

**TASMANIAN INDUSTRIAL COMMISSION**

Industrial Relations Act 1984

T No. 2652 of 1990

**IN THE MATTER OF** an application  
by the Tasmanian Salaried Medical  
Practitioners' Society to vary the  
Medical Practitioners (Public  
Sector) Award

re structural efficiency principle  
- special case

COMMISSIONER WATLING

HOBART, 21 December 1992  
Continued from 27/11/92

**TRANSCRIPT OF PROCEEDINGS**

Unedited

COMMISSIONER WATLING: No alterations to appearances?

MR HOUSE: No, sir.

COMMISSIONER WATLING: No? Good, right. Well we might just check our little - our list and see if we've got things right this time. So we might just go off the record.

OFF THE RECORD

COMMISSIONER WATLING: Right, Mr House?

MR HOUSE: Thank you, Mr Commissioner. When we were last before you on 27th November, there were a number of matters as recorded in the transcript that we sought leave to further examine.

The first one was the definition and role of the review panel, and if the commission pleases, I'd like to tender an exhibit which sets out conclusions on our further deliberations.

COMMISSIONER WATLING: Right. Well we'd better mark this one H.11.

MR HOUSE: H.11 or H.10?

COMMISSIONER WATLING: Eleven.

MR HOUSE: Okay.

COMMISSIONER WATLING: We had a classification standards as H.10.

MR HOUSE: Sorry, yes. Sir, we've carefully considered the role of what was called the review panel, and firstly we've decided that it's probably more accurate to describe it as a professional issues panel, and as Dr Senator submitted last time that this panel has primarily an advisory role on professional matters or professional issues. It's part of a process of looking at persons credentials, but it doesn't override the normal merit selection procedures.

We've still endeavoured to avoid having a plethora of panels, so that we would see that this - this mechanism would perform a variety of roles, and they are listed in H.11. It says the - it's a panel constituted to advise the head of agency with regard to firstly the satisfaction of criteria of excellence as defined elsewhere in this clause in support of applications of medical practitioners employed under this award for promotion to senior consultant.

Secondly, we believe there should be a mechanism that examines the appropriateness of non-NSQAC - should be N-S-Q-A-C - recognised postgraduate qualifications as credentials for appointment and classification of medical practitioners under this award at the request of the controlling authority.

Thirdly, the clinical privileges attaching to appointments of medical practitioners under this award based on non-NSQAC - without the first 'A' again - recognised postgraduate qualifications at the request of the controlling authority or the applicant for such clinical privileges.

Fourthly, it would advise on the merit of proposed programs for sabbatical leave under clause 27 of this award rejected by the controlling authority at the request of applicants for such leave.

Fifthly, the merit of proposed study programs, or the appropriateness of study programs to the employment of medical practitioners under this award. If such programs are rejected by the controlling authority, or if the controlling authority indicates its intention to withdraw entitlements for such leave at the request of the employee concerned.

And lastly, issues related to alleged medical professional misconduct or compromised patient care as provided in clause 42 - that's the grievance dispute settling procedure of this - of this award at the request of the employee concerned.

And we propose that the panel should consist of a nominee of the society and a medically qualified nominee of management of the health care facility in which the medical practitioner is employed.

So, sir, it's primarily, as we see it, given the requirements of the State Service Act, and the role of this commission, an advisory mechanism to look at a range of issues that we believe could be areas of contention from time to time.

COMMISSIONER WATLING: Well, with this particular thing, what is the need for it and who says that the employer wants an advisory panel? Say the employer doesn't want an advisory panel - the employer is quite happy with the expertise that's available within the agency and they can make their own enquiries. Why should it be compulsory to set up an advisory panel?

MR HOUSE: Well, we believe that this - this evolved, if you like, sir, out of a question of management having the right to deem this or that. We saw that there was need to be a professional - a professionally constituted mechanism or arrangement that would take these things somewhat at arm's length from normal management prerogative. Indeed, I suppose

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COMMISSIONER WATLING: But it is - it is management -

MR HOUSE: - the contentions or the -

COMMISSIONER WATLING: - though isn't it - that's what I'm trying to drive at. If the award says that the employer - if you want the award that the employer can do certain things, surely the employer can do it. Why then does there have to be - what is the argument for a requirement in the award to set up a professional issues panel - and that's the thing I'm concerned about. I understand what you've got in there, and you've taken me through what's in there -

MR HOUSE: Mm.

COMMISSIONER WATLING: - but I'm trying to look at what is the argument for it and why should we say to the employer this is mandatory - or why would the award say it's mandatory to establish this?

MR HOUSE: Well we believe it's consistent with the objectives of the act. It's a mechanism to prevent -

COMMISSIONER WATLING: What act?

MR HOUSE: The Industrial Relations Act - to prevent and settle what we see as anticipated disputes - or assist, I should say - assist in the settlement of, in terms of take - if we take the first one - there's the criteria set down - if management or the society, for that matter who've got the sole discretion in that process, then we don't believe that that is appropriate.

COMMISSIONER WATLING: Why?

MR HOUSE: Well -

COMMISSIONER WATLING: You're saying that management can't employ who management believe to be the right and appropriate people to employ. You want to take that prerogative away from the employer?

MR HOUSE: Not - not - not at the - not in - ultimately, the head of the agency still has the final say.

COMMISSIONER WATLING: But say the head of agency doesn't want to take any advice. Why should it be compulsory?

DR SENATOR: Mr Commissioner, I believe these six areas really divide themselves up into three groups, the first of which is the satisfaction of the criteria of excellence for the senior consultant promotion or of people currently in the



system, remembering that it is still the prerogative of management to appoint people at the senior consultant level without having to invoke any other mechanism. This addresses purely those perhaps smallish group of individuals who may seek promotion within the system under our model, and they are to be tested against a series of criteria of excellence.

Now these criteria of excellence are very much professionally based, and I think when we get on to look at the professional classification standards which include those criteria of excellence it will become fairly obvious that management as such, without assistance, may find some difficulty in that evaluation process.

COMMISSIONER WATLING: Well I have to say I do have some difficulty with this. I'm being honest with you and up-front with you. I can't see why it has to be compulsory that the employer take notice of this advisory panel or, indeed, why it is compulsory for a panel to be established, because when it comes to appointment and promotion that is governed by the State Services Act and it's not governed by the provision in the award, and I would be a bit concerned if this advisory panel then started telling the employer what shall be the right and appropriate thing for the employer to do, when, at the end of the day, the employer is going to make the decision based on merit.

DR SENATOR: Well we've indicated that the panel is purely advisory. It's not determinative.

COMMISSIONER WATLING: Mm. But that's why I say, well what is the need then?

DR SENATOR: Well -

COMMISSIONER WATLING: You really wanted to do something I feel, otherwise you wouldn't - you wouldn't want to establish it.

DR SENATOR: Well our model in establishing a senior consultant level -

COMMISSIONER WATLING: Mm.

DR SENATOR: - which may include a pathway for promotion within the system -

COMMISSIONER WATLING: Mm.

DR SENATOR: - necessitated, we believe, a mechanism by which (a) the criteria of excellence could be established, and (b) a means of evaluating those criteria of excellence.

COMMISSIONER WATLING: Well why couldn't the employer evaluate that and then the employer could seek advice from any person that he or she thought fit in or outside of the system?

DR SENATOR: Well, yes that would be an alternative mechanism to the one that we've proposed. We believe that because this - this panel would be - would - would in fact be medically qualified, and contain representation, if you like, from - from both the parties, that it would seem to be more objective and not necessarily subject purely to - to other considerations apart from the professional evaluation.

COMMISSIONER WATLING: Mm.

DR SENATOR: I said that these various areas are broken up into three categories. The second and third ones, you will note that these are the request of the controlling authority. There is no mandatory requirement for this panel to be constituted for consideration of those matters should the controlling authority believe that there is sufficient expertise to evaluate these particular areas. But I believe in our previous submissions we've highlighted the difficulties in dealing with non-NSQAC recognised qualifications. And the fact that the normal mechanisms for the construction of the medical staff selection process don't guarantee the presence of anybody who can assist that process with regard to the - to evaluation of non-NSQAC recognised qualifications, either in terms of their credentials for appointment or classification, nor with the - with what clinical privileges may be attached to such appointments once they have been made.

COMMISSIONER WATLING: So you're saying then, in your view, that in the past appropriate - inappropriate panels have been set up to examine this?

DR SENATOR: I'm not - I'm not making judgment.

COMMISSIONER WATLING: Well how do you arrive at this conclusion then if you're not making some sort of judgment?

DR SENATOR: Because the number of people appointed in the system based on non-NSQAC recognised qualifications in the past has been fairly small indeed. In - in practice, I believe that that has only within the public hospital system in the last five - last 5 years, numbered two individuals.

COMMISSIONER WATLING: Right. We'll just go to the fourth one: it says that - that the applicant for sabbatical leave can go to this advisory committee?

DR SENATOR: Yes.

COMMISSIONER WATLING: Now to do what?



DR SENATOR: To adjudicate for the advice for the head of agency.

COMMISSIONER WATLING: Does it say that?

DR SENATOR: Well it is to advise the head of agency with regard to, firstly, the merit of the proposed programs of sabbatical leave if they're rejected.

COMMISSIONER WATLING: Yes - so - so it doesn't adjudicate on it?

DR SENATOR: Well it adjudicates on the program, but the head of agency - or - and the controlling authority maintain their authority over the - over the granting of the sabbatical leave.

COMMISSIONER WATLING: Yes, well that's what concerns me. Why would we put this in the award if the employer still has the authority?

DR SENATOR: Because we believe that there may be situations where the quality of the program hasn't been correctly - correctly evaluated, and this is a means by which we can - we can on a basically professional issue avoid the need to invoke the normal mechanism related to the dispute settling procedure - procedures.

COMMISSIONER WATLING: Well why shouldn't they? Why wouldn't the person that was knocked back on the program then take the matter up with his or her union -

DR SENATOR: Well -

COMMISSIONER WATLING: - to then discuss it with the employer during the normal dispute settling procedure?

DR SENATOR: Well they -

COMMISSIONER WATLING: Why set up another body?

DR SENATOR: Well they may do. The proposal for the panel assures that there are medical professional people involved for the evaluation of these programs.

COMMISSIONER WATLING: So when it gets down to things like merit and selection criteria and - and appointments and promotion, do you see any conflict in this with the State Services Act?

DR SENATOR: No, I think that we've been at pains to identify those areas in our claim which relate purely to the professional components, and then to protect further against any, if you like, effect on the State Service Act and the



Industrial Relations Act by ensuring that this panel is only advisory.

COMMISSIONER WATLING: Mm, rightio. Now just say, for example, I was the employer, and - and I felt I wanted to take some advice on a matter, and I had a person that I could go to - it might be Dr Gordon Senator.

DR SENATOR: Yes.

COMMISSIONER WATLING: Why can't I go along to Dr Senator and say, look, can you give me a bit of advice on this, I'm looking at this, that and the other thing. Why can't I, as the employer, just do that as opposed to being required to go through a panel and then the panel would then sit - and I'm not too sure whether this is a voluntary panel or whether it meets in or outside working hours or whether it gets paid or - that's another issue which we'll explore in a minute because that will also weigh on my mind - but why can't I just go to Dr Gordon Senator and ask him?

DR SENATOR: Well there is nothing to prevent that in relation to 2 and 3; in fact, we've been clear to indicate that this is at the request of the controlling authority - they may not request that the panel be invoked - that they may in fact be satisfied - in which case if the - if the applicant is not pleased with the outcome, presumably then he has - he or she has the same rights under the State Service Act to - to proceed through the mechanisms already in place.

COMMISSIONER WATLING: Yes, that's why I'm a bit concerned about duplicating the effort, you see.

DR SENATOR: Well, what we're attempting to do as a - as I -

COMMISSIONER WATLING: We often get accused of this by way through the columns of the media by the faceless spokesman for the government who tells us we're often intervening in these - these issues, and - mind you, it's never been challenged in terms of the law yet, but the faceless spokesperson for the government always tells us in the columns of the media that that's an area which we've been messing around in which they don't like.

DR SENATOR: We are not seeking to intervene with any of the established industrial mechanisms. As I said before, we're attempting to identify within the totality of our claim those areas which relate specifically, and probably exclusively, to professional issues which we believe go perhaps - are governed - by other considerations such as outside learned bodies which can be resolved by medical professionals themselves; and seeking a mechanism, and whether it is just the two people that we've proposed or more to resolve those issues I believe could be probably debated.

COMMISSIONER WATLING: Well if this panel wasn't there, what would happen?

DR SENATOR: Well, this is the difficulty. We believe then that there would be no mechanism for promoting consultants to senior consultants, apart from under the award, appointments to a vacancy at senior consultant level with the attendant duty requirements categorised under that level of the professional classification standards.

We believe that in relation to non-recognised postgraduate qualifications that there may be the difficulty in the selection process examining credentials without controversy.

Now that creates difficulties, particularly for applicants who may be from without the system, in having a means of redress if they believe that they have been handicapped in any way.

COMMISSIONER WATLING: Well, they would have that through the State Service Act, wouldn't they?

DR SENATOR: Well an applicant who is not part of the State Service may in fact, I believe, not have that avenue, that vehicle. They may not in fact be a member of a registered organisation -

COMMISSIONER WATLING: They mightn't have to be.

DR SENATOR: - before the commission. Whether that's relevant or not under the new act of course is another matter. But we believe then that there may be the situation arise of potential inequity for perhaps a difficulty with natural justice principles.

COMMISSIONER WATLING: Well, wouldn't that end up then in a dispute between the organisation representing these people and the employer?

DR SENATOR: But an individual may not necessarily be a member of an organisation if he is not going to be appointed within this jurisdiction, sir.

COMMISSIONER WATLING: Well, that's freedom of choice.

DR SENATOR: But I would think it would be very unlikely for someone to join an organisation before they are actually employed in Tasmania.

COMMISSIONER WATLING: Well, it really depends on whether the organisation carries their membership over from one state to another.

DR SENATOR: Certainly.



COMMISSIONER WATLING: They may well be a member of an organisation in, say, the State of Victoria and whether it is transferred then to the state.

DR SENATOR: Well, the requirements jurisdictionally for registered organisations does change, depending on the jurisdiction.

COMMISSIONER WATLING: Yes, but it is what your rules say at the end of the day.

DR SENATOR: Certainly.

COMMISSIONER WATLING: You can make a decision tomorrow that says, look, anyone who comes from Victoria or New South Wales or any other state in Australia that has current membership with their organisation will be automatically members of the state organisation. You could do that at a drop of a hat.

DR SENATOR: Yes, I realise that there is that capacity, but it's not one that has been exercised in the past.

COMMISSIONER WATLING: I am just concerned that if we set up a body, and you know and I know - and if you have had anything to do with advisory panels - that at the end of the day that if you don't do what the advisory panel says then it leads to confrontation because there is the argument that says, well, look, you have gone to all the trouble in setting up an advisory panel, then you don't take any notice of them, and then they become a pressure group.

And I am not blind to that. In fact, over the years I have been on many advisory panels, and I know exactly how they operate. In fact, I would have to say as a participant in 20 or 30 of them over the years they have certainly become a very strong voice. And we would, when I sat on those, we'd be very concerned if people didn't take notice of them - and, in fact, we used to let them know in no uncertain terms.

And if we're doing this via the award, and there is a State Service Act in play, and the employer does have some prerogative to make an appointment, now that we're doing something in an award that sets up another pressure group.

DR SENATOR: Well, we believe we have addressed that by ensuring that there is representation of the employer, and there is nothing necessarily which requires that the panel have a unanimous view that's put forward.

COMMISSIONER WATLING: You've say though, you've stipulated, you've tightened down the representative of the employer. You said the employer must be medically qualified.



DR SENATOR: Yes.

COMMISSIONER WATLING: So you're picking your own team there.

DR SENATOR: Well, that's one interpretation. Our interpretation would be that we're dealing with professional matters, and that these are medical professional matters and we require that background of expertise as the basis.

In the say way, we would have no objection in saying a medically qualified nominee of the Tasmanian Salaried Medical Practitioner's Society. We felt that that was irrelevant to put that in because that would happen.

COMMISSIONER WATLING: Well I gather they can only be members if they are qualified in some way, shape or form.

DR SENATOR: Well, it says a nominee, which means that I guess there would be the potential for us to nominate somebody who wasn't a society member. But I would suspect that's -

COMMISSIONER WATLING: Doesn't it say a nominee of the society. Not a member of the society.

DR SENATOR: Mm.

COMMISSIONER WATLING: Right.

DR SENATOR: But with regard to (iv) and (v), again we're not proposing that a panel be constituted to arbitrate on the entitlement for those leave requirements, but merely the professional content of those programs, respectively of sabbatical leave and study leave, which may be considered to be purely professional issues.

It's the program which is to be examined, not the entitlement respectively of the sabbatical or study leaves.

COMMISSIONER WATLING: Yes, but it's the study program - if the employer indicates that the intention to withdraw the entitlement of the leave.

DR SENATOR: Yes, but it's examination of the study program which is the basis for that decision, or that intention, by the controlling authority to withdraw.

COMMISSIONER WATLING: So, if they have made a decision, why would this advisory panel then think that they could overturn that decision?

DR SENATOR: Well we have clearly said 'indicates its intention to withdraw' under study leave.

COMMISSIONER WATLING: Well that means they have indicated - they have told someone they are not going to do it. They have made a decision.

DR SENATOR: And we believe before a final decision is taken that there may be - if there is argument - there may be no argument. The applicant may have stopped doing that, and he would be quite happy to accept that decision without any objection whatsoever.

However, if he believes that the intention to withdraw that entitlement by the controlling authority is not based on substantive information that was at the disposal of the controlling authority in arriving at that decision, we believe it's appropriate that he have recourse to examine the quality of the program, which is the bone of contention.

COMMISSIONER WATLING: Yes, well it is one or the other. If the programs are rejected, or if they indicate their intention to withdraw the entitlement, there's two things there, isn't there?

DR SENATOR: Well, yes. It probably should have been broken up into two parts, in the sense that if such programs are rejected that more applies to the merit of a proposed study program to be carried out, or the appropriateness of that study program to the employment of that particular individual; whereas somebody already in an established training program where there is a notification of an intention to withdraw, then that's a second area.

COMMISSIONER WATLING: Right. Well, you still really haven't answered my question in relation to can't the employer get that advice anyway, and why doesn't -

DR SENATOR: The employer can. These are mechanisms with regard to sabbatical leave and study leave which the applicant can invoke.

COMMISSIONER WATLING: Right, why can't the applicant then go to their industrial organisation to look after their interests like any other organisation?

DR SENATOR: Well that isn't prejudiced by this proposal. All we're suggesting is -

COMMISSIONER WATLING: Well, if that is the case then, why should they have two or three bites of the cherry?

