**TASMANIAN INDUSTRIAL COMMISSION**

Industrial Relations Act 1984

T No. 2652 of 1990

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

re structural efficiency principle - special case

COMMISSIONER WATLING

HOBART, 27 November 1992
Continued from 26/11/92

**TRANSCRIPT OF PROCEEDINGS**

Unedited

COMMISSIONER WATLING: Good. There's no alterations to appearances, I take it, from yesterday?

MR HOUSE: No, sir.

MISS COX: That's correct.

COMMISSIONER WATLING: No, everyone's .... in agreement. I apologise for being late. I can assure you that one of the first clauses we won't be going to will be a redundancy clause. So - but anyway I thank you for your indulgence because I just had to get a couple of things on the road here and it took a little longer than I thought. So - now we'll get down to something at a different tempo. Mr House?

MISS COX: Mr Commissioner, before Mr House starts. Yesterday you gave us leave to review document H.8 overnight .

COMMISSIONER WATLING: Oh, yes, yes.

MISS COX: - to see whether we wanted to amend our application in view of the TSMPS's submission. I wish to advise the commission that we would like to add some matters to our application.

COMMISSIONER WATLING: Righto. Well, hang on, I'll just get your application which is application T.3995 of 1992. Righto.

MISS COX: In clause 7 - Definitions we'd like to advise that we would be putting in a definition of ordinary hours of work.

COMMISSIONER WATLING: Right.

MISS COX: We'd also be putting argument on new appointments and promotions.

COMMISSIONER WATLING: Right.

MISS COX: Higher duties allowance and more responsible duties allowance.

COMMISSIONER WATLING: Right.

MISS COX: And salary increments.

COMMISSIONER WATLING: Right.

MISS COX: If the commission pleases.

COMMISSIONER WATLING: Right. Is there any objection to the application of the minister's being varied?

MR HOUSE: No, we have no objections, Mr Commissioner.

COMMISSIONER WATLING: No objection. Leave is granted. Thanks, Miss Cox. Righto.

MR HOUSE: Mr Commissioner, -

COMMISSIONER WATLING: We were dealing with clause 7 weren't we?

MR HOUSE: Yes. We were discussing the review panel before we adjourned last evening, but before we go onto that I would like to return to the definition of director on the previous page. We've had some discussion between ourselves over perhaps the lack of clarity of that definition and we'd seek leave to replace it with a further - another definition. I apologise, I haven't been able to have it typed up. We would now propose that director means a medical practitioner, comma, not being a medical administrator, comma, who is a consultant or a career medical practitioner appointed to direct or be in charge of, comma, a department, comma, unit, comma, service, comma, division or program in a health service facility or health regions, with the `s' in parenthesis and the definition stops there. If the commission pleases I might hand to your associate the -

COMMISSIONER WATLING: Righto. Thank you, that would help. Righto. So you're saying that they must be one of those before they can be appointed?

MR HOUSE: Yes, and they are not a medical administrator.

COMMISSIONER WATLING: Right. Why do you want to restrict it?

MR HOUSE: Well, it refers to - if you like - responsibilities on the doctor who is primarily employed as a clinician rather than as an administrator.

COMMISSIONER WATLING: So does that tie up with your classification standards?

MR HOUSE: Yes.

COMMISSIONER WATLING: Right. We'll have a look at that when we get to it then.

MR HOUSE: Thank you, sir. I think we'd, in looking at the review panel, we were discussing a question of disputes that could arise over the acceptability and relevance of postgraduate qualifications not recognised by NASQAC. As you're well aware we've incorporated into our definitions Fellowship of the Australian College of Emergency Medicine and also qualifications in medical or health, I should say, or business administration.

I think - well I know we have an argument with our friends at the other end of the bar table about that issue in itself, but should the commission see its way clear to accept our submissions on those qualifications, there is still perhaps a question as to what qualifications should be recognised. Now you raised the question of whether that's transferring the commission's responsibilities in that area to another panel. I'd have to say that we're in a position where we die in a ditch over whether it's a review panel. We saw though that in trying to minimise a number of types of internal review panels that that sort of role could be performed by the review panel what we primarily established to look at the question of a person's credentials for advancement or promotion to a senior consultant.

COMMISSIONER WATLING: So the panel would do it as opposed to the employer doing it?

MR HOUSE: That - yes, that's another motivation that we had where there was a lot of - as approved by the controlling authority as well. It gave us some concern.

COMMISSIONER WATLING: So what happens with the decisions of the review panel then, that they would be binding on the employer, would they?

MR HOUSE: Well the process we've got is that there's a representative of the health administration and - medically qualified and also medically qualified representative of the society in the event there's a disagreement between them, then a representative, medically qualified, of the head of the agency, but - who would have the final say, and in that event, from our point of view, the decision would be binding.

COMMISSIONER WATLING: So, this is more of an advisory panel?

MR HOUSE: Yes, but if that panel, as I think I'm instructed, decided that NBA from some remote university was not a - not to the standard of a master's degree in Australia or in one of the leading universities in Australia, then we would accept that.

DR SENATOR: Mr Commissioner, can I perhaps expand on the normal selection process which applies at the time of appointment particularly for consultant medical practitioners and really, although it's not structured completely, there are three components. The first of these is credentialling; the second is the actual staff selection on merit, and the third component is then what's called the delineation of clinical privileges. The staff selection committee of the health service - let's say, the hospital, because this is where most of my experience has been gained in this area, usually includes a representative speaking for the college or the faculty relating to the proposed area of employment of the

applicants and his role is generally to ensure that the committee can be reassured that the qualifications that that person attests to have are, in fact - have been, in fact, achieved and are, in fact, current and hence that person is a person of good standing in that postgraduate qualification area.

By and large the colleges do not rank their fellows or members, but merely indicate that they are people who have passed their qualifications, have reached such standard as would make them acceptable in specialist practice.

The staff selection then proceeds along the usual lines based on merit, and subsequently there is an examination of the - what's called clinical privileges - which is the range of responsibilities and duties that that person by virtue of qualifications, skills and experience, is entitled to carry out within that particular facility.

The flaw in that is the fact that the credentialling step may only relate to those areas which are covered by NASQAC and, hence, there may be other areas such as in health administration, and indeed perhaps even for emergency medicine, where that credentialling process may not be possible.

That may be due to the absence of suitable representatives who may not be from the institution itself, but may be from within the state who has been a representative of that college or faculty, and nominated by the college or faculty to serve in that capacity. And hence, we perceive a need for some other means of credentialling that goes beyond just the limited scope of NASQAC.

COMMISSIONER WATLING: Right.

DR SENATOR: If the commission pleases.

COMMISSIONER WATLING: So, would I be unfair in saying that they were - in this particular area - the review panel is there to establish credentials of the people applying for the job that will appear before the interviewing panel?

DR SENATOR: Yes, commissioner. As I have indicated, it is not a specific structure in the sense that it's a distinct three stage process, it is all perhaps intertwined.

COMMISSIONER WATLING: Yes. But the people that made up this panel, for example, need not necessarily be the interviewing panel under the State Service Act.

DR SENATOR: Yes.

COMMISSIONER WATLING: So this particular panel then would forward this information to the interviewing panel?

DR SENATOR: Yes.

COMMISSIONER WATLING: Right.

DR SENATOR: We believe they would be of assistance to the interviewing panel who could then spend far more of their time concerned with the other two areas, and perhaps even seek guidance on the clinical privileges where they are unfamiliar with those particular areas; although, of course, the range of duties hopefully would have been clarified within the advertisement for the position.

COMMISSIONER WATLING: Right. That takes us to (iv).

MR HOUSE: Well that requires the review panel to assess the suitability of a consultant or, in one case, a medical administrator, from level 4 to level 5, based on the criteria of excellence which is now contained in our proposed position classification standards. That is for criteria.

COMMISSIONER WATLING: In this particular one then, where would this fit in relation to the panel making the appointment for the vacant position in accordance with the State Service Act?

MR HOUSE: Well, I understand it's -

COMMISSIONER WATLING: It seems to read to me that this panel would determine the progression. Now, I am not too sure that they even have that right under the State Service Act to do that, because the State Service Act clearly defines how jobs should be advertised and how the appointment shall take place. It's not the role of the review panel, is it? Dr Senator?

DR SENATOR: In the staff selection process, sir - I apologise for not indicating that the interviewing panel and the staff selection committee is advisory on the appointments generally to the employer, and does not take the final decision. So, itself is advisory, rather than an appointments committee.

COMMISSIONER WATLING: Yes, but, well if that's so, it doesn't state that at the start. It says: Means a panel constituted to determine matters relating to the employee's progression.

There is no such mention in the definition that they are only advisory to any selection panel established in accordance with the State Service Act.

DR SENATOR: Mr Commissioner, I believe that we perhaps should make that - consider that point. I think it does no harm to incorporate suitable terminology to clarify that.

But we would reserve our - seek leave to come back to you - on what may be an appropriate form of words that would clearly have that intent.

COMMISSIONER WATLING: Yes, well how would that line up then with clause 27? Because clause - so this committee then would be advisory to someone in relation to sabbatical as well - whoever that someone is.

MR HOUSE: Yes.

COMMISSIONER WATLING: And what about this committee being advisory in relation to clause 42, which is the dispute settling procedure - grievance and dispute settling procedure?

MR HOUSE: Well, it's correct that it is a part of the process of the grievance and dispute settlement procedure, and if the - I suppose if the review panel - I'd say if the review panel mechanism fails, then the process continues.

COMMISSIONER WATLING: But if you say it is only advisory, when you turn to clause 42 that seems as though it might have a bit of power. Or it is meant to have a bit of power.

MR HOUSE: We would hope that it would have a real role.

COMMISSIONER WATLING: May I suggest to you that you might like to have a look at the whole definition of review panel in your own time.

MR HOUSE: Yes.

COMMISSIONER WATLING: Because it does raise some interesting questions. You know, once you get into a review panel you really have to say in a definition what a review panel is. Right? It's an advisory body, constituted of XYZ to do what? And that type of thing.

If I was to take it that it was an advisory panel, I'd have to say that it would have no role then in a dispute settling, grievance settling thing. It would only be advisory to that process.

MR HOUSE: I suppose I saw it something like a board of reference.

COMMISSIONER WATLING: In the dispute settling thing, yes.

MR HOUSE: In the commonwealth jurisdiction.

