and workloads, payment for every hour worked and secure permanent employment.

We urge doctors to appeal directly to nurses, allied health

workers, paramedics and other workers in health and throughout the public sector, in Victoria, through Australia and globally, for a unified struggle against wage suppression, job cuts and the destruction of essential services.

Workers must reject the premise that their wages, health care, education and other essential needs are dependent upon what capitalist governments declare “affordable,” while vast resources are made available to big business, the banks and the military build-up and advanced preparations for World War 3.

The fight for high-quality, freely available public health care therefore cannot be separated from a struggle against the capitalist system itself, and for a political alternative, a workers' government to carry out a socialist program.

This includes placing the major banks and corporations, as well as vital social infrastructure such as hospitals and schools, under public ownership and democratic workers' control, so that society's immense resources can be directed towards health care, education, housing and other essential needs rather than private profit.

This requires an independent political movement of the working class in opposition to Labor and all the major parties, as well as the unions and the capitalist system they defend, and the fight to build the SEP as the revolutionary socialist leadership of that movement.

We urge doctors and all other health workers to contact the Health Workers Rank-and-File Committee today to discuss this perspective:

Email: sephw.aus@gmail.com

Twitter: [@HealthRandF_Aus](https://twitter.com/HealthRandF_Aus)

Facebook: facebook.com/groups/hwrfcaus

Authorised by Cheryl Crisp for the Socialist Equality Party, Level 1/457-459 Elizabeth Street, Surry Hills, NSW, 2010, Australia.



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