

**TASMANIAN INDUSTRIAL COMMISSION**

Industrial Relations Act 1984

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

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

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

COMMISSIONER GOZZI

HOBART, 1 May 1992  
continued from 10/4/92

**TRANSCRIPT OF PROCEEDINGS**

Unedited

COMMISSIONER GOZZI: Are there any changes in appearances today?

MR NIELSEN: Yes, Mr Commissioner, Mr Richardson is not here with us today.

COMMISSIONER GOZZI: Thank you, Mr Nielsen. Mr Nielsen, would you like to commence?

MR NIELSEN: Mr Commissioner, if I may proceed with T.3779 of 1992. I have submitted these, but I'll present them again. They are the applications that -

COMMISSIONER GOZZI: Right, yes, that's the application that I have.

MR NIELSEN: Mr Commissioner, before proceeding with this particular application I want to say this, that I'm unaware in my particular experience before this jurisdiction or any other jurisdiction that I've had this duty to perform, it's certainly one that I didn't desire. It certainly doesn't please me. Very briefly, if I may, just refer back to that, we did establish the Tasmanian Ambulance Award from the private sector in 1986. We had a successful work-value case in 1988, which was recognised by all parties, and not only the parties within Tasmania but right throughout Australia. And it was recognised as a very competent award and a very conclusive award.

What we're about today is that in actual fact, because of a sequence of events which has been referred to in the earlier hearings, and I don't desire to comment on those, Mr Commissioner, but we are fragmenting the award or are actually in the process of taking out three positions that are nonfunctional, and from that point of view we desire to proceed, but only from that point of view.

It would be our desire, formally on behalf of our association, and I have mentioned this in passing to the representative of the minister, that we would desire to come back to an award that would have complete coverage for all - and I underline the word 'all' - staff or employees within the Tasmanian Ambulance Service. Having said that to you, Mr Commissioner, it's my position to seek then, consistent with this application before you, and in reference to the Attachment A, not all of page 8 or page 9, but only those three positions.

One is in regards to - at the head of page - at that first page, superintendent, and the definition which is attached to it accordingly. And then beneath that, sir, is the classification of chief superintendent and the definition that applies to that particular. And as I understand, the third one is the manager administrative services.

And then on the following page, sir, it gives you the salary in the - of superintendent and the salary for chief superintendent. As you realise, that those two documents I referred to, the first one was page 8 of the award, where the written definitions are, and the second page of Attachment A was - excuse me - page 11. And we desire to present those to you to delete them, Mr Commissioner.

COMMISSIONER GOZZI: Mr Nielsen, where is the salary of the manager administrative services?

MR NIELSEN: Well, that was raised in 1988, I think that was a matter there was some discussions, and you know we're in '92, but to the best of my knowledge I don't think we ever - I have a copy of the award - I don't think we ever really -

COMMISSIONER GOZZI: I have not got it.

MR NIELSEN: I don't think we ever actually come up with a figure. It was one of those matters that we were going to address but, Mr Commissioner, which I've consistently done. Excuse me, Mr Commissioner, for one moment.

COMMISSIONER GOZZI: Well, I don't think the manager administrative services was ever in the award. Executive officer was, or still is for that matter.

MR NIELSEN: Still, and we desire it to remain. The - yes, I think your question was: the salary rate for manager administrative -

COMMISSIONER GOZZI: Well, I'm just wondering where manager administrative services -

MR NIELSEN: Yes.

COMMISSIONER GOZZI: - is in the award.

MISS COX: It's on page 8 of the definition, but there's no actual definition for it and there's no salary rate. I'm not quite sure how that was in there.

MR WATSON: Well, if I could just correct that? The salary - these positions of .... superintendent positions and they retain the superintendent salary rate to go with them.

COMMISSIONER GOZZI: So there is no manager administrative services salary, is that what you're saying?

MR NIELSEN: Well, yes, at this point of time and to my knowledge there's no actual salary figure. Back in 1988 this was - this particular classification title was introduced and I was to understand there was some consideration or further consideration as to what figure was going to apply. And I



don't think that was ever finalised. That's my recollection of that particular event.

COMMISSIONER GOZZI: Yes, thank you, Mr Nielsen. Miss Cox?

MISS COX: Mr Commissioner, I have noted the concerns of Mr Nielsen and I understand those concerns, and I also understand the concerns expressed by the commission in the way this matter is being handled and I've taken it up with relevant people and have been informed that the proper administrative procedures were complied with, bearing in mind that the matters were dealt with out of the agency's hands by the SES committee and DPAC. I'm afraid I can offer no further comment than that.

COMMISSIONER GOZZI: Yes, I understand that. The commission, of course, as you'd be aware, Miss Cox, has the power under section 34 of the Act to make an award in respect of all persons employed in an agency within the meaning of the Tasmanian State Service Act 1984. So, there is no automaticity about the deletion of these classifications, notwithstanding what the employer has done under the State Service Act, as I've been at pains to point out in exercises of this kind.

The Industrial Relations Act has primacy over the Tasmanian State Service Act. And I note what you say. I'm not sure yet what the reason for the deletion is. Can you help me with that? Why - what's - why are the classifications requested to be deleted?

MISS COX: Well, I guess from our point of view, that there is no-one in the ambulance service that is called a superintendent or a chief superintendent.

COMMISSIONER GOZZI: What are they called now?

MISS COX: They are called assistant secretary and managers. Managers of clinical operation, manager of southern command region and manager of the northern command region and manager .... operations, which is a technical position.

COMMISSIONER GOZZI: Are they filled by people from - the same people?

MISS COX: They are all filled, apart from the vacant assistant secretary position, they are all currently filled by ambulance service people, they have been in the system for some time.

COMMISSIONER GOZZI: When were these positions created?

MISS COX: I can't help you, I don't know if Mr Nielsen can. I wasn't around. Probably 2 -



MR NIELSEN: 18 months.

MISS COX: 18 months, 2 years ago, I think.

COMMISSIONER GOZZI: So, the award's been out of date for that length of time?

MISS COX: I would have to agree with you on that, yes, Mr Commissioner.

COMMISSIONER GOZZI: Right. Thank you, Miss Cox. Just give me the titles again, I'm sorry.

MISS COX: It's manager clinical operations.

COMMISSIONER GOZZI: And what position was that previously?

MISS COX: That would have been the superintendent training.

COMMISSIONER GOZZI: Well, it was superintendent in the -

MISS COX: There's manager statewide operations.

COMMISSIONER GOZZI: Which was?

MISS COX: Was superintendent technical. There's the manager southern command area, or southern operations area.

COMMISSIONER GOZZI: Manager -

MISS COX: Southern Operations area.

COMMISSIONER GOZZI: Which was previously what?

MISS COX: Superintendent south.

MR NIELSEN: Southern region.

MISS COX: Southern region.

COMMISSIONER GOZZI: Was just a superintendent classification?

MISS COX: Yes.

COMMISSIONER GOZZI: Right.

MISS COX: And there was a - there's a manager northern operations, which was the superintendent northern region.

COMMISSIONER GOZZI: Right. So that's a superintendent.

MISS COX: And I think the person in charge of it all used to be the chief superintendent, which is now the assistant secretary.

COMMISSIONER GOZZI: Was the chief superintendent.

MISS COX: And that's the position that's vacant. It was held by Mr Haines. It's in the process of being filled now.

COMMISSIONER GOZZI: What about the executive officer, is he still around?

MISS COX: Yes. Yes.

COMMISSIONER GOZZI: Right. And the manager admin. services just comes out because really there's no salary in the award.

MISS COX: Well, I don't know what that ever was.

COMMISSIONER GOZZI: What is the manager admin. services now?

MISS COX: I am informed by my colleague, there used to be a superintendent of admin. services. And that's been - that's just been absorbed by restructure.

COMMISSIONER GOZZI: So what - what's it gone to?

MISS COX: It's just not there any more. It hasn't gone to anything, has it?

MR NIELSEN: Defunct.

COMMISSIONER GOZZI: What, the manager admin. services was a superintendent, was he?

MISS COX: It used to be a superintendent admin. services, and with the restructuring and reorganisation of the structure that position was assumed by other senior positions and there's no-one in that position and hasn't been for some time.

COMMISSIONER GOZZI: Miss Cox, I don't want to give you a hard time about this at all, but I'm not at all certain what I'm going to do with these classifications. You've quite rightly pointed out I'm far from happy with the cavalier attitude of what - what I regard the cavalier attitude of the department, or the minister as the employer, about this. And I'm not quite sure what I'm going to do, as I say, about the situation. I'm going to ask you: The award is intended to be made more structurally efficient and we've gone through structural efficiency exercises, there are other matters before me which will impinge on the award to make it more structurally efficient.

It was my understanding, and I don't think anybody will quibble with it, that structural efficiency is to - amongst other things - streamline the award with respect to career paths for employees. Is it the submission of the minister that the career paths of award employees now overlap into the SES or not? Because effect - the reason I ask you that question, is because effectively the final intent of the applications will be to significantly reduce the career path available in the award, at least.

MISS COX: I really can't answer you at this point in time, Mr Commissioner, on that matter. I'll certainly seek further instructions from the head of agency and advise you in due course.

COMMISSIONER GOZZI: Yes. I mean, should the commission simply take on board without - take on board the submissions of yourself and Mr Nielsen without satisfying myself about those particular issues, do you think?

MISS COX: I understand the commission wanting to satisfy itself on all aspects of any application. I can seek advice and probably - maybe able to sort of respond to that this afternoon.

COMMISSIONER GOZZI: You see, the superintendent salary is 47,523 - I think that's the current rate.

Anyway it will do for the purpose of the exercise. Yes, it includes the 2.5 and the chief superintendent's salary is \$48,931. Now looking at the award, the salary levels closest to those two rates I've just given you I think is aroundabout \$38,000 - \$38,747 for the course coordinator - clinical instructor, so you can see that the impact of what you're doing is to reduce the level in the award from \$48,931 down to \$38,747, which - and I'm asking in respect of that, does that mean that the career path in the award stops at that level?

MISS COX: My understanding would be that people paid under this award would still have access to apply for the positions of managers that I've numerated for you within the SES level.

COMMISSIONER GOZZI: All right. So, in that respect, do the job descriptions for the SES nominate ambulance experience - ambulance qualifications or not?

MISS COX: I can't answer you.

COMMISSIONER GOZZI: Yes. Well, look, I think that is important and perhaps you should seek to get some instructions on that because I can tell you I'm not all certain in my mind that I should go along with the application as put before me. In fact, I would go so far as to say that I might direct that an application be made to include the new titles and



classification salaries in this award, subject to what you can tell me about the job descriptions and the issues on career path, et cetera.

We'll adjourn until after lunch and we'll move onto the other matter.

MR NIELSEN: Mr Commissioner - I'm sorry -

COMMISSIONER GOZZI: Mr Nielsen, I'm sorry, you have the right of reply of course.

MR NIELSEN: Yes. We have no argument with those comments from your good self. In fact, we have full support, sir.

COMMISSIONER GOZZI: Yes. Thank you, Mr Nielsen. We'll leave that matter until after the luncheon adjournment and move onto matter 2586 of 1990. For the sake of the record, are there any appearances? Oh, I think I've already taken those, haven't I?