DR SENATOR: Well we believe that there won't be necessarily -

COMMISSIONER WATLING: You could go to the panel, you could go to the union, you could go through the grievance procedure, you could go through the Commissioner for Review.



DR SENATOR: Right. But we believe that the advice that's received by a head of agency on these issues - the controlling authority may well have their view confirmed - in which case that there would be no further bites of the cherry.

I can't guarantee that, obviously, but I would think it be unlikely if the professional peers have indicated that the applicant has no strong case.

I can't believe that the society would then wish to process the case by another avenue with that view already obtained by the head of agency which could be presented as evidence.

We believe that this is a short-circuit. We continue to stress the fact that these issues are professional issues. We believe that they would be of assistance to the commission and not an alternative to the orderly conduct of industrial relations using the current mechanisms.

COMMISSIONER WATLING: Right. Now let's look at the panel. It's established under the award, so does it work during working times and, therefore, the people appointed get a normal salary whilst they are on the panel?

DR SENATOR: Yes.

COMMISSIONER WATLING: And would the employer be required to pay for the panel's operation?

DR SENATOR: That we haven't considered. With regard to the payment we have already picked that up in the professional classification standards that this responsibility may apply to under the group standard to medical practitioners employed under this award. So that that would be recognised as work.

COMMISSIONER WATLING: So the person so appointed, from the society's point of view and, indeed, from the employer's point of view, if they were employees would be required to get their normal salary whilst attending these meetings?

DR SENATOR: Yes.

COMMISSIONER WATLING: Now, say these meetings were held out of hours, are they then at some penalty rate?

DR SENATOR: Well that's to be determined what the remainder of our - how successful the remainder of our claim is. But we would believe that the normal conduct of this may well be a review of written information. A very brief meeting between the - of the panellists - and should not necessarily invoke huge expenses.

COMMISSIONER WATLING: But -



DR SENATOR: But we haven't specified those, and I accept that, and -

COMMISSIONER WATLING: No, that's why I am a bit concerned. When you set these bodies up under the award it begs all these sorts of questions, you see.

DR SENATOR: Yes.

COMMISSIONER WATLING: So if they met outside the span of hours, or something like that, then we get a claim for payment of the meeting of the panel.

DR SENATOR: I think we'd be perfectly content with stipulation that the conduct of their business be within normal working hours. And because of the simplicity of the panel, the small number, in fact that we have restricted it to two people, should allow that to take place.

COMMISSIONER WATLING: Right.

DR SENATOR: Mr Commissioner, if - as I understand one of the perspectives that you are putting here - you are stressing that we're attempting to have this incorporated into the award, if the commission wished to indicate whether there was an alternative mechanism which would still allow for what we believe to be principally professional issues to be addressed satisfactorily, and would smooth the running of our particular areas of interest, then we'd obviously take that on board.

COMMISSIONER WATLING: I think why I am questioning you so much about it is that if it is a true advisory panel to the employer, then if the employer wants it then the employer will establish it anyway. If it's not a true advisory panel to the employer, and it is some other panel to push a certain position, which they often are, then it's a different arrangement.

But a truly advisory panel - if the employer wants an advisory panel - I think the employer is entitled to establish an advisory panel, and the employer may well be advised to establish an advisory panel; but when you start putting it into an award it takes on a slightly different arrangement. It could neatly fit within the disputes settling procedure clause, and then what happens if someone's program for sabbatical is knocked back? The question may well be asked: Why don't you follow the disputes settling procedure clause? And, which one overrides the other?

DR SENATOR: Well, our response would be these are complementary and would assist in the sense that the professional component can be identified and addressed.

We're not talking about the industrial -

COMMISSIONER WATLING: Yes, but if it came to - but, nevertheless, it's a dispute over whether the program is right and proper.

Why couldn't you follow the same procedure as established in a grievance or a dispute settling procedure clause, and somewhere along the line someone would have to sit down and work out - for example, you might be representing the employee - you'd obviously be sitting down with the employer to work out whether this is right and proper. Haven't you achieved what you want to achieve then?

DR SENATOR: Well we may, but there may still be an impasse. In regard to sabbatical leave there are very great difficulties if the program has not been approved, in the sense that much forward planning has taken place.

There are real constraints of time; lots of arrangements that might need to be altered, and to get the process back on the rails for a granting of the sabbatical leave entitlement at first rejected within a reasonable time frame, may stretch the resources currently available under the disputes mechanism.

COMMISSIONER WATLING: But this particular thing won't fix it - this panel won't fix it - because on your own words it is only an advisory panel, and therefore that won't fix the problem. Maybe you would get a quicker resolution to the dispute by following the grievance procedure.

DR SENATOR: Well that may be something which the applicant would seek advice as to whether he is likely to overcome the particular difficulties he faces with his rejected program by invoking this mechanism or going to the commission. But it's not a question of - that you raised before - of many bites of the cherry. We believe that a person whose sabbatical leave entitlement, for example, is rejected goes to such a panel as this who advise the head of agency that the controlling authority was quite correct in its original decision.

COMMISSIONER WATLING: Yes, but why should they be allowed to go to this body? If the employer has rejected it, why should they be allowed to go to this advisory panel?

DR SENATOR: Because we -

COMMISSIONER WATLING: If that advisory panel is only there to advise the employer. Right? Because you're saying that employees can initiate hearings and meetings of the advisory panel, so how can it be an advisory panel to the employer? Let's face it, you want it as a pressure group on the employer. I would.



DR SENATOR: Well, perhaps again, a deficiency in the proposal is the requirement under (iv) and (v) particularly for the employee to be apprised of the decision or the outcome of the deliberations of the panel.

COMMISSIONER WATLING: But you've tried to give me the feeling that you are really doing this to give advice to the head of agency, you see.

DR SENATOR: Well, I think we were endeavouring to ensure that such a panel would not run the risk of being somehow an alternative - no, that's not the correct expression - but not a mechanism which would somehow be in breach of the current mechanisms under the State Service Act. To do that, we needed to address the issue of whether this panel could in fact be deliberative, and we've excluded that. We've allowed it purely an advisory role.

Now, that advisory role to the head of agency, may confirm the controlling authority view relating to management prerogative and their capacity to make decisions within all of these areas.

We've merely attempted to invoke a mechanism that addresses the specially professional component of these areas which may influence that decision which may be reviewed. If that's not the case, then obviously there are remedies under the State Service Act. But we would believe that if the controlling authority's view was reinforced by the panel, that that would, in fact, prevent further mechanisms from being invoked, because the chances of success would be minimised.

COMMISSIONER WATLING: Yes, well - anyway, I think I've given you an indication that if it is there to advise the head of agency and the employees can take grievances to it, I hardly see that it is an advisory body to the employer.

DR SENATOR: Well -

COMMISSIONER WATLING: Because the employee can initiate.

DR SENATOR: Yes.

COMMISSIONER WATLING: So, prima facie, it would only operate if the employer requested some advice. Right? And they would say, oh well look, I need some advice on this matter, I'll go to the advisory panel. But you're treating it as a grievance settling procedure, certainly in respect to (iv) and (v), and even (vi), and they can be initiated by the employee. So, it is hardly advisory at the invitation of the employer.

DR SENATOR: Yes, well we haven't indicated in the preamble a restriction on who the head of agency may advise as a result



of the deliberations of the panel. They may advise the employee.

COMMISSIONER WATLING: Oh, yes, they may well advise. But, of course I am looking at who initiates the gathering of the panel. One would presuppose if it's to advise the employer then the employer would ask the panel to look at certain things.

DR SENATOR: Well I think from what you are indicating, sir, that our approach for an omnibus panel to serve a number of different issues might need to be modified. But we need to perhaps set out those issues where the issue is raised by the controlling authority for the advice of the head of agency, and present that separately from a mechanism which addresses what we consider to be professionally orientated areas of concern in our claim generated by the employee.

COMMISSIONER WATLING: I just think, in the normal course of events, if someone came to you and said - as an official of the society - and said, oh, those so-and-so's in the agency have knocked me back on my sabbatical leave. They don't think it is any good. Now you as an organisation, or in your organisation, would obviously go into bat for this person.

DR SENATOR: Yes, but there may be the situation, sir, where I personally have a problem, and then I am faced with rather a conflict of interest.

COMMISSIONER WATLING: Yes, but, well then maybe that you could get someone to the president or something of the organisation to represent you and you could be their adviser.

Let's face it, you could go along and argue for your own case, for that matter. Your organisation could determine who argues it, and who better than yourself? But, I just think if there is any dispute over it, why wouldn't you follow the disputes procedure thing?

DR SENATOR: Well, only that we believe, as I indicated, that this may short-circuit a lot of need to come to the commission. There may be a satisfactory resolution before the

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COMMISSIONER WATLING: Yes, well if you follow the grievance thing it doesn't have to come here either, you see. That's only the last resort, isn't it?

DR SENATOR: Well, yes, but of course the grievance procedure is based on the - is based on a spirit of - arriving at a satisfactory outcome between the parties, and goodwill.

COMMISSIONER WATLING: But it may well if someone sits down and analyses the program and the union might bring people in.

They're expected to tell the employer, well, look, this is what it means, and this is what it will mean to the system.

I'm just a bit concerned about duplication, and I see that it is not quite advisory to the employer in the true sense. It's really a panel that can deal with a number of things, initiated by the employee, so I would have great difficulty in saying it's an advisory panel to the employer.

DR SENATOR: Yes. Well, we didn't actually specify that in the preamble. It was just a panel constituted.

COMMISSIONER WATLING: Yes, to advise the head of agency.

DR SENATOR: To advise the head of agency. As I have indicated, perhaps we've attempted - for purposes of economy - to be too universal with respect to the issues to be addressed just by this panel. It may be more appropriate to perhaps have two categories of panel and dissect out those issues which are specific for the head of agency or the controlling authority, on the one hand, and those others which are related to the dispute settling mechanisms that might be initiated by the employee.

COMMISSIONER WATLING: Right. What have you said then in your claim in relation to sabbatical leave and what happens if it's knocked back?

DR SENATOR: Well in the - we have made some very minor amendments to the sabbatical leave, clause 27, and subclause (d) paragraph three, we're wishing to amend that to read:

have a right of appeal against a decision of the controlling authority not to grant sabbatical leave an employee may appeal to a -

and this is the correction

- professional issues panel as defined. The panel shall only consider the merits of the proposed study program only and not upon the entitlement as to sabbatical leave.

COMMISSIONER WATLING: So the award would then say that this advisory panel becomes an arbitral panel on the merit of the leave.

DR SENATOR: Well, arbitral -

COMMISSIONER WATLING: On the merit of the program.

DR SENATOR: - arbitral only in that's advice to the head - in its considerations but the decision making process over the granting of the entitlement to sabbatical leave remains as it



is, with the controlling authority. We've provided further that an employee who is programmed for such leave is rejected by the panel on the basis of merit, the employee may submit at any time a revised program to the controlling authority for approval with the date of such leave for the revised program to be not less than four weeks from the date of submission of the approved revised program. So we've indicated the mechanism by which that - this impasse or this, I guess, what - the word you've rightly used, grievance, can be resolved without difficulty.

COMMISSIONER WATLING: So, why wouldn't it - why couldn't it be argued then that it goes to the consultative committee?

DR SENATOR: Under the disputes mechanism?

COMMISSIONER WATLING: No, you've also established a consultative committee under this - under your proposal for structural efficiency and job redesign and in the interest of modernising the health area in clause 43 - it says: increase productivity, efficiency and effectiveness to the public health system.

DR SENATOR: Well we believe that that would deal more with the industrial aspects rather than the purely professional one. We were trying to identify those -

COMMISSIONER WATLING: So, isn't sabbatical for example, an industrial one?

DR SENATOR: No - well, yes and no. It contains a professional component and that's all we're dealing with.

COMMISSIONER WATLING: Yes, and it's in an award. You only get it because it's an award provision.

DR SENATOR: Oh, that's not at issue, but the -

COMMISSIONER WATLING: Yes, it's an industrial issue.

DR SENATOR: - but the merit of the program is the professional component of that and that's all we're seeking to address by this mechanism.

COMMISSIONER WATLING: Right. Well I think I've laboured that long enough. Thank you.

DR SENATOR: If the commission pleases.

MR HOUSE: If the commission pleases, I'd like to just labour it a bit more if I could have your indulgence.

COMMISSIONER WATLING: Good on you. I love a good debate.

MR HOUSE: On the question - well, it is a question of who - well you are correct in that we - well I see it as a device to deal with arbitrary exercise of management prerogative. If I go to firstly the sabbatical leave aspect. I have experience where, in this state, actually, a medical practitioner sought sabbatical leave under Commonwealth provisions. The management in its wisdom said that this form or sabbatical leave was a program that was designed to assist the state and therefore the state should pay for it. Now, after a lot of toing and froing, which is my job I suppose, we got them in the end that the provision so happened was that the sabbatical leave was an entitlement that couldn't be refused and that if the program of study was relevant to the person's field of endeavour, which it was, then management was not able to reject it.

So - but nevertheless, I got a begrudging response from management in Canberra of: All right, we'll give it to you this time, but we're looking at the rules to revise them to make sure you don't win next time. So that reality is, from my perspective, in that this does, if you like, even up the balance. I'd go as far as to say that the management of the relevant department in Canberra would not have much regard to the professional issues at all. It was a question of who is going to foot the bill. And we would say that from our member's point of view, it's a question of his professional development and also the benefits to the community in terms of this particular program. So, it's a question of we can just make a submission that we believe it's the correct way to go.

Similarly, in terms of the NSQAC I think it's quite evident now, sir, that this is a major difference between us and depending on the outcome of this case, which we would hope that we would be able to persuade the commission that NSQAC is not the be all end all in all circumstances. Nevertheless, the controlling authority will be able still to say, well that person hasn't got NSQAC therefore we won't even look at his or her application. And in that sense we've got a contingency there which we see as being a process which a person's claims in terms of their capacities and qualifications to perform a function will be looked at by a more dispassionate body.

Now I hear all you say about two bites and all sorts of pressures involved -

COMMISSIONER WATLING: Three bites - four bites.

MR HOUSE: - .... a dozen bites, but there we go. Now, on the terms of - I was going to this later, sir, but in terms of assessing people against a criteria for a senior specialist or senior consultant level, I suppose we've been guided by the parallel developments in other states and I'd like to refer to Exhibit H.5 which is the big white folder, the South



Australian section which is about the middle. The decision by the Industrial Commission of South Australia in relation to work value claim state.

It's a decision by His Honour, Justice Stanley. It's the first one appearing in the South Australian section. The decision of the 2nd of February 1990 and here the commission firstly accepted the concept of senior consultant and that appears at Part III on page 13 of the decision. There you can advance into a senior - well be promoted into a senior qualification level - senior consultant level, sorry, but there's a limit to how far you can advance and to reach the top point level 9 again there's a requirement to meet excellence performance criteria and it says at the - towards the end of the page there:

the excellence performance, level 9, recognises that within the field within the work undertaken by senior consultants having reached level 8 there are individuals who perform at a demonstrably higher level than that required by the responsibilities of their positions. This level is not payable for increased organisational management responsibilities nor for the routine services research and training components inherent in the work performed by senior consultants.

Now here it says:

applications for assessment by eligible senior consultants within each case be considered by a peer group review panel constituted for that purpose which will make recommendations to the employing authority for a decision.

And you will see on page 14 -

COMMISSIONER WATLING: So are you saying then that this professional issues panel would deal with that?

MR HOUSE: Yes, that is the function as we see it that -

COMMISSIONER WATLING: Well why wouldn't the consultative procedure deal with it?

MR HOUSE: Well the consultative procedure -

COMMISSIONER WATLING: It's -

MR HOUSE: - as Dr Senator has said I think relates more to - where it's, you know, these things are blurred, but more to non -

COMMISSIONER WATLING: Well it's the implementation of the structural change, the training, job redesign and work place arrangements and each health facility controlling - the controlling authority employees and their organisation shall establish appropriate consultative mechanism.

MR HOUSE: Well my argument would be in answer to that, sir, is that we'd want - for this particular purpose, a specific body that would be focused and hopefully be consistent in its attitude. The consultative committee arrangements may involve a wide number of people, differing people. You know, you could set up a subcommittee I suppose just to deal with this matter, but I - well we can only -

COMMISSIONER WATLING: It says they can consider measures raised by the controlling authority or the employees. Aren't we implementing the structural change here?

DR SENATOR: Well, Mr Commissioner, I don't see where this category of the promotion to senior consultant actually - which heading that actually falls under.

COMMISSIONER WATLING: Well you've got to be - you're going to have to be very careful with the question of promotions and you're going to have to read the act carefully in relation to that. Right?

MR HOUSE: Yes.

COMMISSIONER WATLING: And our act deals very much with appointments and promotions.

DR SENATOR: Yes, we'll - Mr Commissioner, I think we've .... careful in the drafting of our claim to address just those particular areas. We have here this concept of senior consultant which is novel, which, as Mr House has indicated, has - is not a precedent; has parallels elsewhere and again I think when we were last before you, sir, we indicated that this one of the areas which could be construed as personal .... rather than -

COMMISSIONER WATLING: Well take - well, I know we're jumping but you've taken me onto this particular thing and - who says that there has to be a person - even if I was to put it in the award, who says that there has to be appointment made at this level?

DR SENATOR: Well, if we can separate off appointments from promotion where we're indicating within the scope of our professional classification standards those standards which would apply to a level 5 appointment and that is purely a management prerogative. They advertise and fill a position as they see fit based on those duties to be performed.



COMMISSIONER WATLING: Right.

DR SENATOR: That's not the issue. The issue is purely somebody who is a career grade consultant moving to what we call a level of senior consultant by virtue of excellence - excellence of that person's performance.

COMMISSIONER WATLING: Yes. Well, if you put it in the award, it's either automatic or it's by appointment or promotion. Right? If it is not automatic then it's by appointment or by promotion which then would mean it would have to be advertised and then the selection panel make a decision, et cetera, et cetera. Indeed, it might be in the award and if it's by appointment or promotion, the employer mightn't want anyone at that level, so the job mightn't even be advertised. Now there's a difference between it mandatory to appointment someone at that level or it be left free at the prerogative of the employer to appoint someone at that level. Now if it is not automatic, then I can only take it it's by appointment or promotion and therefore it would have to be advertised in the normal way and interviews conducted and the appointment made in accordance with the State Service Act. Now, I fail to see where this panel then would have anything to do with that.

DR SENATOR: Well we're not indicating that it has a role at all in appointments. It is -

COMMISSIONER WATLING: Well just when you start raising, you know, this position that's available under your claim and that, you know, people can get there by excellence, I have to say, well, it begs the question whether it's automatic because if it is not automatic, then the position may well be there. I might even accept your claim that it be there and I might even accept your claim that it be the amount of money, but it's certainly not there if the employer doesn't want it to be there. The employer may decide not to appoint anyone at that level and then that's the end of the story.

