

**IN THE 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

COMMISSIONER WATLING

Hobart, 18 December 1990  
Continued from 2/10/90

**TRANSCRIPT OF PROCEEDINGS**

Unedited

COMMISSIONER WATLING: I'll take appearances please.

**MR J. HOUSE:** If it pleases the Commission, I appear with **DOCTORS SENATOR AND RICHARDSON** for the Tasmanian Salaried Medical Practitioners' Society. My name is HOUSE J.

COMMISSIONER WATLING: Good, thanks, Mr House.

**MR P. AIKEN:** If the Commission pleases, PETER AIKEN, representing the Tasmanian Public Service Association.

COMMISSIONER WATLING: Good, thanks, Mr Aiken.

**MS J. COX:** If the Commission pleases JANE COX, appearing with **SCOTT KERR** on behalf of the Minister administering the Tasmanian State Service Act.

COMMISSIONER WATLING: Good, thank you. Mr House, can I turn to you for a report from discussions in relation to this award?

MR HOUSE: Certainly, Mr Commissioner. Since this matter was last before you on 2 October last, concerning the second stage structural efficiency interim adjustment prior to the conduct of a special case early next year, the parties have met on five occasions to further progress a comprehensive restructuring of the Medical Practitioners (Public Sector) Award.

From the society's point of view progress has been slower than what might be reasonably expected, given the need to bring conditions in the award more into line with contemporary community standards prevailing in the health industry and industry generally.

The society sees the structural efficiency principle as providing an opportunity to totally and fundamentally overhaul the Medical Practitioners Award, in particular to address firstly the need for accountability to the employer, but also to the community for medical services. And secondly, to address issues of relevance to the nature of professionalism of medical graduates working in the public sector.

Putting it another way, we would contend that the emphasis of the society has been to press for changes that will improve the efficiency of public health service delivery while the department has taken more of a balance sheet approach in its consideration of many of the issues discussed.

If the Commission pleases, I'd like to proceed by going through the main issues that were summarised in your interim decision of 5 October.

In that decision the first item where we had a measure of agreement was the need to develop a new comprehensive and up-to-date award. This has largely been done in terms of the range of matters which an award will cover embracing the leave provisions in the registered agreement and matters covered in general conditions of awards, Acts and regulations.

However, in terms of the detail, it is far from an agreed document at this stage. It's still a working document and out of 39 clauses in the award - the draft award - the parties have only agreed on - or totally agreed on about half of those clauses.

The next two items, 2 and 3, I've put together the need to develop an improved career structure with new designations and classifications.

If the Commission pleases, I would like to tender a document. To save tendering three documents I'd propose to just have the one exhibit if that ...

COMMISSIONER WATLING: Yes, right. We'll mark this Exhibit H.1.

MR HOUSE: I think we already have a H.1.

COMMISSIONER WATLING: Yes, I think we have from the previous hearing, haven't we?

MR HOUSE: Yes.

COMMISSIONER WATLING: And we've got an H.2 as well, haven't we?

MR HOUSE: No, not that I'm aware, Commissioner. I think there was an M.1 and M.2.

COMMISSIONER WATLING: M.2, yes, that's right.

MR HOUSE: Yes.

COMMISSIONER WATLING: Well, we'll make this H.2 then.

MR HOUSE: Thank you. If we could go to the first page, headed 'Proposed New Structure'. Running quickly through the various groups starting with the trainee grades, we're proposing a four-point resident medical officer instead of the current three-point range to cater for current training arrangements. For example, the new family medicine program associated with vocational registration for general practitioners, we're proposing to retain the four-point

registrar range and introduce accelerated advancement available to residents and registrars who obtain Part I of a specialists qualification instead of the current flat allowance that is payable. We're also considering a qualification allowance for registrars who complete their postgraduate qualification. There is already an allowance in the award, you will recall.

An innovation mentioned at the last hearing was a three-level career medical officer structure to replace the current medical practitioner structure. In addition to providing for medical practitioners employed in departments, the structure will provide a career stream for hospital medical officers who wish to remain in the hospital system without necessarily gaining specialist qualifications. This new concept should provide for greater flexibility of the employment of staff within the public health system with the proviso that the conditions of employment for these practitioners are attractive. I say that because experience so far in some of the other states points to problems to be avoided in this regard. It's still in, like, an embryonic stage in other states, but it does provide for a greater degree of flexibility in staffing, particularly in smaller regional hospitals.