COMMISSIONER WATLING: Yes. Well, you can see how we get into some other conflict further down the line, when you put

section 27 - subclause (27(iii) and (iv) in - you murky the charter of the review panel a bit.

MR HOUSE: Well we did have a number of separate mechanisms and we thought to streamline it in accordance with structural efficiency, rather than having all sorts of little bodies everywhere.

We tried to incorporate it into the one. We were mindful of where this might sit in relation to normal dispute settling procedures.

However, I suppose -

COMMISSIONER WATLING: You've restricted its role only to the professional aspect of it.

MR HOUSE: That was the intent, and to focus on that particular area of possible difficult - we felt that if the award is to be comprehensive, then we somehow had to deal with that - otherwise there's no formal procedure, other than bring it - and I say with respect - bringing it to the commission - this commission.

COMMISSIONER WATLING: Well, there is just a bit of a problem there, I think. Maybe we'll take our list from yesterday on the last page, and - no, we have got two matters on the last - well, we have created a third page, haven't we?

Maybe if I can just show my associate what document we're looking at. It's the one with the 24.9.92. And yesterday we added to it the definition of Director which was addressed this morning. There it is there.

So, that particular question can now be added under the heading Submissions Completed, under the heading above.

But deferred matters, we are now going to defer the definition of Review Panel.

Right. Now, I think you might want to - in looking at it - you might want to examine whether or not there is a special role for the review panel in the disputes and grievance procedure, and you spell out their role in that clause and how it is constituted; and have - this might be the review advisory panel - I don't know.

But it seems to me, and I don't want to jump your submissions, but it seems to me one is advisory and the other one you want to have a definite role to play. And I would have to say it would certainly have to be advisory to look at the question of progression of employees. It could be no more than that.

Right. Well that takes us on to the definition then of Senior Consultant.

MR HOUSE: Yes, we say a senior consultant - there should be an inverted comma at the start - means a medical practitioner - and there should be a comma - appointed as such - and another comma - who in addition to holding a postgraduate qualification relevant to his or her appointment - and then there should be another comma - has had at least 10 years practical experience in that speciality.

We believe that that is a suitable period of experience that may justify a person putting forward credentials for this new level.

COMMISSIONER WATLING: How do you arrive at these sorts of things in years - and I know you have mentioned it before -

MR HOUSE: Yes.

COMMISSIONER WATLING: I have this nagging thing at the back of my mind that says it is quite restrictive, it's like restrictive trade, if you are saying someone can't get there until they have done - you might have a real sort of whizz kid out there that would be very competent and capable. Dr Senator?

DR SENATOR: I take your point, sir. It is very unlikely that an individual can achieve a specialist or consultant level in a period much shorter than 10 years.

We have - and we would believe - that even if it took 7 or 8 years that at least a period functioning as a consultant - this is postgraduation - would be required to meet any of the criteria that we believe are appropriate for the progression of a senior consultant or, indeed, the appointment in the first instance of somebody at that level.

COMMISSIONER WATLING: So this 10 years practical experience, this is after -

DR SENATOR: Sorry, yes.

COMMISSIONER WATLING: It's 10 years after someone has gained a specialist qualification?

DR SENATOR: I am sorry, yes, that's right.

MR HOUSE: And then it does take some time to become a specialist in the first place.

DR SENATOR: So your -

COMMISSIONER WATLING: Well that's what concerns me all the more, because it could mean it could be 20 years by the time you get there.

DR SENATOR: Yes, It may well be, sir. We believe that this is an elite group. It is -

COMMISSIONER WATLING: It sure is.

DR SENATOR: It is going to be a very - probably have very few people qualify - but because of the structure of the consultant class and the fact that there is, in our mind, not a huge step in what these people might expect, that having some form of experiential barrier is warranted, and it is as much, I believe, for the individual a status situation, as well as having some compensation in other ways. But we don't believe necessarily that it is going to comprise more than a small handful of individuals.

COMMISSIONER WATLING: Yes. So, if I was sort of really good at my work doesn't that mean I could never be appointed to this even though I might be a specialist? Or even though, for example, you might have someone in Hobart that the employer might want to appoint, say, to the north west coast, and it may be not appropriate to appoint them as a director or deputy director but it may be appropriate to appoint them as a senior consultant; and because they haven't had 10 years experience you have actually restricted them from getting that position.

DR SENATOR: Mr Commissioner, we believe that there may be other avenues in which the employer can adequately reward somebody with lesser period of post qualification experience if they wish to appoint them to that type of position.

COMMISSIONER WATLING: How would they do that?

DR SENATOR: Well there are other mechanisms.

COMMISSIONER WATLING: What other mechanisms are you referring to?

DR SENATOR: Well, outside the award.

COMMISSIONER WATLING: Well I am not condoning that. And that's my problem, you see, because I am looking at making the award which is the contract of employment. I am not in the business of making an award so as it forces people to do deals outside the award. I have got to make sure the award works.

I would have to say it would concern me, and I'll be interested to get to structure and have a look at that, because I think someone could be offered an advancement elsewhere at a significantly higher rate of pay but they don't

make the ranks of director or sort of deputy director, but you have totally restricted that happening.

DR SENATOR: Well, we looked on it as another avenue, that the duties of a Class V Consultant - sorry, Level 5 Consultant - may be one avenue by which an individual can be appointed at level 5, and the progression from level 4 to level 5, by virtue of individual excellence, was perhaps another pathway.

COMMISSIONER WATLING: Well, it will be interesting when we get to the structure to see how that would all work.

But in passing, the definition seemed to be somewhat restrictive to me. But it is a bit hard just looking at the definition in isolation to a structure and, therefore, I probably haven't entered the debate as much as I probably will when I can see the structure.

DR SENATOR: But even so, notwithstanding what I have just said, we believe that this 10 years of post qualification experience is not necessarily as restrictive because of the type of employee and the type of the positions to which this -

COMMISSIONER WATLING: So you have really got to be a specialist for 10 years before you can get to this level. Gee. Right.

MR HOUSE: Mr Commissioner, I hope I don't further muddy the water, but I suppose -

COMMISSIONER WATLING: You might as well have a go at it because I have.

MR HOUSE: My concept of a senior specialist as proposed in our claim and, indeed, in Queensland and in South Australia, is that it is really a personal classification based on the person's demonstrated achievement in the field of medicine. Probably more so than a particular capacity to perform a job.

Now that may go against the way we normally classify jobs, classify people, but I think we should frankly - I should frankly - point out that's my concept of it, rather than perhaps, as in New South Wales, it's more oriented towards the normal sort of process of classifying responsibilities and management. And that's not to say that this person would not perform, we would hope, at a very high level as in a management role.

But when we come to the criteria there are certain, if you like, achievements that have to be demonstrated in, say, the area of research or learned training, things like that. So -

COMMISSIONER WATLING: Yes. I am just having in mind that - we had a big discussion the other day - and I did foreshadow

that I was not madly in love with any structure that was based on service pay as opposed to the requirements for the job.

MR HOUSE: Well we are very mindful of that, and I don't think we have got any - I think it is perhaps to the contrary - that the time service certainly wouldn't, in my view, meet the criteria that we're putting forward. It's demonstrated -

COMMISSIONER WATLING: But everywhere where you mention senior consultant they have to really be a specialist for 10 years before they can, you know, even be called that.

MR HOUSE: Well, at my peril, I will say in Queensland it is 15.

COMMISSIONER WATLING: Well, we might expect that there.

MR HOUSE: But we - Dr Senator more than me - have made a very careful assessment of what we believe is reasonable in terms of what time should elapse before people could establish their capacities against the criteria, and there is no automaticity even then.

COMMISSIONER WATLING: No. But say, for example, you wanted to recognise someone that had achieved something special or was sort of a noted specialist in a certain field, and they didn't have 10 years experience and you still wanted to do something, and I know that we don't set rates for attention and - attraction and retention -

MR HOUSE: Yes.

COMMISSIONER WATLING: But it is not unknown to me for that to happen.

MR HOUSE: Yes, the same here.

COMMISSIONER WATLING: Are we not then saying we can't give someone some reward, if that's what you are saying it is there for?

MR HOUSE: Well, I suppose it is to do with a possible argument we are going to get about some of our other qualifications in the reverse direction. So I hope we are not being inconsistent, but we believe you have got to draw the line somewhere.

COMMISSIONER WATLING: Yes, well that's why we don't get into this question of attraction and retention, we only want to look at what the work is.

MR HOUSE: Yes.

COMMISSIONER WATLING: But then, I say then it begs the question of why does it take 10 years for a specialist to become a senior consultant? What is so magic about 10 years?

MR HOUSE: What we're saying is that the incidences that you cite, sir, our submission is that they would be very far and few - there wouldn't be many.

So that, again it is an assessment that we make, that we don't want to lower the standard or the status or the barrier for what is going to be the normal situation for the odd exception.

That we have made a careful assessment of what time it would take in the case of the better than average medical practitioner, but perhaps not the most brilliant person to achieve the situation where he or she could put forward their credentials for this sort of position.

I don't believe that we're being inflexible or unreasonable, because the whole concept behind this is, as Dr Senator has pointed to, to give salaried medical practitioners something that they may aspire to, even as trainees they can see that in our structure it's not entirely terminal once they qualify as a consultant.

And I am not just talking about years of service, I am talking about an incentive for them to achieve as a consultant and achieve what is not there at the moment a fairly high level of - even in status. In this state there is no consultant.

COMMISSIONER WATLING: So in - put yourself in my position, right, and you have had someone stand before you and put an argument, and then you would have to write up in a decision why does it take 10 years to get there, and I have chosen 10 years because of this, this, this and this reason. How do I know that it takes 10 years? What evidence are you putting to me that tells me that it takes 10 years?

MR HOUSE: Well, at this stage -

COMMISSIONER WATLING: Other than it is a status thing.

MR HOUSE: - you've got to take our word for it. I am sorry, but we would hope to develop in our case further evidence or material or opinion. I am sorry, it may only be opinion, that 10 years is a minimum.

COMMISSIONER WATLING: But should we -

MR HOUSE: Except for the exception -

COMMISSIONER WATLING: - create it 10 years purely because of being a status position?

MR HOUSE: No, I am not trying to say that, sir. I am trying to say that we believe that 10 - that you need 10 years to be able to demonstrate against the criteria. You have got to get certain achievements up before you can put yourself forward as a candidate.

COMMISSIONER WATLING: All right, so it might become clearer when we get to the definition.

