

St Vincent's Employer Statement

Our Commitment

Started by five Sisters of Charity in 1857, St Vincent's today is a unique not-for-profit social enterprise that operates two major inner-city health networks in Melbourne and Sydney, 10 private hospitals, 26 aged care facilities, and a range of virtual and home care options across three states.

Our team of close to 30,000 dedicated clinicians, care providers, researchers, support workers, and administrators (and 1,000 volunteers) work from regional Queensland to Melbourne's western suburbs.

Our integrated health innovation precincts in Sydney and Melbourne house globally-renowned medical institutes, all founded by St Vincent's, including the Victor Chang Cardiac Research Institute, the Garvan Medical Research Institute, the St Vincent's Institute of Medical Research, the St Vincent's Centre for Applied Medical Research, the Aikenhead Centre for Medical Discovery, and the Nursing Research Institute.

Our hospitals are major referral centres for rural and regional communities; we provide specialised emergency and trauma services in inner-city Sydney and Melbourne, along with smaller EDs in metropolitan and regional centres; and we are known for our surgical capacity in all three states, providing world-class services in heart transplantation, orthopaedics, neurosurgery, cardiothoracics and cancer care.

Our founders also gave us a mission: to provide care, first and foremost, to the most disadvantaged and marginalised members of our community. The courage and compassion of the Sisters has been a hallmark of St Vincent's since we began and has been at the heart of many of our proudest achievements, including opening Australia's first program for treating and studying alcohol dependence, establishing Australia's first methadone clinic, the first needle exchange, first HIV/AIDS ward, and the first homeless health residential unit.

We believe every person who works at St Vincent's has a right to work in a safe and supportive environment that is free from discrimination, harassment, bullying, victimisation, and vilification.

Consistent with our mission and values, we are committed to achieving gender equality in the workplace. We strive to provide our staff an environment that is better and fairer, where people treat each other with dignity, courtesy, and respect. We value and take pride in diversity and continually strive to build an inclusive workforce.

At St Vincent's, we pay our people equally for comparable roles, regardless of gender. It is important to note however that pay equity and the Gender Pay Gap (GPG) are different. The gender pay gap gives a snapshot of the gender balance within an organisation. It measures the difference between the median earnings of all male and female employees regardless of their role or seniority within the organisation. As a result, a GPG can arise when an organisation's balance of women to men ratio favours one gender over the other which is relevant in some parts of the health profession (such as medicine and surgery).

St Vincent's is pleased to note that in respect of the average GPG our performance has improved over the past three years, and in four out of our six reporting entities, the median pay gap has also improved since reporting year 21/22. We are pleased to note that in three of our six reporting entities, we have achieved either gender pay parity or alternatively, women are on average paid more than men.

WGEA Report – 2022-23 Reporting period

This is the first year in which the WGEA is publicly reporting median gender pay gap data and gender composition by pay quartile. St Vincent's currently has six reporting entities for the 2022-2023 reporting period:

- a) St Vincent's Corporate Services which employs 356 staff in shared services, including staff in digital and technology, payroll, human resources, clinical governance, and other enterprise support services;
- b) St Vincent's Hospital Melbourne, a tertiary public hospital located at Fitzroy, Victoria which employs 7,624 staff to provide acute, subacute, public aged care (three facilities), mental health, correctional drug and alcohol addiction and research services;
- c) St Vincent's Hospital Sydney, a tertiary public hospital located at Darlinghurst, Sydney which employs 4,070 staff to provide acute, subacute, public aged care, mental health, correctional drug and alcohol addiction and research services;
- d) St Vincent's Care Services, which operates 23 facilities and provides residential aged care services in Victoria, New South Wales and Queensland, and which employs 3,674 staff;
- e) St Vincent's Private Hospitals (excluding St Vincent's Private Hospital Sydney) which operates 7 Private Hospitals across Victoria, New South Wales and Queensland, and which employs 5,689 staff; and
- f) St Vincent's Private Hospital Sydney which operates a private hospital at Darlinghurst and employs 1,289 staff.

At a Glance: Median Gender Pay Gap (GPG)

For the 2022-23 reporting period, St Vincent's had an overall median wage gap of 17.1%. A positive percentage indicates men are paid more on average than women. A negative percentage indicates woman are paid more on average than men.

Nationally, WGEA reports the average total remuneration GPG was 21.7%, and the median was 19.0% in 2023.

Total remuneration takes into account additional payments over and above base salary including overtime, allowances, shift penalties, bonus payments and superannuation.

	St Vincent's overall	Corporate Services	St Vincent's Care Services Ltd	St Vincent's Hospital (Melbourne) Ltd	St. Vincent's Hospital Sydney Limited	St Vincent's Private Hospitals Ltd	St Vincent's Private Hospital Darlinghurst
Total Workforce Women	76%	51%	81%	74%	71%	81%	75%
Median total remuneration	17.1%	15.7%	1.3%	10.8%	5.7%	-23.7%	-33.2%
Median base salary	16.1%	15.7%	-0.2%	6.6%	3.9%	-32.9%	-34.4%

Understanding the Gap

Impact of Changes to Workforce Profile

The experience of the pandemic has had an impact on workforce composition, particularly in health and aged care where there was an increased focus and demand on services, and numerous staff electing to either exit the workforce or reduce hours permanently. As has been widely reported by the media, the health and aged care sectors continue to experience workforce challenges which, in the short-term, correlates to a relatively junior, less experienced workforce, who generally commence on salaries positioned lower within the salary range. Given that our workforce is 75% female, this is a contributor to a GPG.