Moving on to the consultant grades currently classified specialists in three classes. We're proposing that that be replaced by seven grades of consultants. This consultant structure is also designed to accommodate directors and deputy directors of medical services and reflect their equivalents with the gaining of appropriate higher qualifications with their clinical colleagues in terms of high quality medical administration.

The parties have been looking at a system of managerial allowances, but that is still a matter yet to be totally agreed in concept.

COMMISSIONER WATLING: And how do you progress from one grade to the next in the consultant area? Is it automatic or is it by appointment?

MR HOUSE: It's automatic with - in terms of the consultant structure, Commissioner, there are special provisions relating to senior consultant which I propose to go through in the next exhibit.

COMMISSIONER WATLING: Right. What's the relevance of looking at classes in one area and grades in another, and then you ...

MR HOUSE: I don't think there is any particular - I am instructed, Commissioner, that in terms of career medical officers the classes relate to possession of qualifications,

progressively, and also managerial, supervisory, project management-type responsibilities at the higher level.

COMMISSIONER WATLING: So you are appointed to a Class I, II or III ...

MR HOUSE: That's right.

COMMISSIONER WATLING: ... and then you get to the end of, say, Class I, you sit on 6 year scale until you get appointed to Class II.

MR HOUSE: That's correct, Commissioner, and Class III does have a significant supervisory or project manager team leader-type role.

COMMISSIONER WATLING: Now, I can understand that and therefore it was probably the reason that I asked the question how do you move from Grade 1 to Grade 7 in consultants, or is it consultant first, second, third, fourth, fifth, and up to seventh year? Because if it is, one needs to be consistent, because it does beg the question whether each of the grades are by appointment, whereas if you put first, second, third, fourth, up to seventh year, it does read to the uninitiated as being automatic progression.

MR HOUSE: The - as to what grade a person is appointed initially will depend on their qualifications and experience, but once that's established the progression will be by automatic yearly advancement.

COMMISSIONER WATLING: So would there be any mileage in considering - and I'm sort of just throwing it in - I am not sort of saying that you have to do it, but would there be any mileage in looking at being consistent and saying, well, someone with certain qualifications goes to the third year of service or the fourth year of service, or the second year of service?

MR HOUSE: Well, there may be, Commissioner, but I am again instructed that to get into those grades everyone must have the requisite higher qualifications.

COMMISSIONER WATLING: I can understand that, but I am also looking for consistency in an award, and I will be looking for consistency and, therefore, prima facie, there is a difference between a class, a grade, and a level.

MR HOUSE: Yes.

COMMISSIONER WATLING: And then you go down to No. 6 and you start talking about levels.

MR HOUSE: Yes.

COMMISSIONER WATLING: Is that similar to a class or a grade?

MR HOUSE: Well ...

COMMISSIONER WATLING: If it's similar to a grade which is based on automatic progression ...

MR HOUSE: Well, to be quite frank with you, I suppose it comes from my background in terms of a senior sort of executive service in the commonwealth, they go to levels. It is no more than that, except that there are some special entry criteria and experience requirements for the senior consultant that we believe are fairly stringent. Based on, if you like, more proven levels of excellence.

But we don't have any fixation on the way that the society has no - I can't speak for the department as to the nomenclature that we've adopted, and we'd be guided by the policy of the Commission in terms of ...

COMMISSIONER WATLING: I was just purely thinking of consistency down the structure, because people will interpret it as something different.

MR HOUSE: Yes.

COMMISSIONER WATLING: And ...

MS COX: Can I just make a comment, Mr Commissioner, that it is intended that deputy directors of medical services who hold a qualification in medical administration will be able to progress up to certain grades within the consultant range. For example, North-West would be able to progress up to Grade 2, Launceston General to Grade 3, and the Royal to Grade 4.

COMMISSIONER WATLING: What happens to 5 and 6 and 7?