MR HOUSE: But it is not just 10 years of being -

COMMISSIONER WATLING: It might become clearer when we get to the classification standards then.

MR HOUSE: Well I would hope that that would move us along a bit. Whether it reaches, whether it assists the commission to assess whether 10 years is the precise figure or not, may depend on - I would think likely to depend on - further evidence. That perhaps the PCSs will perhaps clarify what our general intent, and what sort of medical practitioner we see would be at this level in terms of what they have done and what they are able to do to contribute to the health system.

COMMISSIONER WATLING: Well, I'll keep that in mind when we are looking at those things then.

MR HOUSE: Thank you. Senior Qualification is agreed. So we move to Senior Registrar. We say a Senior Registrar means a medical practitioner - and then there should be a comma - appointed as such at a public hospital - comma - who has at least we say 7 years postgraduate experience and has successfully completed all examinations specified for an approved course of study leading to a relevant postgraduate qualification but is yet to be appointed to a consultant position.

Now, the 7 years - again is our assessment - of the period as a resident medical practitioner and a registrar, following the initial graduation as a medical practitioner. The concept we have here is that a person having completed their post - their training - and are, if you like, qualified for a consultant position, can be held within the Tasmanian public health system in a position pending being able to successfully apply for a consultant position.

We believe that that in itself is something that should benefit the system. It's what in some other structures might be called the holding grade.

In addition, the registrar - given perhaps the smallness of the health system here - can usefully perform as a deputy to a consultant in the case of, say, an on call roster, or in situations where the consultant is fully occupied with patient

care, there is a person qualified but not promoted to a consultant who could perform under the broad guidance of a consultant the consultant duties.

There is also the question of relief. But I think we have already discussed the difficulties of relief consultants, given that there may be only one or two in this state in some specialities. This will expand, we believe, the capacity for the system to cope with absences, and give greater flexibility to management as well as to those instructing me to deal with problems of continuity in patient care.

Moving to the vexatious area of temporary employee. We say it means a medical practitioner who is engaged to relieve a full time or part time medical practitioner for specific periods of leave, or is engaged for specific duties over a fixed period determined by the controlling authority, but who is not a trainee medical practitioner.

Now we've had some debate between ourselves and those at the other end of the bar table about the status of trainee medical practitioners, whether they are temporary employees.

Now, technically they are temporary employees, given that they are usually on 12 months appointment, maybe a longer period. We've discussed in certain circumstances periods of up to 3 years.

But that doesn't perhaps get over the problem. We don't - again in line with our views about continuity of health care - we believe that trainee medical practitioner is, if you like, different from the normal temporary employee.

Firstly, they are normally on approved training - sorry, in an approved training position - program aimed at and/or, at the bottom end meeting the requirements for registration. So there are certain external factors involved in terms of what they are doing.

They have, for most purposes, the entitlements and rights of permanent employees. For example, recreation leave entitlements, examination leave, and so on. We exclude them, of course, in these circumstances from any loading on their base rate for the absence of these permanent employee entitlements.

I suppose the main difference, we would see, without trying to denigrate the temporary employees, that these people have and have to have a clear commitment to the hospital system in an ongoing sense.

COMMISSIONER WATLING: How would that happen if they are only allowed to be employed for specific periods of leave?

MR HOUSE: Specific?

COMMISSIONER WATLING: Well, it says here you can only be - you can be a temporary, right -

MR HOUSE: Yes.

COMMISSIONER WATLING: - and you have got to be a medical practitioner, as defined, and you can only be employed for specific periods of leave in (a).

MR HOUSE: That's in the first one.

COMMISSIONER WATLING: Yes, well -

MR HOUSE: I am sorry, I'm -

COMMISSIONER WATLING: Just match up your submission then with the first one. How would your submission sit with the first one, (a)?

MR HOUSE: Well, the first one, a trainee medical practitioner wouldn't fit into that category, anyway.

COMMISSIONER WATLING: No, no, I think you have missed the point. I am saying - you're saying - that these people have to have some commitment to the system. Right, that's your overriding philosophy. Now, I am saying that a temporary employee, right, has to be a medical practitioner so they are qualified.

MR HOUSE: Yes.

COMMISSIONER WATLING: How can they have a commitment to the system if they can only be employed for periods of leave? Because they are really very temporary.

MR HOUSE: When I was talking about commitment to the system - I am sorry, I didn't make myself clear. I haven't argued our case about a temporary employee as we have defined it. I am anticipating an argument about trainee medical practitioners being classified as temporary employees. We're excluding them.

COMMISSIONER WATLING: Yes, well that's in (b) of course.

MR HOUSE: Yes. And when I am talking about why trainees should be excluded I'm trying to make a number of submissions about why they shouldn't be classed as in the normal category of temporary employees.

COMMISSIONER WATLING: And one of your arguments is that they need to have a commitment to the hospital system.

MR HOUSE: Well, I am not saying that the temporary employee - perhaps I agree in terms of (a) - but I am not saying that a temporary employee doesn't necessarily have a commitment to the hospital system, but I am saying that a trainee -

COMMISSIONER WATLING: Trainee does.

MR HOUSE: - has to have a commitment.

COMMISSIONER WATLING: Well, if a trainee has a commitment to the hospital system, are you saying that it is okay for them to be temporary?

MR HOUSE: Well, the difficulty - Dr Senator and I - had a lot of discussions about this. The difficulty is that the trainees are not - they don't have permanent status - they are appointed -

COMMISSIONER WATLING: As a temporary under the State Service Act.

MR HOUSE: Yes.

COMMISSIONER WATLING: Right, now given that they are appointed as a temporary under the State Service Act, we are saying in this definition that they are not temporaries.

MR HOUSE: For the purposes of this award - for the purposes - I should say the conditions in this award. We can't say they are not temporaries because they are temporaries. This is our difficulty. And even forget the State Service Act, they don't have the normal career tenure of people either in the state service or elsewhere that join an employer with an expectation of having a career with -

COMMISSIONER WATLING: So really what you are saying is then, in (b) that the employer is not allowed to use a trainee medical practitioner in specific areas or to do specific duties.

MR HOUSE: No. No, what we are saying is the employer should not apply these conditions that we're proposing, or any other conditions other than that applying to full time or part time permanent people. There are some differences that we can talk about later, but as a generality, that these people have conditions applied to them as if they were permanent employees.

COMMISSIONER WATLING: Right. If you didn't have the words: who is not a trainee medical practitioner, wouldn't it mean quite clearly that a temporary employee could only be a medical practitioner, if you look at the document, and why do you have that last phrase in there?

MR HOUSE: Well it's a bit like I suppose the trouble we ran into yesterday over adding casual. We say as a result of things that perhaps I shouldn't talk about, that we want to be - make it quite clear in this award that temporary employees are not - the definition for temporary employees does not include trainee medical practitioners.

COMMISSIONER WATLING: Well I think by the very lead in that says, temporary employee means a medical practitioner, doesn't that automatically exclude a trainee?

MR HOUSE: Well if it does I'm happy to delete that.

COMMISSIONER WATLING: Oh, you're - oh, well it could - yes, it's - because a - a trainee - what have you got as your trainee - or a medical practitioner is a person registered, so you're saying that these - these trainees are registered?

MR HOUSE: Yes.

COMMISSIONER WATLING: Yes, well -

MR HOUSE: You've either got limited or full -

COMMISSIONER WATLING: Yes.

MR HOUSE: - registration.

COMMISSIONER WATLING: Well that immediately then begs the question of - for your definition for trainee then, doesn't it?

MR HOUSE: Yes.

DR SENATOR: Mr Commissioner, I wonder whether the solution may not rest so much with trying to address our concern - our definitional concern - within the context of the trainee medical practitioner definition, and perhaps doing that may relieve us of the need to have that last phrase under the temporary employee definition.

COMMISSIONER WATLING: Yes, well you'd really need - to really clarify it then you might need to be talking about a medical practitioner, right?

DR SENATOR: Mm.

COMMISSIONER WATLING: As defined - well we take it that it's defined anyway - and does not include a trainee medical practitioner, because the way it's read there - the way you could read it there is you have to be a medical practitioner for (a), right?

DR SENATOR: Mm, yes.

COMMISSIONER WATLING: And the trainee bit only relates to (b). But you're saying in both categories, aren't you?

DR SENATOR: Mm.

COMMISSIONER WATLING: (a) and (b)?

MR HOUSE: That would be more comprehensive.

COMMISSIONER WATLING: Rightio.

MR HOUSE: Well, sir, if I could seek leave to change that definition.

COMMISSIONER WATLING: Rightio, so you want it then to read: means a medical practitioner, and then say: excluding a trainee medical practitioner?

MR HOUSE: Yes, thank you. And then we can delete that last part of (b).

COMMISSIONER WATLING: Rightio. Now what happens if someone takes sick? Say a medical practitioner goes off sick and it might be for one or 2 days, who do you see filling the position - a temporary?

DR SENATOR: Mr Commissioner, it would very much depend on the setting. The tradition is that, say, within the hospital there are a group of individuals sharing the same general responsibilities on roster and they tend to provide relief for each other.

COMMISSIONER WATLING: So they just cover the absence?

DR SENATOR: Yes, and in fact it may not be strictly according to the award, because in fact I cannot remember where there was compensation for a change of roster, but in any case it would be covered by the - by the emergency or prevailing work condition pressures that it would allow for that roster to be changed at such short notice and within the group they tend then to reallocate the roster so there is perhaps a reimbursement of time.

Now the reasons for that, their - their long term custom is for the - for the purposes of the continuity of the service and to a great extent avoids the need for recruiting outside people to - to - to provide those services and recognising that - I think - most of my experience is with the south, obviously - but I would think it shares with the other regions the difficulty that there wouldn't be that number of individuals outside the current system who would be suitable for filling in.

COMMISSIONER WATLING: But in any case if there is to be a fill-in then it's got to be a medical practitioner and not a trainee. Rightio.

MR HOUSE: The -

COMMISSIONER WATLING: Oh, just before you go, just say for example there was - and I don't know whether it would happen, if there was to be a fill-in for a trainee, you - it can't be by another trainee?

DR SENATOR: Yes, Mr Commissioner, but I don't believe that our definition of medical practitioner excludes a trainee.

COMMISSIONER WATLING: Yes.

DR SENATOR: I think that the medical practitioner is everybody or all -

COMMISSIONER WATLING: That are registered?

DR SENATOR: Yes, but the registration may be of various categories, like full, limited.