DR SENATOR: Well I agree that there may not - I think the difficulty arises that the appointments certainly are purely the management prerogative. They advertise for a post. They advertise that it's a level 4 or 5 and depending on how they feel about the applicants, the classifier can then slot that person in once they've been through the merit procedure and the appointment - and the selection process. What's at issue is those people within the system wishing to advance to level 5. We're not suggesting that this be automatic progression. We have very -

COMMISSIONER WATLING: Well why wouldn't they apply for the job same as everyone else?

DR SENATOR: Well they may, they may, but then they would be completely subject to the same selection criteria. We're suggesting though the people within the system without there being necessarily a substantive position categorised as level 5 should still have the opportunity of achieving equivalence based on the satisfaction of criteria of excellence.

COMMISSIONER WATLING: Automatic progression.

DR SENATOR: It's not automatic progression because automatic progression, in my mind, indicates that they don't have to do very much except mark time and sort of put up their hand. What we're suggesting is that there is a very rigorous test to be applied based on a 10 or 11, fairly easily evaluable criteria which will sort out people very, very quickly and appropriately.

COMMISSIONER WATLING: Well that would be in your classification standard though.

DR SENATOR: Yes, they are in the classification standards.

COMMISSIONER WATLING: So, I can't see what the panel then has to - this advisory panel has to do with it.

DR SENATOR: Because those criteria of excellence are basically professional issues and there may be guidance necessary on those - on the waiting of those professional components for the advice of the head of agency.

COMMISSIONER WATLING: So - and you're saying it's compulsory for the employer to go through this -

DR SENATOR: For the promotion, yes, not for the appointment. The appointments are purely management. If they've got a post and they want to attract a level 5 senior consultant to that, they go ahead and advertise.

COMMISSIONER WATLING: Well it could be a first time appointment, not necessarily a promotion and vice versa. It could be a promotion and not necessarily a first time appointment.

DR SENATOR: We would believe that any appointment, first time or whatever, if they were upgrading a position to attract somebody of eminence - of superior eminence which match the classification standard for level 5, would be purely at the discretion of the controlling authority and go through precisely the normal forms of staff selection.

COMMISSIONER WATLING: Well, how -



DR SENATOR: What is at issue is purely the - is the promotion of people who have been performing at consultant level for promotion to the level 5 senior consultant level.

COMMISSIONER WATLING: And you're saying that this panel will do that?

DR SENATOR: They will advise on it.

COMMISSIONER WATLING: Why should it be mandatory for them to advise?

DR SENATOR: Well I'm afraid we still seem to be going round in circles, because I would claim that the criteria that we've established have a very heavy orientation towards professional issues.

COMMISSIONER WATLING: Well that's the classification standard that's in the award, right?

DR SENATOR: Yes.

COMMISSIONER WATLING: The employer will make the appointment based on the classification criteria in the award.

DR SENATOR: Yes.

COMMISSIONER WATLING: Right.

DR SENATOR: Appointment.

COMMISSIONER WATLING: Yes.

DR SENATOR: Do you include, generically in that term 'appointment' promotion do you?

COMMISSIONER WATLING: Yes.

DR SENATOR: Okay. Well -

COMMISSIONER WATLING: They'll appoint someone at that position - the appointment may well be a promotion to someone -

DR SENATOR: Yes.

COMMISSIONER WATLING: - or it may be a sideways move -

DR SENATOR: Yes.

COMMISSIONER WATLING: - but they're still appointed at that level.

DR SENATOR: Yes.

COMMISSIONER WATLING: Right. So, it may not be a promotion for some. It might be someone from interstate.

DR SENATOR: Yes.

COMMISSIONER WATLING: It may not be a promotion. It might be at the same level. So whatever it is, the appointment would be made using the classification criteria.

DR SENATOR: Oh, I'm sorry, sir, I misled you, that if some - if the controlling authority advertises a position at level 5 for which there is somebody already in the system applies, then there is no requirement necessarily, or mandatorily, to go through this mechanism of the professional issues panel.

COMMISSIONER WATLING: Well that's in your classification standards.

DR SENATOR: It's incorporated - the duties would be incorporated - are incorporated quite clearly within the classification standard. We're dealing with, if you like, a personal classification issue of somebody already in the system who is manifestly functioning at a higher level, who is seeking recognition for that to be tested.

COMMISSIONER WATLING: Well say the employer doesn't want to put anyone at level 5?

DR SENATOR: Well if we do -

COMMISSIONER WATLING: You're saying that they have to.

DR SENATOR: No. What we're suggesting is that if there is that level 5 available and the classification standards include these criteria of excellence, then there be the mechanisms already under the act for that person to access if they failed to achieve that classification.

COMMISSIONER WATLING: Now - but I still can't work out what role this advisory panel would have if it was trying to get someone in at that level.

DR SENATOR: None.

COMMISSIONER WATLING: Right. If it's none, what is the need for it?

DR SENATOR: For promotion for people - for individuals who are seeking to advance within the system on the basis of structure and excellence.

COMMISSIONER WATLING: Right. Well in relation to this award there's a consultative mechanism in relation to the award



itself in the structures and everything contained in the award.

DR SENATOR: Well I thought that was also the purpose of these hearings, sir, that we're restructuring and looking at -

COMMISSIONER WATLING: Well that's exactly why I'm really toey about setting all these bodies. I am - because there's - I can give you a number that you can access. I think we want to make sure that you - you can't do that. It's got to be very clear. Why do we have the consultative mechanism for this award? You've got a clause in there. It talks about restructuring. Part of the restructuring is your new classification standards. Do you think the consultative mechanism would be then involved with, you know, some of the problems associated with classification standards?

DR SENATOR: Well I wouldn't want to presume, but we would hope that at the end of this exercise that we would have something in place that might avert the need to immediately set a consultative procedure to review the work that we're doing at these hearings.

COMMISSIONER WATLING: Doesn't your claim say 'shall'?

DR SENATOR: Well it shall but there may not be -

COMMISSIONER WATLING: Mandatory.

DR SENATOR: - it would be hopeful that the conduct of these proceedings has such a successful outcome that the scope or the activities related to the consultative mechanism may be dealing with a very few small areas, -

COMMISSIONER WATLING: It doesn't -

DR SENATOR: - but not with the basic structures that we're putting up.

COMMISSIONER WATLING: Well you've still got to establish it.

DR SENATOR: Yes.

COMMISSIONER WATLING: It's mandatory to establish it otherwise you are in breach of the award -

DR SENATOR: Oh we don't -

COMMISSIONER WATLING: - under your proposal.

DR SENATOR: Well yes, we don't shift or resile from that position, but -

COMMISSIONER WATLING: Righto. Well if it -

DR SENATOR: - if we took that to its obvious conclusion we could say that all we do is concentrate on clause 43, have that in place and then that replaces the need for much that we're doing in this exercise.

COMMISSIONER WATLING: Well, some people argue that in today's climate that's the only way to go and -

DR SENATOR: I would be hopeful that we could -

MR HOUSE: We're not very optimistic, sir, that's my -

COMMISSIONER WATLING: Yes. Well I think you've got the drift of where I'm coming from.

DR SENATOR: Yes.

COMMISSIONER WATLING: I'm trying to say to you, why do we need another body? What is it going to deal with if it's only advisory to the employer? Why can it handle claims from the employees, and also if it is going to deal with who moves into a certain classification based on excellence, what role or teeth does this body have and what status does it have in determining that? And if you get an answer to all of those questions, I'm going to then examine whether or not it is consistent with the State Service Act, whether it is consistent with our own act, and whether indeed there are other provisions in the award that can well cater for this type of arrangement. Now, in a nutshell, that's where I'm coming from. I don't - I just get a bit toey about mandatory advisory panels.

DR SENATOR: Well equally we are concerned to ensure that the professional component that we assess to be present in some of the areas of our claim are catered for appropriately within the current mechanisms.

COMMISSIONER WATLING: Yes. Well I don't disagree - look, we'll go through and restructure the award, hopefully, in the best possible way, but I think experience tells me that even at the end of the day you can still get - no matter how well you do it you can still get some problems with it. The question will be then, do you follow the consultative procedure or do you follow the dispute settling procedure in the award, or indeed, do you make application to vary the award to put the problem beyond doubt. Now, we could get - we could really get on a merry-go-round here, by the time you go through those procedures and then go through the Commissioner for Review and take the grievance procedure and then that goes back to the consultative mechanism under the award and then they bring in the advisory panel to have a say. We could be on the merry-go-round, and I'd rather not that. I'd rather go - someone deal with it effectively and efficiently with power



to deal with the matter. It's either via a consultative mechanism, via a dispute settling procedure and if it's beyond our role, then it's to the Commissioner for Review.

But I don't see and you might be able to enlighten me - but I don't see how you can word something to give this panel a charter other than, say, well, look they can do this or they may be able to advise but it has to be on invitation, or I'm not too sure how you get a panel that's advisory to the employer if the employer doesn't want it and it can also take on complaints from employees. How can it be - it's purely - it's surely not an advisory panel to the head of the agency. It's setting grievance procedures for people, for example, whose program for sabbatical leave the employer doesn't believe come up to scratch. One would think that the union would take it up on their behalf saying, well, look, it is, and follow the grievance procedure.

DR SENATOR: Yes, we take on board what you say, sir. It's a question then at the end of the day how the grievance is resolved -

COMMISSIONER WATLING: Well -

DR SENATOR: - and whether in fact there has been due attention to what we perceive to be the professional component level.

COMMISSIONER WATLING: Well at the end of the day, wouldn't it be - just say, for example, it wasn't solved, we'd end up with a dispute. Right? And it would be a dispute because someone is saying that the program is not worthy. Right? Well if it came to the crunch and it came to arbitration, you'd have your people along there saying, look, it is, because it does this, that and the other thing, and the employer would say that it isn't. I would then look at the clause in the award to see: (a) whether you had entitlement to sabbatical leave; and (b) what the criteria was.

DR SENATOR: Well I think that's -

COMMISSIONER WATLING: There may be no criteria in the award.

DR SENATOR: That's the problem. That - I think we're getting close to the kernel, that there - that these may be very much judgmental - sorry, arbitrary aspects of the entitlement which we would contend contain a very strong professional element and which, at the end of the day, would be extremely difficult to arbitrate without very great attention to those -

COMMISSIONER WATLING: Well that -

DR SENATOR: - and -

COMMISSIONER WATLING: Maybe you might well be advised then to concentrate on the sabbatical leave clause so that there is no discretion.

DR SENATOR: Well, I believe that that takes us into - having been part of the mechanism, for example, with the professional classification standards and trying to construct criteria there which are evaluable and which can, from an external point of view, bear examination and scrutiny that when we come to an area such as sabbatical leave, I feel that it would be a very, very difficult task, if not an impossible one to set criteria which could be similarly evaluable and subject to scrutiny and evaluate it without a very strong professional perspective.

COMMISSIONER WATLING: But from the award point of view though -

DR SENATOR: Oh, the entitlements -

COMMISSIONER WATLING: - and I'm going - certainly be asking when we get to it, and that is whether sabbatical leave is an entitlement. Right? If it's an entitlement, end of story, isn't it, if it's an entitlement?

DR SENATOR: Oh, yes, but I mean I think that we have to be in a position to respond and say that the sabbatical leave, even if an entitlement, is not going to be spent doing things which are - which have no relevance, for example.

COMMISSIONER WATLING: Right. Well that means that you are going to then have to tell me that, yes, sabbatical leave is an entitlement, but the aims of the objectives of the sabbatical leave will be to do certain things.

DR SENATOR: Well we don't have a problem with that, but measuring how successful a proposed program will be in relation to delivering those aims and objectives is perhaps a greyer area.

COMMISSIONER WATLING: Well, I don't disagree with that and therefore you're going to end up in a dispute with the employer and then what would happen is, if you are following the grievance procedure, then there would be an argument put at the end of the day. You would have your experts there, the employer would have theirs.

DR SENATOR: Well we were hopeful that we could short-circuit that by having this mechanism proposed so that it wouldn't come down to that.

COMMISSIONER WATLING: Yes, but this group here then become an arbitral body.



DR SENATOR: Well, no, we were merely suggesting that that group, if they were of a mind, that - and in agreement - that, in fact, the first view of the controlling authority was incorrect, then there would be an opportunity to revise that opinion based on the views of this whole group.

COMMISSIONER WATLING: Righto. Well the advisory panel then would get to rule on the merit.

DR SENATOR: No, no, not to rule, to advise on the merit.

COMMISSIONER WATLING: Right. Well if they advise on the merit, and they - and the advice is not taken, what's the use of it? You've probably just wasted a lot of time.

DR SENATOR: Well possibly but at least I believe that there would be some measure of satisfaction that due process for examination of the merit had, in fact, taken place. If the commission pleases.

MR HOUSE: Mr Commissioner, I don't think we're going to persuade you, but I'd like to -

COMMISSIONER WATLING: I'm being the devil's advocate here. I'm pulling everything out -

MR HOUSE: - I'd just like to -

COMMISSIONER WATLING: - so you can - and I don't leave you guessing. It's sort of -

MR HOUSE: - refer you to -

COMMISSIONER WATLING: At the end of the day, I need to be persuaded. I need to be able to be given some evidence and material, and say look, I awarded it this way for this, this and this reason. That's - that's why I'm trying to get that information out.

MR HOUSE: Well, if the commission pleases, I'd like to hand up another document.

COMMISSIONER WATLING: All right, we'll mark this H.12. Do you want me to mark them separately? There's two documents here.

MR HOUSE: I'm agnostic, sir. I think they could just be one document.

COMMISSIONER WATLING: Rightio, we'll mark them H.12. And the cover page one will be Senior Medical Superintendent with Right of Private Practice.

MR HOUSE: Now before - sorry to jump around, but before going to H.12, I'd like also to go back to H.5 to the Queensland section.

COMMISSIONER WATLING: Now can you just - is this to deal with definitions, is it?

MR HOUSE: Sir, I'm sorry -

COMMISSIONER WATLING: What section is the -

MR HOUSE: - it's to deal with the question of criteria of excellence and the need for a group or a body to assess people against that criteria.

COMMISSIONER WATLING: So this is argument in support of the panel, is it?

MR HOUSE: Yes. I'm sorry to take up so much time.

COMMISSIONER WATLING: So we're still on the panel? Rightio.

MR HOUSE: But I feel that I - for the purposes of completeness, that we need to put a full submission.

COMMISSIONER WATLING: Yes, I was just trying to work out where we are. So we're still debating the panel and this is still part of your argument -

MR HOUSE: Yes, I'm sorry.

COMMISSIONER WATLING: - about why we should have a panel?

MR HOUSE: Yes, I'm continuing on from the South Australian example and I'm now going to the deep north.

COMMISSIONER WATLING: All right. What do you want to take me to?

MR HOUSE: In the - in the Queensland section, sir, if you look at the second decision - it's headed Queensland Government Industrial Gazette - 4th September 1992 - and the extract starts at page 7 of the gazette but I'd like to go over to - to page 10. This is a decision by a full bench, the most recent one concerning a case put by the Queensland Professional Officers Association for senior staff in that state. The decision is actually dated 20th August 1992, and I think we have referred to it earlier in these proceedings, sir.

I'd like to take the commission please to page 10 and there there are in the first column references to criteria for appointment to staff specialist scale - criteria for appointment to senior staff specialist scale.



Would you excuse me for a minute?

Looking at the criteria for appointment of senior staff specialist, if - if I go to the second paragraph under that heading, which says:

It is clear that the salaries on offer to senior staff specialists are substantial. It is equally clear to us from the evidence given by the witnesses that specialists working in the public health system in general are talented and dedicated people. We believe that those who are able to access the senior staff specialist scale should be recognised as leaders, indeed distinguished, in their field, be outstanding contributors to the health system and widely acknowledged for their skills, expertise and clinical evidence - excellence. The criteria, as it is currently written, would, in our view, enable virtual automatic access to the higher level. We do not believe this should occur.

And that we also don't believe it should occur. That's me speaking.

The commission is not in the best position to design criteria for appointment to the senior staff specialist scale. This is a matter best left to the parties who have an intimate knowledge of the area. We have no difficulty with the insertion of the criteria in the award. It is acknowledged that such specification may assist in the fair access to the higher level.

So then the commission goes on to direct the parties to review the criteria and come back to the commission.

Sir, if I could now go to page 12 - go to the third page which has got a section crossed out. Now, as I understand it from the Queensland Department of Health, that this is - I'm not sure whether it's quite the final document, but this is the proposal in terms of the draft orders, the parties are going back to the Queensland Commission - and it's got there, 3.5 - criteria for approval to senior staff specialist scale. It says staff specialists are eligible to apply to be designated as senior staff specialists only, (a) by appointment to an advertised vacancy or, (b) in accordance with the following philosophies and criteria, having been -

COMMISSIONER WATLING: So is the same as you're asking for? Because we haven't got to this section yet, and I'm just wondering whether we're jumping the gun.

MR HOUSE: Well we are, but the main point I'd like to make, sir, is that if you look at the - the last sentence on that page:

Applications by staff specialists seeking to become senior staff specialists will in each case be considered by a central body of peers as provided by clause 3.64 constituted for that purpose, which will make recommendations to the Honourable Minister for Health for approval.

COMMISSIONER WATLING: Mm.

MR HOUSE: And then there's -

COMMISSIONER WATLING: But this is where - this is where this - the staff specialist applying for appointment to this level.

MR HOUSE: No, this is where a person is already a staff specialist -

COMMISSIONER WATLING: Yes, you can - it says here -

MR HOUSE: - and he -

COMMISSIONER WATLING: - in (a), you can either get it by appointment -

MR HOUSE: Yes.

COMMISSIONER WATLING: - or, you can apply for it.

MR HOUSE: Yes.

COMMISSIONER WATLING: Right? There's two criteria.

MR HOUSE: Yes.

COMMISSIONER WATLING: The body only talks about - the body only comes into play as we - whereby you are appointed to it.

MR HOUSE: Yes.

COMMISSIONER WATLING: Now that presupposes that you're going to be arguing - and I don't know, because we haven't got to it - that this senior staff specialist thing will not be by appointment under the State Services Act. Someone can just apply for it.

MR HOUSE: Yes.

COMMISSIONER WATLING: Is that going to be your stance?



MR HOUSE: Well there are two channels; I think Dr Senator pointed out -

COMMISSIONER WATLING: Well maybe - maybe -

MR HOUSE: - the job is advertised -

COMMISSIONER WATLING: - maybe we leave it until I see the other - your classifications standards, because I don't even know what you're arguing. See -

MR HOUSE: Well -

COMMISSIONER WATLING: - see, you're trying to argue a panel, but we're going off into classification standards. You're arguing now about whether or not a panel should be created.