MS COX: Well, they would be for consultants with more experience. That was specifically for the deputy directors of medical services that I just mentioned then.

COMMISSIONER WATLING: Well then, if you're going to - if you want to use grades then, what's the difference in levels in the next one?

MS COX: To me, they're the same.

MR HOUSE: Well, the levels we see are levels of excellence.

COMMISSIONER WATLING: So you don't go from one level to the next level automatically.

MR HOUSE: No.

MS COX: Not for a senior consultant, no.

COMMISSIONER WATLING: So they're appointed.

MR HOUSE: Yes.

COMMISSIONER WATLING: Right. All right. I just don't like the use of all this different terminology because you can - it can mean different things to different people. You know, it might be all right for us, when we're sitting here listening to it and we know what it's about but at the end of the day you're really making an award for the people out in the field ...

MR HOUSE: Yes.

COMMISSIONER WATLING: ... and they've got to understand it probably more so than we ...

MR HOUSE: Yes.

COMMISSIONER WATLING: ... but I think it's imperative in looking at any of these things to at least have some consistency with them.

MR HOUSE: Well, we'll have another look at that, Commissioner.

COMMISSIONER WATLING: But, you know, obviously you're going to tell me that - how you progress from one to the other and that will be done in progression or qualifications or the criteria for progression. So, you know - well, anyway - sorry, I interrupted your flow there, but it just exercised my mind ...

MR HOUSE: No, we'll turn to the senior consultant appointment arrangements in the next exhibit or the next part of - in the classification criteria.

The society believes that adoption of these new career structures with salaries eventually approved by the Commission will be of benefit to all concerned. In particular it will lead to a greater stability in the public health system and will reward excellence and achievement within the system.

A new set of definitions has been developed for positions in the structures which is the next three - two and a bit pages. So far we've agreed on all aspects of the definitions except for the rigid specification of the National Specialist Qualification Advisory Committee of Australia, commonly known as NASQAC, approved qualifications to enter the consultant grades. And that's - no deviation in terms of the essential

thrust of the definition but there's one particular problem in relation to one qualification that has yet to be recognised by NASQAC.

If we turn to the definitions - I won't go through them all - but the new ones obviously.

'Career Medical Officer' means a medical practitioner appointed as such, not being a medical practitioner in training, and shall include a Hospital, District or Departmental Medical Officer.

'Consultant' is replacement for the existing specialist medical practitioner.

COMMISSIONER WATLING: When you're talking about 'hospital' are you talking about, sort of, public hospital, general hospital?

MR HOUSE: Yes. Well, all public - all hospitals run by the state as I understand it.

COMMISSIONER WATLING: Is that what it says? Once again I'm just - you define general hospital and you define public hospital and then you talk about people employed in a hospital.

MR HOUSE: Well, at this stage ...

COMMISSIONER WATLING: It's probably meant to cover everyone, but I just raise ...

MR HOUSE: ... I understand it's confined to the public hospital system but with developments it may extend to other hospitals, but at this stage given the coverage ....

COMMISSIONER WATLING: The only thing that I'm sort of bringing to the fore here, that if we're talking about a general hospital as defined or a public hospital as defined, we should state what we mean. The word 'a hospital'. What's 'a hospital'? A veterinary hospital? These are the sort of things that you need to clarify because if we end up in a dispute about what is a hospital, what is a district or departmental medical officer - you've got that defined somewhere, have you?

MR HOUSE: Medical practitioner is defined.

COMMISSIONER WATLING: Yes. So there's a difference between - certainly in definitions - between medical practitioner and medical officer.

MR HOUSE: Well, again, we'll need to review this in terms of ...



COMMISSIONER WATLING: I just haven't had time to look at it, but it's just - these glaring things seem to jump out at you when you look at them.

MR HOUSE: Yes.

COMMISSIONER WATLING: Anyway.

MR HOUSE: As I said, consultant replaces the current specialist medical practitioner. 'Controlling Authority' is the same. 'Director', it's a new definition there. It means:

A medical practitioner appointed as such who in addition to holding a senior qualification relevant to their speciality is placed in Charge or Head of a Department, Service or Division in a ...

Here we've defined it 'public hospital'.