COMMISSIONER WATLING: Yes, I agree with that.

DR SENATOR: So that medical practitioner is a generic title which also covers trainee medical practitioners.

COMMISSIONER WATLING: Yes, but you're excluding them in - in the temporary situation? See, it really -

DR SENATOR: Yes, yes.

COMMISSIONER WATLING: - it really means then you can't have a trainee -

DR SENATOR: Yes.

COMMISSIONER WATLING: - if there's a trainee sick then it must be filled by a medical practitioner and not another trainee.

DR SENATOR: Well this harks back to my previous comment about the possibility of dealing with the difference of a categorisation of a trainee from other forms of temporary employee by looking perhaps at the definition of the trainee medical practitioner, rather than the definition of a temporary employee so that we don't run into that differential problem between subclauses (a) and (b) of that definition.

COMMISSIONER WATLING: Yes, I'm not too sure whether you can fix it in that though, can you? How would - how would you operate under this clause if you a temporary - if you had a -

a trainee medical practitioner away sick and you wanted to replace that trainee with some other trainee that -

DR SENATOR: Well that in fact would be the most desirable way to do it, and this is why I'm saying -

COMMISSIONER WATLING: Yes, but you couldn't -

DR SENATOR: - we need to -

COMMISSIONER WATLING: - do it under the definition though of temporary.

DR SENATOR: Yes, well this is why I say we may need to go away and think about that and come back to you.

COMMISSIONER WATLING: Yes.

MR HOUSE: But does that, sir, make them a temporary employee? They're still the same - they're a trainee.

COMMISSIONER WATLING: But you're saying though that - you're saying that that trainee's position can only be filled by a medical practitioner excluding trainees.

MR HOUSE: Well I don't believe that is what we're saying, with respect. We're saying that a trainee -

COMMISSIONER WATLING: Well that's what the words say.

MR HOUSE: - cannot be engaged to relieve, but if the trainee is on the ground, as Dr Senator said, they're not being engaged, they're covering a situation of an absence and doing normally what they're - they would be doing anyway.

COMMISSIONER WATLING: Mm.

MR HOUSE: They're not being recruited in a temporary situation, they're being reassigned.

COMMISSIONER WATLING: So you're really talking about they're not specifically - specifically employed to do something.

MR HOUSE: Yes, they're not being engaged as a temporary to fill that hole. They're being reassigned in the normal way in -

COMMISSIONER WATLING: But they could be -

MR HOUSE: - in any other situation if - if I - if I'm asked to do another case for the AMA that I normally wouldn't do, I don't believe that I've been engaged as a temporary - I've just been assigned other duties.

COMMISSIONER WATLING: So the engaged, as far as you're concerned is -

MR HOUSE: Where - which we have had to do, specifically engage a person on a contract.

COMMISSIONER WATLING: Yes, well so - you're treating engaged as employing someone - is that the way -

MR HOUSE: Yes, yes. Bringing someone in, in lay terms.

COMMISSIONER WATLING: Oh, rightio. Well maybe then you could tighten up by saying a temporary is a .... practitioner who is specifically employed to relieve a full timer or part timer.

MR HOUSE: That's what I believe we mean.

COMMISSIONER WATLING: Oh, right. Rightio.

MR HOUSE: Thank you, sir.

COMMISSIONER WATLING: You can see how you can get - you can really read it a different way if you don't have this discussion.

MR HOUSE: Yes. I make assumptions that I shouldn't do.

COMMISSIONER WATLING: Yes, that's right. So we could change (b) to read the same - specifically employed. So it's a special thing that they have to go and do, not just interchanging with relief staff internally. Right.

MR HOUSE: The last definition that's not agreed, or we believe is not agreed, is trainee medical practitioner which means a resident medical practitioner, registrar or a senior registrar.

COMMISSIONER WATLING: Well how can you call a senior registrar a trainee even under your own definition?

DR SENATOR: Mr Commissioner, in some specialty areas, and the best example is anaesthetics, if we go back to the definition of senior registrar, it specifically says, and has successfully completed all examinations specified for an approved course of study leading to a relevant postgraduate qualification, the example I cite of anaesthetics is that tied in with the achievement and the final certification of that postgraduate qualification for the purposes of employment as a consultant and indeed in recognition by the federal government in relation to - to status as a consultant or specialist, that they then have a further year of service.

COMMISSIONER WATLING: Right.

MR HOUSE: Commissioner, we now wish to turn to the position classification -

COMMISSIONER WATLING: The weekly rate's agreed, isn't it?

MR HOUSE: Yes, sir.

COMMISSIONER WATLING: Rightio. Now we're getting to the hard stuff.

MR HOUSE: Certainly are.

COMMISSIONER WATLING: So my document here - I notice the pages aren't numbered - goes to 1 to level 5 in terms of the salaries in 8.

MR HOUSE: Yes, that's correct, sir.

COMMISSIONER WATLING: Yes, right.

MR HOUSE: We believe that before we actually go to the position classification standards which I have as a separate document, which I could tender now or tender later, whichever suits the commission, we would like to give you an overview as we tried to do in S.1 of how we now see the structure.

COMMISSIONER WATLING: Right.

MR HOUSE: And I would like to hand over to Dr Senator to address that part of our claim.

COMMISSIONER WATLING: Rightio. Well would we have anything to follow?

MR HOUSE: Yes.

DR SENATOR: Commissioner, I'd seek permission to tender an exhibit.

COMMISSIONER WATLING: Right, we'll mark this exhibit - continuing with the H numbers - H.9.

DR SENATOR: And Mr Commissioner, this exhibit replaces - is a replacement for exhibit S.1 tendered previously.

COMMISSIONER WATLING: Right.

DR SENATOR: Mr Commissioner, I don't believe it's in anyone's interest to reiterate all of my introductory comments that formed the preamble and the description of exhibit S.1, nor to go over the ground of the philosophy and principles that - that really went to the refinement and development of this structure, but in this refinement process we have not

moved away from - from those major concerns that we had which included hopefully, flexibility, clarity, simplicity, equity, logic, pragmatism and modernity, as well as - as I think is more appropriate for the classification standards the question of accountability and responsibilities through the - within the proposed new structure.

COMMISSIONER WATLING: It certainly covers the field.

DR SENATOR: Thank you. I think also that I should draw attention however to the - to the new terms that we are using here, some of which are covered in the definitions that we've already addressed at this hearing and to indicate that consultant replaces the term specialist, that resident medical practitioner level 1 replaces the term intern, and that leads to consequential changes to the numbering of the resident medical practitioner levels, that the term director of medical services and deputy director of medical services replace the terms deputy medical superintendent and medical or psychiatric superintendent, respectively.

And we've addressed you earlier on the generic .... of medical administrator to cover both director and deputy director of medical services.

We've also been mindful of your comments, sir, regarding the outmoded or anachronistic terminology used in all of our awards up till this claim and now have substituted the term resident medical practitioner for resident medical officer and career medical practitioner for career medical officer.

We might point out that the whole category of career medical practitioner is a - is new terminology which encompasses medical practitioners under the award who are employed in a diverse number of areas including the district health service agencies including the public hospital system. And this is - and particularly in relation to the hospital role for career medical practitioners, this is rather a new development in this country, and perhaps best developed, but still at a very early stage of evolution in New South Wales and currently we have no such clear category within the Tasmanian state health system.

I should point out that even in New South Wales with its - its experience with that group, that that is still settling down and has by no means slotted in to the system to everybody's satisfaction. But by the same token it is the belief of the society that there is scope for this - this category serving within the public hospital system in this state, particularly where there have been difficulties in providing services more normally provided the larger institutions by trainees in approved positions.

We don't necessarily, with the career medical practitioner category which you see on the left hand block under the first page of this exhibit, we don't exclude the possibility that there may be some interchangeability between service provided by such practitioners within the hospital sector and within the community, and we believe that that flexibility that now may be open to management may also add an extra dimension to the career opportunities for employees in that category.

Sir, as you will see from that block diagram, the central stream is the more traditional stream that is recognised particularly within the hospital system with the resident medical practitioners at the top, then going on - or many of them going on to registrar positions, some of whom are achieving their postgraduate examination requirements, proceeding or being capable of being appointed at senior registrar level, and then having satisfied all requirements for a postgraduate qualification being able to enter into the consultant stream.

And as we have earlier put to you, sir, that there is a potential also from amongst the consultants for some individuals to achieve the level of senior consultant.

In the right hand side two blocks we make provision there for deputies directors of medical services and you will see that the - roughly this is drawn to scale that the deputies directors of medical services do, in fact, - yes, I'm sorry, the word services are left out of under medical for the deputies in that block diagram. But they bridge the levels between registrar and the lower reaches of the consultant levels.

We have shown in this block diagram that the directors of medical services are in parallel or the scope for employment of these individuals is in parallel with those within the consultant and senior consultant levels. However, there are more restraints placed upon the progression and ultimate achievement within the consultant levels of both deputies and full directors of medical services based upon the size and complexity of the public hospitals in Tasmania in which they will be appointed.

That would be the significant reason why we have chosen to present the model in this form rather than include the deputy director of medical services block within the career medical practitioner block and to separate off the director of medical services block from that for the consultant's stream itself There is a line drawn roughly half -

COMMISSIONER WATLING: But couldn't you have a - you say director of medical services being placed anywhere along that consultant's line?

DR SENATOR: Not in all hospitals, sir.

COMMISSIONER WATLING: So then if you didn't, wouldn't it be up then to the employer or the interviewing panel to place them there based on qualifications and experience?

DR SENATOR: The - I believe that the roles and size determine, if you like, some form of pecking order if you wish, in terms of the duties that would be necessary of an appointee in the different hospitals and although they are - they may be employed in that range, the classification standards clearly define the entry point progression and extent to which they can proceed within the consultant and senior consultant parallel stream, such that we would only envisage that there would be the possibility, for example, of the - of a director of medical services at the principal teaching hospital having access to the senior consultant level.

There is a line drawn horizontally through the block diagram to indicate where we have placed what we would term the relative value of the whole structure and that basically is set at the level of a fully qualified consultant who has ostensibly and practically total authority and responsibility in all spheres for his activities.

COMMISSIONER WATLING: So how long would it take it in years to become a consultant at the hundred per cent level?

DR SENATOR: Well that would depend upon the length of the training program. Probably the quickest you could do it would be a minimum of 7 years, more likely somewhere between 7 and 10 years, and that is not constraint by the classification so much as the established requirements of those learned bodies who govern the procession of individuals through their training programs.