MR HOUSE: That's right.

COMMISSIONER WATLING: But you're taking me to Queensland classification standards. Now if you're saying to me that you're foreshadowing that when we get to classification standards that it won't be by appointment and promotion under the State Services Act, one section will be, you can apply to be recognised at that level, then I can understand it, but I don't know that you're going to put that to me. You haven't got to it yet, so I'm not too sure the relevance of your submission.

I've been taking it, and even in my -

MR HOUSE: The relevance of my -

COMMISSIONER WATLING: - discussions with you, that every classification appearing in this award will be by appointment or promotion under the State Services Act, and that means, if the job is vacant and then someone advertises it for someone to fill it. But the inference from this is that the senior specialist position - anyone can put a submission to be automatically placed on that if they feel the necessary criteria.

MR HOUSE: That's correct.

COMMISSIONER WATLING: Well, I'm not to know that. You haven't got to that part of your argument.

MR HOUSE: Well the job can be advertised -

COMMISSIONER WATLING: I've only just -

MR HOUSE: - and if someone can apply for one - it can be advertised fairly extensively throughout the nation and

possibly overseas, or, an existing staff specialist may feel that he or she have reached the stage where they are entitled to put their hand up for -

COMMISSIONER WATLING: Yes, right.

MR HOUSE: - this sort of position.

COMMISSIONER WATLING: So that's the line you're going to be arguing when we get to classification standards?

MR HOUSE: Yes. Now, very quickly you'll see method of review, and the - on page 11, a central body of peers shall comprise of a representative from the following: a college or learned society, the Queensland Professional Officers Association Union of Employees - one full time senior official and one full-time specialist, the Director-General of the Department of Health, who is a medically qualified person as I understand it.

COMMISSIONER WATLING: And they will make a decision?

MR HOUSE: Yes.

COMMISSIONER WATLING: Right, now in support of your argument for this particular aspect that an advisory panel, this panel won't be able to do what this panel do, because this panel make the definite decision - end of story. This panel will carry no weight.

MR HOUSE: This panel here makes - the Queensland panel, sir, makes a recommendation to the minister in that state.

COMMISSIONER WATLING: Mm.

MR HOUSE: That's the way they work, but -

COMMISSIONER WATLING: Yes, but this panel - because this panel is pretty high-powered, the minister's got to have some pretty good reasons to not recognise the decision of the panel.

MR HOUSE: Yes.,

COMMISSIONER WATLING: The panel - this is the panel that has been set up to make the decision, but -

MR HOUSE: That's right.

COMMISSIONER WATLING: - obviously the minister at the end of the day would have to put his moniker on it to approve it.

MR HOUSE: Well, we're saying our panel would put their -



COMMISSIONER WATLING: Well no you -

MR HOUSE: - recommendation to the head of the agency which is -

COMMISSIONER WATLING: Only on a - only on advice.

MR HOUSE: - perhaps the next best - yes, the next best thing to the minister.

COMMISSIONER WATLING: But the difference is under our system and the Queensland system is that we - we've got to make an appointment to that level if that's going to be your classification argument -

MR HOUSE: Mm.

COMMISSIONER WATLING: - because people - the employer won't have the choice here of whether this job is advertised under your argument. The employer won't have the choice of whether it's advertised or not. I take it and I - that you're going to be putting to me that the employer will have a choice, or, the employee will have a choice of applying, and then it must be considered on merit.

MR HOUSE: Well one of the reasons that - maybe the head of the agency - one of the reasons why he may not accept the recommendation - and I'm not promoting this - don't want to get into trouble - is that the - they don't require a person at this level.

COMMISSIONER WATLING: Well why should they be forced to have a person at that level if they don't require someone? That's - that will be the argument when you get to classification standards. See, I'm trying to find out -

MR HOUSE: Well it's -

COMMISSIONER WATLING: Well let's not get involved in that because I'm trying to stick to the subject matter -

MR HOUSE: Well -

COMMISSIONER WATLING: - and the subject matter is the need for the panel, and the need for the panel is, in your argument, that the panel will have to decide whether this particular person meets the criteria when they apply for this particular posting. That's as I read it.

MR HOUSE: That's right. Well I don't think I'll take up the commission's time any more. A similar - a similar arrangement exists for senior visiting medical specialists - or I should say, this is an elaboration from the management as to how they see the existing system should operate, so it's still being

negotiated. And just to balance up the story, that the first document, senior medical superintendent with right of private practice, doesn't have a review panel, but they still .... a system of criteria in terms of evaluating people, and that goes to the Department of Health for decision and the relevant hospital board is advised of the outcome.

COMMISSIONER WATLING: Mm. See, in Queensland too, you'll probably find that the Minister for Health is the employer.

MR HOUSE: Yes.

COMMISSIONER WATLING: See -

MR HOUSE: That's so.

COMMISSIONER WATLING: - but here -

MR HOUSE: Thank goodness.

COMMISSIONER WATLING: - yes - we have the Minister administering the State Services Act.

MR HOUSE: They also - they - but they do have what's called the .... up there, which has principal carriage for - for example, statewide conditions and services and in the commission the advocacy is done by the department as distinct from the Department of Health.

COMMISSIONER WATLING: Yes, but in terms of who the employer is, that's - see, this is the interesting argument here, because our employer is not the Minister for Health in this, so - and the head of agency - I'd question why you'd put the head of agency there anyway, because the head of agency would only get there on delegation from the employer - not the Minister for Health.

MR HOUSE: Mm.

COMMISSIONER WATLING: So we're really talking about at the end of the day, the Minister administering the State Services Act making the appointment. A special appointment on advice of a panel. Not the head of agency, because the head of agency wouldn't have any authority in this area. That's why you've got to be careful you don't conflict with the State Services Act.

See, we only get the advocates on the other side here today as - on delegation representing the minister administering the State Services Act. They're not here representing the department. They just happen to come from the department, but the delegation is from - from the employer, not the Minister for Health.



MR HOUSE: While these are significant barriers, the intent of the society is obviously to have a facility to attract and retain the best specialists in this state, which, under the award at the moment doesn't exist and I say that it's being addressed in other jurisdictions. Our intent was that it is bona fide and legitimate, that it's not, as I think, some references from the bench about, you know, white haired boys; that there is a mechanism there that will thoroughly assess people against a set of criteria.

Now that's what we set - set out to do.

COMMISSIONER WATLING: Well wouldn't that be best dealt with -

MR HOUSE: If we fail, well -

COMMISSIONER WATLING: - then in the criteria?

MR HOUSE: Pardon?

COMMISSIONER WATLING: Wouldn't that be best dealt with in the criteria?

MR HOUSE: Well no criteria can really -

COMMISSIONER WATLING: Well -

MR HOUSE: - be a system where you sort of tick them off. I think that -

COMMISSIONER WATLING: At the end of the day -

MR HOUSE: - in the professional area, there will be a number of interacting considerations about a person - a person's achievements in clinical medicine, achievements in research, achievements in teaching, and it will be a fine judgment at the end of the day as to whether the mix of these attributes listed in the criteria are sufficient.

Now I've got situations in some other jurisdictions where people have come to me and said, well I'm a senior specialist but, they say, I'm not quite there yet. Well -

COMMISSIONER WATLING: Yes, well -

MR HOUSE: - that's - that's - you know, they may have achieved something significant in one or two areas, yet, you know, they've got to demonstrate a bit more than that in a - in a - perhaps a wider range.

COMMISSIONER WATLING: But isn't - isn't the question at the end of the day - and we haven't got to it yet - which - I'm a bit hamstrung in this debate you see - that you're going to

have to give consideration whether or not you can even have employees applying for a grade given the State Services Act. Right? You may well find that you can't do it that way anyway, because there is a restriction in relation to the act of how positions are filled.

DR SENATOR: Mr Commissioner, I think that is a very important consideration and obviously when we get onto the PCSs if that's still seen to be a - a barrier to us, then we may need to revisit our structure and look to see whether level 4 or level 5 should in fact be coalesced and look at the - and - and introduce some means of grading within a single unified level which might reflect some of those - those classification standards which we've - we've highlighted as criteria of excellence for example.

COMMISSIONER WATLING: Mm, yes, well see when we were talking about this earlier, I didn't have any idea that you were going to be saying in your classification standards that people can move to this level by just applying for it.

Now, I'll be interested to know where, under the State Services Act, you can actually apply for positions that aren't up for grabs. And what do you apply for?, because the State Services Act clearly states that positions have to be advertised. So what - so what do you apply for? And given that we're not applying to the Minister for Health, the State Services Act relates to the employer, and it might not be quite as easy as Queensland to just say, well you can apply - you can put yourself up for this job, because the job may not even exist.

DR SENATOR: Well that I guess highlights the relationship between our award and the State Services Act -

COMMISSIONER WATLING: Mm.

DR SENATOR: - and - and the regulations flowing - flowing from that act, and I guess at the end of the day may present an insuperable barrier or one that has to be dealt with by the award.

COMMISSIONER WATLING: See, I - there would be some logic in your argument -

DR SENATOR: I hope so.

COMMISSIONER WATLING: - if you had - if you had a position or if the award just says, oh well, anyone can apply for these things, like the Queensland arrangement, because at the end of the day, you'd have to say someone would have to assess whether these people meet the criteria, and I can understand the logic of even the Queensland thing, because at the end of



the day if it was just a matter of appearing before a panel and putting up all your qualifications and all your achievements over a period to try and get a salary based on excellence, well someone's got to assess that. And it certainly wouldn't be the commission.

DR SENATOR: Yes.

COMMISSIONER WATLING: But - so I can see the logic in that, but I - the reason for my earlier question was, I didn't - I didn't have any idea that you were going to be telling me classifications standards that people could just apply for levels and they get it as long as they meet certain standards.

DR SENATOR: Yes. I mean we -

COMMISSIONER WATLING: I had in the back of my mind that you'd be following - they were all promotable positions under the - and then the procedures laid down under the State Services Act would be followed in filling those promotable positions.

MR HOUSE: Sir, I think I mentioned though, I had - in transcript with some difficulty in that there is a large element of personal classification at this - this level and that's - that's -

COMMISSIONER WATLING: But I have to say that I still didn't glean from that that you were meaning that these appointments would .... be outside the State Services Act.

MR HOUSE: Well I - the penny didn't drop there either for me. However, I did give consideration to the South Australian approach where there is a barrier built into - into the range. I - on balance, you know, you get a feeling about these things, that if there - if it was just a matter of a barrier in the range, then the advancement would be more automatic.

COMMISSIONER WATLING: That's right.

MR HOUSE: Both - both Dr Senator and I have worked hard to try to - recognising the personal classification aspect that our friends at the other end of the bar table are saying we're only going to pay for what we want people to do which comes up quite often in this area of - well -

COMMISSIONER WATLING: Well it gets back to the argument of whether you're paying for qualifications gained or qualifications required.

MR HOUSE: Yes, we see it's more than just qualifications. It's demonstrated -

COMMISSIONER WATLING: I know what you're saying - this is a 'top of the wassa' position meaning -

MR HOUSE: - demonstrated achievement in your field, rather than just you've got a PhD and a few other things -

COMMISSIONER WATLING: It's like applying for a special scholarship at the top of the ladder, rather than -

MR HOUSE: Yes, well I think, you know, the developments in medicine are such that there could be quite - substantial gain to the state, but that's, you know, just a submission.

COMMISSIONER WATLING: Look, I'm sure we're going to have to be looking at the State Services Act. I don't think we'll be able to ignore the State Services Act when looking at that sort of arrangement, because -

MR HOUSE: Yes.

COMMISSIONER WATLING: - you know -

MR HOUSE: It looks like some more work on the PCs.

DR SENATOR: Well it may - we'd have to foreshadow that we'd need to look at the way in which we've structured the levels and the grades because remedies may lie in technical examination of those relationships and examination of the - of the progression capacities within that to try and satisfy the act.

COMMISSIONER WATLING: Yes, well I can understand that.

DR SENATOR: Yes.

COMMISSIONER WATLING: But you can see the point that I'm making. If - sort of - if the act says look, you have to advertise a job and then people have - can apply after it's been advertised, when you turn to exhibit H.12, the only thing that comes into play on page 5 would be (a) - right - not or (b). And the only reason that they've got the panel is because (b) - it's either one or the other.

And, naturally enough, if the position is advertised in 'A', one would think that the normal processes would be carried out, interview panel, etc., etc., and someone makes the appointment. But, because they have got two methods, 'B' says that there has to be a panel look at it and assess it, because you can put yourself up to be awarded this level, without the job being advertised or there even being a position there.

It's a different philosophy altogether, and that's probably why the need for the panel, and I can understand it - gee whiz, you'd need it.



If the employer is not advertising a job and it is not up for grabs generally, and it's people putting themselves up, someone has to assess them. That's logical.

And if that was the system here, I would say, yes, you would have to have a panel to assess them, because how else would they get there. The commission wouldn't be doing it, and in that regard I agree with, you know, the earlier decision you've quoted on page 10. The commission wouldn't be doing it.

So maybe that's something - the argument and discussions centred around the professional issues panel - may carry more or less weight when we get to this particular question in the classification standards.

MR HOUSE: Sir, there were three other matters, Dr Senator and I having looked at the transcript again, we'd briefly like to go over again, and the first of these is the question of our assessment of the requirement for 10 years experience as a specialist before you can apply, in one way or another, for a senior consultant level.

Now, we can only reiterate that after carefully considering that, we believe that it would be most unlikely that anyone with less experience would have achieved enough credit - if that's the word - against the criteria that we're proposing to warrant elevation one way or another to senior consultant level.

And what was going through my mind last time was, you know, the question of selection for the Australian Eleven, and most of the players selected, I think, are selected on not only the basis of their ability but on the basis of their experience in cricket.

That mightn't be a very good analogy, but we believe that without wanting to put too much upon it, in the sense that you could say why not 15, or whatever, that 10 years is about the right balance to address the question of the outstanding person and what would normally be the reality of what you'd need to have done as a specialist before you'd be likely to at least put forward - have substantive credentials to put forward.

Similarly, in terms of senior registrar, we have proposed 7 years postgraduate experience. Now that 7 years includes the first year as an intern, which is now part of our structure, and I'm advised that most of the colleges, if not all of the colleges - certainly all the mainstream colleges - would require 6 years training and experience before you or a medical practitioner could qualify

as a specialist, or qualify in the case of the award, apply for a specialist position - have the necessary qualifications.

I think Dr Senator would briefly like to say something about some of the alternatives and recent developments that may qualify what I have just said. But we would strongly submit, sir, that 7 years is an appropriate amount of training and experience.

COMMISSIONER WATLING: Good. Thanks. Dr Senator?

DR SENATOR: Mr Commissioner, just continuing on from Mr House's remarks, it is quite true that all of the mainstream colleges require 6 years of postgraduate training beyond the preregistration intern year to qualify for their fellowships which would, by definition, enable them to access the specialist ranks.

The reason for perhaps maintaining the 7 years is really some doubt as to what the future holds in some areas, and I would like to highlight two particular areas. The first of these is in the area of public health medicine. And briefly, to go to the history of this, in 1990 a new faculty, the Australian - sorry - the Australian Faculty of Public Health Medicine was formed, and a number of individuals were in fact nominated from around Australia to form the inaugural fellowship of that faculty.

Some 300 individuals around Australia were chosen, and I have to say I was personally most gratified to receive nomination and accept nomination to that faculty.

That faculty is under the aegis of the Royal Australasian College of Physicians which would normally provide specialist qualifications for those people who are physicians. But in this case this new faculty was formed such that not - which was not restricted only to physicians - but could include people in other disciplines or other subspecialty areas or, indeed, with no specialty areas, on the basis of their individual attributes to gain recognition as a Fellow of the Australian Faculty of Public Health Medicine.

Now the significance of this particular postgraduate qualification is that it has now, as of a result of the latest meeting of NSQAC's Working Committee, achieved specialist status and, in fact, if I can read from the latest newsletter of the Australian Faculty of Public Health Medicine it says:

That the status of the faculty fellowship

that's of the Australian Faculty of Public Health Medicine

was considered by the National Specialist  
Qualification Advisory Committee



that's NSQAC Working Committee

at their annual meeting in August 1992. The committee resolved that "A new sectional subspecialty of public health medicine be added to internal medicine (on page 15 following diagnostic ultrasound) with the Fellowship of the Australian Faculty of Public Health Medicine, the Royal Australasian College of Physicians" (as recognised qualification) and in addition public health and administration medicine should be removed from the non-accepted list on page 27 of the NSQAC Guidelines.'

Now the reason for bringing forward this example is that in fact that new faculty of public health medicine has not finalised the format, the length or the content of its various training programs that it will in future approve for fellowship of that faculty. Now we have no knowledge as to whether that's going to be 5, 6, 10 years, for example.

So that's one area where despite the recognition by NSQAC of a postgraduate specialist qualification in a new area, then I cannot really say whether that's consonant with the length of the training programs that are recognised elsewhere in NSQAC for the other mainstream specialty areas.

Similarly, I referred in previous transcript to the debate currently raging about vocational registration of general practitioners, and there are proposals at this time for alternative pathways to fully recognised general practice in the private sector with regard to vocational registration and the higher fee that's associated with those based on alternative pathways not governed by the Fellowship of the Royal Australasian College of General Practitioners.

As evidence for this, the federal minister for health has recently released guidelines, a draft invitation to tenderers, for a consultancy brief, and within the background to that tender, a draft, I'd like to read into transcript a paragraph which reads:

Recently, however, a number of inadequacies in the existing pathways to vocational registration have been identified, and it is necessary to establish cost-effective and alternative means of providing postgraduate training leading to vocational registration for general practitioners which will facilitate the provision of high quality medical care to urban, rural and remote communities.

Now at this point in time, obviously with an invitation to tender, and that sentiment being included in the consultancy

brief, we would have no knowledge as to what the final decision will be in relation to alternative pathways to the current NSQAC recognised pathway and, again, no knowledge as to how long that training program will be.

Now, coming back to the central issue of the 7 years to get up to the barrier, if you like, of specialist recognition the society really doesn't have a fixed position where we would object to the removal of the 7 year barrier.

However, it may be perceived as being perhaps inequitable, even though perhaps more flexible, to maintain some sort of barrier in recognition of the mainstream specialties at the moment, and the fact that we would hope and trust that these newer initiatives coming on board would be roughly parallel to those.

If that were to be the case, we would be confident that at least 6 years post - after the first year of intern training which we've called Resident Medical Practitioner Grade 1 - would in fact be consistent between all of the mainstream specialties to include these newer initiatives. If the commission pleases.

COMMISSIONER WATLING: Good. Thank you.

DR SENATOR: Mr Commissioner, the other issue to revisit, based on our re-examination of the transcript the last time we were before you, is in relation to the method by which we had stratified the deputy directors of medical services. And, in rereading the transcript, I think that the way in which the hospitals are stratified is not as clear as I would have wished to portray at that time.