COMMISSIONER WATLING: Yes. So it doesn't mean a general hospital either.

MR HOUSE: Yes. Well, there is a definition of general hospital.

COMMISSIONER WATLING: And public hospital.

MR HOUSE:

'General Hospital' means a public hospital gazetted as a general hospital under section 32 of the Hospitals Act 1918.

COMMISSIONER WATLING: Under section 32. Right. And what does the public hospital mean?

MS COX: Mr Commissioner, I think they sort of cover the annexes and district hospitals within the public sector.

COMMISSIONER WATLING: Yes. Anyway, I think what I'm highlighting is that you've got to be very specific when you start talking about these things and consistent.

MR HOUSE: Right.

COMMISSIONER WATLING: I think that's all I'm highlighting by asking the question. I'm sure you'll take that on board. See, it's not a public hospital as defined either, is it? It just talks about 'in a public hospital'. If you're talking about a general hospital as defined, it does mean a public hospital. Get the drift?

MR HOUSE: Yes. I think what's happened here, we've just picked up the definitions from the existing award.

COMMISSIONER WATLING: Yes. Well, this is the time to ...

MS COX: To fix them.

COMMISSIONER WATLING: ... sort of get in and clean some of this rubbish out and clean it up. Anyway, it's worth the exercise of just - to stimulate our mind on these things, I think. That's the only reason I'm bringing it to the fore. And I realise it's just a report-back, but at the same time we all gain a little from it, I think.

MR HOUSE: Yes. The next two, 'Director of Medical Services' and 'Deputy Director of Medical Services', again largely reflect the current situation with the addition of a career medical officer concept.

'Experience in a Specialty' has been changed to what reflected mainly experience gained after the appropriate higher or senior qualification is obtained is recognised. There's a new definition for 'Full-time Officer', given that we're adding one for part-time officer which will be new. The other definitions ...

COMMISSIONER WATLING: Is it - when you talk about 'for full ordinary hours prescribed', that's prescribed in the award or by regulation or ...

MR HOUSE: In the award.

COMMISSIONER WATLING: Right.

MR HOUSE: General hospital higher qualification and the hourly rate currently as in the current award, we've added a definition for 'Intern' - which means a graduate in the practice of medicine who is appointed to a public hospital prior to full registration.

COMMISSIONER WATLING: When you go back to hourly rate, are you going to convert the award to weekly rates, are you?

MR HOUSE: No, it will be still expressed as annual.

COMMISSIONER WATLING: Well, how do you divide it by the base weekly salary rate, because you're not going to have a base weekly rate, are you?

MR HOUSE: No, not like in Victoria.

COMMISSIONER WATLING: No. So maybe it should ...

MR HOUSE: Or Queensland.

COMMISSIONER WATLING: You probably should put ...

MR HOUSE: I think that's rather antiquated the way they've got it.

COMMISSIONER WATLING: Yes. Maybe, you know, you might look at 'shall be divided by' whatever.

MR HOUSE: Yes.

COMMISSIONER WATLING: 152nd or whatever.

MR HOUSE: Yes.

COMMISSIONER WATLING: Like, depending on what you're going to do. I don't know, but ...

MR HOUSE: Well, I'd, personally, would rather stick to annual salaries.

COMMISSIONER WATLING: Yes. So if you're going to do that you can see that you'll have to change that bit then, because it's not going to be divided by the base weekly salary rate for an officer by 38. You're going to have to do a couple of other calculations beforehand; you're going to have to divide it by 52 and then by 38.

MR HOUSE: It's 52.1666 something ...

COMMISSIONER WATLING: Yes, that's it. But then again, if that's what it is, once you start feeding it into computers ...

MR HOUSE: Yes.

COMMISSIONER WATLING: ... people have got to be given instructions of what's to be fed in.

MR HOUSE: The definition for medical practitioner remains the same.

The next one, officer, that one has been varied to exclude visiting medical officers and to encompass part-time and temporary employees.

Well, the ordinary hours of work proposes a uniform 38 hours for all people covered by this award, with the span of hours during the week of 7.00 a.m. to 7.00 p.m., which is also the existing span.