MR NIELSEN: Yes.

COMMISSIONER GOZZI: Yes, I have. Mr Nielsen, would you like to carry on with that then.

MR NIELSEN: Mr Commissioner, just to give you perhaps an outline from our previous hearing before you, you did raise with the parties a desire that they readdress two particular classifications and the salary accordingly and they were training coordinator - trainer coordinator and clinical instructors. And of yesterday the parties did come together, Mr Commissioner. We did have discussions on that. We did take on board those comments that you'd expressed and the desire that the parties should give attention to and we agreed, the parties, that we would ask my colleague, Miss Cox, to address you on those two particular classifications.

Perhaps, sir, before she does just to outline as we see or as we desire the procedures before you. Once having concluded those two matters on those two particular classifications, it would be our desire then to proceed before you on ambulance technician. And I'm instructed to advise that we have two positions on that, one is to oppose it as a threshold matter on SEP before the commission. If we're successful on that, well then that answers but particularly if we're unsuccessful then we're in a position to proceed on a full case within the SEP.

And then further, sir, if I may take the opportunity I understand my colleague from the minister then has the desire to respond to seven or eight or nine outstanding issues and as to whether we're able to finalise those matters today or, as I understand, the next proceedings were set down for 15 June.

COMMISSIONER GOZZI: Yes, that's so, Mr Nielsen.

MR NIELSEN: I'd like to call on Miss Cox if she would respond to those two matters you've asked us to.

COMMISSIONER GOZZI: Thank you. Miss Cox?

MISS COX: Mr Commissioner, you will recall when we met last time that as part of N.2, an agreed item, TAS and AEA had agreed on a definition of clinical instructor. There was just one definition that we were proposing. Your concern was that there were two salary points within the award.

COMMISSIONER GOZZI: Yes, that's correct.

MISS COX: As Mr Nielsen indicated, we have had further talks on the definition of clinical instructor and have come up with a revised definition which I'd like to tender as an exhibit.

COMMISSIONER GOZZI: All right.

MISS COX: And hope it meets your concerns.

COMMISSIONER GOZZI: I think we'll mark that TAS.17.

MISS COX: What we are proposing, Mr Commissioner, is that the definition in the award by the way we've reworded it, in our view, covers both a clinical instructor with advanced life support and a clinical instructor with patient extrication and that the definition suits or matches the two salary points as they are in the award. The definition we propose is:

Clinical Instructor means an Ambulance Officer (Advanced Life Support) who has specific teaching, assessment and quality assurance responsibilities in addition to Ambulance Officer duties.

Provided that if a Clinical Instructor holds Patient Extrication accreditation he/she shall be paid at the higher rate.

COMMISSIONER GOZZI: Well what's the pay rate again? Where do I find that again?

MISS COX: The pay rate?

COMMISSIONER GOZZI: Mm.

MISS COX: Currently in the award on page 11.

COMMISSIONER GOZZI: No, I'm sorry, in your proposal.



MISS COX: We're maintaining the pay rates. We're not varying those.

COMMISSIONER GOZZI: Oh, right, okay. So page 11, is it?

MISS COX: Page 11. It's got the clinical instructor with advanced life support starting off at \$30,286 going to \$30,924 and then we've got clinical instructor with ALS and patient extrication which starts at \$32,300 and goes to \$32,981.

COMMISSIONER GOZZI: And so what rate do you want to apply?

MISS COX: We want to both maintained in the award. Clinical instructor just with ALS as per our definition would start off at \$30,286 and clinical instructor with advanced life support and patient extrication as per our definition would start at \$32,300 and work through the incremental range.

COMMISSIONER GOZZI: Right. I hear what you say, Miss Cox, thank you. Just one point I want to make though, before you leave it, that the clinical instructor patient extrication definition also includes reference to driver training. Did you realise that? Mr Byrne?

MR BYRNE: The clinical instructor who is responsible for driver training could be one with ALS or it could be one with ALS or PE. It just depends on whom the service has been able to develop up and who's perhaps been out to the police academy and done that particular trainer training course and who's then able to do those educational duties in the field. So it's not specified in the job description.

COMMISSIONER GOZZI: So if you had a clinical instructor patient care -

MR BYRNE: It's really encompassed in that.

COMMISSIONER GOZZI: In advanced life support?

MR BYRNE: As a pay rate, yes.

COMMISSIONER GOZZI: So you could have your driver qualification at the \$30,286 but you wouldn't move on to the other rate, the next scale unless you had PE.

MR BYRNE: Absolutely.

COMMISSIONER GOZZI: Okay, thank you. .... I can understand that.



MISS COX: Training coordinator. You put us on notice last time we were here that - you wondered why in our proposal for the new position of training coordinator why we had selected the highest salary point in the current award that's applicable to a course coordinator. We selected 38,747 as the rate for this position. As you're aware from our previous submissions, Mr Commissioner, that the parties have agreed to the definition and the salary rate pertaining to the new position of training coordinator. Late in 1991 a review was undertaken of the training structure within the ambulance service, it was undertaken by the Clinical Practice and Education Unit, to look at the whole training area.

The review identified that the present training unit was unable to meet a number of basic elements required of a capable and responsive training unit. For example, it's focus was on clinical activity and had excluded other valued and necessary staff development issues. It -

COMMISSIONER GOZZI: Such as?

MISS COX: Managing conflict, management processes -

COMMISSIONER GOZZI: Non skilled. Non-ambulance skilled.

MISS COX: Non - non-specialised areas, yes. It lacked coordination. It responded almost exclusively to performance related problems rather than having a broader educational and developmental focus. In short, it was found that it didn't really meet the training outcomes required by the Tasmanian Ambulance Service. The outcomes that we were looking for include: equity of access for all staff, training that's relevant to service delivery, a range of developmental options, the structured process of curriculum development and review and a research orientation.

Up until now course coordinators have been drawn exclusively from the ranks of ambulance staff, while in no way criticising the work of the current coordinators, there are limitations to their effectiveness as they work in a centralised training unit and work predominantly in the specialised clinical areas. The view of the TAS, training coordinators should participate in and coordinate a broad spectrum of educational activities rather than focus on clinical needs alone.

And as I mentioned earlier, we would be looking at the training coordinator to develop and implement management development, training programs, conflict resolution programs, skills acquisition programs et cetera. The training coordinators won't be based in a centralised training unit, in fact there will be one located in Hobart, Launceston and Burnie, where they'll be better able to support staff as well as the volunteers.

Because of the changed focus of the training requirements for the service we are of the view that the current definition of the coordinator is too restrictive in the type of person that we want to encourage into the service. What the service wants and what the service needs is a highly skilled educator or staff development expert who may or may not be an ambulance officer. But the person will be flexible and responsive to the needs of the staff and the service as a whole.

We believe that to attract a person of this calibre warrants a salary rate as we proposed; that is, the top rate of the current course coordinator position.

COMMISSIONER GOZZI: Will that person be qualified in the Certificate of Applied Science?

MISS COX: It will be a highly desirable qualification. I think we've submitted as an exhibit, I suppose we did enjoy -

COMMISSIONER GOZZI: And doesn't that take us back to where we were last time?

MISS COX: Well, I mean, I'm sort of unaware that to set a salary range or rate must be based on a mandatory requirement or qualification.

COMMISSIONER GOZZI: Well, the course coordinator was responsible for the conduct of the Certificate of Applied Science course.

MISS COX: What we're asking for is a person to do far more than that.

COMMISSIONER GOZZI: Yes, but if he's not qualified in it how can he teach it?

MISS COX: Well, we still have the clinical instructors and he will still have clinical expertise at a very high level going into the training unit.

COMMISSIONER GOZZI: Look, I don't want to convey an obstructionist attitude to this, but I just wonder how thoroughly these things were thought through. I mean, if you have your training coordinator responsible for training people in that one range of things that you're doing, including a Certificate of Applied Science, doesn't he have to hold a Certificate of Applied Science?

MISS COX: Not necessarily.

COMMISSIONER GOZZI: Why?

MISS COX: Well, I guess it's the same as a - well, would you like to comment on that, Richard?



MR BYRNE: Yes. Yes. In commenting there's perhaps one thing that Miss Cox has pointed out there I must just clarify, if I could? Where she commented that up until now course coordinators have been drawn exclusively. I think what we're intending to express there is that now, or at the moment, the course coordinators are exclusively from ambulance staff. We have previously had people from nursing fields and other fields, and indeed the ambulance service has been actively sponsoring the ambulance officers to study Diploma of Teaching, Social Diploma of Business Management and various other courses.

So the ambulance service does have a genuine body of developing people who will be able to flow on, will have the ambulance background and also will have the academic or business acumen to teach in the broad spectrum that's being envisaged.

To answer your specific question about applied science, over the last 10 or 12 years some of the course coordinators have been from ambulance, some have not, and they've all been able to satisfactorily teach students the Certificate of Applied Science. Now, when we say 'teach' we don't necessarily mean they are the person standing in front of the classroom. As Miss Cox has said, they coordinate a whole range of specialist, doctors, experts from a whole range of medical and scientific fields, to come and lecture the various components of applied science, including clinical instructors from all around the state who come and lecture on the practical aspects.

COMMISSIONER GOZZI: Mr Byrne, the existing definition already comprehends the person undertaking other - so-called other training activity. It comprehends the person being qualified or - in the words of the definition - accredited in ALS, which by itself means that the person to achieve that qualification, that accreditation must have completed the Certificate of Applied Science.

There's no argument about that, that's clear. What you are putting to me, and I think what I said to you last time, you are now looking for a more general type of person because the definition already comprehends other training activity. You're looking for a more general type person and you're saying to me: put that person at the same level, the top rate of the training coordinator or the course coordinator's rate, but that person only has to have as highly desirable the qualification of Certificate of Applied Science; whereas currently it's a mandatory situation in the award, which has contributed to the rate of pay that's in the award.

Now, to me, that is a logical reason why I'm having difficulty accepting that what you're now proposing to me ought to be at



the same rate. Because you're going from what is already comprehended in the definition, plus a mandatory qualification, to something that is broader and only has to have a highly desirable the qualification aspect. Now -

MR BYRNE: Yes.

COMMISSIONER GOZZI: - I'm putting it to you -

MR BYRNE: Yes.

COMMISSIONER GOZZI: - how and on what basis do I come to a conclusion it ought to be the same rate, given what I've said to you.

MR BYRNE: Yes. I'm sorry, Mr Commissioner, I don't think I can add any more than the things I've said on -

MISS COX: Mr Commissioner, I think that we're just sort of putting our arguments, and we were in agreement with the AEA on this matter. If you sort of don't like the fact that we've struck a salary rate that we see as appropriate you, of course, have the option to set the rate as you see appropriately.

COMMISSIONER GOZZI: Yes. Well, I - of course, I understand that. But I want to give you every opportunity to put submissions, and I'm simply signalling to you the sort of concerns that you're giving me. And I'm putting to you my reasoning, which I don't have to I realise that, but I'm giving you my reasoning and asking you to tell me where my rationale, compared to what you're putting to me, is not in accord with your thinking.