And I'd like to revisit that and take you through it in a little more detail, mainly from the perspective of confirming our view on what remedies there might be to the situation that you proposed in relation to upgrading hospitals who had particular areas of concern or who as a matter of policy the services might need to be upgraded.

COMMISSIONER WATLING: It's interesting to note that the nurses have been changed as well in recent times - but they - just before the pecking order was Hobart, Launceston and North West in a recent decision before the federal commission, you've probably noted that that now no longer exists.

DR SENATOR: Yes, well, I think that - that perhaps reflects a difficulty with the - the interaction with the federal and the state jurisdictions over - over the hospitals themselves and how they - and how policy in relation - to hospitals and the stratification of services is still very much the responsibility of the states with perhaps the federal



jurisdiction seeking to have more of a say in relation to various programs.

COMMISSIONER WATLING: Yes, but I notice the parties went before the federal commission with agreement -

DR SENATOR: Yes.

COMMISSIONER WATLING: - on this matter. So senior nurses now in Hobart and Launceston General Hospitals will be treated the same.

DR SENATOR: Yes. Well we are consistent with that in the sense that our consultant grades in the clinical services are very much - very much apply across the board with no stratification, and it's only when we're dealing with that very small area of medical administration where we introduce the concept of stratification. We must recall at the moment that - I may be incorrect - but I believe that there's only a deputy director of medical services currently in post in one of the hospitals. So that we're talking about potential appointments at other hospitals and perhaps one current incumbent, whereas all hospitals have directors of medical services but there again, very - the minority have in fact qualifications which would put them into the - the consultant range anyway.

But just -

COMMISSIONER WATLING: Now this in-depth thing that you want to take me back to - would it be appropriate to do that after lunch?

DR SENATOR: Yes, it would, sir.

COMMISSIONER WATLING: Rather than getting halfway through it and then - so we'll adjourn till 2.15. Any submission on the hours - go through till a quarter to 5.00?

DR SENATOR: Yes, I - I'm sure Mr House can carry on. I have a - potentially a commitment at 4.30, but I may just need to leave a few minutes early.

COMMISSIONER WATLING: Well what time do you want to adjourn then?

DR SENATOR: Well I could let you know straight after lunch, because -

COMMISSIONER WATLING: Okay.

DR SENATOR: - I may be able to change it.

COMMISSIONER WATLING: Rightio, we'll adjourn till 2.15, thank you.

LUNCHEON ADJOURNMENT

COMMISSIONER WATLING: Right - Dr Senator?

DR SENATOR: Mr Commissioner, before the luncheon adjournment, I indicated our desire to revisit the area of the - of our previous submission relating to the stratification of hospitals as it related to the proposal by the society incorporated in S.4 for the way in which we classified the directors and deputy directors of medical services, particularly the latter group. And that was based on the inspection of the transcript when we were last before you where I felt that the description of the hospital role delineation exercises that had taken place in the past were perhaps lacking in some essential detail which may help you, sir, decide the merits of our arguments.

I should describe briefly the -

COMMISSIONER WATLING: What exhibit are we actually talking about?

DR SENATOR: Well I think this - this isn't so much a reference to an exhibit as a reference to our - our evidence before you, sir, and our submissions before you, and also your questioning of the society with relation to - to what would happen if a deputy director of medical services was required, say, in the hospital to upgrade services there.

COMMISSIONER WATLING: Well where's this S.4 come into it?

DR SENATOR: S.4 was the structure document and the - and the cursors which indicated the - the extent of progression, initial appointment of the -

COMMISSIONER WATLING: S.4.

MR HOUSE: I think it was H.9.

DR SENATOR: Oh, sorry - H - H - H.9.

COMMISSIONER WATLING: I was going to say, we've only got S.1.

DR SENATOR: It was the structures document - a 3 page document.

COMMISSIONER WATLING: And that was replaced with S.1?



DR SENATOR: Yes.

COMMISSIONER WATLING: That's right, so we really want S.1.

MISS COX: H.9.

DR SENATOR: H.9.

MISS COX: H.9 replaces S.1.

DR SENATOR: H.9.

COMMISSIONER WATLING: Yes, I've got it here.

DR SENATOR: You did raise some issues, sir, about what would happen if - and how we would cater for - for the situation where there was a desire on policy grounds to upgrade a particular hospital in relation to its services.

Now I might briefly just describe the origins of hospital role delineation in this state, but I may not be able to get much further because I think you may be assisted quite materially by actually having before you an outline of the hospital role delineation guidelines for Tasmania which are a Department of Health document, the status of which, at the moment I'm uncertain about, but which may help you in your deliberations were it to be provided to you by the department.

COMMISSIONER WATLING: Right, and were it not, where would that leave me?

DR SENATOR: Well we would be in a position then, if in the absence of having the Tasmanian document, to furnish you with the model New South Wales document on which - which was used as a model for the development of the Tasmanian one.

COMMISSIONER WATLING: Right. Well I'm not too sure that that would assist me either, but we really need to know what's happening in this state.

DR SENATOR: Yes, well I think the way in which it works is common to both systems, it's just that there was refinement carried out in Tasmania. Basically a working group was established in 1990 to examine the hospital role delineation in Tasmania and a broadly based working party was established which included professionals within the hospitals as well as the personnel of the hospital policy division of the Department of Health, and that met on a number of times, developed a series of drafts and finally a final version of that was - was produced by the department.

But as I say, we're unsure as to whether it is in the public domain, but were it to be so, then I'm certain that the Department of Health could adequately respond and indicate

whether there was preparedness to provide them with - with that document.

Now basically as I indicated when I was last before you, that what's - the whole purpose of hospital role delineation is to describe the level of sophistication of all services provided by that hospital with the aim of establishing what is safe and proper for patient care within a hospital facility. And the means by which this is done is to categorise each service using a scale of one to six with gradually increasing sophistication as one moves through those various steps.

And with that, matrix the clinical services with the clinical core services, describe the level of sophistication of those clinical support services which are appropriate for the level of service being provided by the clinical services. So that an example would be, say, in the speciality of endocrinology, that level 5 would allow for the employer - would have provision for a full time staff specialist with facilities for diabetes education and podiatry and dietetic services to be provided on site. Matrixed with that would be the need to have the provision of pathology services at a fairly high level of sophistication, a high level of sophistication of coronary care services, intensive care services, radiology, and nuclear medicine, because they are very appropriate to the - to the scope of services being provided in that particular subspeciality. And - and each clinical service might have a different need for levels of sophistication of support services relevant to the types of services that it is providing itself.

So the cardiology level 5 might be different in the scope and sophistication of support services compared to, say, rheumatology or diabetes or gastroenterology.

So each of those is lined up specifically with the support services that it specifically requires to - to provide patient care. And as I've indicated, the whole basis for such categorisation is to ensure that there is no mismatch between the level of sophistication of the clinical service and its associated support services that would in any way prejudice patient safety in the institution.

So there are these two basic categories of clinical support services which are basically the diagnostic facilities, intensive care, coronary care, accident and emergency. And there are each of the clinical specialities, if you like, which cover the field of medicine, surgery, obstetrics, gynaecology, other community health services and other specialty services that are otherwise categorised.

Now in arriving at the categorisation of each of the services, as I've indicated, there are six - six basic grades, and the top grades really apply to very highly subspecialised



services, be they support or clinical services. Generally with the theme of the most highly sophisticated having - having very complex combinations of service, research, teaching, training responsibilities, and having certain components of full time cover in most of those areas being - being addressed - and responsibilities.

Now the reason for outlining these of course is to indicate that on the - the basis of that type categorisation there are very real differences in Tasmania between the sum of the sophistication of the services being provided at the various regional hospitals. So that basically when we come to look at the Royal Hobart Hospital being the principal teaching hospital, it would have a far greater component of the higher status of departments than would the present at the regional hospitals.

There would be a preponderance of grade 5 - or category 5 and 6 services, whereas perhaps in Launceston there would be more of the level 4/5 and at the North West Regional Hospital at most there might be a small number of category 4 services but there may be quite a number that are only category 2 or 3, if they in fact are provided at all.

Now that might not be inappropriate so long as the matrix thing of the support services are appropriate for the level of clinical services being provided.

COMMISSIONER WATLING: Why would they have thrown this thing out in relation to nurses?

DR SENATOR: No, well I think all they're saying with regard to nurses is that a nurse employed in a particular service is providing the same service irrespective of - of where she is. What we're saying is, that the clinician, the surgeon or the physician, similarly is providing the range of services, but there may be constraint over the sophistication of the things that they might be able to tackle in the first place.

Now that is - that is not the same as a medical administrator who may in fact have responsibility for a hospital where there are principally highly sophisticated services which call on greater skills expertise in management than might be expected for a - for a parallel appointment at a less sophisticated hospital with a smaller range of services often at a lower - lower category.

So I think there is a real distinction about the - about the duties to be performed within a service irrespective of the categorisation for a clinician as opposed to the whole management structure which has to address a totally different strata of sophistication.

But as I've said, sir, I think it would be much clearer were we in the position to provide you with a - by some means with the - with the document from the Department of Health policy division, or, alternatively, if that's not possible, to - the New South Wales substitute.

COMMISSIONER WATLING: Yes, right, I'm sure the employer would provide that in due course.

DR SENATOR: Right.

COMMISSIONER WATLING: If it doesn't I'll ask for it anyway.

DR SENATOR: Yes. Now you did raise the issue of what happens if there's a conscious desire to upgrade, and I think I was possibly in a situation where I didn't have time to consider the issues that you raised at the time we were previously before you, but on reflection I think there are a number of ways in which we can address this within our proposed structure. And I think the first method, if there was the need to as a matter of policy to upgrade the level, sophistication and scope of services, would be using, for example secondment or transfer mechanisms currently available.

Secondly, by consultancies, if this was to be a short term measure, and thirdly, if there's a creation of a new position with specific responsibility. We believe that that could be catered for within - within the structure that we have proposed without doing damage to the - to the cursors which we've introduced into - into that structure for the medical administrators.

Ultimately of course if this - if there was to be a policy decision to equilibrate the extent, scope and sophistication of - of services at one of the pre-existing hospitals to bring it into line with another, then it may well warrant a return here, sir, before you to adjust the cursors.

But we don't believe that current government policy as such is moving along that path, and if it were it would be some years in the future, and we don't know that that's worthy of being addressed just at this time.

COMMISSIONER WATLING: So would that mean that the - the document delineating the roles of the hospitals would alter as well?

DR SENATOR: No, that would be used as the evaluation instrument.

COMMISSIONER WATLING: Yes, but - so it would be instrument to bring this, say, the Launceston General Hospital up to the level of Royal Hobart?



DR SENATOR: Yes, that - that would involve an assessment of - of where each of the hospitals was, if there was a marked difference between the numbers, which there is. If it were then a decision of the Regional Health Board or as part of government policy to upgrade services to bring it into line, then each of the clinical and support services would need to be addressed individually and collectively in terms of the matrix -

COMMISSIONER WATLING: To bring them up to the -

DR SENATOR: - to change them. And as I've indicated, I believe that there are remedies available within the structure and the current - under the state - under the current State Services Act. That could be accommodated, we believe, without disturbing the model significantly or at all.

COMMISSIONER WATLING: Right.

DR SENATOR: The big defect, I might add, about this whole exercise of hospital role delineation was the original model, because the original model is based very much on historical construction of the hospitals and the way they were staffed.

More recently as you're probably aware, sir, there's been a move towards analysing what's done in hospital from the point of output, and this is this whole movement towards case links - in case links analysis. Case links is just a measure of output.

There are critics of that too, because output may not necessarily equate to outcome. But output derived methods of hospital role delineation - there are - there is one model available in Western Australia, but when the health policy division of the Department of Health set about this whole exercise, it quickly rejected the Western Australian model in favour of the New South Wales model, because in most other states there was an acceptance of the New South Wales model may indeed serve as a model for the rest of Australia and there was a feeling that there ought to be some - some adoption of a national standard, so that the New South Wales model was - was adopted.

Now I don't necessarily read anything adverse into that decision because the Western Australian experience on an outcome based model was restricted and was using perhaps a less than highly sophisticated output measure and was only trialed at a provincial hospital, namely Fremantle, rather than one of the leading Sydney teaching hospitals.

And that may have been the reason why the New South Wales model was adopted in the first place. So basically what we have now in Tasmania is a model which has been slightly

modified but which would bear comparison with other states of the Commonwealth.

So that there is a means of categorising fairly simply and even in a global simplistic number, just where an individual general hospital might fit into the pecking order Australia-wide, as well as Tasmania-wide. That's not to say that that necessarily is a picture of what ought to be, it's just a picture of what is. But if a fairly reasonable basis is the only basis we have of examining the relative sophistication of each of the general, and indeed, of the special hospitals with in Tasmania. And it's on that - that is one of the, if you like, the benchmarks that we used in attempting to compare the - the extent of responsibilities that might apply to medical administrators in each of those centres.

So that I hope that doesn't make things more difficult and perhaps gives a better idea of what hospital role delineation is and how it has influenced us examining these - these comparabilities of medical administrators as they appear in our model.

Now what we've tried to achieve there using hospital role delineation is some means by which we can build in career paths which don't result in distortions, the fact that similarly qualified people are in different hospitals, one having more responsibilities than the other, that there's no - there is disadvantage one way or another, by virtue of the place where they're appointed, but we're more concerned with task orientated - that people get rewarded for their extra endeavours and extra responsibilities with the opportunity that they may progress either through transfer without having to go backwards, and that applies within the scales of deputies, directors and medical services and directors of medical services independently, but also as much for people who progress from a less sophisticated hospital to a more sophisticated hospital.

We are aware of situations interstate where those .... are in fact all too common, and that has a significant effect, not only on - on the career path but all of the things that stem from that, particularly in relation to - to morale and loyalties perhaps being eroded by the fact that the career paths have - have in fact been obscured for individuals.

There are examples also in other industries, and I'm sure Mr House can speak more authoritatively on these, where - where the concept of career path and progression and - and has been disturbed to a significant extent as being perhaps destructive to - to elements of the professionalism associated. But I won't - I won't dwell on there - those.



Sir, that - that completes my submission on - and clarification, if you like, on that particular area that was raised at our previous submission. Thank you.

COMMISSIONER WATLING: Good, thank you.

MR HOUSE: Thank you, Mr Commissioner. When we left the proceedings on the 27th of last month, we were looking at the position classification standards that the society has endeavoured to develop.

As I indicated, the format that I followed has been that followed by the Commonwealth in terms of administrative documentation of classification standards that go back some years. Of course we did look at the commission's model awards and for good or for bad I felt that the nature of the work and the qualifications of this group probably require greater latitude in terms of headings or categorisation of the standards, and perhaps conveniently the Commonwealth arrangement seemed to me to help in covering the scope of - of descriptors of the work of medical practitioners.

It may be superfluous, but we have included, as you are aware, a group standard which endeavours to identify the work of the group as a whole. It doesn't really bear, I suppose, in these days where demarcation is out on - perhaps on the award requirements, but at least it has helped us focus on the overall boundary of work that we had to fit into the model and classify within the model.

Sir, I'd like to turn now to the first level. Here we've provided a definition that essentially says that the work of grade 1 employees is performed under the direct guidance and for high grades under indirect supervision and specific instruction and requires basic cognitive and procedural skills at grade 1 and advanced skills for higher grades. Responsibility is restricted to duties determined by senior medical practitioners consistent with policy applying at the health service facility.

As you move to grade 2 and higher grades there's a requirement for a capacity to exercise delegation and monitoring skills. Again, the work requires basic understanding of health, economic and resource allocation issues at grade 1 and then progresses to an intermediate understanding at higher grades.

The qualifications and experience, as we've discussed before in terms of definitions, at the grade 1 level there is a requirement to hold limited provisional or temporary registration by the Tasmanian Medical Council and in terms of the interns, they would normally qualify for full registration within the 12 month period. We require that an employee at grade 3 and above should hold full registration.

Then we have a section, typical duties, and here we say the work involves any or all of the following: the initial assessment of patients by the taking of accurate patient histories, the performance of physical examinations, the analysis of results, and under general supervision or direct supervision in the case of grade 1 employees the initiation of appropriate patient management. That's perhaps the kernel of it all. I'm not sure whether we've put before you, sir, but the New South Wales Health Department has an extensive - it goes into a few pages description of the work of resident trainee medical practitioners.

Of course there is the need to communicate with senior medical staff and other members of the team providing patient care. The need to be able to prepare basic written reports and the maintenance of accurate medical records, including summaries suitable for accurate case mix data extraction. The initiation, coordination and facilitation of patient management and discharge planning. In the case of fully registered employees with grade 3 or higher, responsibility for the escort of patients requiring transfer to a health service facility providing secondary or tertiary level services appropriate to the patients' needs, except of course in an emergency or counted disaster situation where such a grade of employee is not available in which case a lower grade employee may have this responsibility.

There's a requirement to provide clinical guidance to more junior medical practitioners - medical students and other health professionals and, finally, we've identified the need for supervision and technical guidance of more junior medical practitioners and medical students.

Then comes a section called Guidelines which is an attempt to be more specific in terms of telling the classifier what's some of the essential things, signposts perhaps, are in determining where people would lay or be classified within the grades of the level. Again, after the first year of postgraduation, where they have full registration they commence training programs and thus are appointed to positions approved for basic training programs.

Next follows an attempt to normalise situations where people are transferred between - in - as part of their training, transferred between positions at different levels and there we say where an employee is employed for two six monthly periods in any one year in different departments, units or services. Where the positions are nominally at different levels, levels 1 and 2, and the employee performs tasks at a higher level consistent with the standards, he or she will be graded and his or her salary will be determined according to years of postgraduate experience for both periods.



We say normally there's automatic progression between this level which may occur at annual intervals subject to satisfactory performance of duties as certified by the medical administrator of the health service facility with the proviso that employees with limited provision or temporary registration by the Tasmanian Medical Council will not progress beyond grade 2 of this level.

We provide for accelerated advancement of one grade within this level where an employee, on production of evidence of successful completion - will be granted where the employee can produce evidence of successful completion of part 1 of a higher qualification or a Fellowship of the Australasian College for Emergency Medicine.

Turning now to medical practitioner level 2. Here a medical practitioner plans, coordinates and oversees and performs a wide range of complex tasks directed towards patient management under the general guidance of senior medical practitioners of the health service facility. Specifically the work requires an ability to make independent judgments in deciding how organised tasks are performed and evaluated. The work also requires the ability to identify realistic targets, establish and apply evaluation criteria to ensure quality health outcomes.

An employee at this level plans, coordinates, and effects communication between medical teams and other health professionals, either for individual patients or for particular services. Within policy guidelines and general guidance from more senior staff of the health service facility and in accordance with established medical practices standards, an employee at this level allocates health resources based on cost benefit analyses. The work requires an advanced understanding of health economics and resource allocation issues.