Now, a part-time officer, there's been some negotiation over this one, but we've now agreed that, well, obviously less than the full-time person, but there are provisos that the minimum number of hours for consultants, senior consultants and career medical officers, shall be 20 per week. And in the case of resident medical officers, registrars and senior registrars, the minimum shall be 15 hours a week. A further proviso that these minimum levels may be varied by agreement between the parties. The following definitions ...

COMMISSIONER WATLING: Then how does that actually work, if you say, 'the minimum levels may be varied by agreement with the parties' and then someone is policing the award, how do you know ... how is the award able to be policed in that case? If it's ... if the award says you have to do certain things and then the parties can vary it.

MR HOUSE: Well, firstly, any variation would be quite an exception from the society's point of view, and ...

COMMISSIONER WATLING: Yes. But whilst it might, the award still says that it can varied by agreement.

MR HOUSE: Well, what you say, Commissioner, is obviously true, that we've had some quite vigorous debate about the minimum levels and from the society's point of view, that the agreement would only be such where there were quite exceptional circumstances in terms of the individual situation of a person wanting to work part-time, and also in terms of what that person - the purpose of what that person would be engaged for. Specifically, it's been mentioned that if the department for some specific project - more perhaps in the policy area - wanted someone to provide advice to them on a set area and for a set period.

COMMISSIONER WATLING: They would be casual then.

MS COX: Excuse me, Mr Commissioner. What it was put in there for, the agreement may be varied, was specifically in areas like community health or district hospitals where there may only be a requirement for someone to work perhaps one or two days a week. If the needs of the health organisation didn't come up to 20 hours, we needed that flexibility to be able to appoint career people, but not in excess of the hours that they were required.

COMMISSIONER WATLING: Yes. I can understand the reasoning, but if you put something in an award and then the Commission makes the award and then it says, 'but the parties out there can alter a provision of it', I don't think we have any jurisdiction to hand over our powers to someone else to vary it. That's the only point I make.

MS COX: Well, certainly from the department's point of view, we'd be sort of more than happy to have the normal State Service part-time definition, but I know the society did have a problem with that definition, and that was the reason that the proviso was put in.

COMMISSIONER WATLING: Anyway, once again, it's something you might have to look at. I'm not too sure that I can, say, hand over the powers of the Commission outside the Commission to vary an award. Either the Commission varies it or you come back here.

MR HOUSE: Well ...

COMMISSIONER WATLING: Unless you write it in ...

MR HOUSE: ... the society ...

COMMISSIONER WATLING: ... unless you have a casual provision or something where you can appoint people on a casual basis to carry out a regular task or work for - sorry, carry out a specific task or for a specific period of time.

MS COX: Yes. No, certainly it wasn't put in for that reason. We sort of were thinking of someone employed on a permanent basis, say, in a district hospital for 2 days a week, not to do anything - not a specific project, but there as a career medical officer.

COMMISSIONER WATLING: Yes. So, they'd be 16 hours?

MS COX: Yes.

MR HOUSE: Commissioner, the society has got a fairly strong policy opposed to casualisation in we don't see that that sort of approach is appropriate in the provision of public health services. Largely from equality assurance perspective we believe people must have some greater degree of commitment to the hospital, say, a shop assistant working down in Myers. Obviously, we have other concerns that are concerns of the union movement generally that casualisation could lead to a diminution in award standards as well. So ...

COMMISSIONER WATLING: Right. I can understand that. If you're saying 'by agreement', who is the agreement between?

MR HOUSE: Well, the ...

MS COX: Between the department ...

MR HOUSE: ... senior management and ...

COMMISSIONER WATLING: And ...

MS COX: ... the health organisation and the society.

COMMISSIONER WATLING: Yes. Well, that's one point - you should at least put in there who the agreement has got to be between for starters.

MR HOUSE: Yes.

COMMISSIONER WATLING: Because it could mean anyone out on the job could agree. The other way around it may be that if you reached agreement, then if the agreement was registered with the Commission, then it would have the force of law as well. How many do you have in this category?

MS COX: Well, at the moment we don't have any because there is no part-time provision in the award. This is a new proviso clause that we are putting in.