COMMISSIONER WATLING: Right. Now all of these dot points here they'd line up I suppose with a level and a grade in your arrangement.

DR SENATOR: Yes.

COMMISSIONER WATLING: And I take it they are all automatic progression.

DR SENATOR: No.

COMMISSIONER WATLING: Right.

DR SENATOR: Anything but.

COMMISSIONER WATLING: Right. Where does the automatic progression start and finish?

DR SENATOR: The automatic progression, if you like will only involve the resident medical practitioner group.

COMMISSIONER WATLING: So that's levels 1, Grade 1 to 4?

DR SENATOR: Yes.

COMMISSIONER WATLING: Right. And after that it's by appointment.

DR SENATOR: Yes. There is limited progression of the registrars, but not in the same sense of the resident medical practitioner grade and these are dealt with in the classification standards.

Sir, if I can deal now with the B.4 sheet which is second in this document. I've attempted here to use a comparable format to that which was - to that in exhibit S.1 which this replaces. On the left, if we could correct the spelling of reference, it contains the reference point for all levels and grades within our classification structure and I would indicate, sir, that since we were before you last that this now is reduced to thirteen. The society is not particularly superstitious.

COMMISSIONER WATLING: That's good.

DR SENATOR: The second column still maintains what we - the format that we have produced which describes a nominal relative value to each of those reference points and I have previously presented the rationale for - well, some argument for the rationale for the relative values in the sense that these have been based on exhaustive examination of other models used elsewhere in other systems, in other industries, in other jurisdictions, and in this jurisdiction in other professional streams and other health industry based groups. That, however, I think, sir, is obviously an area that falls perhaps beyond the particular matters in this hearing, but are more to be I think dealt with in relation to the work value.

COMMISSIONER WATLING: Right. Now, I notice that you say, at the director of medical services, say, the Royal Hobart Hospital, it goes from level 4, Grades 3 to Grade 5. How does the progression go there? Is that automatic?

DR SENATOR: I'm sorry, sir, we're dealing with - I thought we were dealing with the larger -

COMMISSIONER WATLING: Oh, yes, well I've just flipped over the page.

DR SENATOR: I'm sorry, I - it - right. Well - no, that is not automatic progression. It is based on years of experience within the medical administrator role.

COMMISSIONER WATLING: Well this might be an appropriate time to break and we'll reconvene at 2.15.

LUNCHEON ADJOURNMENT

COMMISSIONER WATLING: Right. Well we're back on the structure, doctor.

DR SENATOR: Thank you, Mr Commissioner. Prior to the adjournment I think I had outlined the three - at least two of the scales on the left of the B.4 second page of the exhibit H.9. Third column -

COMMISSIONER WATLING: Can I just take you back to the first page. When you've drawn these squares here, does -

DR SENATOR: Yes.

COMMISSIONER WATLING: - it actually mean, for example, you can go from a registrar to a deputy director from a senior registrar to a deputy director and from a consultant to a deputy director. Is that what the design - ?

DR SENATOR: The overlap really refers to the fact that -

COMMISSIONER WATLING: The salary overlap.

DR SENATOR: Well, no, that would be in terms of the vertical axis, if you like, and -

COMMISSIONER WATLING: Yes.

DR SENATOR: - the horizontal axis. It was meant to demonstrate that there would be career medical practitioners also involved in the hospitals and on the right, the medical administrators would be involved in the hospitals.

COMMISSIONER WATLING: So the overlapping doesn't mean you can go from one to the other, for example, a consultant can only go to deputy director or director.

DR SENATOR: Yes, but that would relate to the type of qualification suitability for the position in relation to the qualifications.

COMMISSIONER WATLING: Yes. Well I agree but I'm just trying to work out -

DR SENATOR: Yes, yes.

COMMISSIONER WATLING: - the over overlapping from left to right as opposed to -

DR SENATOR: Yes. Well as I mentioned this morning it might even be conceivable that a deputy director of medical services could be considered to almost to overlay the career medical practitioner in many senses -

COMMISSIONER WATLING: Right. Can you be a career - ?

DR SENATOR: - and that the director of medical services, appropriately qualified, would be consistent with the consultant and vice versa.

COMMISSIONER WATLING: Could a career medical practitioner become a deputy director or would you have to be a consultant first before you became a deputy director?

DR SENATOR: Oh, no, no, no, it's not a bar. There is a - it wasn't meant to be a barrier horizontally in any way.

COMMISSIONER WATLING: Oh, right. In fact, over lunch I was looking at that and I thought, oh, maybe it's meant to tell me something that you can't get there unless you .... the overlapping -

DR SENATOR: No, it wasn't meant to be a pathway.

COMMISSIONER WATLING: Right. Good.

DR SENATOR: The third vertical line scale is merely to indicate the point of which the five levels - proposed levels begin.

COMMISSIONER WATLING: Right.

DR SENATOR: Now if I could take you to the second column on the actual plan which is the resident medical practitioner. The right of that I have the title Trainee medical practitioner, which is meant to encompass those three columns indicating a resident medical practitioner, the registrar and the senior registrar, but dealing with the resident medical practitioner grades within the level 1, as I indicated earlier we have persisted with the view that there is a necessity for a fourth graded or fourth year of service for the level 1 resident medical practitioners and this may indeed be a waiting grade, if you like, awaiting a decision by the medical practitioners as to which pathway you may wish to pursue, but we would not normally expect that somebody would remain as a resident medical practitioner beyond the fourth year of service. That, however, might -

COMMISSIONER WATLING: Right. Well if they did would that mean they'd sit there?

DR SENATOR: Yes.

COMMISSIONER WATLING: Yes. Right.

DR SENATOR: Unless they were appointed as a career medical practitioner.

COMMISSIONER WATLING: Yes. But I'm saying that if they hadn't made a choice by level 3 -

DR SENATOR: Yes.

COMMISSIONER WATLING: - level 1, Grade 3 -

DR SENATOR: Yes.

COMMISSIONER WATLING: - and they wanted another year -

DR SENATOR: Yes.

COMMISSIONER WATLING: - then they still hadn't made a choice, and there was no positions vacant for them to apply, they could still sit on level - sorry, level 1, Grade 4 -

DR SENATOR: Yes.

COMMISSIONER WATLING: - for some time.

DR SENATOR: That would be unusual in the sense that -

COMMISSIONER WATLING: Yes.

DR SENATOR: - the pressure for those positions, particularly in training programs, would generally prevent people from -

COMMISSIONER WATLING: Sitting.

DR SENATOR: - remaining within that level for an extended period of time. Where it might arise however is because of the dotted line drawn between level 1, Grade 2 and level 1, Grade 3 which we see is a barrier for further progression related to the achievement of full registration before the Medical Council of Tasmania. So presumably somebody may take, say, three years and have to remain at level 2, Grade 2 for at least two years of those.

COMMISSIONER WATLING: Until they get that registration.

DR SENATOR: Until they get the registration and then pass the barrier.

COMMISSIONER WATLING: Right.

DR SENATOR: But again, I believe in most instances in Tasmania would be, perhaps unusual. We would expect that, particularly the principal teaching hospital that there would be an expectation of the vast majority of the level 1, Grade 1 people would get their certificate of satisfactory performance, be fully registerable and then proceed through that pathway untravelled by the need to pass that barrier.

COMMISSIONER WATLING: Right.

DR SENATOR: To the right of resident medical practitioner line is that for registrar and here there has been a significant change in our thinking in relation - in comparison to our previous submission, and after a lot of thought and consideration of all issues, we have limited this level to two grades and basically level 2, Grade 1 would contain registrars, that's as defined, who would be in their first or second year in that particular position or had that amount of experience. If recruited from elsewhere they may have none or one year previous experience in an equivalently approved and accredited equivalent position.

Level 2 Grade 2 would be for registrars with at least 2 years of such experience as a registrar.

COMMISSIONER WATLING: Right, well if they were a registrar, how long would it take for them to complete their approved course of training?

DR SENATOR: Generally 3 or 4 years. Now the reason, one of the reasons why we felt that perhaps pruning the number of grades down to two at this level was the fact that during their registrar years they would be rotating through a number of different subspeciality areas, and that it isn't a question of perhaps being more experienced at level 2 - in their second year of service - but perhaps being exposed to a different variety within the scope of their registrar training program.

And, similarly -

COMMISSIONER WATLING: And maybe at the same level within each speciality?

DR SENATOR: Yes.

COMMISSIONER WATLING: And then they move on and still reach the same level in that next speciality?

DR SENATOR: Yes.

COMMISSIONER WATLING: Right.

DR SENATOR: And, similarly, for a level 3, level 4 - sorry, Grade 3, Grade 4 - in that level - sorry, Grade 2 in that second level - that we would expect that they would be performing at the same level of responsibility and fulfilling duties roughly comparable across an array of areas.

We then move to the third column along to level 3 which contains senior registrar, irrespective of their years of service or years of experience in that grade.

And the dotted line there merely represents what I referred to this morning - the fact that there may be some instances, and the best example is that of anaesthetics, where there is an experiential bar before they actually are considered to have completed their full qualification - although they have fulfilled all examination requirements for that qualification.

COMMISSIONER WATLING: Right. So the senior registrar would have completed the 3 to 4 years that you are referring about - referring to earlier - but they still wouldn't get their - after they've completed their course - they would still have to have - what have you got, 7 years?

DR SENATOR: Yes.

COMMISSIONER WATLING: So they could be sitting on level 2, what, for 4 years?

DR SENATOR: Yes.

COMMISSIONER WATLING: Right.

DR SENATOR: The next column to the right, is that -

COMMISSIONER WATLING: Which raises the question then, why is it that they have to wait 7 years, why don't they just move to senior registrar when they are qualified?

DR SENATOR: Well, there has to be a senior registrar position.

COMMISSIONER WATLING: Who said?

DR SENATOR: Well the training authority for recognition of them as senior registrars, particularly in those where there is still an experiential requirement.

COMMISSIONER WATLING: Right. So, are you saying that training requirements say you can't be a senior registrar for 7 years?

DR SENATOR: I am sorry, Mr Commissioner?

COMMISSIONER WATLING: Are you saying then that the training requirements say that you can't be a senior registrar unless you have had 7 years postgraduate experience?

DR SENATOR: Well, there's the implication that because of the structure of the training program, that it would be virtually impossible to achieve the postgraduate qualification in the mainstream specialities and subspeciality areas without 7 years postgraduate experience.