The qualifications and experience are - we say an employee at this level is responsible for self-direct learning including participation and continuing education programs and an employee have satisfied the requirements of the first part of the relevant postgraduate qualification required for their National Specialist Qualifications Advisory Committee or the Australasian College for Emergency Medicine. We - that's primarily, sir, of course for the trainee area, then in terms of the career medical practitioner, we would see that this level requires at least 3 years postgraduate and clinical experience. I think Dr Senator has addressed our revision in thinking in this regard, but we believe that on reflection that 3 years is probably more appropriate in terms of career medical practitioners having the ability to provide medical services across a range of areas.

And there's the first reference to a director of medical services. We would say that this level requires at least 4 years postgraduate clinical experience.

Then there's the typical duties, and I won't go through them all but I think the critical ones are over the page. The provision of medical services associated with regulatory control, public health, occupational health, human quarantine or other similar requirements which again would probably be primarily but not exclusively a career medical officer area. And similarly, the inspection of facilities or establishments for compliance with health, hygiene or other standards. There's participation in teaching, training and supervision and clinical guidance at level 1 medical practitioners, medical students and other health professionals and technical guidance at level 1 medical practitioners and medical students and here you have the first feature of participation in clinical or - epidem -

DR SENATOR: Epidemiological.

MR HOUSE: Thanks Gordon - medical research. Now the guidelines specifically endeavour to identify the sort of positions that would be filled at this level. Certainly the first probably most common is an employee is appointed to an approved registrar position as a basic or advanced trainee. We say a registrar will be appointed at grade 1 if he or she has less than two years of experience in an equivalent registrar position and will progress to grade 2 following the completion of two years of registrar experience including previous experience in an equivalent registrar position. Here of course we're trying to -

COMMISSIONER WATLING: Does that mean four years?

DR SENATOR: No, no, it's just that it - commissioner, if people come from outside -

MR HOUSE: Yes.

DR SENATOR: - which they commonly do on rotations, that they would be recognised for their previous experience and comparable position.

COMMISSIONER WATLING: So, each paragraph stands alone there?

DR SENATOR: Yes.

COMMISSIONER WATLING: So it shouldn't read on?

DR SENATOR: So it's two years to - of total experience -

COMMISSIONER WATLING: It's either that or that.



DR SENATOR: - within either the Tasmanian jurisdiction or elsewhere as being the barrier to progression from grade 1 to grade 2 in that level.

COMMISSIONER WATLING: Does that say that there, though?

MR HOUSE: Well I was going on, like Dr Senator, the intent is that experience in other states or other places is counted as experience in Tasmania. So there's less than two years over here or elsewhere is grade 1 and once you've achieved two years either here or elsewhere, you automatically - all other things being equal - advance to grade 2 and that's perhaps reinforced. A registrar may be appointed at grade 2 in this level with at least two years experience in an equivalent registrar position. An employee who -

COMMISSIONER WATLING: I think the point I'm only alluding to is that either that paragraph or that paragraph.

DR SENATOR: I think it's two different situations. We were thinking about the first appointment scenario.

COMMISSIONER WATLING: Yes, I can understand that, but say, for example, if one was to read it on - because it doesn't say this or, it just says that and then it goes on - may be appointed to 2 with at least two years, so that could read another two years.

DR SENATOR: Right. Well we'll attempt to clarify that with the words.

COMMISSIONER WATLING: Yes. I can see - if you take it - the paragraph separately, I think they are clear, but it doesn't say 'or that'. It just reads on as though it's another piece of the previous -

DR SENATOR: Well this may affect subsequent ways in which we've constructed these, sir, that I think our intent that each paragraph stand alone.

COMMISSIONER WATLING: Yes. Right.

MR HOUSE: We say an employee who progresses from level 1, grade 4 will be appointed at grade 1 of this level whether occupying an approved registrar position or employed as a career medical practitioner. A career medical practitioner will initially be - will be initially appointed at grade 1 but may be appointed at grade 2 with at least two years experience in an equivalent position. Then a career medical practitioner at grade 1 will progress to grade 2 -

COMMISSIONER WATLING: So would that - just look at that. That would mean you could go there at least - you can be appointed at grade 1, right -

MR HOUSE: Yes.

COMMISSIONER WATLING: - or you could be appointed at grade 2 with at least two years experience. That means you do one year extra. See, you would have completed one year wouldn't you to go to grade 2.

DR SENATOR: No, I think that two years at grade 1 of level 2 or a comparable experience elsewhere from people coming in from outside.

COMMISSIONER WATLING: That's - well I might be reading it wrong. It says you will initially be appointed at grade 1, right?

DR SENATOR: Yes.

COMMISSIONER WATLING: - but you may be appointed at grade 2 with at least - I take 'with at least' means if you've had at least two years experience -

DR SENATOR: At a grade 1 level equivalent.

COMMISSIONER WATLING: Right.

MR HOUSE: In another place.

DR SENATOR: In another place.

COMMISSIONER WATLING: Righto. No - so, if you started off at grade 1, you could get to grade 2 after the second year?

DR SENATOR: After two years.

COMMISSIONER WATLING: After two years.

DR SENATOR: Yes. Again we were just trying to address the situation of people within the system and people coming in from elsewhere and giving - and making sure that there was provision for accommodating both for initial appointment and for progression.

COMMISSIONER WATLING: Right. So where does it say you can only go from level 2, grade 1, to level 2 grade 2 if you've had three years experience?

DR SENATOR: After two years experience.

COMMISSIONER WATLING: Well it's one year at level 1 and two years after that, isn't it?

DR SENATOR: No, I don't think we say that at anywhere, sir.



COMMISSIONER WATLING: Well if it's -

MR HOUSE: Well the intent is that if you've got at least two years experience as a career medical practitioner to grade 1 level, wherever that is, you may be appointed to grade 2 -

COMMISSIONER WATLING: We'll we're talking about level 2, grade 1.

MR HOUSE: Yes.

COMMISSIONER WATLING: Right. So we're talking about some that's on level 2, grade 1.

MR HOUSE: Yes.

COMMISSIONER WATLING: How do you progress to level 2, grade 2?

DR SENATOR: After two years further experience at level 2, grade 1.

COMMISSIONER WATLING: Right. Where do I find that?

DR SENATOR: Well I would have thought it says that - a career medical practitioner Grade 1 - that means at level 2, grade 1 - will progress to grade 2 following the completion of two years of experience including previous experience in an equivalent position.

COMMISSIONER WATLING: Right, now if you go back to the next - the previous paragraph -

DR SENATOR: Yes - that's for initial appointment.

COMMISSIONER WATLING: Right. Rightio. Rightio.

MR HOUSE: Then we go - the progression from grade 1 to grade 2 will be granted to the registrar or career medical practitioner on production of evidence of successful completion of all examinations for part 1 or part 2 of a senior or higher qualification, for a fellowship of the Australasian College of Emergency Medicine relative to that employee's speciality and work requirements. So there's accelerated advancement provision there.

Then a deputy director of medical services enrolled in the relevant training program may be initially appointed at this level. And here we're seeking of course to encourage people to undertake relevant training in administration.

COMMISSIONER WATLING: But there'd have to be a position vacant there though wouldn't there?

would - may be appointed - initially appointed - if they don't hold relevant postgraduate qualifications.

Turning to the level 4, which is, as you'll recall, Mr Commissioner, the - what we've determined as the benchmark level. Here a medical practitioner at this level, plans, coordinates, oversees and performs a wide range of very complex specialised tasks directed towards patient and service management, medical administration, teaching or research. An employee at this level - should read instead of 'of' - at this level is required to function independently and have absolute responsibility for individual patient outcomes in complex specialised cases, exercising highly developed, cognitive and procedural skills. So that's what I'd describe as the complete doctor that first emerges at this level with absolute responsibility.

The work requires a capacity to optimise performance of staff, including highly trained medical and other professional employees. An employee at this level performs highly complex management tasks and is responsible for the introduction and evaluation of new technologies.

The next one probably relates to career medical officer in departmental administrative sphere, but perhaps not exclusively. The work requires an extensive and specialised medical knowledge in a particular sphere of agency or regional health activities.

An employee at this level may make a considerable contribution to decisions and recommendations affecting the initiation, continuation, development and conduct of developmental or regional health service programs.

An employee at this level is responsibility - is responsible - for the allocation of health resources based on cost benefit analyses for individual patients and major groups of patients with highly complex conditions.

Qualifications and experience - we've made a change here, sir, and it's possession of a senior or higher qualification - Fellowship of the Australasian College for Emergency Medicine or a master's degree in health and it should read: and/or business administration relevant to the appointment.

A director of medical services above grade 3 will be graded according to the guidelines for this level. An employee in a career medical - in the career medical practitioner stream is a medical practitioner who has at least 7 years postgraduate experience and holds a higher qualification relevant to that employee speciality or discipline.



COMMISSIONER WATLING: Right. In the first one, possession of a senior or higher qualification, is that comma meant to be read as 'or'; fellowship in the thingumabob or masters degree?

DR SENATOR: Yes, we were just addressing the non NSQAC ones which were relevant to the employment.

COMMISSIONER WATLING: When do we get into the argument about the Fellowship of the Australian College in -

DR SENATOR: I though we had been into it, sir.

COMMISSIONER WATLING: Yes, but in - we have certainly raised it but I think we have discussed it previously before, but I suppose we would have to develop some greater argument alone. I think there needs to be a special segment of the case presented on that alone, I would think.

DR SENATOR: Well, the -

COMMISSIONER WATLING: This is not unusual, this particular thing, it has been dealt with before I think.

DR SENATOR: We had intended that much of the evidence supporting FACEM as a non NSQAC recognised qualification and its relationships between the other mainstream NSQAC recognised ones would form part of the work value exercise.

COMMISSIONER WATLING: Oh, right. Right.

MR HOUSE: Well, sir, I just would repeat myself and say that in some states in a specific context FACEM is recognised as a specialist qualification. I think I showed you an exhibit -

COMMISSIONER WATLING: Yes, you did.

MR HOUSE: - to that effect.

COMMISSIONER WATLING: But I am not too sure whether that constitutes a full blown argument on the issue, because it is going to be - I perceive anyway - a fairly contentious issue during the course of this case.

MR HOUSE: Yes.

COMMISSIONER WATLING: And I would not want your case to rest on that bit that you have told me thus far.

MR HOUSE: Well, it is the same sort of argument -

COMMISSIONER WATLING: Yes, I do not want to go to it now, I think I have got the answer from Dr Senator but I just foreshadow that really.

DR SENATOR: Well, if you feel that is appropriate, sir, we had intended that that would be where it most appropriately rested.

COMMISSIONER WATLING: Right. No, well I am in your hands, yes. As long as you - I have asked the question and I got the answer that you are going to address it during that part. Well, that satisfies me. Because I just notice it crops up here all the time and -

MR HOUSE: The - at this level there is a requirement for reaccreditation of senior qualifications and the standards for this level are predicated on Current National Specialist - and there should be the word 'qualifications' - Advisory Committee criteria and are subject to review in the light of changes to the standards adopted by that body.

Typical duties: the work involves any or all of the following: the provision of expert opinion -

COMMISSIONER WATLING: Now, when you say they will be subject to review, was - are you foreshadowing that you want to amend the award or something?

MR HOUSE: No.

DR SENATOR: No, sir. I mean, we are confident that the problem of FACEM may be resolved by NSQAC itself.

COMMISSIONER WATLING: NSQAC, yes right.

DR SENATOR: But there may be new candidates, as I suggested this morning -

COMMISSIONER WATLING: Yes.

DR SENATOR: - APHM was one that has been taken on board. And there is a constant review mechanism and that may -

COMMISSIONER WATLING: Yes. So, that would mean, though, that you would have to amend - just say, for example, this was to get up -

DR SENATOR: Yes.

COMMISSIONER WATLING: - you would then have to amend the award though; would not you?

DR SENATOR: Well, I do not think so. I mean, it may be that we have perhaps out - slightly outdated terminology in that FACEM would be eventually picked up by NSQAC as well as being specifically mentioned. But that is the only one. The other area, of course, is one that I do not think will ever be picked up by NSQAC formally in the same sense, and that would



be the masters degree in health or business management, where that is relevant to the appointment. So, we would still need to have reference where necessary involving the medical administration levels and grades to address that particular possibility.

COMMISSIONER WATLING: Yes. In view of your first dot point, does one make a mockery of the other? Because you are talking about the Fellowship of the Australian College of Emergency Medicine, in the first one but on the fourth point you are making the point that all these standards are predicated on the national - on the NSQAC thing.

DR SENATOR: Well, I would suggest that we are less wedded to NSQAC than some others. We do recognise that it has some legitimacy but it, like the award, has a - well, more so than the award - has to serve a number of different purposes not least of which is some sort of direction to the Commonwealth from the point of view of specialist fees as well as the recognition of standards of the bodies which it recognises for the purposes of pure service delivery at specialist level.

So, it is meant to do more than one task and perhaps cannot be specific as we may wish for our particular purposes. And all we are doing is giving credence to NSQAC as a standard setting organisation, but indicating that the goal standard may be slightly tarnished in certain respects.

COMMISSIONER WATLING: Right.

MR HOUSE: Well, I think the - FACEM and that - I do not know whether I have still got the right words, but it is a more limited specialist qualification, is not it, in a sense.

DR SENATOR: Well, I think if we are to say anything about FACEM at the moment, it would seem to me that the real difficulties associated with its relationship with NSQAC are more based on its particular relationship with other recognised colleges and really where it fits in in relationship to the College of Surgeons and the College of General Practitioners - and we are talking about a turf issue here, we are not, I do not think, about a specialist issue.

COMMISSIONER WATLING: Right.

MR HOUSE: In terms of the typical duties the work involves the provision of expert opinion in consultation with the patients, the identification of realistic targets, establishment of evaluation criteria for and implementation of means to ensure quality in the health outcomes of individual and major groups of patients with highly complex conditions. The participation in the maintenance, improvement and evaluation of the quality and cost effectiveness and utility of alternative treatment modulates.

Advocacy for patients and groups of patients. The analysis of research data in the formulation of cost effective practical outcomes and strategies. Assessment of the design and application of clinical protocols and epidemiological standards in reviewing and refining future protocols for patient management. The next one is important: clinical budgeting, contribution to the strategic planning of services for the direction of the scope of services of a unit or a department in the health service facility. And that would be a director function that we have discussed.

The provision of authoritative advice to management, government or its agencies, on the medical aspects of a significant sphere of health service facility. Regional or agency activities, the development of and recommendations on relevant policy, standards and procedures in a specialist area. The representation of the health service facility, health region and/or government and its agencies on relevant academic and/or professional bodies at state, national, or international level.

Here is a specific responsibility for the teaching and training programmes within the department, unit, or service and supervision of level 1, 2, or 3 medical practitioners, medical students and other health professionals. The training of future specialists in clinical medicine, management, teaching, or research. The design, coordination and implementation of laboratory clinical or epidemiological research projects.

And going to the guidelines, again we specify NSQAC or FACEM, for people in the consultant stream. We now provide for guidelines as to the grade at which people would be appointed within this level and they would be appointed grade 1, if they had less than 2 years experience as a consultant. If they had more than 2 years but less than 4 years, appointed to grade 3. Grade 4 require more than 4 years but less than 7. And grade 5, at the top, more than 7 years.

Similarly, in terms of progression based on years of experience, from grade 1 to grade 3, 2 years in total; grade 3 to grade 4, 4 years in total; and grade 4 to grade 5, 7 years in total.

COMMISSIONER WATLING: Yes. So, getting back to points I made earlier, progression there is just based on years of service.

MR HOUSE: Well, I was expecting that, sir. We contend there is a, you know, an accumulation of experience rather than just, you know, five times one year or seven times one year. That it is related in terms of accumulation of knowledge and practice rather than just -



COMMISSIONER WATLING: Yes, but does not that happen everywhere, though? Like, what is it above years of experience that you have. Like me, for example, every case is different and therefore I am building on experience; are not I?

MR HOUSE: Yes.

COMMISSIONER WATLING: So, I should get increases based on years of service only because I have had a number of experiences in, say, the last 8 or 9 years dealing with 1000 or 1200 matters - a couple of thousand matters you gain a lot of experience. So, I get pay increase based on experience? I just have difficulty with just straight experience. There must be something more at what - a different level or something that they should go to or - rather than just get a pay increase.

DR SENATOR: It's not easy. I don't know that we can really - how relevant comparisons across professional groups can be. We have to confess there's a lot of history behind this. This is a tradition. Now whether the tradition requires - deserves to continue is something that you'll have to address, but suffice to say that the structures in all administrations relating to the medical profession have followed along those lines. This is a very much more simplified version of that which occurs everywhere else, and we have -

COMMISSIONER WATLING: I'd have to say - and I have foreshadowed - that I would rather someone get an appropriate rate of pay for the position than -

DR SENATOR: Yes. Right. Well we, I don't believe, can specify the difference in the level of responsibilities for each of these duties at - within level 4 which can provide for appropriate career paths and without relying on the wealth and the contribution to the totality of the health services derived from experience functioning in that particular capacity. That's our difficulty. And I think in a - I don't believe that there's any disagreement that if there were a better system that we'd gladly embrace it because we can see the difficulties that our proposal brings, but I still don't know of a better way of categorising the classification standards to reflect the advantages and the benefits in terms of outcomes that might derive from that quantum improvement in what we would call experience or service. We believe it's more appropriately experience rather than service.

The other difficulty that we face with our particular consultants stream, I think, is that the fact that what isn't happening is that people are constantly shifting their duties, that they move on from being clinician to being a manager or they - they may add those things on board but they've still

got the responsibility at the end of the day of looking after patients. We believe with that extra experiential background that they are better at doing it and that the actual quality of the outcome is improved by that aggregation of experience, perhaps similarly to yourself in dealing with a, you know, a wider .... of similar issues in perhaps difference cases.

COMMISSIONER WATLING: So, say I was to reward then - say we forgot the levels and the grades and we went for classifications. A director got a certain rate; a supervisor got a certain rate, and a career medical practitioner got a certain rate and you might find a deputy director and a director gets a special rate. If you were to mention them by classification; if they held that position, then they got that rate of pay, would that satisfy the - ?

DR SENATOR: Well I - no. Well I don't believe we can reach that because I believe it would be then impossible to classify the jobs so precisely that we could, in fact, distinguish between a director and a supervisor.

COMMISSIONER WATLING: You couldn't?

DR SENATOR: No, because the totality of the responsibility in relation to the teaching, training, research as well as service, management and administration arms, if you like, may not necessarily be all at a similar level in each of those particular areas.