But certainly I think John is getting confused, or is confusing casual employment and part-time employment, which we see as a permanent thing, whereas casual employment - as you would be well aware, Mr Commissioner - is sort of on an irregular basis.

COMMISSIONER WATLING: Yes, for a specific task, or for a specific time.

MS COX: That's right. And certainly the nursing profession would not survive if it didn't have the use of casual people. So I don't sort of think it is a degrading step to the medical area to intro - to have casual members of hospital staff.

COMMISSIONER WATLING: Well, can I just say, my only query is in relation to that's another debate about casual, and I think one can debate that until the cows come home.

My only concern is this: in looking at the words and sort of trying to straighten out the words, I see a definite need to put down who the agreement is between for starters, and then this other point of, well, I suppose ...

MR HOUSE: We would see - I hear what you say, Commissioner, about, you know, the delegation, if you like, of the Commission's powers or surveillance over what's going on is diminished, but there would be a clear commitment from the society's point of view that in the event of any dispute or disagreement over this, that would be dealt with through the grievance procedure. There is no intention to exclude the Commission from ...

COMMISSIONER WATLING: No, I am not even touting for business but, if anything, I am really trying to protect the position of the person that might be appointed as such.

MR HOUSE: Yes.

COMMISSIONER WATLING: But I would say that it is definitely clarified a lot more if you say that there must be agreement between the department and the association.

MR HOUSE: Right.

COMMISSIONER WATLING: So I think that goes a long way, but where it just says 'varied by agreement between the parties' it could mean anyone out there on the job, and then you'd have to - and then there would be some agreement if someone was policing the award there'd be some agreement written down somewhere that someone could say, 'Well, look, this particular person is working these number of hours'. Anyway, that was my main concern but, certainly, if you ...

MR HOUSE: The following definitions 'post-graduate experience', 'public hospital', 'registrar' are the same as in the current award. The 'resident medical officer' definition has been expanded slightly to include interns.

Here we come for the first time to:

'Senior Consultant' means a medical practitioner appointed as such who in addition to holding a senior qualification has at least in the case of level 1 ten years practical experience in that specialty, or in the case of level 2 twelve years practical experience in that specialty, and has satisfied an assessment of excellence performance criteria agreed between the parties bound by this award.

And when we turn to the classification criteria next that last qualification will be expanded upon.

The next one is this vexed definition that is not agreed in terms of a senior qualification. The society has some difficulty with what we see as a rigid adherence to the NASQAC standards.

In other states there is often a clause that provides for some discretion on the part of the controlling authority. We're not too sure how we get over this difficulty.

The society has made a number of oral and written representations to Dr Brennan. The latest one is still under consideration.

One way out of it may be again for any - there will probably be isolated incidents where the matter could be taken to the Commission to determine either individually or generally within the special case.

All I want to do is highlight there that that is not an agreed definition as far as we're concerned in that, perhaps, minor but important respect.

There is obviously a new definition for 'Senior Registrar', being a new level meaning:

... a medical practitioner appointed as such who has successfully completed a course of study leading to a senior qualification but has yet to be appointed to a Consultant position.

So, if you like, it is a sort of holding grade, but it will not be automatic progression, there will be specific positions of senior registrar.

COMMISSIONER WATLING: He'll just be sitting in that position until such time as they're appointed somewhere else?

MR HOUSE: Yes. Normally as a consultant. There is a new definition:

'Temporary Officer' means a medical practitioner who:

i) is engaged to relieve a full-time or part-time officer for specific periods of leave [that would be more of a locum]; or

ii) is engaged for specific duties over a fixed period determined by the controlling authority [which would normally be trainee people with a specific contract, if you like, specified].

COMMISSIONER WATLING: So is it to be specified in writing by the controlling authority, is it?

MR HOUSE: Yes.

COMMISSIONER WATLING: Yes. Does it say that here? In fact ...

MR HOUSE: No, well, I would prefer it was said, but we've discussed that one before, haven't we, Jane?

COMMISSIONER WATLING: Who 'is engaged for specific duties over ...'

MR HOUSE: It is normal - I've been told it is normal practice in the department.

MS COX: It is normal personnel practice that when someone is employed on a temporary basis that their letter of appointment



specifies the hours, weeks, days, or whatever, that they will be employed.