Occupational Groupings

Within health and aged care, there is wide disparity in salary scales and earnings capacity across different professions ranging from medical specialists through to support services personnel. This disparity may have an impact on gender pay equity. For example, medical professionals who are predominantly represented by males in the Senior Management cohort have significantly higher earnings than their Support Services, Allied Health and Nursing counterparts who are predominantly represented by women. These different occupations are however reported in the same category for the purposes of the WGEA.

Remuneration practices

Over 90% of our workforce has employment terms and conditions which are governed by one of 27 Enterprise Agreements (EAs). While these Agreements prescribe base rates of pay for different classifications, there are employees who are paid salaries over and above the prescribed EA rate. These above-award payments have been used for various reasons including market competitiveness, employee retention, and performance recognition.

This practice varies across our organisation depending in part by the competitiveness of the underlying Enterprise Agreement. The impact of this practice on pay equity can be seen

when comparing median and average remuneration data, indicating outliers at most organisational levels are influencing overall pay equity.

Actions & strategies: What we are doing to close the GPG?

Occupational Groupings

Over the next 12 months, we will undertake further remuneration analysis by occupational grouping to better understand our focus areas and put steps in place to address gender inequity by relevant occupational grouping. We are also currently undertaking a review of our job architecture and introducing more consistency in the application of WGEA reporting occupational categories on our positions.

We are also investigating with WEGA to consolidate the six submission groups into a single or reduced St Vincent's report for subsequent reporting periods to better align across the industry benchmark (for example, our Public and Private Hospitals should report in the same category). This will drive consistency across all St Vincent's reporting entities and allow us to leverage our scale to implement a national Gender Equity Strategy which we will launch in April 2024.

Remuneration and promotions

We are in the process of appointing a dedicated Senior Manager - Remuneration, Performance and Policy. This position will encompass the delivery of remuneration, policy and benefits frameworks consistently across St Vincent's. This will include design of organisational performance and remuneration governance, and operational frameworks supported by policy, driving overall pay equity.

We are also reviewing our internal promotion pathways in Medicine to ensure that more women are elevated into senior leadership roles. We are seeking to better understand the barriers to this, in particular with our doctors (see Workforce Engagement and Flexibility below).

Recruitment

St Vincent's is committed to merit-based recruitment and appointment processes, free from bias and unlawful discrimination. We acknowledge that our data provides evidence of a GPG, however we continually strive to improve our processes and refine existing policies. A particular challenge in Medicine is that although our workforce is dominated by females, men have traditionally occupied senior medical leadership roles. Elevating more women into senior medical leadership roles will have a big impact on our overall GPG.

We commenced in February 2024 a centralised Talent Acquisition team. This team will drive change to achieve workplace gender equality with a review of existing recruitment and appointment processes to standardise consistent practices, which will include diverse candidate pools and selection panel requirements, as well as approval requirements for variations to standard employment and remuneration terms.

Workforce Engagement and Flexibility

We believe that Workplace Gender Equality is about more than remuneration and will be achieved when people are able to access and enjoy equal rewards and opportunities regardless of gender. Aside from providing equal pay for work of equal or comparable value, this also means removal of barriers to full and equal participation of women in the workplace and elimination of discrimination on the basis of gender.

We will continue to incorporate into our learning and education for staff and managers, topics that promote a culturally safe and discrimination-free workplace such 'Psychosocial Safety' and a 'Positive duty to continually enhance awareness and understanding'.

St Vincent's has a number of policies and practices in place that promote workplace equality including parental leave, flexible work arrangements, breast-feeding facilities, domestic violence support and transition to retirement. While the policies exist, awareness and access to these vary across the organisation, based on Division and the nature of the work performed by individuals (noting that our support services work lends itself naturally to greater flexibility when compared with direct patient-facing work).

To build awareness of the provisions in place that support workplace gender equality, we are taking steps to proactively promote these policies and provisions, and where possible, ensure equitable access to all staff regardless of their Division. We are also challenging ourselves to think more creatively about flexible work, which our staff tell us disproportionately benefits women. Examples of that have included finding opportunities for frontline staff to find components of their job which can be performed with flexibility (rostering, administration work, for example) rather than assuming that this work must be done in an onsite, traditional setting.

There are many other initiatives driving change in this space. For example, in 2023 St Vincent's Hospital Melbourne initiated a forum to promote gender equality and explore the barriers (perceived or otherwise) to achieving gender equality for Women in Medicine. This has now resulted in the establishment of a Women in Medicine committee which provides advice to the Chief Executive Officer and People & Culture about workplace changes that will drive gender fairness.

Similarly, at St Vincent's Hospital Sydney, a Diversity and Inclusion Committee has been in place since 2021, which is actively supported by a Women in Medicine Committee. These Committees together also provide advice to the Chief Executive Officer and People & Culture about workplace changes that will drive gender equity.

In 2024, we will deliver our first national Diversity and Inclusion strategy which incorporates our Gender Equity approach. This strategy will strive to support, elevate, and build on the success of these local initiatives, nationally where possible and address gaps in process and policy that may impact on outcomes.

To strengthen our delivery of these roles, our recently centralised People & Culture function has created a new national People Experience and Capability team, including specialist roles focused on Engagement, and Diversity, Equity and Inclusion. These new roles will be recruited during 2024 and will continue to scale work being done by our 30,000 team members locally.