MISS COX: I guess the basic difference is, Mr Commissioner, that we sort of don't see the requirement for a Certificate of Applied Science in someone that the service desires to have as one of its people.

COMMISSIONER GOZZI: I can accept that, I'm talking now about the money.

MISS COX: Well, we see that to be able to attract a person of the calibre that this service requires we're going to have to offer that range of money. As I indicated to you, you are of course - or do have the option of sort of not agreeing with us and setting a salary rate as you see appropriate.

COMMISSIONER GOZZI: Well, it creates a further difficulty for me as well, because the other course coordinator Certificate of Applied Science, also has to hold an

accreditation in ALS and PE, and also already comprehended in the definition is this requirement to undertake other training activity. And the reason I'm putting this to you, and I can't emphasise it enough, the work-value case in 1988 was substantially predicated on the attainment in the ambulance service of qualifications. And the relevant -

MISS COX: I accept that, I wasn't around. I accept that.

COMMISSIONER GOZZI: And the relativities and so on one to another were established having regard to the totality of the classification both in respect of work required to be undertaken and the qualifications required to be held. I'm not arguing with you, Miss Cox, about your desired objective. What I'm saying to you is, if there's any - there's a difficulty on the rate of pay. And I'm wondering whether the ambulance service has thought through its position on that point.

MISS COX: Yes, we have, Mr Commissioner, and I'd certainly like to hear some argument put by the AEA on this because they - it's their application and it is an agreed matter.

COMMISSIONER GOZZI: Mr Nielsen, the ball's back in your court.

MR NIELSEN: Yes. Mr Commissioner, this puts me in the position where I've got to first of all make a statement. The statement is: that in these negotiations that have been going on for some years, the agenda was a management basically promoted agenda. In other words, the matters before you this morning - before you today, are basically from an agenda that was promoted to a majority position from the - from the management - from the employer.

Now, that's not answering the question, nor is it an excuse to - not to answer the question. I suppose this is - this was, as you realise and I've spoken to you before, it certainly was taken to our executive and certainly taken out around our regions, not only once but I would assume two or three times, around the whole of our membership.

And I think what has - and there is a - there are officers - various of our officers now that are taking on outside curriculum courses of study and of training. And the fact I think too, Mr Commissioner, is that previous course coordinators were non-qualified ambulance officers. And two that come to name was Sister Berwick and Ms Mason Cox, and they were recognised in their particular .... Whilst your point is taken, and taken very much so, from the association's point of view we still stick with our agreement with the minister's representative and support this submission before you.



But you have raised a point of the salary rate which we will certainly give further thought to and perhaps have the opportunity at another time and another day to give further consideration to.

COMMISSIONER GOZZI: Well, thank you, Mr Nielsen. We've certainly discussed now on a number of occasions and it's my wish to prolong the debate. I've raised the concerns and that's where we're at, so I suggest we now move on to the next item.

MR NIELSEN: Well, Mr Commissioner, the next item takes up back to N.3.

COMMISSIONER GOZZI: N.3?

MR NIELSEN: N.3, matters requiring arbitration. And now we approach the position of ambulance technician.

May I say again that this matter has been taken before our membership and there has been a movement in regards from the previous position of the ambulance technician, but it is very clear from the Ambulance Employees' Association and it is my specific instructions before you today that we oppose this particular definition as strongly as effectively as we possibly can.

And having said that to you, I have two instructions - excuse my voice, Mr Commissioner - No. 1 is to take issue first of all of the ambulance technician being discussed under these particular hearings as an SEP matter, as a threshold argument to you, Mr Commissioner,.

Mr Commissioner, as we have previously indicated to you in November last year, the AA is opposed to the technician proposal being heard as an SEP matter.

The union feels strongly that ambulance services technician proposal clearly does not comply with the state guidelines for matters under structural efficiency.

COMMISSIONER GOZZI: Why not?

MR NIELSEN: In support of this statement, Mr Commissioner, I will just come to the point, if I may, be patient with me, I tender the following document, if I may?

COMMISSIONER GOZZI: N.10.

MR NIELSEN: Now that particular Exhibit N.10, and I have the whole of the national wage case if you so desire it, but it refers to a particular page, page 11 actually, on the national wage case of 1988, and as you are aware this document N.10 reads:



## STRUCTURAL EFFICIENCY

Increases in wages and salaries or improvements in conditions allowable under the National Wage Case decision of 12 August 1988 shall be justified if the union(s) party to an award formally agree(s) to co-operate -

- and I emphasise to cooperate -

- positively in a fundamental review of that award with a view to implementing measures to improve the efficiency of industry and provide workers with access to more varied, fulfilling and better paid jobs. The measures to be considered should include but not be limited to:

. establishing skill-related career paths which provide an incentive for workers to continue to participate in skill formation.

Mr Commissioner, I just thought, did you wish to raise something, or may I proceed?

COMMISSIONER GOZZI: Yes, Mr Nielsen, I think we can save some time on this threshold point.

MR NIELSEN: Right.

COMMISSIONER GOZZI: I note - I am not sure whether it is an oversight or not - but you have got the 1988 national wage case cover, and really this case is being prosecuted under the 1989 wage-fixing principles, and page 18 of the federal principles I think make it quite clear that what's proposed here by way of the inclusion of ambulance technicians is well and truly comprehended within the SEP principles.

In fact, you could suggest, or I could suggest to you, that in that preamble there on page 18 of the August 1989 wage fixing principles it says:

During the proceedings the relationship between the structural efficiency principle and the other wage fixing principles was debated. In light of that debate we have decided that -

MR NIELSEN: Excuse me, Mr Commissioner, can you quote the page to me there?

COMMISSIONER GOZZI: Page 18.

MR NIELSEN: Right. Thank you.

COMMISSIONER GOZZI: And if you look at page 18 it says:

THE PRINCIPLES

MISS COX: You can borrow this one, if you like.

MR NIELSEN: Apologies, forgive me, Mr Commissioner, proceed, I am sorry.

COMMISSIONER GOZZI: And it says there, 'The Principles', and forget (i), (ii) I think is the relevant one:

Any extensions of existing awards [and this is what we are talking about here] to include new classifications should form part of a structural efficiency exercise.

And I don't think that we need to go much further than that. That clarifying statement was made by the full bench to overcome, I think, circumstances like this.

So I don't have any problem that the argument be had, and let the commission determine it one way or the other.

MR NIELSEN: Well, Mr Commissioner, I was acting under instructions, and you have made the position clear that that matter has been dealt with and decided on, and perhaps then I go to our position now in formally presenting the arguments in regards to the ambulance technician.

COMMISSIONER GOZZI: Yes. Thank you, Mr Nielsen.

MR NIELSEN: Mr Commissioner, we appear before you dismayed that we should have to argue this case against the introduction of a classification that so dramatically affect the professional ambulance officer; that we should have to argue a case against the perceived dismantling of all the work put into the classifications in the work-value case.

As you may recall, the AEA worked extensively with the Tasmanian Ambulance Service and the commission on a work-value case in 1988.

The outcome of this case was the most far-reaching reform of award classifications and structures that the service has seen.

Every ambulance officer in the state has had cause to appreciate your findings in that case, which established a logical classification stream and a career pathway for the first time in the service's history.

The classifications as laid down have since been copied by some states and admired by others.



The AEA will argue that the work carried out in 1988 is still current and relevant, and does not require the radical reform as currently proposed.

The AEA sees the introduction of an ambulance technician as downgrading the ambulance officer and his profession.

Mr Commissioner, I intend to work through our case without spending too much time on lengthy statements as we see a need to place this before you with mainly the highlights of our concerns.

Since this matter was first tabled the AEA has repeatedly canvassed its members as the proposal developed. Newsletters, staff meetings, executive meetings and union management meetings have monitored a change in package and often provided the only forum for the Tasmanian Ambulance Service proposal.

Consistent opposition has been tabled from our members. We canvassed our mainland colleagues as late as mid-November 1991, and they opposed the technician proposal forcefully.

Ambulance officers perceived the technician proposal as the most serious challenge to their profession ever.

Ambulance officers have fought for a long time for the current standards, and that struggle is still clearly recalled by them.

As a result of the 1988 work-value case the basic ambulance officers in Tasmania is qualified for ALS patient extrication, as you may recall, sir.

Members see the technician proposal eroding the work-value outcome. This proposal lowers the entry standards, offers less training and places additional responsibility on the existing staff.

Ambulance officers have pointed out that the proposal moves from the rational thought process which characterises current ambulance officers to a step by step process occasionally described as 'a refer to work manual skills'.

This can be best seen in an extract from the Tasmanian technician proposal as follows, and I refer again to N.3, page 13 - page 15, correction - and I refer to the third paragraph on page 15, Mr Commissioner, which quotes:

In a typical ambulance crew, care is provided to a patient by an officer. To effectively provide that care it is necessary to have a second person acting in support of the primary care. This person needs to be highly skilled in the range of tasks

necessary to be of such assistance but the nature, scope and depth of those skills is different from that of the primary care. The assistance role consists mainly of doing rather than deciding. The decision making component is algorithmic rather than heuristic in nature. It involves the application of technology and skills according to an already decided upon approach rather than the choice of which approach is necessary. This does not imply that the skills should be carried out without understanding but clearly the depth of that understanding can be different. In essence, the primary care must be able to work from first principles, to determine the correct action when an atypical situation is presented, and to understand in detail the consequence of various combinations of actions. The assistant needs to be able to effect specific aspects of care, understanding how and why they function but does not require the ability to work from first principles as the nature of the care is decided upon by the primary care.

That's the end of the quote, Mr Commissioner.

Mr Commissioner, I have the definitions, with due respect to you, sir, on 'algorithmic' and 'heuristic' if it -

COMMISSIONER GOZZI: Is that left-handed or right-handed side of the brain, is it?

MR NIELSEN: Well, I was only going - for my own education - and perhaps it may have assisted someone as well.

COMMISSIONER GOZZI: Well, I certainly would like it, Mr Nielsen, then. Exhibit N.11. Who is the author of the document?

MISS COX: T.A.S.

COMMISSIONER GOZZI: Is the T.A.S. an author as well, is it?

MISS COX: I think it is a combination of the people's views.

MR BYRNE: Senior officer Burton.

MISS COX: It wasn't just one person, it came from a senior officer.

MR NIELSEN: The number again for the -

COMMISSIONER GOZZI: N.11.

MR NIELSEN: N.11. Well, I don't wish to take the time of the commission. Mr Commissioner, continuing on.



An ambulance technician is perceived to be a TAS - a Tasmanian Ambulance Service - response to budgetary restraint. It is seen as a short-term gain directly opposite to SEP guidelines. In a previous argument we stated this proposal does not fulfil the aspects of the SEP guidelines, and again address the same points regarding improved productivity.

It is our understanding that the SEP is designed to operate so that any increases in pay and/or conditions result from employees and employers cooperating with each other to achieve the dual objectives of approved efficiency and productivity on the one hand, and access to better paid, more fulfilling and more highly skilled jobs on the other.

In the service sector productivity measurement is more difficult than of manufacturing industries since in most cases output is not readily measurable in traditional economic terms.