COMMISSIONER WATLING: Yes. So is there any hassle with putting it in?

MS COX: What, in writing, or by the controlling authority?

COMMISSIONER WATLING: It just says here that they're engaged. It gives a definition. Why half do it? If you inform them in writing why wouldn't you spell it out a bit? If it's normal practice anyway it just completes the definition. So at least they know that they are entitled to get it in writing.

MR HOUSE: Well, on that point, Commissioner, I believe the same situation should apply to part-time - permanent part-time.

COMMISSIONER WATLING: Yes, well, they would get that anyway. But maybe for consistency you should do the same.

MR HOUSE: Yes.

COMMISSIONER WATLING: I just think a lot of these things - especially in definitions - should be very descriptive so that if there is a fight about it that people know what they're entitled to.

If we go back to 'Registrar' and 'Resident Medical Officer' we start talking about them being 'appointed as such at a public hospital'.

MR HOUSE: Well, they're the only hospitals where there are approved training programs, Commissioner.

COMMISSIONER WATLING: Right.

MR HOUSE: In approved teaching hospitals.

COMMISSIONER WATLING: Teaching hospitals, right.

MR HOUSE: If the Commission pleases, I would now like to turn to the next part of the exhibit. It is headed ...

COMMISSIONER WATLING: Is John Edis Hospital a sort of teaching hospital?

MS COX: I think that the registrars in psychiatry go through there. The same as they do at Royal Derwent.

COMMISSIONER WATLING: And what about the Eastern Shore Community Service?

MS COX: I don't know. I can't answer you on that one.

MR HOUSE: I'm advised that we don't have registrars in training.

COMMISSIONER WATLING: Yes. Right. Thank you.

MR HOUSE: Classification criteria go to the new levels, the new groups and levels, and you can see there, Commissioner, Career Medical Officer Class I, it's a medical practitioner as defined in this award and has at least 2 years' postgraduate experience in the practice of medicine.

The Class II is a medical practitioner who has at least 8 years' postgraduate experience, and either holds a higher qualification relevant to that officer's speciality or discipline or supervises subordinate staff.

And the Class III is a medical practitioner who has at least 8 years' postgraduate experience and holds a higher qualification relevant to that officer's speciality or discipline, and has responsibility for managing a department or the unit.

So it's very much a hierarchical arrangement rather than an automatic progression-type scale.

There is of course, between Class I and Class II, an automatic - a degree of automatic progression based on the attainment of experience and the holding of a higher qualification. Again, though, it is subject to staff resource needs as determined by the controlling authority.

There are definitions or classification criteria for district or departmental medical officer.

COMMISSIONER WATLING: You see, with these - these people being - would they be appointed in accordance with the provisions of the State Service Act?

MR HOUSE: Yes.

MS COX: Yes, they would be.

COMMISSIONER WATLING: Right. I was just trying to work out what the relevance of the words would be. It says:

Provided further that for appointment to a supervisory position as a Class II or a Class III Career Medical Officer approval of the controlling authority is required.

MR HOUSE: Well ...

COMMISSIONER WATLING: What does that mean? If ...

MR HOUSE: What it means, in my terminology, is that the controlling authority has the final say in what positions are allocated and the processes of Public Service promotion apply. It's not just automatic advancement through the range ...

COMMISSIONER WATLING: Yes. I just was interested to know whether it means anything different because of the way the words are down there. Whether it means anything different than an appointment under the State Service Act based on the merit principle.

MR HOUSE: Well, I think there's a clear parallel.

COMMISSIONER WATLING: Yes.

MR HOUSE: We have some difficulties with the State Service Act and how it operates in terms of application to the medical profession, but that's another argument. I think, well, I know, that those sorts of provisions are similar in New South Wales and South Australia, where New South Wales has a structure similar to that. In South Australia they have a long range with barriers. But certain ...

COMMISSIONER WATLING: Yes. I ...

MR HOUSE: But certain requirements ...

COMMISSIONER WATLING: Yes. Well, I just didn't know whether someone in the controlling authority said, 'Listen here, pal, you're it. You're ...', or whether they went through the normal system or appointment or promotion in accordance with the State Service Act.