COMMISSIONER WATLING: Right. Well if you go to the qualified person at your level 4, the next person - the next level after that really is the director's position, but your -

DR SENATOR: No, we believe that someone relatively junior, but with the relevant qualifications and capable of dealing with the duties can be appointed as a director. We have absorbed -

COMMISSIONER WATLING: Rightio. Well -

DR SENATOR: - the director's role within this classification. We say that anybody beyond a level 4 grade 2 can act as a director.

COMMISSIONER WATLING: Yes. But you say you can go from grade 1 to grade 5 just on years of service.

DR SENATOR: Well, yes. I think -

COMMISSIONER WATLING: See, you could end up with everyone up at the top.

DR SENATOR: Well if there's no turnover, but we believe that within the system that that has some benefits to the system



that you retain that expertise and that you reduce the costs to the system and also the expertise within the system by overcoming the problem of people moving in and out. I mean, it is a difficulty in our particular sphere that one will be dealing with a number of terminal employees no matter where you place the top of the scale. But we would think that's preferable for the health of the system than people just being appointed to a specific spot salary, if you like, than finding they can't move anywhere but outside the system.

COMMISSIONER WATLING: Right. Well if your theory is correct, that you gain experiences, why does it take some five years - no, it's more than that - to get from grade 1 to grade 5 it will take 7 years.

DR SENATOR: Well to reach the top of the scale it takes 7 - approximately 7 - well it takes 7 years.

COMMISSIONER WATLING: Yes. Now for this to have some validity and the experience to have some validity, you would have had to have looked at a series of things and said, well, look, it takes 7 years to get there. How did you arrive at this 7 years? Why isn't it 3 years? Why isn't it 4 years or 5 years? Why does it have to be 7?

DR SENATOR: Well, I'm sure that -

COMMISSIONER WATLING: Is this a case where it's sort of an art and not a science, like industrial relations generally?

MR HOUSE: What I did, sir, was look at what happens elsewhere and what, you know, appears to be - rightly or wrongly - the sort of time it takes to move through the scale. Most notably, I suppose, in Queensland they've just reduced it down from 9 years to 7 years.

COMMISSIONER WATLING: So, at the level 4 - if someone was appointed at level 4, in 7 years time they could be - there could really be automatic progression to grade 5?

DR SENATOR: Automatic progression to level 4, grade 5.

COMMISSIONER WATLING: Level - 5 - yes.

DR SENATOR: Yes.

COMMISSIONER WATLING: Grade 5 I'm talking about.

DR SENATOR: Yes, yes.

COMMISSIONER WATLING: Yes.

MR HOUSE: On this issue of setting a rate for the job, I've thought about this and it is the case in terms of more highly

paid people in the public sector to be on a spot salary or perhaps at the most one increment. Now, I wonder whether this has been all that successful given that in the Commonwealth they've tended to band the SES rates, as you would know, and people can be paid within bands and more recently there's this wonderful concept of performance -

COMMISSIONER WATLING: But that's to give the employer flexibility as to where they place them.

MR HOUSE: Oh, it's all - I think it's also -

COMMISSIONER WATLING: A lot of them don't want to be too prescriptive because they mightn't want to put people at the appropriate level. They might want to start them off at a lower level.

MR HOUSE: Well I think it's also given - perhaps not a perception of experience, but a perception of responsibility. All - well as long as I can recall there used to be a difference between whether you worked in the so-called policy department when you're on the 2, 4, 6 structure, or you were in the service delivery department and you were 1, 3, 5, so there was a bit of that in it too, but anyway -

COMMISSIONER WATLING: That's right. But in this area I'm trying to eliminate that because I'm trying to say to you if people are doing the job then the employer should post them there, not have the choice of posting them there.

MR HOUSE: Well, now they've - as I have said, or was moving onto, introduction of performance pay up to \$12,000 a year for people. Now, I believe, with due respect, sir, you can go too far in that - for example, in the Australian Federal Police where they've done away with all the intermediary grades you've just got a constable and sergeant and then an inspector and -

COMMISSIONER WATLING: That's what they'll do here too.

MR HOUSE: You've got constables that have been constables for 17 years who have -

COMMISSIONER WATLING: That's right.

MR HOUSE: - accumulated -

COMMISSIONER WATLING: If you're a carpenter, you might be a carpenter for 40 years, so what do you get, a 40 year - some of those people out there in DOC get a 40 year scale, 32 year scale? They don't.

MR HOUSE: Well I think that -



COMMISSIONER WATLING: There are -

MR HOUSE: - there's - with a carpenter - and again it's not necessarily experience, but I think there is a recognition that you become a senior carpenter and then a foreman carpenter and it's not probably -

COMMISSIONER WATLING: Well you obviously don't -

MR HOUSE: I know the leading hand thing, but in the old department of Civil Aviation, soon as you could - well you were a mechanic then you could be left to do things on your own - you were made a senior mechanic just like that.

COMMISSIONER WATLING: Yes, well, I've got the building and construction industry. I've got a fair idea what happens in it.

MR HOUSE: Yes.

COMMISSIONER WATLING: And it's not that. But all I say is -

MR HOUSE: Well I don't know whether it's - my submission - and this is - I'm not instructed in this - but just in my experience, that it's going to be conducive to structural efficiency if Tasmania moves ahead of what goes on where we - I think - gone a fair way, what happens in the profession in other places in Australia - see, even if you appointed people, say, you struck a rate somewhere near -

COMMISSIONER WATLING: We don't have to follow everything that happens in Australia, do we?

MR HOUSE: Well I think that the -

COMMISSIONER WATLING: We might follow - you wouldn't want our government to follow Victoria, would you?

MR HOUSE: Certainly not -

COMMISSIONER WATLING: Well, let's -

MR HOUSE: - but - I'm just putting it to you, sir, that if people come here at a reasonably high level in terms of salary, but then there's no movement, then they'll probably be looking elsewhere.

COMMISSIONER WATLING: And then they mightn't - at that level, they mightn't find anything better.

MR HOUSE: Well it seems - and Dr Senator can correct if I'm wrong - that in terms of your applying for jobs elsewhere, other systems would recognise how many years of experience you have and after a certain period when you have got so many

years of experience up, that encompasses not only clinical practice but research projects and contributions to the teaching hospital and all these things that are possible to do after you've had some period as a practising specialist, then all these things go on your CV.

COMMISSIONER WATLING: But let's face it, not only in this country, but around the world, there has been a movement away from experience based pay -

MR HOUSE: Yes.

COMMISSIONER WATLING: - because the simple fact is that you could have someone that's been at that level for 10 or 20 years and gained absolutely nothing and someone at that level for 2 years that may have gained twice as much.

MR HOUSE: But this moves, I think - you've got to move to a -

COMMISSIONER WATLING: You just don't want to change from the old fashioned ways, that's what it amounts to.

MR HOUSE: - you've got to move away though from a public service type career structure to what they want to do in New Zealand, and perhaps Mr Kennett wants to do, where people are actually paid in terms of a contract to achieve, you know, for that sort of approach to be effective.

COMMISSIONER WATLING: Well I'm really trying to find out why I'm going to give out money here and if I'm going to give out money just because someone's been in the job for 2 years or 7 years because I think some people might - that are appointed at that level may - it would be possible for them to have a lot more get up and go and skills than someone that's just sat there for 7 years and take on no extra thing other than experience. Experience doesn't count for everything in this world. Some things it does.

DR SENATOR: Well I don't think we're relying purely on experience -

COMMISSIONER WATLING: Well, what's - well, what is there?

DR SENATOR: - because these people are qualified, sir. They have postgraduate qualifications which are recognised by their peers.

COMMISSIONER WATLING: Well, tell me what it is other than what you've got in there?

DR SENATOR: Well they've all passed the threshold of having sophisticated -



COMMISSIONER WATLING: Right.

DR SENATOR: - postgraduate qualifications -

COMMISSIONER WATLING: Yes.

DR SENATOR: - which take at least 7 years to achieve.

COMMISSIONER WATLING: Right. So put them on level 4.

DR SENATOR: They've submitted themselves to -

COMMISSIONER WATLING: Why do they go past level 4?

DR SENATOR: Because they have submitted themselves to reaccreditation which is an index of them fulfilling expectations regarding maintenance and development of the clinical skills.

COMMISSIONER WATLING: So, what, do they do this every year?

DR SENATOR: Every - the colleges differ. The only one which is currently in place is the College of Obstetrics and Gynaecology which I think is every two years, but all the other colleges are now jumping on board for a very similar program of reaccreditation.

COMMISSIONER WATLING: So at level 4 they'd get reaccreditation every year?

DR SENATOR: Probably every second year.

COMMISSIONER WATLING: Yes, probably, but do they or don't they?

DR SENATOR: Well, I've just suggested that the College of Obstetrics and Gynaecology have this -

COMMISSIONER WATLING: Well, that's one college.

DR SENATOR: - program already.

COMMISSIONER WATLING: That's one college.

DR SENATOR: The College of Physicians and the College of Surgeons are currently finalising their positions on reaccreditation. They have agreed in principle to it -

COMMISSIONER WATLING: So it's not up and running there?

DR SENATOR: Well it's not up and running but it will be during the currency of this award.

COMMISSIONER WATLING: Well I'm not - I'm - you're going - you can't take me to things that may happen in the future. You've got to take me to things that are happening now.

DR SENATOR: No, well - well - but we may be able to present evidence at the level of the work value which - where it would be appropriate as to what movement had occurred in the reaccreditation process.

COMMISSIONER WATLING: Yes, but, still, even then we can't look at what may happen. We've got to have a look at what is in place now. So, you're telling me at best there's two colleges that may have moved that way, one which has, another one which is on the way.

DR SENATOR: Well the College of General Practitioners has also moved. They've got that in place also, vocational registration.

COMMISSIONER WATLING: So that's two colleges?

DR SENATOR: Yes.

COMMISSIONER WATLING: Righto. Now - so, given that there are two colleges have annual or biannual accreditation, then this is not even based on that, is it?

DR SENATOR: Well, the reaccreditation process involves the collective assessment of some areas of responsibility covered by the professional classification standards, namely, quality of service delivery, commitment to personal, professional development, teaching, training, research, possibly doesn't deal, but it may do - and this is subject to what the final shape of the surgeons and physicians is in relation to management and administration, but it certainly covers quite a number of key significant areas which we have addressed already in the classification standards.

Now it is very difficult to categorise any stratification of the consultants within level 4, as I have mentioned before, in relation to change in duties which might allow you to set a different rate based on the different range of activities. They're a summation of activities and an improvement in the performance of those activities and the absorption of extra responsibilities, and we believe based on that, that there should be some scope for progression.

COMMISSIONER WATLING: So they would take on extra responsibilities over the 7 years?

DR SENATOR: Yes.

COMMISSIONER WATLING: Like what?



DR SENATOR: Well they're encompassed within the professional classification standard, grade -

COMMISSIONER WATLING: Yes, but I'm the bunny that's got to give the money. What am I giving it for?

DR SENATOR: Well there are extra managerial responsibilities in terms of -

COMMISSIONER WATLING: On - no, no, no, go back to your document. On your document you're telling me I'm giving it for 2 years experience, 4 years experience, and 7 years.

DR SENATOR: You're right. Well the experience would be in the quality of their services and also the assumption of extra responsibilities which are incorporated in the duty descriptions related to the classification standards at level 4. We specifically said at the -

COMMISSIONER WATLING: Well you don't have to do that under your definition. You just have to put in the years.

DR SENATOR: Well that may occur for some, but the practice has been always within this consultant stream that people do take on these extra duties and responsibilities.

COMMISSIONER WATLING: Well I don't doubt that, but it's not - it doesn't say that in the definitions.

DR SENATOR: Well the typical duties, we've been - at every level we've been clear to state the work involves any or all of the following and we're indicating that perhaps at the top of the scale we would expect, so long as it was relevant to the employment that, say, a clinician would have taken on much more in the way of the managerial and the administrative responsibilities as well as perhaps at the lower levels, expanding the sophistication of the research programs, teaching and training commitments as well as service delivery.

COMMISSIONER WATLING: But we don't know and it's not part of the requirement to get your progression.

DR SENATOR: If what you're saying if you could require in the duty statement that a level 4, grade 1 appointee take on all of these responsibilities and expect to remain at level 4, grade 1 for ever and a day, then it would be our view -

COMMISSIONER WATLING: Until there's a position available further up the line.

DR SENATOR: Well, that's not the way in which people - consultants are appointed in our system, sir, nor in any other system.

COMMISSIONER WATLING: Who says we can't change it?

DR SENATOR: Well I believe that you could -

COMMISSIONER WATLING: Who says I won't change it?

DR SENATOR: Well I wish you luck, sir, but I don't know that -

COMMISSIONER WATLING: I like a bit of a challenge.

DR SENATOR: Well all I can say is I would be surprised if this jurisdiction were the first to address these dilemmas.

COMMISSIONER WATLING: Well if you can't put the arguments to me and you can't show me, I'm going to have to be forced into a position where I say I haven't been able to clarify the position of progression because it's only based on years of experience.

And then I'll have to write a decision talking about whether it is appropriate for people to just move up a grade purely based on years of experience. I'll only be ruling on what the evidence says. That's why I am trying to drag a bit out of you.

DR SENATOR: Right, well I don't know that I can go a lot further but, as I say, there are - and, unfortunately, we occasionally come back to this - there are issues arising from I guess traditionally history that with the best will in the world to try and remove those in the interest of greater structural efficiency we can only go so far.

COMMISSIONER WATLING: Well, as I say, I am still the one that has got to satisfy myself.

MR HOUSE: Sir, I'd put it to you this way, that I don't think the late Dr Chang would, in terms of his capacity, stand still. Like, he might charge a quarter of a million per operation, but if he was a salaried employee I think there would be some recognition of his capacity and his development in terms of heart surgery. And, similarly, with I suppose -

COMMISSIONER WATLING: So you are not saying that he would equate to any of these levels, are you?

MR HOUSE: What I am saying is that's a dramatic thing in terms of a medical practitioner. I would believe that years of experience does impact on their work value and on what they are capable of doing.

And, as Dr Senator says, they have to keep up with the movements of -



COMMISSIONER WATLING: I don't disagree in certain circumstances experience can count. For example, at the base grade I have always maintained you can come out a textbook cowboy but you still need to have hands-on experience, and therefore before you are left alone it might take a few years after graduation to sort of get to a certain level. Now, even when you get to level 4, there may be a reasonable time before you get to the top of level 4.

But I am trying to ascertain what is it that they need to progress to the top of level 4. At the moment I have only got a maximum of 7 years experience.

MR HOUSE: Yes.

COMMISSIONER WATLING: Now that's all I have got to hang my hat on. I have got to put all these grades in because of 7 years experience.

MR HOUSE: Well, it's our assessment -

COMMISSIONER WATLING: It takes 7 years to be a fully competent consultant, does it?

MR HOUSE: I suppose after 7 years the - and I would have to rely on Dr Senator for this - but after 7 years the person's further development is probably less dramatic, less - like, at 7 years I suppose you are there, are you, Gordon, but you are still going?

COMMISSIONER WATLING: But you could take that through life, though, couldn't you? Like, if the person was employed at level 4 for 20 years, if you follow your argument through, why shouldn't they have a 20 year grade? Because every year, under your argument, you are going to gain some experience.

But you have to say, look, this is a consultant's level, how many years would it take this consultant to be fully proficient. So you are saying to me 7 years?

DR SENATOR: Well I believe we are in a very difficult area because I don't know that there is a way of measuring it. It is our view that 7 years is probably appropriate given our examination of other jurisdictions. Now we may be all wrong. I can't - we just find it extremely difficult to know how we can present substantiation of the view. I don't know that there is an easy way.

For example, the colleges themselves don't have within their charters - none of them - any way of grading their fellows. All they say is - probably as you're saying - once you get up and get your ticket you are all equal.

But that's not the perception out there in the community. Out in the community there is a perception that somebody who has worked within the system for a number of years in that particular capacity is likely on the balance of experience gained to provide them with a better opportunity of an improved outcome.

Now, what the quantum of that is, I cannot say. I might say that I perhaps disagree a priority on the 7 year bit, because we are also putting forward a claim that 10 years be the minimum for a level 5. So I can't be internally inconsistent.

COMMISSIONER WATLING: That's why I am trying to work this one out before we move on.

DR SENATOR: But, ask me to give you a check list, apart from the experiential benefits of those years which you could use for even designing the number of grades - if there are to be grades within this level - is an extremely difficult task. At the end of the day it may come down to what looks okay in terms of the difference in the salary points.

COMMISSIONER WATLING: Yes. So, do they have to do anything during this 7 years?

DR SENATOR: Yes, well they have to work, sir, and develop themselves.

COMMISSIONER WATLING: Well, so do we all, but is it mandatory for them to take extra courses?

DR SENATOR: Well that will now be the - I talked about the development of the reaccreditation, but that will be mandatory -

COMMISSIONER WATLING: In two areas, yes.

DR SENATOR: - I believe for all colleges by the end of this decade.

COMMISSIONER WATLING: So, should I introduce this at the end of the decade?

DR SENATOR: No. I would think that it being such a forward-looking commission that we can anticipate the movements elsewhere.

COMMISSIONER WATLING: Right. So when you come to work valuing this, keeping in mind that you can only work value what's in existence and not what's likely to happen in the future, so we are going to arrive somewhere and we are going to try and look at why you should get \$40,000 and you should get \$45,000, or whatever we have to do. Now -



DR SENATOR: Well it may be necessary to present, if we can, evidence from people who have been in this consultant level for varying durations of time to analyse what has eventuated from, and what has developed in parallel with this extra experience within that level. But I don't know that we'll actually be able to invent a score card that is going to give us a hard and fast number down the bottom that's going to be a useful guide.

COMMISSIONER WATLING: So, you've told me, say, down the bottom of the scale that a resident medical practitioner - about 4 years you sort of - well, 3 years - and you can stream off. You've arrive at some conclusion there that it takes - given their training and after graduation it is going to take that many years for them to be reasonably competent at that level.

DR SENATOR: Well I think some of that too is mandated by the training colleges, and that they may have got their sums wrong too, but they at least have some control over the situation, and we don't have a parallel regulatory mechanism superimposed at the top of the scale.

COMMISSIONER WATLING: Right. So at the consultant level you are saying that you can't use the same analogy. You just couldn't say, look, someone should be fully competent at consultant level in all facets after 3 or 4 years of service.

DR SENATOR: No. I think that will rely very much on, for example, in the field of surgery between surgical subspecialties and the number of cases of particular disorders that are being done. I think rather similar to the analogy that you put forward for yourself earlier. And that may develop at different paces, depending on the caseload throughout the state and various regions of the state to then compare a surgeon with a physician who isn't procedurally orientated but is developing more his capacities for cognitive judgment and fine judgment in areas that are fairly often extremely complex again is extremely difficult to quantify.