COMMISSIONER WATLING: Yes. So -

DR SENATOR: In that unlikelihood that they did -

COMMISSIONER WATLING: If they went from - if it took, say, 4 years as a resident medical practitioner - that's 4 years, and another 3 years to pass, then is that where you are getting your 7 years from?

DR SENATOR: Yes.

COMMISSIONER WATLING: Right.

DR SENATOR: But we have made provision in the unlikely circumstance that they may have, in fact, achieved all of those qualifications earlier.

COMMISSIONER WATLING: In 6 years.

DR SENATOR: Well, in 7 years if you say that they may have spent 4 years as a RMO, 2 at Grade 1 level 1, 1 at level 2 Grade 2, if they happen to get up in the first or second year of experience at that level to Grade 2 and there were no senior registrar position available, then we have made provision by virtue of a qualification allowance.

COMMISSIONER WATLING: Yes. It probably will get me into another area which I will progress to later, I am going to have a great debate with you on allowances in addition to these things.

I would wonder why then the person wouldn't be eligible under your program for a senior registrar either with 7 years experience or when they qualified?

I'd have to say I am not in love with allowances when people have made the grade. I think if you have made the grade you get the money when you make the grade.

DR SENATOR: Yes, well I accept what you say. The problem then - the debate may then shift - to whether you are actually doing the work coincident with the senior registrar level.

COMMISSIONER WATLING: Yes, well that's - well I have taken it that all of these things are by appointment, anyway.

DR SENATOR: Yes.

COMMISSIONER WATLING: But, just say for example you had someone who had completed it in 6 years and the position was there and they could be appointed, the employer would be restricted from making that appointment because the definition says 7 years; because they could get there earlier and you would be holding these people back if the definition didn't allow for it. That's the only point I am making.

DR SENATOR: Sure. I would have to go back and re-examine all of the training programs currently in process and those that might even be on the horizon, and see whether this is likely to be of practical consequence, and -

COMMISSIONER WATLING: It might not even bear debate, but I raise the question because I could see it looming on the horizon if someone got to that level after 6 years, or with 6 years postgraduate experience the position was vacant, and then they couldn't be appointed under the definition because it has to be seven.

DR SENATOR: Well, I will need to confirm whether it is a training requirement of the learned college or faculty that they have had a certain number of years before they can even be admissible to the exam.

COMMISSIONER WATLING: Yes. Right. Well I think you might take that on board. I'd be interested to hear about that.

DR SENATOR: The next -

COMMISSIONER WATLING: Which then might even add further weight to the question of senior registrar if we know exactly what is the requirement, even so far as the college is concerned.

DR SENATOR: The next stream to the right is that of the career consultant, which is basically as defined - a person who has achieved the relevant full qualification - a postgraduate qualification. And they may be appointed at level 4 at basically four steps which are levels 4 Grade 1, level 4 Grade 3, level 4 Grade 4, and level 4 Grade 5.

COMMISSIONER WATLING: So where does 2 come into play with the director?

DR SENATOR: That comes into the right hand side one where there is a half step, sir. These, as you will see when we present our standards, represent basically experiential differences between the grades.

Appointment, however, can be made anywhere along that, depending upon their background experience in the same capacity, and therefore provides the relevant flexibility.

We have, as we will also indicate, suggested - and I might anticipate a discussion on the classification standards by suggesting that the experiential difference between L4 Grade 1 and L4 Grade 2 is some 2 years - and we believe that it is appropriate that people appointed as directors should at least have had that experience in a consultant capacity before being so designated.

The difference - there are experiential differences - between the grades, so that they are not all the same, and I should mention that because the difference between level 4 Grade 4 and level 4 Grade 5 amounts to an extra 3 years.

And, in fact, the consultant at level 4 Grade 5 would have had 7 years post full qualification experience in a consultant position to achieve that grade.

COMMISSIONER WATLING: That's only if that position is vacant, though.

DR SENATOR: Yes. And that perhaps sets in context our discussion this morning on the senior consultant requiring 10 years. So that there is a 3 year wait, if you like, at level 4 Grade 5 before the criteria can be examined for worthiness for somebody to proceed and progress from level 4 Grade 5 to level 5.

COMMISSIONER WATLING: Yes. What about if the classification standard was such that the work to be carried out fell at a certain level but people didn't have the years experience? You are saying that they couldn't be appointed to that level?

DR SENATOR: Yes.

COMMISSIONER WATLING: Why would that be if the employer needs someone at, say, level 3 or level 4, why should it be based on service and not the requirements for the job?

DR SENATOR: Well, we believe that the classification standards will demonstrate under the general definitions and the types of duties that there is a commonality between the grades within level 4, and then having that as the base, then the experiential aspect can be superimposed on that, rather than having the other way around, having the barrier of years and then looking at the duties and responsibilities attached to the grading.

COMMISSIONER WATLING: Yes. I will be interested in having a look at that because I am more than interested in examining

this question of people being paid for the work that's being undertaken, as opposed to their years of experience.

I reckon if you are doing the work required, there could be a good argument to say that you get money, whether you've had 10 years experience or whether you have had 1 year experience. But the people who are appointed to that position should be appointed on merit, and once they are appointed if they are required to do all the duties associated with that job then they should get the money.

DR SENATOR: I don't think there is any argument, sir. I think what I was suggesting was that the classification standard for level 4 is a common one to all of these grades.

COMMISSIONER WATLING: Yes; right.

DR SENATOR: And, that in fact, has been the basis -

COMMISSIONER WATLING: I only raised it because you said there were so many years, you know, between this level, or between the grade and between that grade.

DR SENATOR: Right, well in fact I am reminded, in fact, that within this - I was thinking more of initial appointments based on experiential barriers - but there would be progression of people within the system based on passing that particular experiential barrier.

COMMISSIONER WATLING: So it would be based on skills acquired rather than skills required?

DR SENATOR: No, we think that the classification standard for the level encompasses all of those grades. So that the duties to be performed, and the level and the sophistication of performance would be common to the level.

COMMISSIONER WATLING: Right; oh well, it will be just an overview at this stage, at any rate.

DR SENATOR: I have already dealt, I think, with the progression from L4 Grade 5 to level 5 and appointments at level 5.

The progression, we believe, should be subject to obviously the classification standard for level 5 and the availability of the position at that level; and also, as we have indicated, there should be available to individuals with outstanding qualities as an incentive to remain within the system and, indeed, to encourage other people to remain and develop within the system, below them.

I will now move to the extreme left of this plan to the career medical practitioner.

COMMISSIONER WATLING: Can I just ask you a question? If the position of level 5 is so required to achieve the view that you have presented, this review panel will only get to carry out their duties in an advisory capacity if the job indeed is made available even at the start. Right? Now, is there anything stopping - in your program - the job being there at the start?

DR SENATOR: No.

COMMISSIONER WATLING: Is the job there now?

DR SENATOR: Yes; probably. It depends whether the management wishes to appoint - how it wishes, or whom it wishes to attract - and it would also be conditional on the duties in the classification standard being appropriate to that level.

COMMISSIONER WATLING: So, at the end of the day, there mightn't be any choice as to whether or not the position is filled - because there is a need for that?

DR SENATOR: I still think there would be choice as to the relative seniority of skills reflected in the advertisement for the position, but that would then have to be examined and scrutinised in relation to the responsibilities and duties incorporated into the classification standard to make sure there wasn't a mismatch.

I think also that direct appointments can be made at that senior consultant level without going through the machinery of the review panel. That really is specifically for progression from L4-5 to level 5.

COMMISSIONER WATLING: Well, why would you have new appointments made at that level and not progression from one to the other? What's the theory behind that?

DR SENATOR: Well it may be that one finds that examining the position that it warrants somebody really outstanding.

It may be, for example, in setting up a new transplantation service for the state, in which one would wish to launch that with the best possible person, the most highly qualified person, and somebody with an international reputation for ensuring its success.

And it would be open to the controlling authority to advertise at the high level, given that the types of duties and responsibilities are built into the classification standard from which the advertisement is drawn would reflect a level 5 position.

COMMISSIONER WATLING: So we are looking at a very reasonable salary level at this level then?

DR SENATOR: Yes; very substantial.

COMMISSIONER WATLING: Ooh, you have frightened me.

DR SENATOR: I think it's correct to say, and this is perhaps an aside, that one of the difficulties that we perceived when we started through this exercise was to try and structure the consultant grade so that we could maintain those sorts of skills and expertise within the system and not find that they really were lost and that the consultant grade became more or less even a holding area prior to people perhaps looking elsewhere.

COMMISSIONER WATLING: Now, in each of these consultant grades when we get to the work value stage are we going to be able to have a look at that type of thing, or are you going to present evidence on each of those levels where they are there and that type of work is available?

DR SENATOR: Mr Commissioner, you are referring to the levels or the grade within level 4?

COMMISSIONER WATLING: Well, I am really referring to the grades within the level, or are we developing something new here and, therefore, have to be appointed to it?

DR SENATOR: Well, as I said, there can be progression based on experience. I don't know that we have really got any gold standards to determine whether that number of steps is right, and I must confess that I've adopted a fairly perhaps simplistic view that they, bearing in mind the experiential barriers are a little uneven, I've preferred to keep the grades and the distances between the grades relatively equal.

On the left hand part of the plan of the career medical practitioners, and as you are no doubt aware from the current award, the medical practitioners scale is really the most - is the largest and most comprehensive - and for some people the most inscrutable of all of the categories under the award.

We feel that career medical practitioner grade - classification - should be broadened to include the possibility, as we've mentioned, of career medical practitioners in the continuing hospital service where they're not in trainee positions as well as those individuals who are functioning out in the community in patient care as well as involved in other work of the agency, including departmental medical officers.

COMMISSIONER WATLING: So they could be part time on a career medical practitioner's scale?

DR SENATOR: Yes. Yes. We - obviously when looking at that side of the table there are only five steps crossing or which are incorporated into three levels, and so it's a very simple model and with a fairly - fairly well defineable, we believe, barriers. Basically on reflection we believe that a career medical practitioner who may have responsibilities in the community for patient care and for those other functions other than the hospitals, together with their colleagues who decide to remain on and make their career as a medical practitioner within the hospitals in a non training capacity should have had at least 3 years postgraduate experience.