It needs to be recognised that the most relevant factors in productivity measurement in the service sector relates to the efficiency, flexibility and quality of the service provided.

Other factors include the positive benefits in providing community services, the wider role of the service as it relates and interaction with the community, especially in remote and rural communities, and the restraints of government funding.

The AEA rejects the notion that efficiency and service industries can be achieved through the introduction of a lower standard of classification - that is, ambulance technician.

The AEA sees the technician proposal as a very definite lowering of quality of services and thus argue that it's inappropriate for a proposal that actually lowers productivity to be accepted under SEP guidelines.

Mr Commissioner, I'm in your hands. The hour is late, do you desire that we proceed - ?

COMMISSIONER GOZZI: Yes, I think that we'll press on for a little while, Mr Nielsen.

MR NIELSEN: Yes. The AEA is concerned that the ambulance technician coming into operations, TAS will cut - will have more difficulty in providing staff to meet an increase in calls for assistance. With the recent reductions and cut back in operations, especially the failure to appoint additional staff in some areas, the service may be hard pressed to provide the additional back up required as ambulance officers resort to needing assistance on an increasing number of cases. The full effect of an ambulance technician on the ambulance

officer and the profession can only be guessed at but at least the following areas will be obvious; officers are already showing signs of serious work-related stress. This will add to existing ambulance officers stress even allowing for the fact that they currently. An existing widespread morale problem has been identified by the AEA and we believe will be heightened with the introduction of technician. A recent comment from a senior manager indicated due to the nature of the work that a shorter working life of perhaps 10 years would be appropriate.

The proposed new system argues that the students already provide the ambulance officer with a basic officer who needs nurturing, but this is accepted by the ambulance officers who know that the student will develop quickly due to their ability to comprehend skills. The proposal will allow ambulance officers to operate on road with a permanent restriction known as a technician, with dramatic increase in stress and work-related problems. This is a major change to the profession seen by the AEA as backwards. It is also that the most radical change seen by all Australian employee organisations. We also point out that this is the only state in Australia attempting to introduce such change.

Mr Commissioner, we are aware that there is operating in New South Wales and Victoria, and has been for many years, a clinic car driver classification, or similar title. These positions are clearly and definitely non qualified operational ambulance officers' positions. In no way do these positions operate in the emergency/ambulance sphere. The proposed ambulance/technician as envisaged is clearly operating within the emergency ambulance sphere. We believe it may affect the Tasmanian Ambulance Officers wishing to work on the mainland in the future as the skill base would be in questions.

Mr Commissioner, the Ambulance Employees' Association would like to go through the Ambulance Service proposal paragraph by paragraph commenting on each as required. The reference is in .... page 13. If I go to page 13, and it's at the top of the page, Mr Commissioner, and I quote from page 13, Exhibit N.3:

The Ambulance Technician concept arises out of the need to maximise the efficiency and effectiveness of the use of human resources within the Ambulance Service. It is consistent with the achievement of the core activities of the Service which are:

Prehospital emergency care

Specialist health transport

Assistance to independent providers

Training of employees and others



The effectiveness of clinical care, ie. the quality of care provided by Ambulance Officers, is determined by a range of factors including experience, exposure, training, commitment, and available technology. Experience and exposure are separate aspects of a single concept; access to patients. Exposure to patient care situations leads to the development of a range of experience but also reinforces and strengthens already developed skills. The delivery of prehospital care is based on a fusion of knowledge, skills, and other behaviours carried out in a time critical environment. Clearly, alternative mechanisms are able to substitute to a varying degree for actual patient access. The use of targeted case management exercises or mock ups is an obvious example but there are other methods including scenario based analysis, clinical audit feedback, and experience sharing through discussions with other officers. Although extremely valuable, they are all substitutes rather than replacements for patient access.

End of quote. The ambulance employees only wishes to point out that the vast majority of training conducted within the Tasmanian Ambulance Service is substitute or based on mock ups and discussions, and this doesn't affect the outcome of such training. This mode of training will continue in the future for obvious reasons, connected with the unpredictability - I'd better have a drink of water, I think, Mr Chairman.

COMMISSIONER GOZZI: I think we might leave it there, Mr Nielsen, till after lunch at 2.15 and you can pick it up again just there. We have a lunch time meeting to attend.

#### LUNCHEON ADJOURNMENT

COMMISSIONER GOZZI: We'll just go off the record for a minute.

#### OFF THE RECORD

COMMISSIONER GOZZI: Thank you, Mr Nielsen.

MISS COX: Just before Mr Nielsen starts - no, while on record, in relation to matter T.3779 which was the application to delete those definitions and salary rates for non functional classifications, I've been unable to be addressed

on further instructions and we request the matter be adjourned to the 15th of June.

COMMISSIONER GOZZI: The 12th.

MR HOLDEN: Fifteen - sorry, Mr Commissioner.

COMMISSIONER GOZZI: Fifteenth.

MR NIELSEN: Fifteenth, as I understand, yes.

COMMISSIONER GOZZI: Right. Okay. That's fine.

MISS COX: Thank you.

COMMISSIONER GOZZI: Mr Nielsen?

MR NIELSEN: Mr Commissioner, if I may continue?

COMMISSIONER GOZZI: Yes.

MR NIELSEN: Unpredictability of ambulance officers and the targeting of specific areas of skills for training attention. Tasmanian Ambulance Service is attempting to delay the case for a reduction in ambulance officers by arguing that there is not enough cases for them to train on. And we oppose this.

If I may go then back to M.3, page 13, the last paragraph, and I quote, Mr Chairman - Mr Commissioner - from that last paragraph on page 13:

The need for wide and ongoing patient exposure is well accepted by Ambulance Officers and is reflected in competition for challenging cases, preferential case loads for persons in training, and other formal and informal responses. The current method of crewing ambulance vehicles, however, works against maximising the access benefit received from those patients being cared for. At metropolitan stations, each member of a crew spends approximately fifty percent of their case time acting in a support role. This is a very important, indeed essential function but it does not provide the same quality of exposure. One person, for example, must make the time critical decisions necessary to adequately manage the most serious patients.

Firstly, the Ambulance Employees' Association is not aware of competition for cases, nor formal and informal responses. Preferential workload puts an abnormal workload on those not receiving it, but is accepted by those officers to assist others who need exposure to particular cases.



More importantly, the comment regarding one member of each crew acting in a supportive role is the crux of the Tasmanian Ambulance Service argument, that one officer is supernumerary on each case.

The Ambulance Employees' Association is dismayed to see any ambulance management prepared to distort the roles to this extent. This is not a factual explanation of the interplay between various officers and the levels of competency that may be present in any crew situation.

On any emergency call each officer will make multiple decisions, each affecting the final outcome of the case. Whilst a clear-cut division may be evident between a qualified officer and a very new student later that division will become poorly defined with role changes during the case, multiple decision making on one patient, an alternative scene, rescue and patient care responsibilities.

Watching a team of doctors working on a critically injured patient will give an example of the superficial nature of the Tasmanian Ambulance Service comment.

It is not correct to imply that one of the two officers working with a patient does not receive any training benefit from that case.

Mr Commissioner, I go now to page 14 of N.3, and it is the first paragraph, and I quote accordingly:

The importance of patient access for Ambulance Officers is also widely recognised outside of the Service. One of the more powerful arguments presented against Tasmanian Ambulance Officers incubating is that the number of occasions where this procedure would be required is too small to adequately maintain the necessary skill level. Whether or not this is valid does not alter the widespread support for the proposal. Similar reasons are used in relation to a range of other possible useful practical skills and are sometimes extended to the procedures which are currently undertaken. Cannulation by Ambulance Officers, for example, has been challenged in a number of mainland States on the basis of the level of practice needed to allow it to be performed reliably and within a short time period.

Incubation has been back in this state due to an interplay between specialist, who have generated a variety of arguments for the withholding of permission to incubate.

Tasmania is far beyond the other paramedic states in this regard. Cannulation is considered a base skill in paramedic

or ALS services. The comment is seen as irrelevant to this proposal.

I take you to page 14 of N.3, the second paragraph, Mr Commissioner, and I quote accordingly:

The ability of the Service to provide personnel with exposure to patients is, of course, limited by the number of persons requiring our assistance. This number is finite and, unfortunately, not evenly distributed. The magnitude of the problem will increase as health education and other disease or injury prevention measures have their impact. Alternative approaches to maintaining the quality of care must, therefore, be explored.

Mr Commissioner, there is no clear-cut evidence that the education has radically changed the habits of the general population to the extent of a decrease in caseload.

In fact, the opposite has occurred, and education has increased our turnouts to the same cases.

Figures were released currently regarding, 'market penetration' for the service in patients with chest pain, showing that we still do not attend the majority of such patients. It may well be that a public relations exercise would dramatically increase our caseload, thus making the Tasmanian Ambulance Service delighted with the increased case exposure that would be available to the officers. Our overall caseload is still increasing on an annual basis.

I now take you to page 15 of N.3 and I refer to the first paragraph, and I quote:

A third model which suggests itself is vertical tiering. Here the core roles of the two personnel who make up an ambulance crew are recognised. These roles are primary patient care provision and assistance with that function. The primary role is well defined and contains all the elements which currently delimit an Ambulance Officer's role. The assistance role, although always present, has not been clearly stated and, therefore, not well distinguished from primary patient care.

The Ambulance Employees' Association argues against this strongly. In the unusual case of equal qualified officers working together the role changed continuously without conflict. It is this level of interplay which characterises the highest obtainable standard the service can obtain.



On the other hand when working with a student there is a constant supervision and responsibility which does not allow the luxury of relaxing to an implied cruise mode.

I take you to the second paragraph on page 15 of N.3 and I quote from that accordingly:

In a typical ambulance crew, care is provided to a patient by an officer. To effectively provide that care it is necessary to have a second person acting in support of the primary carer. This person needs to be highly skilled in the range of tasks necessary to be of such assistance but the nature, scope and depth of those skills is different from that of the primary carer. The assistance role consists mainly of doing rather than deciding. The decision making component is algorithmic rather than heuristic in nature. It involves the application of technology and skills according to an already decided upon approach rather than the choice of which approach is necessary. This does not imply that the skills should be carried out without understanding but clearly the depth of that understanding can be different. In essence, the primary carer must be able to work from first principles, to determine the correct action when an atypical situation is presented, and to understand in detail the consequence of various combinations of actions. The assistant needs to be able to effect specific aspects of care, understanding how and why they function but does not require the ability to work from first principles as the nature of the care is decided upon by the primary carer.

Mr Commissioner, a statement made in this paragraph can be identified as the foundation stone on which the entire technician proposal is based:

In a typical ambulance crew, care is provided to a patient by an officer.

For the reasons recently given, we believe it is a false premise. The same premise continues with:

The assistance role consists mainly of doing rather than deciding.

I refer now again to Exhibit N.3, page 15, the third paragraph.

COMMISSIONER GOZZI: Before you leave that, Mr Nielsen, isn't that the case that the assistance role -

MR NIELSEN: Mainly of doing, rather than deciding.