COMMISSIONER WATLING: You see, I would hate to be in a position where I said it took 7 years for this person to get to the top of the level when, in fact, they should be there in 3 years, when they are really doing them out of 4 years worth of salary at that level.

DR SENATOR: Yes. Well, we appreciate that, and I guess the other confounding influence is the fact that the professional instinct, if you like, is probably only based on two components, and one is that there is an imposed personal level of excellence which doesn't necessarily relate to what the community expectation is and, secondly, a degree of self regulation, which embodies this principle of self development which isn't necessarily imposed from outside. Not with a

sense of perhaps climbing the rungs, but just purely in terms of the fulfilment of professional instinct.

COMMISSIONER WATLING: Right. If it is in terms of dollars, what would be wrong with, say, for example, level 4 - and just say for the sake of the discussion if level 4 started at \$40,000 and went through to \$50,000 - and I said, well, I thought that many grades was not needed and I decided that there would be a level 4 and that level 4 be \$47,000 from day one. Now, wouldn't they be better off on \$47,000 from day one than \$40,000 and it takes them 7 years to get to the other amount?

DR SENATOR: Well, I guess when we started off this exercise and looking at it as something in terms of structural efficiency, one of the abiding principles was the sense of having a career pathway and some form of an improvement that could be visualised by the people coming into the system, so that after a period of time, rightly or wrongly, they could anticipate that they would be better off, rather than all coming in as perhaps terminal employees with the only philosophical perspective that their possibilities of any advancement came from moving outside the system rather than remaining in it.

COMMISSIONER WATLING: Or moving up to another position when it became vacant.

DR SENATOR: Well, unfortunately, sir, as we were talking about, setting the scene for the future, but I believe it would be extremely challenging to try and devise the position statements that would reflect the capacity that you talk about.

COMMISSIONER WATLING: But we are going to get into this argument shortly when we move to the senior consultant, because it will get back to this question of whether or not people are entitled to move to levels where positions are available and vacant, or whether they get it because of certain years of experience.

DR SENATOR: Mm. Um - yes.

COMMISSIONER WATLING: And, indeed, how can you fill these positions if they are not vacant, anyway?

DR SENATOR: Well, we may contend that there would be situations where the positions would be available and they could be filled by appointment or promotion, or that there be this extra dimension of perhaps a personal classification that allows somebody to progress, recognising that they are performing at that higher level.



Now, I realise that that's going to be a problem area, and particularly since there are other factors such as the State Service Act which may limit our scope in those particular areas. But I believe there are ways in which we can significantly address these without doing injury to the state service standards when we come to do that. It may call for some slight remodelling, but I don't believe they are insuperable problems.

COMMISSIONER WATLING: So, in short, in relation to this level 4 the progression through the grades will be based on years of experience because you're of the view that they are continually gaining experience through these years, and that should be recognised.

DR SENATOR: And that there would be, I believe, within a short number of years mandatory reaccreditation to ensure that there is a transfer of that experience.

COMMISSIONER WATLING: But I can't take that into consideration in a work value case. Right? I can only take into consideration what is happening now. Because when we get into the work value case I am going to say to you that I want you to initially address the datum point. Right? And then it is usually up to the time the case opens. Right?

So, I have to examine the change between the last work value and the start of this one. So when you do it again next time everyone knows that this particular date in 1992 was the starting point for the last review.

DR SENATOR: Yes. I am sorry, sir, my slight smile was that perhaps with the way we are progressing that the work value element will be addressed by the time we have got full reaccreditation mandatory for all colleges.

COMMISSIONER WATLING: Mm. I hope that isn't the case. I might be retired then myself. Right.

MR HOUSE: Well, just a final comment, sir. I think, you know, it's probably - what's happening is that because of the level of salaries of consultants existing, let alone what might be proposed, then they are being equated with people in senior management positions, and -

COMMISSIONER WATLING: Why shouldn't they go then up - what happens if I get someone that I want to replace immediately on a higher rate? Say, for example, level 5, what criteria do I use? And I haven't been in the system before, and I've applied for a job, and I'm the employer and I want to place someone at that higher level, level 4 grade 5. What's the minimum criteria for me to place that person? Has he just got to be a consultant for 7 years?

MR HOUSE: Well we say that that is a minimum mandatory qualification - requirement.

COMMISSIONER WATLING: So you have got to have the entry qualification, plus be a consultant for 7 years?

MR HOUSE: Yes. I hate to draw this sort of analogy, but flying down here there was -

COMMISSIONER WATLING: You want pilot rates for them?

MR HOUSE: - the pilot and the first officer, and the first officer by his voice and manner was obviously much younger than the captain. Now, is experience as a pilot relevant?

MISS COX: He might have started late.

MR HOUSE: And if so, how do you measure it?

COMMISSIONER WATLING: Well, I think, though, that you might have been on a plane that may have had an older sounding captain. I've certainly been on a QANTAS plane where I've had a younger sounding captain. Now I am not too sure whether that means a lot, really.

MR HOUSE: Well, again, it's a matter of tradition in terms of flying hours and types of aircraft in that industry as to how they determine their work value.

COMMISSIONER WATLING: You may have appeared before the commission with an older sounding commissioner, and you appear before this commission with, hopefully, a younger sounding commissioner.

I'm not too sure that I should base my decision on how one sounds or, indeed, whether one has gained more experience in the field or not.

MR HOUSE: One's assuming that there is some degree of correlation in terms of people's experience, but some people might have started in industrial relations at a younger age than others.

But, you know, all other things being equal, you start off as a pilot, say, on an F50 and you go from there and hopefully end up in front of a jumbo, and it goes to years -

COMMISSIONER WATLING: So, does this mean you start off with tonsillectomies and you go to heart surgery? What's the analogy?

MR HOUSE: I would say in seriousness that given the range of activities that we say that the medical practitioner at the level 4 is required to become competent in in teaching,



research, clinical work and so on, that - I don't know whether it is 7 years but it certainly I would believe takes some years.

I can't really come to grips with the rate for the job other than if we're going to decide to appoint people on contract.

And then in the private sector there would be annual bonuses and share schemes, and so on, dependant upon how you perform.

COMMISSIONER WATLING: I'm not so sure of that.

MR HOUSE: Pardon?

COMMISSIONER WATLING: I'm not too sure of that. You might get the school fees paid for, and things like that.

MR HOUSE: I think that - pardon?

COMMISSIONER WATLING: You might get your school fees paid for and medical benefits, and things like that, as part of a package, but -

MR HOUSE: I think that there's a movement towards - from what I can deduce, anyway - these sorts of things, but -

COMMISSIONER WATLING: But, apart from that - I know we are really talking about semantics here.

MR HOUSE: We're in an averaging - you'll see, hopefully, witnesses that some - you'll think they are very impressive - and others that may be less impressive. That's in our - but even then you probably won't see them in actual operation - you know, consulting with patients and how they deal with patients, and what their ability to diagnose things quickly or in a longer time. Like, people will vary, and I just say in the public service way of doing things traditionally, rightly or wrongly, has been to recognise years of experience.

The problem we have got with my clients is that the salaries are up in - there are spot salaries elsewhere.

COMMISSIONER WATLING: Yes. I can understand some - don't get me wrong - at a level I can understand that it may take a certain time for one to be proficient at the level. Right? Just the same as it takes a resident medical practitioner some years to be proficient and get to the top of that level. But I am trying to ascertain why does it take 7 years, or have you arrived at the conclusion that that's the appropriate length of time, given all the circumstances? I just want to know if there is anything magical about 7 years.

MR HOUSE: Well -

COMMISSIONER WATLING: It might be 3.

MR HOUSE: - I'd have to take advice from Dr Senator. I am not able to truthfully and honestly give you an answer to that one.

COMMISSIONER WATLING: I might say that it takes 3 years. As a consultant, it might take 3 years.

MR HOUSE: We'll have to talk about it. We certainly talked about senior consultant and what's required of them, and to the extent we can be certain about these things, we believed on balancing it all up that 10 years. But, it probably varies between specialties, too, as to how long it takes to become the full -

COMMISSIONER WATLING: That's right. So the medium point in your argument might be 7 years?

MR HOUSE: Well, I'd like to be honest. My 7 years was picked at looking across the spectrum of what is there in terms of salary structures for specialists in the various states. And you look at 6, 7 years for of minimum - no more forensic or scientific than that. Some of them are more.

We've endeavoured to take into account what you said in reducing the numbers of salary points. I don't think we have reduced the years of experience as much obviously in the way it is now constructed.

But I think we would have to put our thinking caps on and think some more -

COMMISSIONER WATLING: Well, if it is 7 years, is that then restrictive insofar as the employer is concerned? Because, why couldn't the employer appoint someone at level 4 grade 3, or level 4 grade 4?

Because if you put in the award it is only related to years of experience - say, for example, the employer might want to appoint someone at level 4 grade 4, and you're saying that it is more appropriate because they haven't had 4 years experience.

MR HOUSE: Well I suppose again it's the public service way of doing things. Like, unless you go to a contract situation - if there is a job in the Department of Health as manager of human resources - unless it is a contract job it will be set in terms of the public service structure, and you have got to live with it.

COMMISSIONER WATLING: That's right. So if the employer was choosing to employ someone, or appoint someone at that level, the only thing they can do per the award is to take into



consideration their years of service. They can't put them anywhere else in the scale because they may have probably 3 years in a specialty, they may be sort of the top in their specialty, but because they haven't been there for 7 years the employer can't put them there. The only thing the employer has got to do, the only thing that the employer has to use to classify them is 7 years?

MR HOUSE: Well that, as I understand it, is the reality in the public health system, unless you go outside of the award. The award doesn't -

COMMISSIONER WATLING: What about those awards that say that, you know, they shall be classified at a certain level, within a certain level, in a certain grade, given their relevant experience?

There are a lot of those awards in the public sector. Say they might be appointed at level 3 in a certain area, but what grade they are on within the level would be assessed at the time.

MR HOUSE: Well -

DR SENATOR: But not in any other medical award, as far as we're aware, sir.

COMMISSIONER WATLING: No.

MR HOUSE: I'm not even aware of the others, other than the CES band system.

COMMISSIONER WATLING: Well, take for example, there's a provision in the general conditions of service, for example.

MR HOUSE: Are you talking about - well, again, in my days in the commonwealth -

COMMISSIONER WATLING: And I am just referring to awards that -

MR HOUSE: - was that you offered a person the minimum. If they didn't take the minimum and you wanted the person, then you could go to the Public Service Board - or DIR these days - and get approval to offer them more. And it is really a recruitment, retention or attraction sort of situation which I suppose can be dealt with anywhere in terms of an over award payment.

COMMISSIONER WATLING: You can't in this area.

MR HOUSE: Well the Federal Commission has been concerned about this sort of thing in reverse, in setting a rate for the job and finding that's the minimum.

COMMISSIONER WATLING: Well I am saying in the public - in a paid rates award - right?

MR HOUSE: That's right. We'll we've tried to stick with the paid rates award concept.

COMMISSIONER WATLING: Well how is the auditor-general going to cope with an over award payment? I mean, are we going to be mentioned in despatches again?

MR HOUSE: We're not - well I am not - I am not promoting over award payments and I am not promoting contracts, but really that's the way -

COMMISSIONER WATLING: But you were talking about they can fix it though by an over award payment. I am saying they can't.

MR HOUSE: I think the only way to answer your - within the public service structure - I am not aware of in a paid rates award situation where people are employed, you know, in a position. It's either a salary range based on years of experience or years of service, or a spot salary, or whatever, and that's an average. There's no - generally unless you go to a contract - there's no scope to pay except, you know, you can go to the Public Service Board and ask them whether you can offer them -

COMMISSIONER WATLING: Well that's the very point I am telling you. You told me a minute ago, when I said why can't the employer appoint someone at level 5, you're telling me they can fix it by over award payment. They can't.

MR HOUSE: I didn't - well, again, I haven't made myself clear - that the only way they can fix it is by contracts or over award payments, if that's available.

COMMISSIONER WATLING: Well, over award payments aren't available in the public sector, are they?

MR HOUSE: Well they seem to be coming in in the commonwealth at a great rate of knots.

COMMISSIONER WATLING: Well, forget the commonwealth. I'm very knowledgeable about what's happening in the state public sector. Now, in the state public sector - irrespective of what the commonwealth do - I don't have any control over that - I'm saying that it is not open to them to pay over award payments. That's a statement of fact.

MR HOUSE: Well, if that's the case, we would prefer to stick - I think - to the sort of years of experience sort of approach rather than just have a disguised, if you like, recruitment, retention sort of thing within the salary scale.



COMMISSIONER WATLING: Right. Well, you do that, what would you say then if I were to look at a scale that said progression shall be with annual increments?

DR SENATOR: Well, I might be able to answer that. If that were your decision, of course we'd accept that, but we were - I think what's underlining your question is, why is this different? Why has it been refined beyond annual increments? What extra dimension is there by directing that sort of 2, 2, 3 steps in years rather than just making it every 12 months. And as I have indicated, there is some difficulty associated with defining what differences those are, except that we do rely on the fact that those colleges that have embraced reaccreditation are indicating that every 2 years is an appropriate time to reassess their particular fellows.

COMMISSIONER WATLING: Right.

DR SENATOR: As to the question of managerial prerogative to appoint at different levels, well clearly on our PCs if it's appropriate then an appointment can be made at either level 4 or 5.

COMMISSIONER WATLING: No it can't be. It can only be if they have had the criteria here.

DR SENATOR: No. I am sorry, those criteria only relate to promotion from level 4 grade 5 to level 5. But if there is an initial appointment to be made, or a position becomes available for level 5, then so long as the classification standard is used in the way it's designed, there is no difficulty in somebody being appointed at level 5.

COMMISSIONER WATLING: Well, an employer would only be able to appoint a consultant at level 4.

DR SENATOR: He can appoint a senior consultant at level 5.

COMMISSIONER WATLING: We haven't got to that. My question was in relation to a consultant. Why can't -

DR SENATOR: It may become a matter of a moot point as to whether a senior consultant may become a local designation and that we look at the restructuring of levels 4 and 5 collectively.

COMMISSIONER WATLING: But you'd agree at this stage that the employer couldn't appoint a consultant somewhere within the range?

DR SENATOR: Oh, yes, I acknowledge that.

COMMISSIONER WATLING: Yes. They would have to follow the years of experience before they could appoint them at, say, a level 4 or a level 3.

DR SENATOR: Yes. Sorry - grade.

COMMISSIONER WATLING: Yes, sorry, grade 4 or grade 3.

DR SENATOR: Yes.

COMMISSIONER WATLING: Or grade 2, for that matter. Right.

MR HOUSE: I think, sir, we're up to:

An employee who is appointed as a consultant who holds a Fellowship of the Royal Australian College of General Practitioners employed in -

(a) a Department of Accident and Emergency Medicine (however titled) providing primary health care services; or

(b) in a recognised Department of Community Health or Family Medicine in a hospital; or

(c) in a Community Health Centre

shall not progress beyond grade 3.

So that's what I was saying before. There is a limit in terms of people with non-NSQAC recognised qualifications progressing to the maximum of the consultant's scale, which is incidentally consistent with the arrangements that are now in Queensland.

Similarly:

An employee who is appointed as a consultant and who holds a Fellowship of the Australasian College for Emergency Medicine and is employed in a Department of Accident and Emergency Medicine (however titled) ...

COMMISSIONER WATLING: So does that give me an indication that it takes 3 years to be proficient at consultancy - as a consultant?

MR HOUSE: Well, in terms of - it's only 2 years, isn't it?

COMMISSIONER WATLING: Two years, yes.

MR HOUSE: I suppose what we've been more inclined to say was that in terms of the work value that the maximum should be at



grade 3 for that particular area of medicine - specialised medicine.

So we are distinguishing between that area and other areas of specialty, rather than say that that's necessarily, you know, an indication of where people become fully proficient generally.

We then say:

A Medical Administrator employed as a Director or Deputy Director of Medical Services will be a Fellow of the Royal Australian College of Medical Administrators or holds a masters degree in health ...

- and it should then say:

... and/or business administration.

That's at this level 4. The next category is:

A Director of Medical Services at North West Regional Hospital, Repatriation General Hospital or Royal Derwent Hospital may progress from Grade 1 to Grade 3 following 2 years of experience at Grade 1.

A Director of Medical Services at Launceston ...

COMMISSIONER WATLING: Well, what does that mean? May progress to that following 2 years experience. So they may go from grade 1 to grade 3?

MR HOUSE: Yes.

COMMISSIONER WATLING: What happened to grade 2?

DR SENATOR: Grade 2 is the half step, sir. That was to accommodate the sliding cursor between LGH and Royal Hobart Hospital.

COMMISSIONER WATLING: Yes, but why shouldn't they go to grade 2 and then to grade 3?

DR SENATOR: Well in our proposed model a grade 1 and a grade 3 is a full step; grade 1 to grade 2 is a half step, and we didn't think that because of the - I hate to say it - but the experiential value, having spent 2 years at grade 1, then we believe it would be appropriate for them to graduate to progress by a full step.

MR HOUSE: Quoting:

A Director of Medical Services -

- there's an `s' missing there -

- at Launceston General Hospital will initially be appointed at Grade 2 if he/she has had less than 2 years experience as a medical administrator; or at Grade 3 if he/she has had at least 2 years, but less than 4 years experience as a medical administrator.

Progression from Grade 2 to Grade 3 for the Director of Medical Services at Launceston General Hospital requires 2 years experience as a medical administrator and progression from Grade 3 to Grade 4 requires a further 2 year (total 4 years) as a medical administrator.

A Director of Medical Services at Royal Hobart Hospital will initially be appointed at Grade 3 if he/she has had less than 2 years experience as a medical administrator; or at Grade 4 if he/she has had at least 2 years but less than 4 years experience as a medical administrator; or a Grade 5 if he/she has had at least 7 years experience as a medical administrator.

So there is a parallel there at the Royal with the consultant structure.

A Deputy Director of Medical Services at Launceston General Hospital may be promoted to or appointed at Grade 1 and will not progress further in that position.

A Deputy Director of Medical Services at Royal Hobart Hospital may be promoted to, or appointed at, Grade 1 with less than 2 years experience as a medical administrator following the completion of the relevant postgraduate qualification, or be initially appointed at Grade 3 with more than 2 years experience as a medical administrator.

A Deputy Director of Medical Services at Royal Hobart Hospital may progress from Grade 1 to Grade 3 following at least 2 years experience as a medical administrator, and will not progress further in this position.

A Career Medical Practitioner may be promoted to or appointed at Grade 1 if in addition to the responsibility for the supervision of subordinate staff he/she has completed the relevant post-graduate qualification.



COMMISSIONER WATLING: You're in Launceston. Right.

MISS COX: Kate will be here.

COMMISSIONER WATLING: Good. Right, we'll adjourn until tomorrow morning.

HEARING ADJOURNED