Our belief in that is perhaps reinforced by the recent, shall I term it, debate about vocational registration for general practitioners, where the view was put and I think supported by - by most within the profession, that at least 3 years post graduate training is required before somebody is reasonably competent to carry out general practitioner services in the community. The debate, Mr Commissioner, more rests with how one gets to those 3 years of experience and what they should contain and how they should be regulated, controlled and planned, rather than the moiety.

So at level 2 for the career medical practitioner we have but two grades separated by a necessity to have completed 2 years experience in a comparable environment.

We then have - and of course somebody may be initially appointed at level - at Grade 1 or Grade 2 of that level depending upon their background of experience in that setting. And this applies equally of departmental medical officers too.

We believe then that the first barrier that warrants consideration and - and perhaps prevents further progression beyond level 2 Grade 2, should be the responsibilities built in to the need to supervise a body of staff - group of staff - which may include medical staff as well as allied health professional and other staff. And I believe that will be reflected in the - in the classification standard.

We believe then that having - and in parenthesis I ought to say that that may mean that somebody would - would proceed through their career remaining at level 2 Grade 2 without further progression.

The same thing might apply at level 3 for the bar to further progression to the level 4 is predicated on their successful completion of a relevant and recognised postgraduate qualification relevant to their employment and the availability of a position.

So there again, a career medical practitioner may be in a situation of remaining at level 3.

Having achieved the equivalent, as you will see, of consultant, at level 4 Grade 1, having completed a comparable and recognised postgraduate qualification, one further step is available and that again is to a position where that person - that individual functions as a director.

You will recall the revised definition that we put forward of a director this morning which included the capacity for a career medical practitioner to be designated as such.

Now that - the question is what sort of people are these? We would be believe that they may be perhaps individuals within a department. They may in fact be perhaps a director of a - perhaps an extensive multi purpose clinical centre that's separated off from a teaching hospital or a large community health centre - something of that - that type.

COMMISSIONER WATLING: Right, and I take it that you're addressing the question in some depth later on about the 100 per cent level - the fully qualified - because you'll notice that you've made it reasonably high up the rung, whereas in other areas it's usually been sort of at the time of - of them, you know, graduating and then everything's moved on from there. But I'd be interested to know later on if you're going to discuss it now -

DR SENATOR: Well I think Mr House will be addressing you on that, sir, remembering of course that our whole group are postgraduates.

COMMISSIONER WATLING: Yes.

DR SENATOR: And -

COMMISSIONER WATLING: Yes, but it does make a difference where you put the qualified rate, as we all know.

DR SENATOR: Yes.

COMMISSIONER WATLING: And, you know, you've got the start of a - a career medical practitioner at level 2 Grade 1, so that person isn't qualified under your - under your system.

DR SENATOR: Yes, perhaps we take for granted the 6 or 7 years of undergraduate training -

COMMISSIONER WATLING: Yes.

DR SENATOR: - that takes place.

COMMISSIONER WATLING: May be - you know, you could be - you might be putting those people down by saying that they're underneath the qualified level.

DR SENATOR: Oh, I accept what you're -

COMMISSIONER WATLING: It doesn't mean that the percentages can't be changed around.

DR SENATOR: Yes. I - well, as I say, Mr House will be addressing you on that. I would have to say that we perhaps think what - what is intrinsically crucial to the model that we're putting forward, is the relationship horizontally between the various streams, as much as perhaps as where the - where the benchmark is set. And perhaps for convenience - not for convenience - it - it really is for the reason that we accept that somebody who has a full postgraduate qualification and perhaps I should have used a more fulsome description of that dotted line, is somebody really who is held to be totally authoritative in respect to a specialty area.

COMMISSIONER WATLING: Could you have someone appointed at - in the career medical practitioner stream at level 2 Grade 2 with a postgraduate qualification.

DR SENATOR: Yes, and there again if a - I don't wish to - to be contentious, but we believe that we have accommodated that with a qualification allowance to cater for just that - that happenstance.

COMMISSIONER WATLING: Yes, well that's where we'll get into debate on that. I think Mr House knows my view on these extra allowances. I think I've raised them before. I'd be less than honest if I didn't forewarn you that I am not happy with all these allowances being added on. I think you do the job, you get paid the rate. And if it means making the rate a little higher to encompass things, well it might mean that. But I - I must say that I'm not a person that loves allowances on top of things. I think you - that allowances are only there in my view and in special and exceptional circumstances when you're looking at a classification rate.

DR SENATOR: Well we believe that - what forms part of our claim in relation to - to - to allowances does perhaps fall into that category and there has been a significant review of the allowances that we had earlier proposed with a marked reduction, but we believe that because of some of the issues that you've raised that we would otherwise need to distort the model significantly to take in those exceptional circumstances.

COMMISSIONER WATLING: Well see, this allowance question and just the general discussion we're having now, this will certainly come to the fore when we start debating the hundred per cent level and - and determining whether or not your model places the hundred per cent mark at the appropriate place. Because you could have, as I say, someone in the medical -

career medical practitioner level that would even have postgraduate qualifications getting 80 per cent of the fully qualified rate.

DR SENATOR: Yes, well it depends on what job of work he's been asked to do.

COMMISSIONER WATLING: Ah yes. No, well that's right, but I still think there must be a mean - there must be a mean average where you say, look, this is a hundred per cent, and these people are either below this in the pecking order or they're above this in the pecking order. And - and obviously you'll develop your percentage relativities, one or the other, from that.

But I just raise it at this stage because it seems to be - the hundred per cent level seems to be at a very senior level from looking at your chart, and - and even in the professional engineers area it doesn't start at that senior level - that higher level.

DR SENATOR: We've had very few other monolithic models to examine, Mr Commissioner, and one that deals with the medical area is that in the Northern Territory, and I think that Mr House can possibly address you on the general issue of the - where we've set the - that hundred per cent level and perhaps refer to the - to other available models in - that may be relevant to our argument.

COMMISSIONER WATLING: Right. Over the right hand side, we have two columns, one for deputy director of medical services and one for director of medical services, and if you go to the next page, the third and final page on A.4, this is a - really an expansion or an explosion - perhaps not the most appropriate word - and perhaps the -

COMMISSIONER WATLING: That's the first time you've got some unanimity with the employer.

DR SENATOR: Well I'm not even sure about that.

MR HOUSE: No, no, I wouldn't be that confident.

DR SENATOR: Christmas - Christmas has its day that early this year, Mr Commissioner. All of the - well again we have the reference point - scale on the left, only confined to those - those points which are in fact relevant to these particular classifications.

And on the left hand side we have the deputies - directors of medical services and on the right hand the director of medical services.

And the dotted line running across the middle is again that reference point of 1.0.

I've added the levels and grades of each step in each of those particular streams and have attempted - and the society feel strongly - that there should be some differential to recognise the size and complexity of the tasks and duties to be performed at hospitals within this state, bearing in mind that we have a small number and they are diverse. It is difficult to - to tackle this whole area of comparison between - between the complexities of duties, although I feel that our - our classification standards do attempt that.

COMMISSIONER WATLING: Right. If - if for example the employer wanted to place a director of medical services in the, say, North West Regional Hospital to lift everything to a new standard and new level, would that person be required to do the work at the four/three, when a person in Hobart might be required to do that work at a four/five?

DR SENATOR: Yes.

COMMISSIONER WATLING: And yet the employer might expect exactly the same or to lift this - they might have a new charter to go and do all these things in this area - to lift standards, lift services, manage this, manage that - may be exactly the same, yet they probably wouldn't get anyone to take on the job at that lower level.

DR SENATOR: Well that may depend upon what dollars are associated with that level.

COMMISSIONER WATLING: Yes, but I'm thinking of just the - even without the dollars, you'd be comparing - you've got regional comparisons here already even without dollars -

DR SENATOR: Well the way of -

COMMISSIONER WATLING: - you get - you further build this animosity between the regions.

DR SENATOR: Yes, well again, I mean it - there is, as I've explained the difference in the range and scope and sophistication of services and the only capacity to measure that is an attempt to define hospital roles -

COMMISSIONER WATLING: As they exist at the moment.

DR SENATOR: - as they exist at the moment.

COMMISSIONER WATLING: So it may necessitate a re-evaluation at some stage?

DR SENATOR: A re-evaluation of the hospital role delineation which is categorising in levels 1 to 6 of the sophistication of the service, the number of services, and - and in fact classifying those services being core or service areas and the sum total of all of that configuration results in some sort of picture of where that hospital is in the pecking order if you like.

COMMISSIONER WATLING: So, say for example, we quickly head down the path of having a state wide medical service -

DR SENATOR: Yes.

COMMISSIONER WATLING: - and we get rid of the regional boards and we just have one state wide service, and for example, the director in - the medical director - the director of medical services in the North West Regional Hospital was given additional duties, say, on a state wide basis, how does your system cope with that?

DR SENATOR: First of all, the - the hypothesis is - is a most interesting one. I think the current policy would suggest that perhaps there is a principal teaching hospital in the state with the Royal Hobart, that - that Launceston will also support that with a - with principally secondary referral and a minority of tertiary level services which are really the basis for the - for the Royal Hobart, whereas the North West Regional Hospital has basically a level 2 - sorry - secondary level services only.

In that eventuality, again, I hate to mention it, but we have made provision for that in terms of managerial allowances which would be - which could compensate for a person in that unusual circumstance, but we believe that within the foreseeable future it is most unlikely that, for example, North West Regional Hospital being ranked almost third - well ranked third in sort of a hierarchy of the services and which can be measured as best we can by hospital role delineation, would be given the task of developing tertiary level services that would even approximate those of one of the larger hospitals already here.

There is a possibility, I guess, that particularly in the area of mental health, that there may be a development over the next few years, in which case we don't believe that it would disturb the model, we may just need to adjust those cursors in relation to the model.

COMMISSIONER WATLING: Right. Rightio. Fair enough.

DR SENATOR: If the commission pleases.

COMMISSIONER WATLING: Rightio. Didn't I hear of - the minister say the other day about state wide services - that he was not happy the regional boards having the control -

MISS COX: The boards are about to go I think, yes.

COMMISSIONER WATLING: Yes - the old ambulance service over again, is it?

DR SENATOR: Well I think H.L. Menken has expressed it very well when he says: To every complex problem there's a simple solution and it's always wrong.

COMMISSIONER WATLING: Right.

MR HOUSE: Mr -

COMMISSIONER WATLING: I might win my money on this. I had a couple of little side bets that after 4 to 5 years there would be a state wide service. Some people put a few dollars on it. All right. We are looking at the classification standards now.

