

TASMANIAN INDUSTRIAL COMMISSION

Industrial Relations Act 1984

T No. 2586 of 1990
T No. 3779 of 1992

IN THE MATTER OF applications by
the Ambulance Employees'
Association of Tasmania to vary
the Tasmanian Ambulance Service
Award

re structural efficiency principle
and deletion of definitions and
salary rates for non-functional
classifications

COMMISSIONER GOZZI

HOBART, 10 August 1992
continued from 23/7/92

TRANSCRIPT OF PROCEEDINGS

Unedited

COMMISSIONER GOZZI: Are there any changes in appearances this morning?

MR NIELSEN: No, Mr Commissioner.

COMMISSIONER GOZZI: Miss Cox.

MISS COX: Thank you, Mr Commissioner. Mr Commissioner, you will recall at our last appearance before you on the 23rd of July you granted the Ambulance Employees' Association leave to present further new evidence in exhibits during their right of reply.

We understand that today's proceedings are for the minister's representative to address the three new exhibits submitted by the AEA on that date. The exhibits I refer to are N.18, N.19 and N.20. However, with the commission's leave, I wish to clarify a point made by the Ambulance Employees' Association representatives regarding an exhibit submitted by the Tasmanian Ambulance Service on the 15th of June 1992. I refer to TAS. 31, a four page document.

I'd refer you to page 250 of transcript of the 15th of June.

COMMISSIONER GOZZI: What page?

MISS COX: 250.

COMMISSIONER GOZZI: Just let me have a look at TAS.31. Right.

MISS COX: The third paragraph commences, and I quote:

I would also like to tender an exhibit. Part of the journal of Emergency Medical Services for January 1992.

You will see, Mr Commissioner, that when we tendered that document we advised the bench and the AEA that that exhibit was not presented in full and that if any of the parties wished to have a copy we'd be only too happy to provide it. No-one took us up on our offer.

In view of the AEA's selective quoting on the 23rd of July when they stated words to the effect that there were nowhere near 200 cities, I would like to provide both the bench and the AEA with a full copy of that article.

COMMISSIONER GOZZI: Mark that TAS.35. Oh, you've marked it 31, we'll mark it TAS.35.

MISS COX: It's just a full copy of the article.

During their right of reply the Ambulance Employees' Association resubmitted one of our exhibits in an attempt to discredit it. I refer to Exhibit TAS.35 which we used during our major submission to illustrate the calculations for the payment of a higher duties allowance when an appropriately qualified ambulance officer is required to act as a supervisor.

The only comment I would make is that despite having previously had two goes on this matter - that is on the 10th of April - and I refer to pages 83 and 84 of transcript, and on the 15th of June, page 274 of transcript, Ambulance Employees' Association have tried to manipulate the figures to justify the claims they made during their right of reply on July the 23rd.

I would now like to turn to Exhibit N.18 which the AEA tendered on the 23rd of July.

The inference made by the association on that day was that they had not been fully informed of the position of the Tasmanian Ambulance Service regarding the training and entry requirements for ambulance technicians. I must say that we found that inference quite astonishing.

On page 142 of transcript of the 1st of May 1992 the Ambulance Employees' Association stated, and I quote:

The Tasmanian Ambulance Service recently indicated that they would be prepared to equalise the entry standards.

On page 143 of transcript they again acknowledged common entry points.

I would also remind the commission of Exhibit TAS.28, a letter from the Ambulance Employees' Association to Mr Jim Bacon, Secretary of the Tasmanian Trades and Labor Council, dated 24th of March 1991. This letter also forms part of Exhibit N.18.

Part of that letter states, and I quote:

The AEA is prepared to discuss with management, and subsequently include, an Ambulance Technician level in the award PROVIDED that:

(i) the entry requirements for Ambulance Technician level is the same as a Student Ambulance Officer;

(ii) that training for an Ambulance Technician Officer is articulated with, and accredited to, the Student Ambulance Officer course. The AEA would

seek to maximise the core training between Student Ambulance Officer and Ambulance Technician Officers.

(iii) guidelines are put into the award which guarantees the right of an Ambulance Technician Officer to transfer to a Student Ambulance Officer position on request, without loss of pay, and subsequently progress through the Ambulance Officer career path.

At the bottom of page 1 of N.19 Ambulance Employees' Association quite clearly acknowledged that the Tasmanian Ambulance Service had significantly varied their position to accede to the proposition put by them on all but the last point. That is, we had agreed to common entry points and core subjects.

Both Mr Watson and Mr Nielsen attended a special meeting of the Ambulance Employees' Association executive in Launceston on the 12th of March this year where these and other matters were discussed for some 2 hours with a representative from the Tasmanian Ambulance Service.

The basis of these discussions was the last two pages of N.18. This quite clearly sets out the position of the service. Yet, in spite of all this evidence, on the 23rd of July the Ambulance Employees' Association representative had the audacity to infer that they were unaware of our position.

I would now like to comment on Exhibit N.19 which was presented to this commission as evidence supporting the benefits of having two ALS qualified officers in each ambulance.

The author of the article, Greg Sassella, draws on a study conducted in Tuscon, Arizona. The title of the original study is 'The Impact of Injury Severity and Prehospital Procedures on Scene Times in Victims of Major Trauma' by Valenzuela and others which was published originally in the Annals of Emergency Medicine on 12th December 1991.

It is difficult to draw any comparisons between this article and its demographics and the operations of the Tasmanian Ambulance Service. There are several significant differences between the study area in Tasmania and these include the population of Tuscon is 400,000 people, the population of Tasmania is 480,000. The land area of Tuscon is 149 square miles; the land area in Tasmania is 59,498 square miles. The crews in Tuscon consist of 17 BLS crews and 8 ALS crews in one city. In Tasmania there are 9 ALS day time urban crews and 8 non-urban crews and 20 volunteer units. The structure in Tuscon is a two-tiered

structure. The structure in Tasmania is a single tiered structure.

