NEW LABOUR LEGISLATION

by Anna Bizos

Most of you are aware of the new Public Service Labour Relations Act (PSLRA) of 1993. You may not however, be aware of the implications that this has for physiotherapists in the public sector. They are far reaching, especially in the area of collective bargaining for salaries and conditions of service.

The new act signals a fundamentally different era for the regulation of public employment relationships. The principles of freedom of association now extend to public servants, and structures for collective bargaining have been established.

The principles of the PSLRA include, amongst others, prohibition of intimidation, the duty of employers to negotiate with unions on substantive issues and the right of an employer to exercise its managerial rights and prerogative, subject to the PSLRA.

However, it is in the area of collective bargaining that we as physiotherapists are going to have a problem.

Bargaining on issues including salaries, terms and conditions of employment, disciplinary and related procedures will take place at a departmental chamber (of which there will be 32). Members of the different chambers are representatives of employers, employed by the relevant departments.

This is the crux, - to gain admission to the chambers, the SASP would require 1,000 of its members to be working in the public sector. Sadly, we fall far short of this. Therefore we are effectively denied a platform to negotiate on our own behalf.

It is essential that the National Hospital Group, under the auspices of the SASP, investigate alternative structures to facilitate bargaining. There are several alternatives.

- The SASP could continue appealing against this seemingly unfair arrangement.
- The NHG could encourage membership of one of the public servants associations such as PSA or Hospersa, who if they had 50% membership or more, would present our case.
- SASP membership to PHOSA - Professional Health Organisation of South Africa - who would act collectively for disciplines such as physiotherapy, OT and speech therapy.
- Join a union.
- Ask an organisation such as MASA to act on our behalf.
- All such avenues are being pursued. In the interim it must be realised that "inputs" for 1994/95 may be jeopardised.

The following must also be considered. In the most recent PAS (December 1993) from the Commission for Administration, the occupational class "physiotherapy" was abolished. We now belong to a new class, known as "Health Therapists" - along with OT's, radiographers, speech therapists, dental therapists and oral hygienists.

This also has huge implications. On a positive note it may allow us to bargain collectively and gives clout to PHOSA. The downside is that there are many differences between the qualifications, needs and expectations of, for instance, an oral hygienist and a physiotherapist.

Posts previously allocated to physiotherapy may well be lost as other "health therapists" are appointed to the "health therapy" establishment. This is of special concern where physiotherapy services have been undeserved or irregular.

I have submitted this to the Journal, so that all SASP members (sadly not all physiotherapists) are aware of the dilemmas and issues facing the physiotherapists in the public sector.

We shall need your support and input if we are going to have a say on our own behalf.

Acknowledgements: Details of the PSLRA taken from an article by Peter Deale in People Dynamics January 1994.