MR HOUSE: Yes, sir.

COMMISSIONER WATLING: Now, Mr House, at 3.30 we will still break to enable you to get away. Maybe when we get to that stage you might like to pick an appropriate time where we can leave it in a reasonably clear state, so we know where we are going to start again.

MR HOUSE: Thank you, sir. After your questioning of my colleague Dr Senator, I wonder whether these standards will measure up to -

COMMISSIONER WATLING: I'm waiting with bated -

MR HOUSE: - a forensic approach.

COMMISSIONER WATLING: It's like -

MR HOUSE: I won't keep you too long. Just very -

COMMISSIONER WATLING: It's like checking your numbers in Tattslotto.

MR HOUSE: Well that's right, from our side too. Just very briefly - I probably referred to this before, but this is the first time that I'm aware of that there has been the development of position classification standards for medical practitioners as a group within the public hospital system or health system, I should say. Many years ago, as you probably know, the Commonwealth started developing position classification standards and these I would - about 1974-75,

just - this is from memory, standards were developed for medical officers in Commonwealth departments, so they weren't - medical officers weren't, as usual in the Commonwealth, amongst the first to be dealt with.

Then they were not revised despite, I think, some significant changes in the role of medical officers until 1991, after the federal commission's second SEP or they were draft standards put to the federal commission in November 1990 as a result of the phase of SEP and those standards undergo - under went a further period of - probably 9 months before they were actually finalised between the parties. I must say that there was a conciliative process involving the Department of Finance, the Department of Industrial Relations, the Department of Health and Veterans Affairs and other agencies that had an interest, and they were agreed standards, and that, I thought, was the way that process should go.

Now, there was, as part of structural negotiations in the ACT, also standards developed for the - what's now called, Community Medical Officer Structure. That's a fairly small group and only three or five levels depending on which way you look at it.

The only other area that I'm aware of is in New South Wales, again as part of structural efficiency. The department primarily has had two goes at developing what's called work level statements. These are more statements of what qualities they expect of medical officers at various levels and also what capacities and duties, but in my view, they don't actually provide a clear guidance to the classifier as to what level you might put a position, but that's only my opinion. I'm not, you know, fully across the New South Wales health system, other than to say that their confidence is such that those standards, after two goes, are now out being trialled in four or five hospitals as to whether they are realistic or, you know, practical, and as far as our associated union is concerned, there is no objection to - in principle - to what the department is trying to do, however, we share - well I'm not sure whether they have a lack of confidence, but the fact that there's a pilot suggests that there is some lack of confidence. The union concerned is also waiting to see the outcome of the trial. So, that is the background to this exercise.

COMMISSIONER WATLING: I suppose the alternative is to have an award with no standards whatsoever and that means that the employer would have the complete control without any guidance -

MR HOUSE: Yes.

COMMISSIONER WATLING: - as to where to place these individual employees. Now, I suppose one thing restructuring

has done is made us all face up to our responsibilities and say, rightio, well this is the pecking order; the employer must also take notice of the pecking order, whereas before it was solely left in the hands of the employer.

MR HOUSE: Sir, please don't take my submission that I've just given you that we're opposed to the position classification standards. It was purely perhaps to try flame proof myself. When you see them you might think that they are the greatest work of art, but this -

COMMISSIONER WATLING: Couldn't be any worse than `Blue Poles'.

MR HOUSE: I agree, and a lot of other so-called art works in the National Gallery. Now, these standards have focused our attention on the restructuring. They've served that purpose and hence Dr Senator's revised model. I think they focus also our attention on work value changes, whether - what areas they may have impacted greater than others. What those changes might have meant, so I'm not complaining and I don't think the society is complaining about the exercise other than to say that it's been quite a job. When I brought the disk down here and translated it into the system, there were all little exclamation marks and I could say they were swear words.

COMMISSIONER WATLING: Probably were.

MR HOUSE: However, without further ado, commissioner, I'd like to tender the results of our efforts.

COMMISSIONER WATLING: Rightio. Well we can give this the number of H.10.

MR HOUSE: Now, sir, as I - well, given my background and given the fact that the Commonwealth, apart from - I should have mentioned the standards in the model award is another - I apologise - is another recent example. However, they did not address medical officers. That's not to say that we didn't have regard to the commission's standards in relation - in particular - to the professional group and you will probably see the odd thing in there that we've plagiarised.

However, the format which we're not wedded to. I found it was probably convenient to me and I think convenient to our presentation to adopt for the time being any way, the Commonwealth to positions classification standards. Whether that approach accords with the commission's view of how this should be presented or incorporated into an award is perhaps something that can be dealt with either during the case or at the time of draft orders.

We've broadly got a group standard and a standard for each level and within each of those standards - the group standard

and the standard for each level - there's a definition; there's a qualifications and experience section; and a guideline section, and at the end of the document, there's - whether it's again appropriate in this place - a section dealing with translation should - well, I shouldn't say `should', in the event that there being complete restructure. I'm sorry, I'm reminded there's a typical duties in each of the work levels standards as distinct from the group standard.

Turning to the group standard, you'll probably recall it - in an earlier version or H.4 there was some attempt to define the total area of work of medical practitioners and this section or the definition in particular derives from there. I suppose the most informative is the first one (a):

> The provision, administration, management, planning, direction, coordination and evaluation of health services to individuals and groups of patients, including ward rounds, clinics, consultations and meetings with other employees relating to health services and patient care and service management, and the preparation of accurate records and reports relating to these functions.

There follows a number of broad descriptions dealing - the next one largely deals with the - a teaching, training role which is a very important function of medical officers - practitioner, I'm reminded.

That's my first one. Mark that down, Gordon. I - well what brought that term into my mind is that that is also a role in the commonwealth for medical officers teaching staff, so even in a departmental setting there's this role - there's the research medical officers now called medical officers that have a teaching role including in that in - in universities. So the - (c) also looks at that aspect from - perhaps more from a professional development perspective and both doctors and their colleagues and their own professional development.

(d) relates to probably more the departmental role but not confined to departmental medical officers providing policy advice on health matters and medical expertise, having regard to community requirements.

The next one goes to research activities and what is entailed in that.

(f) is - goes to the profession participating perhaps in the wider overall management function of health services in the state. Staff selection is looked at in (g) at professional accreditation in the role in determining clinical privileges.

(h) refers to participation in attendance at regional medical staff council activities. The next one should be (i), not

(i)(j) - participation in the review panel - we need to have another look at. And (j) is advocacy of health issues on behalf and advice to individuals and groups in the community.

Those -

COMMISSIONER WATLING: Would they be at this level - participating in the review panel?

MR HOUSE: Well this is to try to describe the work of the total group.

COMMISSIONER WATLING: Yes, from -

MR HOUSE: It's not - it's not -

COMMISSIONER WATLING: From level 1 -

MR HOUSE: - related to any - any particular level - it's an attempt to define what medical practitioners do.

COMMISSIONER WATLING: Levels 1 to 5?

MR HOUSE: Yes.

COMMISSIONER WATLING: Well maybe I'm getting a little bit astray here.

MR HOUSE: Mm.

COMMISSIONER WATLING: Where does that line up then in relation to clause 8? Are you - are you looking at all levels here?

MR HOUSE: Well -

COMMISSIONER WATLING: Oh yes, level - sorry, yes, levels 1 to 5. I'm thinking ....

MR HOUSE: I think the difficulty, sir, is I've adopted the commonwealth approach and they do have a group standard which endeavours to identify the work of the group that is being classified.

COMMISSIONER WATLING: You're right, levels 1 to 5.

MR HOUSE: Yes.

COMMISSIONER WATLING: And I - that could mean that someone at level 5 is doing that work. Yes, I'm with you.

MR HOUSE: Now in the qualifications and experience, we've seen necessary to have a separate section on this, both in the group standard and through - given that our structure does

have regard at certain points to these sorts of considerations when I hear what you've said about fixing a rate for the job.

Obviously persons in this group possess a recognised medical qualification admitting them to registration by the Tasmanian Medical Council. They may have additional postgraduate professional qualifications which are appropriate for the discharge of their duties and then we pick up, I think, reasonably similarly, the words that the commission has used in relation to the first level of the professional grades in the service which goes to incremental capacities as you develop in the job.

Of course - of course the same sort of considerations apply to the medical profession as - as other professions in the broad sense.

Now we then have a section called guidelines, and this is primarily a further aid to the classifier, so as to - well, the first one we've tried to tell the classifier the manner of our people be selected and - and - and that is according to the merit principle.

Then we go to how they might progress, again having that will be based on the competitive selection according to the person's skills, qualifications, experience and professional development. And also perhaps special to the medical profession their progress in approved training programs and ongoing accreditation of relevant postgraduate qualifications.

And then we say categorically, years of service of such will not be the determinant for advance within the structure. Then we come to one of these allowances which refers to, as Dr Senator mentioned, special state wide or wider management responsibilities that might be placed. And this - this you should note is fixed term, not something that if a person is selected to perform these duties, that is something that they'd be required to do for ever and a day. I think it's about 2 years is the normal.

Now we did toy with what - what they've done in New South Wales; they've made an extra level up the top - they've got seven levels I think in their - their structure or proposed structure. The - they have a system that's big enough that they can provide, if you like, categorised work. There's enough people and enough hospitals and enough regions to, you know, make that a level in itself, but we felt that it wasn't utilitarian either for the employer to have - have another level that someone's promoted to or even appointed to for a fixed term. It would have, quite frankly, changed our relative values and the way we saw the - the overall relationships between levels, so that I'm sure we're going to have some further interesting debate, but that's - we've

provided for that extra level in New South Wales by way of an allowance.

Now we have, just at the end there, just to clarify to the classifier that the work of this group is confined to medically qualified people, and whereas there are - obviously other professional people in the health system, that may be associated with some of these functions.

Sir - oh, sorry - sir, you kindly said that I might break at a convenient time.

COMMISSIONER WATLING: I think this is -

MR HOUSE: It's now 3.30 -

COMMISSIONER WATLING: - an appropriate time, before we get into -

MR HOUSE: - in - get into the meat of it. Mm.

COMMISSIONER WATLING: Right. Right, well that means we adjourn - where's my diary - we might just go off the record for a moment.

OFF THE RECORD

COMMISSIONER WATLING: This matter will stand adjourned until 21st December commencing at 10.30 and I've listed the 22nd and the 23rd also. Thank you.

HEARING ADJOURNED