It is also important to note that 23.1/2% of the patients in the trauma survey group were gunshot wound injuries, which is significantly higher than this injury group in Tasmania.

Further, Tasmania has no level 1 trauma centre, Tuscon does. The closest level 1 trauma centre to Tasmania is the Alfred Hospital in Melbourne.

Another issue in the original article also significantly devalues the evidence presented in N.19. This is the acknowledged limitation by the authors of the trauma survey when they state, and I quote:

The investigation may not be relevant to non-urban systems that have longer transport times and fewer resources.

It is our firm view that Exhibit N.19 is of little value in the consideration of the situation in Tasmania. That brings us to N.20. However, this exhibit does require a bit of explanatory background, and I thank the AEA for providing the minister's representatives with a full copy of the document from which they took the exhibit.

The document consists of selected pages from an ABS publication titled, 'Emergency Services Awareness and Attitudes to Crime, Tasmania', October 1989. It is a Bureau of Statistics publication.

The ABS conducts a monthly survey to determine the labour force characteristics of the civilian population, and as well as these standard labour force questions in most months supplementary questions on other topics are also asked.

In October 1989 the Tasmanian supplementary survey topic related to community attitudes to crime and awareness of issues relating to the provision of emergency services in the state.

Exhibit N.20 comes from this supplementary survey. And, Mr Commissioner, you will recall that the Ambulance Employees' Association attempted to use its contents to make the assertion that the Tasmanian Ambulance Service should promote itself to increase patient numbers.

We would like to make the following comments in relation to this exhibit:

The Tasmanian Ambulance Service promotes an integrated approach to pre hospital emergency care. This means that the Ambulance Service, local doctor and other health care

providers work together to ensure rapid response care to all medical emergencies. Chest pain is a common medical emergency.

Anecdotal evidence suggests that a gradual increase in initial calls direct to ambulance stations to attend chest pain patients, rather than other avenues of care.

Ambulance officer experience in the past shows that most calls were from doctors, now members of the public call direct. Most chest pain patients seen by local doctors, and who are subsequently admitted to hospital, are transported by ambulance. Therefore, the combined call-ambulance-call-doctor figure in N.20 is evident that approximately 81 to 86% of Tasmanians receive appropriate medical and ambulance care following chest pain exceeding 10 minutes duration. The figure of 81 to 86% would be on the higher range of national and international figures.

Of all the evidence in that exhibit the most concerning figure is the 14.3% of the population in the Mersey-Lyell region that would prefer to go directly to hospital, however, this is most probably a practical reflection on the demographics of the area where there's a variety of small hospitals located in almost every community in north-west and western Tasmania.

From the evidence in this document, we would suggest that promotion of the ambulance service would be of limited benefit when such a large proportion of the population already uses the service.

Mr Commissioner, that brings us to the end of our response to the exhibits tendered by the AEA on 23rd July, however we would make one final comment: we believe that the selective quotes and the attempt to manipulate evidence by the AEA have done nothing to discredit the substantial evidence that the Tasmanian Ambulance Service has presented on all matters. On the contrary, we believe that the Ambulance Employees Association have discredited their own ability to test our claim. If the commission pleases.

COMMISSIONER GOZZI: Thank you. Mr Nielsen?

MR NIELSEN: Mr Commissioner, as I understand it, you've granted us the right of reply to the responses to the issues placed before you this morning.

COMMISSIONER GOZZI: Yes, I did.

MR NIELSEN: Mr Commissioner, I'd only like to make one comment, and not to embarrass you, but the parties do have an advantage on you in regards to exhibit N.20, when at the last proceedings we were asked to submit to the minister's representatives a copy of this, and if my colleague would bear

with me, I'd desire that you should have the complete copy if there is no - we only -

COMMISSIONER GOZZI: Yes, yes, I'm happy to receive that.

MR NIELSEN: - submit it if you're - not that I wish to - Mr Commissioner -

COMMISSIONER GOZZI: We'll mark that N.21.

MR NIELSEN: N.21.

COMMISSIONER GOZZI: I assume everybody else has got that.

MISS COX: Yes, the AEA sent us copies.

MR NIELSEN: Mr Commissioner, as you're aware, this has been an extremely long, lengthy case. We were before you before 16th January of this year, and of course you're also aware that the parties prior to that date had quite considerable and lengthy discussions.

We've presented our exhibits to you, and we stand by those exhibits that have been itemised and referenced accordingly. We reject and oppose the comment of manipulation. We stand by those figures that were presented to you originally on that particular exhibit - I think it may have, if my notes serve me this morning - N.25 - where we believe in the higher position - we presented figures to you and they stand by those documents.

Most of this morning's comments have been about the - or in reference to the ambulance technician, and we again say this to you, Mr Commissioner, and the exhibits speak for themselves. My instructions as at this point of time before this commission, and on the position as we know it from the Tasmanian Ambulance Service, is to oppose and reject that position. There was a position, to be very honest and very frank, where there were some thoughts that the parties may have been able to perhaps come together a little bit closer, and I believe, I suppose, if there was a greater understanding and more confidence between the parties, there may be some ability in the future. But as we see it at this point of time and as a submission presented by the minister's advocate, on ambulance technician, we believe it is without argument a lowering of classification and it's cost-cutting motivated. And that's our position at this point of time.

Mr Commissioner, about overstepping our position on right of reply, we appreciate the ability to submit our case and look forward to its decision.

COMMISSIONER GOZZI: Yes, these proceedings are concluded.

HEARING CONCLUDED

10.08.92

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