COMMISSIONER GOZZI: Mm. I mean, that's proposed to be the role of the ambulance technician. We're talking about here in this document the role proposed for the ambulance technician is one of doing rather than deciding. In other words, doesn't need to have the level of skill to make informed decisions.

I am simply saying, isn't that the case in respect of a student in the ambulance, or if there is another officer in the ambulance? Doesn't one make the decisions and the other one helps rather than making the decisions?

MR NIELSEN: I'll ask Mr Watson to assist me on that.

COMMISSIONER GOZZI: You can't have two tutors, can you?

MR WATSON: You can, yes. Mr Commissioner, in the Ambulance Services - certainly I agree with you - the first possible few months of a new student's entrance into the service the supervision level is such that he does actions on the basis of doing rather than deciding, but certainly very quickly after that there is a merging of skills where both officers make decisions all the way down the line.

Now it may well be that one officer is making decisions regarding patient care, and the other is making decisions regarding the way the patient is going to be extricated from the house, both those roles will change constantly, until you achieve the best possible mix of two life support officers working together, in which case there is an interchange of those positions consistently throughout each case.

COMMISSIONER GOZZI: Alright. So, let's take the student. You are quite happy to have a fully trained ambulance officer in the ambulance with a student, on the basis that you feel that the student will quickly, or more quickly, become familiar and learn the duties and responsibilities of an ambulance officer. But the student has a 3-year learning period, so how is that different to what the technician would be doing?

MR WATSON: As one of the comments we made recently, we believe that the student shows a developing technique and is trained to develop over that 3-year period, and very, very quickly he will move into the assumption of that deciding role, as different from a technician who will come in without skills and will develop very, very basic skills and stop at that level.

COMMISSIONER GOZZI: I am sorry, but the student comes in without skills, too. They both start off without skills.

MR WATSON: I would be delighted to bring in ambulance officers to talk about the problems they have had with



students and the extra workload they take on board. There is no doubt at all that a student in his first few months in the service is a definite liability on a case. And we accept that, because we know they are developing on.

COMMISSIONER GOZZI: Mm. So, what's the difference then, in your view, between a student and a technician?

MR WATSON: A student is going to keep on developing, and very, very quickly. His direction as he develops will make -

COMMISSIONER GOZZI: Well, how quickly is very quickly in your assessment?

MR WATSON: I would expect to see a student starting to take on additional responsibilities within 4 months of joining the service.

COMMISSIONER GOZZI: And what about a technician? I mean, what's the difference between -

MR WATSON: He's never going to be trained to take on those responsibilities.

COMMISSIONER GOZZI: Well, What's he going to be trained in? There's going to be some form of training.

MR WATSON: To basically do what he is told to do by the senior officer, and that's the level he will stay at.

COMMISSIONER GOZZI: But -

MR WATSON: This is our heuristic versus algorithmic argument again.

COMMISSIONER GOZZI: Yes, but if you look at page 13, 'Specification of Functions' - that's not really what I was looking for.

Yes, you go to page 2, the 'Ambulance Technician (Patient Care Support) and (Patient Care and Rescue Support)' have these accreditations nominated there:

- accreditation in the Patient Care Support programme.

- accreditation in the Patient Care Support and Rescue Support programmes.

So they're going to be accredited so why is their value any different to that of a student?

MR WATSON: Again, it's the direction of the training they're going to receive. They're never going to be in a situation

where they're going to be actually a working valuable member in a patient care deciding role. They're simply going to be people who have a skills manual, and when presented with a situation will respond to that skills manual for their answer.

COMMISSIONER GOZZI: As I read this, the technician will take 2 years to go through his course.

MR WATSON: Yes.

COMMISSIONER GOZZI: Isn't it fair to say, and up to that point in time, the value of a technician will equate with the value of a student?

MR WATSON: No, I'd strongly argue against that.

COMMISSIONER GOZZI: Why not?

MR WATSON: Again, because of the quality of the training they're getting will be totally different and the direction that training will take will be different as well. These people will never be trained up to be the equivalent even of a student, because a student is directed towards assessing and making valued decisions on the basis of that assessment.

COMMISSIONER GOZZI: Okay. From your understanding of the situation, what is the difference between the training for a student in the first 2 years compared to the training that a technician would receive in the first 2 years?

MR WATSON: Well, again, I can't answer specifically because I've only been given a direction that the training will possibly take for technician over a 54-week course. But the very, very simplistic part is that they will be trained to do what they're told as differing from a student who is told to appreciate a medical condition and act upon what his appreciation is. A student ambulance officer is taught to actually get involved, these people are basically assistants and they're being taught to be assistants.

COMMISSIONER GOZZI: All right. So, you don't see that the patient care support accreditation at least would put the technician at a level equivalent to a student ambulance officer at a point in time?

MR WATSON: Under no circumstances.

COMMISSIONER GOZZI: Why can you say that so emphatically?

MR WATSON: Because it's, again, going back to the direction of that training. These people are being taught to be assistants -



COMMISSIONER GOZZI: But you don't know precisely the direction of their training.

MR WATSON: No. Without knowing the specific training course, it's been clearly indicated the direction these people will take and that's not to decide patient treatment. It's to carry out the patient treatment under the direction of.

COMMISSIONER GOZZI: Okay. Well, who has indicated that to you, that there will be a difference?

MR WATSON: This is from Mr Haines' document, sir. If I can have a couple of moments just to catch the actual references. Right. We made a reference to N.3, page 15, a moment ago, the paragraph starting 'In a typical ambulance crew'. And that paragraph goes on to talk about one person providing the ambulance care, the patient care. It then goes on to talk about the person who is his assistant or providing the assistant's role.

COMMISSIONER GOZZI: It's takes us back where we started from, that gave rise to my -

MR WATSON: Yes. It does. But I really believe that's the core of the argument.

COMMISSIONER GOZZI: Well, yes -

MR WATSON: That one person does the patient care and the other person simply hangs around waiting for direction.

COMMISSIONER GOZZI: Mr Watson, what I'm really trying to focus on is that you don't appear to be having a problem with students in an ambulance but you're having a problem with a technician. And a student, I would put to you, is in a doing rather than a deciding role.

MR WATSON: I openly said, in the first 4 months I'd certainly accept that. That those people -

COMMISSIONER GOZZI: Only the first 4 months though. You see that -

MR WATSON: Yes, I - the students I've worked with have developed very, very rapidly.

COMMISSIONER GOZZI: Okay. But where is that divergence in the training that would substantiate what you're saying?

MR WATSON: Isn't it more so in the direction of the training they receive, they're taught?

COMMISSIONER GOZZI: Yes, well - yes, that's what I'm trying - where is the divergence of that? You've taken me to page 15

MR WATSON: Right.

COMMISSIONER GOZZI: It doesn't show me -

MR WATSON: Sorry, I appreciate that.

COMMISSIONER GOZZI: - yes, the divergence in the training.

MR WATSON: I haven't got a formalised document that says the training direction. We've got -

COMMISSIONER GOZZI: Yes.

MR WATSON: We've got an indication of which direction it will take and that's as far as it's gone -

COMMISSIONER GOZZI: Yes.

MR WATSON: - so I can't answer the question.

COMMISSIONER GOZZI: And the difficulty I'm having is, I'm putting to you that after 2 years the technician will be accredited - will be accredited with regard to patient care support programs and patient care support and rescue support programs. Now, at that 2-year level, bearing in mind that the student ambulance officer goes through a 3-year period, doesn't that then mean that at least some level of patient care expertise will have had to be acquired by the technician up to that point in time?

MR WATSON: I think the key word is patient care support. These people will not be trained to assess, to interpret patients conditions. They're being taught to provide the assistance required by a qualified officer who will tell them what to do. And that's the huge difference from the current studentship.

COMMISSIONER GOZZI: And so you're saying that is the level that they will maintain for their working time as a technician.

MR WATSON: Yes.

COMMISSIONER GOZZI: Compared with a student that progresses on.

MR WATSON: Progresses on all the way through to ALS-PE.

COMMISSIONER GOZZI: All right, thank you.



MR NIELSEN: If I might just add, as I understand the ambulance technician will never work alone, he'll always work with a qualified ambulance officer. And the student ambulance officer will aspire to becoming a qualified ambulance officer who may, with a volunteer, work alone. But if I may then proceed -

COMMISSIONER GOZZI: Mr Nielsen - I'm sorry, Mr Nielsen, that is practice. You can have a student working alone with a volunteer. I think - I'm sorry, I thought -

MR NIELSEN: Mr Watson -

COMMISSIONER GOZZI: I thought you might have said that, I wasn't quite -

MR NIELSEN: No, no, I'm sorry.

MR WATSON: Sorry, that's not current practice, sir. The only time a student can actually operate by themselves is in certain conditions where on-call coverage is extremely short, and even then there is a commitment to provide a backup qualified officer as quickly as possible.

COMMISSIONER GOZZI: Fine, okay.

MR NIELSEN: And my intent was to say that the student ambulance officer aspires to a qualified ambulance officer to work alone with a volunteer.

COMMISSIONER GOZZI: Yes, I see. Thank you.

MR NIELSEN: Yes. If I may proceed then, Mr Commissioner, and I refer again to Exhibit M.3, page 15, the third paragraph, and I quote accordingly:

The management of situations with more than one patient has been raised in the context of vertical tiering. Typically such situations involve patients of varying degrees or urgency and complexity. The -

COMMISSIONER GOZZI: Well, hang on, let me just understand this. The management of situations with more than one patient has been raised in the context of vertical tiering. Now, what's all that mean?

MR NIELSEN: Again, I'll bow to my colleague.

MR WATSON: Mr Commissioner, there were two paragraphs that we chose not to read out from the document, the last two paragraphs, because we had no specific comment to make on them. They referred to - on page, sorry, N.3, page 15, paragraphs commencing 'One option is to remove', which we had

no specific comment to - we didn't feel it was necessary. And

COMMISSIONER GOZZI: Page 157

MR WATSON: On N.3. Sorry, my apologies, page 14 on N.3. The paragraph commencing 'One option is to remove'.

COMMISSIONER GOZZI: Right.

MR WATSON: That's a comment - that's a paragraph that we had no - we felt no comment was necessary. The same document, N.3, page 14, 'A second alternative is horizontal tiering'. And that's a paragraph talking about two tiering models -

COMMISSIONER GOZZI: Oh, right, yes. I've got it.

MR WATSON: - within the ambulance service. The paragraph that we're now reading from, or Mr Nielsen commenced reading from referred back -

COMMISSIONER GOZZI: Yes.

MR WATSON: - by the use of the term 'tiering'.

COMMISSIONER GOZZI: Yes, thank you.

MR NIELSEN: To continue on, Mr Commissioner, 'Typically such situations' in that second line:

Typically such situations involve patients of varying degrees of urgency and complexity. The training required by an Ambulance Technician would include the full range of fundamental patient assessments and patient care skills allowing a sensible division of responsibilities. Where both patients were in need of the level of expertise provided by a primary carer, the same mechanisms and solutions currently used by crews which have only one fully qualified officer would be brought into play. A good example is the presence of Student Ambulance Officers. Such crew have always been able to manage the challenge of multiple patient situations using mechanisms such as a backup and the assumption of a directive role by the qualified officer.

End of quote. Mr Commissioner, the argument that students exist on the road and therefore technicians can as well, is a slight on the professionalism of ambulance officers. They work damn hard to mould raw students into a reasonable junior officer as quickly as possible. They each realise the risks that are taken and most will speak privately of a lowering of patient care that has had to take place.



They also speak of problems of multiple or critical patients when new students are on the road. This technician proposal will not improve that situation, simply cemented as a norm in pre-hospital care in Tasmania. The last two sentences give some idea of the lengths the service is prepared to go in introducing technician. To quote:

A good example is the presence of Student Ambulance Officers. Such crews have always been able to manage the challenge of multiple patient situations using mechanisms such as a backup and the assumption of a directive role by the qualified officer.

End of quote. Under this system and with the predicted percentage of technicians and that in the system, patient care at multiple patient incidents will not take place until additional ambulances arrive at the scene. I now refer to page 16 of the N.3 document, and it's the first complete paragraph:

A further area of discussion concerning vertical tiering is the issue of dequalification. The logic applied to the use of Student Ambulance Officers as part of an ambulance crew is immediately applicable in this context. Such crews are clearly able to function with a high level of competency and this would be maintained with the introduction of the Ambulance Technician role. In addition, the absolute requirement that such officers always work with a qualified Ambulance Officer, again analogous with the Student Ambulance Officer position, provides for the maintenance of standards of care.

End of quote. Once again, Mr Commissioner, the argument that students exist on road therefore the technician can do too, is repeated. To suggest that the qualified student crew mixes are as good as a qualified crews is an unusual statement which we believe is not sustainable. I refer to the second complete paragraph on page 16, which reads accordingly, and I quote:

The training of Ambulance Technicians would proceed from a different basis to that provided to Ambulance Officers. Given the algorithmic nature of the function, the training process would concentrate on the necessary skills base, emphasising the application of hard (or equipment) and soft (or skills) technology. The effectiveness of this approach has been demonstrated within the United States and elsewhere where it underlines similar programmes to that being introduced here. The same method has also been widely used to train primary care providers at advanced life support

level. Such an extension of approach, however, is not consistent with the need for the primary carer to be flexible and able to work from first principles. In addition, it does not support the function of generalist Ambulance Officers operating in a wide range of situations only some of which may be classified as emergency medicine.

The AEA does not - does not desire to expand on that aspect, Mr Commissioner. And I will go on to now - to the third paragraph on page 16, and I quote:

It is important to ensure -

COMMISSIONER GOZZI: Does that mean, Mr Nielsen, that you accept that paragraph?

MR NIELSEN: Yes. Mr Watson, would you like to comment on that?

MR WATSON: Yes, I'm sorry. The comment actually was that there's been no material provided to the AEA to expand on that matter. So -

MR NIELSEN: From the Tasmanian Ambulance Service?

MR WATSON: Yes.

COMMISSIONER GOZZI: I thought you'd had discussions on all of this.

MR WATSON: There's been quite fixed discussions in the early part of this matter, sir, we were opposed to it totally and we wouldn't discuss it. Some time ago we changed that position, but we've not been in a situation to expand any further on that paragraph as read out.

COMMISSIONER GOZZI: You see, I mean, that's quite an important paragraph. It states that the training would start from a different basis. It would concentrate of the necessary skills base, emphasising the application of hard and soft technology. And it talks about the effectiveness of this approach has been demonstrated elsewhere, other countries. It's been used widely to train primary carers at the ALS level. And it adds on at the last bit there, that the extension of such an approach is not consistent with the need for the primary carer to be flexible and able to work from first principles.

So, in other words, it doesn't need somebody that's fully trained. But in the context of the philosophy behind the creation of an ambulance technician classification, it seems to me that's a fairly important paragraph.



MR WATSON: Sir, if I can just go back over that paragraph, what it's saying; certainly the first comment is quite accurate as to what they're going to do. The effectiveness of this approach been demonstrated within the United States was an area that we did pick up on. It's our understanding from the United States that the - the states that did actually involve themselves in this training method - they have now abandoned it. It is no longer functioning. It didn't work. That was one of the things that was picked up with Mr Haines and we didn't get a response back from it.

The comment regarding -

COMMISSIONER GOZZI: So, are you saying to me - can you say to me authoritatively that it's been discredited elsewhere?

MR WATSON: No, sir. We asked for information to suggest that it was still ongoing and we've had no information to that effect.

COMMISSIONER GOZZI: And, where did you form your understanding?

MR WATSON: We were at a conference in Albury, Wodonga, where we spoke with two gentlemen who had just returned from the United States and spent some time talking to them about it, and they had studied the matter over there. They were surprised that we were continuing with it.

The comment, going on to talk about primary care responders at advanced level is somewhat confusing, because our understanding of primary care responders were people operating outside the accepted ambulance trained sphere, in which case there are no primary responders trained to ALS level.

The comment, quite clearly from the paragraph is, that this is an extremely narrow focussed program. It is not flexible, it doesn't cover all aspects, it is an extremely narrow program that will have limitations.

COMMISSIONER GOZZI: Well it would be useful to have some of that more clearly identified, because you are talking in fairly general terms.

MR WATSON: I think both parties so far have been talking fairly generally.

COMMISSIONER GOZZI: Well, that may be so, but you and Mr Nielsen are making primary submissions, you are not going to get another go at this, and it seems to me that you need to put before me all that you can because the next step in this process is for the department to put its primary submissions and then you have a right of reply to what is raised by the minister's representatives; and generalities are fine in

certain circumstances, but in this particular case what we're talking about here is the contention of the ambulance officers, the AEA, that these people would not be as well qualified but it would be a very narrow base of knowledge, and that it wouldn't work in the context of crewing ambulances because of those considerations.

Anyway, I will hear what you have to say. Thank you, Mr Watson.

MR NIELSEN: Mr Commissioner, if I may continue then. On page 16 in the third complete paragraph, and I quote from N.3 accordingly:

It is important to ensure that the people acting in the technician role have access to a skills based classification system which provides for career development. To achieve this end, three classification levels are proposed with an ongoing requirement for reaccreditation similar to the model adopted for Ambulance Officers. These classification levels would be:

Student Ambulance Technician  
Ambulance Technician (Patient Care Support)  
Ambulance Technician (Patient Care and Rescue Support)

Reaccreditation would be effected over a two year cycle with emphasis on skills maintenance. This reaccreditation would be a condition of employment in the same manner as it is for Advanced Life Support. Most if not all of the reaccreditation would be conducted at a Regional level in accordance with programmes established and supervised by the Training Unit.

Mr Commissioner, to imply that the three classification levels allowing career development will be established, is not correct, as in essence there will be student technicians and qualified technicians, with students reaching patient care support than rescue support.

After employment a student technician will achieve patient care and rescue support or employment will be terminated. This does not fit the career development as suggested.

There is no suggestion of transferring to ambulance officer, in fact it has been made patently clear in conference as not being available. It is important to realise that the technician career stream is not at all linked with the ambulance officer stream.



The service is surprised that the Ambulance Employees' Association with the statement that accreditation will take place every 2 years at a regional level, as they cannot achieve this with current life support and have even suggested moving it to 3 years. They may well have problems with rescue support as they cannot clear a backlog of qualified ambulance officers wishing to gain entry, some of whom have been waiting for over a decade.

Mr Commissioner, I now go to page 17 of Exhibit N.3 and the first complete paragraph, and I quote accordingly:

There would be no automatic movement from Ambulance Technician to Ambulance Officer. A technician who wished to progress to an Ambulance Officer position would need to satisfy all the requirements of entry as a Student Ambulance Officer. Appropriate credit would be given for previous training once accepted into the course but the prerequisites would need to be fully met. The lack of automatic movement results from a recognition that the entry requirement for an Ambulance Technician would be different from those needed by a Student Ambulance Officer. This would particularly be the case in relation to academic preparation.

Mr Commissioner, the Ambulance Employees' Association has strongly opposed the reduction in entry standards proposed under 'Technician'. There is no change to this position.

The Tasmanian Ambulance Service recently indicated that they would be prepared to equalise the entry standards, but as this is only one area of the AEA's opposition we retain our position.

We now refer to the second complete paragraph on page 17 of N.3, and I quote accordingly:

In an operational sense, Ambulance Technicians would be able to integrate immediately into service provision using the same policies and procedures which apply to Student Ambulance Officers. They would only be allowed to operate as part of a crew under the supervision of a qualified Ambulance Officer. On completion of their training period, technicians would be available for on call duties but only under the strict rules which guide the use of Student Ambulance Officers.

End of quote, Mr Commissioner. Once again the argument that students exist on on-road, therefore technicians can too is repeated. Regarding on-call, to use the words of the Tasmanian Ambulance Service, regarding the severe limitations that technician training will be provided, quote:

Such an extension of approach however is not consistent with the need for the primary .... to be flexible and able to work from these principles. In addition it does not support the function of generalistic ambulance officers operating in a wide view of situations, only some of which may be classified as emergency medicine.

End of quote.

A call out currently utilises one officer only most of the time. And ambulance officers have pointed out that technicians would cause serious problems on call.

COMMISSIONER GOZZI: Why?

MR WATSON: Quite straightforward, sir, the technician has got an extremely inflexible nature of approach to patient care. He requires direction for it. If you're going to put technicians on call and expect them to respond, where the current practice is for one person only to respond to each on-call call out, that person has got no skills available to him to actually assess and treat patients without some form of direction.

COMMISSIONER GOZZI: Isn't your reasoning flawed to the extent that student ambulance officer criteria was offered to be applied to ambulance technicians?

MR WATSON: As entry standard, sir?

COMMISSIONER GOZZI: Mm.

MR WATSON: Entry standard was - an offer was made along with a single career stream and that was then withdrawn by TAS. The entrance standard, I believe, probably still is actually in existence - to move the entrance standard up. But our opposition was not just to that one single aspect.

COMMISSIONER GOZZI: So you're saying it was only up to the entry standard, in other words the academic preparation beforehand.

MR WATSON: Yes, the original proposal quite clearly nominated -

COMMISSIONER GOZZI: Not equalising the courses?

MR WATSON: Oh, no. No, the entrance standard was clearly indicated to be much lower than that of a current student ambulance officer and the proposal was to move it up to the same level. But that certainly didn't affect anything that happened after that.



COMMISSIONER GOZZI: Miss Cox, this proposal here that has been put to the Ambulance Employees Association, is really short on detail. I mean, if that was all that was put then there are a lot of questions that I have which really I would like you to answer and I would certainly reserve the right to the AEA to canvass that as part of their submissions. Because if that's all the information that was put then there are a number of issues. I mean, what is the difference in academic preparation?

MISS COX: Mr Commissioner, if I could just sort of stop you there and advise you that information other than the document that they are using in their current submission, other information, quite extensive information has been provided to the AEA. The fact that they have chosen not to use that as part of their submission is their problem, not ours. And certainly some of the issues that you have raised with the advocates from the AEA we shall be addressing as part of our submission. But they are aware of what our position is as far as entry requirements and other matters are and they have been advised accordingly.

COMMISSIONER GOZZI: Fair enough. Mr Nielsen?

MR NIELSEN: Again to exhibit N.3, page 17, the third complete paragraph, and I quote accordingly:

There would be no move to force any existing staff to move from their current Ambulance Officer position to an Ambulance Technician classification. This option would, of course, be available to individuals at their own choice provided that the Service agreed. In the unfortunate and rare instance of an inability case, the availability of the Ambulance Technician classification might provide an additional opportunity which would not otherwise be available.

And we make no comment on that, Mr Commissioner.

COMMISSIONER GOZZI: Mr Nielsen, just before you leave that, does that mean that there are ambulance officers currently employed who are at the level of ambulance technician status only?

MR NIELSEN: No, Mr Commissioner, to my knowledge they're all qualified but this does get on to a very delicate position and, Mr Commissioner, you've already had the experience where we've come before you, sir, with great respect on a couple of instances of the inability of ambulance officers to maintain their skills. And there is a perception, rightly or wrongly, among some of our ambulance officers that there may be some desire or some pressures that may be - I think we've been

offered a - from the previous assistant secretary, Mr Haines, that they'd give us a letter that none of our existing staff would be affected or directed to go down to a ambulance technician. But like, in this day and age various people can be looked at at different times and ultimately there can be a sort of path or direction shown and there is some perception and some anxiety among some members in that regard. But all our existing officers are all qualified, Mr Commissioner.

COMMISSIONER GOZZI: Yes, that's what I thought. This then refers to those that mightn't meet the reaccreditation?

MR NIELSEN: Yes.

COMMISSIONER GOZZI: The possibility?

MR NIELSEN: Yes.

COMMISSIONER GOZZI: Would the association be concerned about that? I mean, it's a mandatory provision that an ambulance officer reaccredit.

MR NIELSEN: Correct.

COMMISSIONER GOZZI: And if he doesn't or she doesn't then that means automatic termination subject to a couple of riders or one rider.

MR NIELSEN: And we've stood by that, Mr Commissioner.

COMMISSIONER GOZZI: Yes. Now if that was to be the case wouldn't the technician course provide some sort of option for that person?

MR NIELSEN: I think I'd have to say, yes. Mr Watson, would you like to -

MR WATSON: Sir, I think what's being stated is that it's not a mandatory position or is not going to be a fixed position to be able to drop back down to technician.

COMMISSIONER GOZZI: No, you wouldn't want to.

MR WATSON: It's an option and it could be explored but at this stage though it's never really been tested as to what happens when a person who's trained under the certificate course with ALS PE actually drops their accreditation.

COMMISSIONER GOZZI: I think Mr .... and Mr Taylor are two names that comes to mind and wouldn't that classification have been the salvation for those two people?

MR WATSON: Yes.



COMMISSIONER GOZZI: So, you are saying - you're not making any comment about it, but you recognise that there might be some value for those type of ambulance officers who can't reaccredit?

MR WATSON: Yes, it was credited on the inability case, sir, as to whether it was even considered they would be capable of retaining skills at any level.

COMMISSIONER GOZZI: Right. Fair enough.

MR NIELSEN: Continuing on, Mr Commissioner. I now go to the fourth complete paragraph, and I quote accordingly:

The total number of Ambulance Technicians who might eventually be employed by the Tasmanian Ambulance Service would be determined by a number of factors including the rate of natural attrition and the progress of any moves to introduce college based training of Student Ambulance Officers. Given the requirement that every metropolitan crew have a qualified Ambulance Officer and the need to maintain the mixed professional-volunteer model currently in place at country stations, the maximum number of Ambulance Technicians would always be less than half the number of on-road staff. This number would be further reduced whilst Student Ambulance Officers continued to be trained in the current fashion.

We make no comment on that, Mr Commissioner.

COMMISSIONER GOZZI: Alright, well there are two questions arising from that paragraph, Mr Nielsen. The first one is, how does the association see volunteers, the skills of volunteers, vis-a-vis the skills that would be acquired by ambulance technicians?

MR NIELSEN: I'll have to lean to my colleague here, Mr Watson.

MR WATSON: We come back to that mix of volunteers in the state, sir, of urban and country. It would probably be clear to say that the urban volunteers have very little input as they are an additional person to a fixed 2-man crew.

If we can leave those aside in that case for the moment and look at the country volunteers, the skills between a country volunteer and a technician would be somewhat similar. That is, practising under the direct instruction of a qualified person.

COMMISSIONER GOZZI: You don't think then that the provides some sort of situation for the commission - I hesitate to say

precedent - for the commission to look at and say, well you are already using this part of your .... arrangements for qualified ambulance officers with volunteer?

MR WATSON: I am not quite sure if I fully understand the direction you are taking?

COMMISSIONER GOZZI: Well, look, I am simply saying that you have already got volunteers in an ambulance, and I don't think it is always the case that a volunteer is the third person. You have got to man an ambulance with a qualified person in the ambulance assisted by a volunteer.

Now if you have got that scenario working already, and from your own submission a technician is on a part with a volunteer, what's the difference?

MR WATSON: Well, certainly the situation we are talking about here is in a country situation where the choice is if we don't put that volunteer there that seat is empty. That's a one-man ambulance.

Now, given the situation, obviously we have accepted that situation in the country, as anything is better than actually having an empty seat. But to oppose that across the urban situation, which is what is being proposed, is obviously a different matter again.

COMMISSIONER GOZZI: Why is it different?

MR WATSON: Well, what we are proposing here is to downgrade what is in actual fact the main component of the ambulance service, its 2-man crew, to take away what is existing at the moment and put a technician in the place of one person, and that technician obviously is a much, much lower standard. I don't think there is any doubt about that, from the professional match that is there at the moment.

COMMISSIONER GOZZI: Mr Watson, in the event that you are not successful in defending this classification, would there be, or have you been advised whether there is any intention to wind down the intake of student ambulance officers in favour of technicians?

MR WATSON: We are under the understanding that there were to be no more student intakes. The service has been put in an awkward position because they believe a technician may well get up and running earlier than now.

They've actually announced in the current 'Gazette' issued today a student intake of I believe seven people. My understanding -



COMMISSIONER GOZZI: So, is it a real concern, is it a real concern of -

MR WATSON: My understanding is that will be the last student intake that will ever take place in the Tasmanian Ambulance Service.

MISS COX: Mr Commissioner -

MR WATSON: If I could be allowed to continue, sir? A college-based education I have been told by the state training officer is the next direction it will take - that will take place.

MISS COX: They are still students.

MR WATSON: Sorry?

MISS COX: They are still students.

COMMISSIONER GOZZI: Well, you'll have your turn.

MISS COX: Yes. I mean, Mr Commissioner, there has never been any intention by the Tasmanian Ambulance Service to stop training or providing the Certificate of Applied Science. The AEA are aware of that, and I object to Mr Watson making these allegations.

COMMISSIONER GOZZI: Well, as I say, you'll have your turn.

MISS COX: Yes.

COMMISSIONER GOZZI: As far as you're concerned, the thrust of why I am asking you this is whether or not from your perspective there is an intention to run down student ambulance officers and fill their spot with technicians? Is that one of your concerns?

MR WATSON: It certainly is. If we can go back to the paragraph we just read out. The proposed mix of technician and ambulance officer is certainly clearly by that paragraph less than 50%. On the figures that we've worked out, somewhere between 30% and 33%. That's a substantial dilution of the ambulance skills - ambulance officers skills.

COMMISSIONER GOZZI: So, where would trainee ambulance officers come from?

MR WATSON: They are proposing to move it across to college-based education. That was at one stage looking as though '92 may well be the first year. I believe it is probably about 2 years off at the moment.

COMMISSIONER GOZZI: And college-based - what is it - I saw it here somewhere? College-based training -

MR WATSON: College-based training of student ambulance officers.

COMMISSIONER GOZZI: So, that would produce the students which are currently available?

MR WATSON: Well, that will produce qualified ambulance officers at the end of the training.

COMMISSIONER GOZZI: Alright. Yes, thank you, Mr Watson. Mr Nielsen?

MR NIELSEN: Mr Commissioner, we are very close to the end. I just seek your indulgence for one moment to reflect on a previous issue quite some years before you in regards to where the AA was defending a person that was subject to termination because of inability to maintain skills, and again testing my memory, I believe - and I think the transcript may show - that you, sir, presented me with a question to the effect that, 'Who would I desire if I was bleeding on the roadside to come and attend to me?', and with great respect, I really didn't answer that question as I desire to answer it now.

I said at that time, 'You'd know the answer to that, Mr Commissioner, as I would', and my answer to that today is, 'I want a very qualified competent ALS officer attending to me when I am bleeding on the roadside, sir.

COMMISSIONER GOZZI: I can understand that, Mr Nielsen.

MR NIELSEN: If I may, commissioner. Mr Commissioner, we've made mention of the fact that the Tasmanian Ambulance Service see the career pathway of technicians outside the service, and would like to table a letter from then which confirmed that this - confirmed this. If I may present this, Mr Commissioner.

COMMISSIONER GOZZI: Exhibit N.12.

MR NIELSEN: It is dated the 21st of May '91 from the acting service - the acting secretary of the Department of Police Emergency, Mr Steven Haines, and addressed to the secretary of the AR. As you can see from the third paragraph, the service states, quote:

The Ambulance Service believes that the primary career pathway for an Ambulance Technician, beyond that which we propose to include within the Tasmanian Ambulance Service Award, would be in the broader field of Industrial First Aid and more particularly Occupational Health and Safety/ The



Service believes that the classification of Ambulance Technician would provide a more than suitable foundation for an employee wishing to explore opportunities in these areas. To further enhance this career path option, and to provide the Ambulance Service with a pool of personnel with an additional useful skill not contained within the clinical mainstream, it is proposed that the Ambulance Technician course would include an Occupational Health and Safety module.

Again, Mr Commissioner, we ask that this comment be judged against the SEP guidelines regarding career pathways. At an ambulance briefing late in 1991 senior managers from the Tasmanian Ambulance Service addressed the AEA executive, and in regard to their perception of the positive side of the argument on technicians stated that it would allow some people to have a career in ambulance who would not have done so otherwise.

At a time when the ambulance - when the Australian employers and unions are meeting to bring together common standards and structures for operational staff throughout the nation, with the initiative taken by Tasmania and funded by the commonwealth, this state is actually branching out against itself by attempting to introduce a radical departure from the current Australian crewing system.

COMMISSIONER GOZZI: The Australian crewing system?

MR NIELSEN: Crewing system, yes.

COMMISSIONER GOZZI: Yes. Well, is there an Australian crewing system?

MR NIELSEN: Yes. I've just been promoted to where the system should be concept - Australian crewing concept.

COMMISSIONER GOZZI: All right. But it's not a uniform crewing concept, is it? I mean, we had reference to .... a little while ago.

MR NIELSEN: Yes, Mr Watson will assist me on that, Mr Commissioner.

COMMISSIONER GOZZI: Yes.

MR WATSON: Sir, it may not be a formalised concept, but certainly the bottom line is an ambulance has two officers working out of it, and the word is 'officers' not a technician and an ambulance officer.

COMMISSIONER GOZZI: Well -

MR WATSON: The choice of each state to have its differing standards of life support paramedic .... simply actually are the same systems with modifications in each area. The higher level of ambulance in Tasmania, that's across the board because of the smaller number of vehicles we've got.

COMMISSIONER GOZZI: Yes, but there isn't this Australian crewing concept.

MR WATSON: No, I'm sorry, it wasn't our intention to imply that there was a formalised system. It was our intention to imply that two qualified officers, or a qualified officer and a person working towards a qualification -

COMMISSIONER GOZZI: Well -

MR WATSON: - is in every ambulance in Australia. In the urban - in the main centres.

COMMISSIONER GOZZI: Now, if my memory serves me right, that really isn't the case, because you, as you recall, one of the aspects of the work-value case was clearly that Tasmanian ambulance officers had skills over and above the skills, say, for instance, of their Victorian counterparts insofar as that there is a combination of skills. There is a combination of skills held by Tasmanian ambulance officers which are separated out in Victoria. Now I know - I can't recollect the situation in other states, so this notion of Australian concept in crewing -

MR WATSON: I think we've got to divide crew numbers and the qualification -

COMMISSIONER GOZZI: Well, you're going to have two -

MR WATSON: - or the qualified nature as differing from the actual qualifications themselves. I fully support what you're saying, each state has got a different concept as to what their ambulance officers -

COMMISSIONER GOZZI: Yes.

MR WATSON: - are qualified to, and Tasmania, I still believe, is actually leading the -

COMMISSIONER GOZZI: Yes, but -

MR WATSON: - leading the masses in that direction.

COMMISSIONER GOZZI: But this proposal doesn't mean you're going to have less, you're still going to have two.



MR WATSON: Well, I could use a person on work experience from the jail, I suppose, and still make it two qualified people.

COMMISSIONER GOZZI: Yes. Well, in the context of the discussion, the Australian crewing concept you're going to have two. And if the Australian concept is two people in an ambulance the ambulance technician proposal doesn't violate that at all.

MR WATSON: That's correct.

MR NIELSEN: To continue on, Mr Commissioner. The technician proposal will have no remotely similar positions that we are aware of and may jeopardise a national career structure. The competency-based training project, or CBT as it's commonly known, introduced by Tasmania and funded by Canberra, with a Tasmanian officer coordinating, may well founder if the technician stream was to be proceed as it would undermine the progress made to date -

COMMISSIONER GOZZI: Mr Nielsen, I can't let that one go through to the keeper either. I mean, there is, to my knowledge, no course at the moment designed to be CBT based for ambulance officers.

MR NIELSEN: Well, that's not the case, but Mr Watson will assist.

MR WATSON: No, there's a - I'm sorry, Mr Commissioner -

MR NIELSEN: That is the case?

MR WATSON: - it is most certainly correct. There is a Tasmanian based initiative which has now been picked up around Australia and CBT is very much alive in the ambulance service, and they're actually working towards identifying those common standards at the moment.

COMMISSIONER GOZZI: Well, I've got a list of CBT standards - it just so happens that I'm doing the TAFE work-value case - and I can't recollect any course relevant to ambulance officers of there. Now, I don't know who is running the initiative, I'm not saying that I may not have missed it when I looked at the exhibit, but I'm just wondering what you're telling me. I mean, is somebody investigating CBT for the ambulance service in Tasmania? Is that what the situation is?

MR WATSON: The ambulance - no, I'm sorry, Australia-wide the ambulance employers and employees, the unions, have met for some time on CBT.

COMMISSIONER GOZZI: Yes.

MR WATSON: The industry reference group -

COMMISSIONER GOZZI: Yes, but in -

MR WATSON: - are actually collecting their material now.

COMMISSIONER GOZZI: But in the context of that manifesting itself by way of a curriculum -

MR WATSON: Yes.

COMMISSIONER GOZZI: - a CBT based curriculum, I don't think that stage has been reached.

MR WATSON: No, not at all.

COMMISSIONER GOZZI: And it's not going to be reached for some time.

MR WATSON: Their timetable at the moment is indicating towards the middle - another 6 months or so, but I'm not sure.

COMMISSIONER GOZZI: Another 6 - as soon as that?

MR WATSON: Another 6 months to conclude. That's the -

COMMISSIONER GOZZI: To conclude the study.

MR WATSON: That's the desired timetable to have a competency-based training program - a competency-based training course formalised for all operational areas of ambulance. But they have identified the operational areas, they're starting with the ambulance officers.

COMMISSIONER GOZZI: Oh, I didn't realise that. I didn't, as I say, appreciate that. I thought it was a lot further out than that.

MR WATSON: I think a substantial amount of work has been done on it, sir.

COMMISSIONER GOZZI: All right, thank you, Mr Watson.

MR NIELSEN: Just continuing on on that point. As it would determine the progress made to date and crediting the various states with the common threads of education and practices which make up the qualified officer. Mr Commissioner, for all these reason we ask that you deny the ambulance service opportunity to introduce the proposed ambulance technician stream. Now, Mr Commissioner, I just want to - just to make some very brief references, if I may, in regards to the work-value case and I refer the particular - the 1988 case, of course, TA.30, and I refer to page 13 of that page.



And I just wish to put on record some of the comments that were made. And it - on page 13, it reads, Mr Nielsen said, quote: From it's earliest implementation the advance life support officer qualification was subject to structure review and reaccreditation. Now, that was part of transcript, page 188. The ALS became a mandatory qualification for all ambulance officers employed after the 17th of September '84. It was agreed at the time that the association and the Tasmanian Ambulance Service finalise their negotiation which culminated in the signing of a Memorandum of Agreement which specified that particular requirement as well as other conditions of employment.

The Tasmanian Ambulance Service Salaries and Conditions of Service Agreement provide inter alia in clause 1 - Definitions, ambulance officer the advance life support, ALS skill is a requirement only for officers employed after the commencement date of this agreement. Now, this is the point of this letter, and I quote from it: The continual upgrading of the knowledge, expertise and qualifications of ambulance officers is of course to the great advantage of the Tasmanian community and is to be cemented.

Upgrading we emphasise, Mr Commissioner. Again, I refer to page 6 of that decision - correction, page 36 of that decision.

COMMISSIONER GOZZI: In fact, Mr Nielsen, that last word on that page 13 -

MR NIELSEN: Yes.

COMMISSIONER GOZZI: - should be 'commended'.

MR NIELSEN: Commend. Commend.

COMMISSIONER GOZZI: It's been there, and every time I read it - I think I probably ought to write out another - get another page 13 out. But it is definitely not 'cemented' it's 'commended'.

MR NIELSEN: Well, may I say, with respect, it still emphasises the point.

COMMISSIONER GOZZI: It certainly does, in fact, listening to you read it out that way it's probably - I should put it in brackets.

MR NIELSEN: Again, I refer to page 36, and in brief I just want to emphasise the bottom, the last paragraph, but perhaps I'll read the last two: The major change in qualification relates to patient extrication, however, I've always accepted protocol and procedures, changes in the ALS as a significant change. There is no doubt in my mind that the level f

sophistication of the protocols has increased adding to the work value of ambulance officers who are ALS trained. I have previously referred to the ever tightening quality control that is exercised across the whole of the Tasmania. In my opinion this is to be epitomised at the ALS level. The emphasis on training has demonstrably increased. The entire standard of the work of AOs has lifted in such a way that it is now more expert. This of course benefits the community at large.

Again, I refer to page 79 of your report, Mr Commissioner, or decision would be more correct, and I just read from the second paragraph from the top: In respect of my findings it was pleasing to note the observations made by Mr Duke, from the Department of Public Administration, who appeared as a witness for the minister, when he said, quote: As we have heard the AEA has put a work-value case stating that the degree of difficulty within the service has increased substantially. Basically ambulance officers have changed their role from effectively being those of - or of transporting patients to that of providing highly skilled and professional pre-hospital care to patients. End of quote.

The fact that there's been a change in the work of ambulance officers is beyond question. The emphasis on training over the past 10 years has been great. The result has been and continues to be better pre-hospital care, and we desire to try and maintain it that way, Mr Commissioner. And my last comment is on page 80, and I refer to the top of the page and read accordingly: I've given recognition of this case to the dramatic change in treatment of patients now able to be provided. No longer is a person involved in an accident rushed to hospital without the patient first being stabilised as far as is possible on the road.

There is an ongoing view of techniques and protocols employed by ambulance officer, this is provided by the medical advisory council. The Tasmanian Ambulance Service through the stringent standard it adheres to provides the highest level of quality control. This is not only a great benefit to the public but in itself has contributed and will continue to contribute to the high performance level of ambulance officers. End of quote, Mr Commissioner. Thank you.

COMMISSIONER GOZZI: Thank you, Mr Nielsen. Mr Nielsen - it's all right stay seated - the next occasion that we meet, you've got other matters to raise have you or -

MR NIELSEN: No, Mr Commissioner, as I understand the - Miss Cox will be asked to be called upon to respond to those 8 or 9 issues on ambulance technician.

COMMISSIONER GOZZI: All right. And will then - will you then be in a position to respond?



MR NIELSEN: Yes, Mr Commissioner.

COMMISSIONER GOZZI: So, we should finish it on the 15th?

MR NIELSEN: That's our desire to ultimately - that's our intentions, Mr Commissioner.

COMMISSIONER GOZZI: Very good.

MR NIELSEN: As you would realise, you would give us that grace depending upon Miss Cox's response.

COMMISSIONER GOZZI: Oh, certainly. Certainly. Just while we're on the record, it would be useful, and I heard what you said before, Miss Cox, to get a more descriptive indication of what the differences are in respect of prerequisite academic qualifications and what the actual differences are in the units studied by ambulance technicians - supposed to be studied by technicians versus student ambulance officers. And I do raise it for you as well in Exhibit N.12, quite clearly Mr Haines, who is acting secretary of the Department of Police and Emergency Services, saw that the role would be quite different. In fact, he said:

The selection criteria for the two position, particularly in terms of academic preparation prior to entry, would be different and the essence of the Ambulance Technician proposal is that it would form a classification stream with quite different characteristics to that of the Ambulance Officer stream.

And then again:

The basis upon which Student Ambulance Officer training proceeds is a heuristic model with a considerable emphasis on the ability to undertake decision-making from first principles.

So, quite clearly the thrust of the submissions of Mr Nielsen and Mr Watson are supported by that statement. And I think when you go back on the transcript that's going to be made available you'll see that that is in fact an important thrust of what is being put. Now, I'd like to be able to identify what those differences are, if that's possible, and come to some conclusion about those differences.

I reiterate also the comments made by Mr Nielsen, in my decision - the work-value decision - are made in context that the whole thrust of the work-value case was based on an increasing qualification level, higher levels of training, increased protocols, and it was certainly put by the Department of Public Administration - as it was then - now the

equivalent DPAC, that that was the way the service had progressed. And if anything is to be done in this area, then I want to have a very clear view as to what the differences are and how it's intended to work. Also, the crewing arrangements, the student intake situation and items of that nature.

All right. These proceedings are adjourned to the 15th of June.

HEARING ADJOURNED