MS COX: Yes, if there was a vacancy, would it would be opened up and filled on the merit principle?

MR HOUSE: Yes.

MS COX: ... on the merit principle.

MR HOUSE: It would be on a merit selection.

COMMISSIONER WATLING: Yes. So that - yes, so those words do mean something different than the actual procedure then. You'd be really following the normal procedure or appointments under the State Service Act. Anyway, I think you've clarified in your answer, but it - I just didn't know whether approval, the words 'approval of the controlling authority is required' means anything different to the normal procedure for appointment.

MR HOUSE: We wouldn't see so, Commissioner, and ...

COMMISSIONER WATLING: Well, that's fair enough, but, you know, I am just looking at words fresh. You've been discussing them for some time. I could give you a couple of different arguments on the words.

MR HOUSE: I suppose - we're venturing into a new area. We're not too sure how this career medical officer structure will work on terms of how successful it may be.

It hasn't been an overwhelming success in New South Wales so far, to be frank with you, but it's in its infancy. But it is designed to give a better career structure for people who want to remain in the hospital system.

It is also designed to assist management in terms of staff shortages, deployment difficulties, meeting day-to-day (probably putting it too highly) crises situations where you do have a reserve of people that can be deployed.

In New South Wales they are deployed not only within the hospitals but out in health services. They can be told with due notice that they will be working out in the community health service for a month and then might have to go to another hospital to fill in there, which is ... You see, at the moment you've only got the trainees for the most part and the specialists. There is no sort of intermediary ...

COMMISSIONER WATLING: So, in essence, this whole career path will be operated in a similar vein to any other appointment in the public sector, and that is if there is a position vacant people apply for the vacant position and they are appointed on merit in accordance with the provisions of the Tasmanian State Service Act.

MR HOUSE: That's as I understand it.

MS COX: That's as we understand it.

COMMISSIONER WATLING: Yes.

MR HOUSE: Yes.

COMMISSIONER WATLING: Right. There might be a need then ...

MR HOUSE: They're permanent positions.

COMMISSIONER WATLING: ... to clarify that somewhere in there.

MR HOUSE: They're permanent positions.

COMMISSIONER WATLING: Yes. Well, that's how I would take it, but I just - there may be a need to clarify it because we

want to make it abundantly clear that it's only if positions are available and people apply and they get appointed in accordance with the provisions of that Act, as opposed to being approved by the controlling authority. The words could mean something different.

MR HOUSE: Yes, there is - Dr Senator has pointed out there is also a discretion with the department to determine the level - Class II or Class III of the position.

COMMISSIONER WATLING: Yes. Well, if they were advertising it they might say there is a vacant position in Class III, and that would be advertised in the normal manner, and people would apply and people then appointed.

You know, the position that's vacant obviously will be determined by the employer. There is no doubt about that. So it might be a Class II, it might be a Class III.

MR HOUSE: Yes.

COMMISSIONER WATLING: I think my query only centred around whether the normal procedures are followed, or whether the words meant 'approved by the controlling authority' just meant, well, we don't follow that system, the controlling authority just do the appointment - see my mate down the corridor and put him in.

MR HOUSE: Jobs for the boys.

COMMISSIONER WATLING: Yes.

MS COX: You could have a lot of fun with it.

COMMISSIONER WATLING: Yes. Anyway, once again I am not telling you you have to do it, but I just raise the question.

MR HOUSE: 'District or Departmental Medical Office' basically the same. Currently in hospital a medical officer - that's specific of course to a person who chooses to remain in the hospital system.

Similarly with the senior hospital medical officer.

COMMISSIONER WATLING: In relation to the last point I made, you might just need just a preamble, or something, or something in the opening paragraph on classification criteria, stating the principal point.

MR HOUSE: Yes.

COMMISSIONER WATLING: 'All appointments to these positions shall be ...', and then the rest of it fits with the overriding view at the top of the section.

MR HOUSE: Turning to the consultant grades. Consultant is identical to the previous classification of specialist. It's where we move into senior consultant which are two new levels or grades. As I mentioned before, in the case of Level 1 at least 10 years' practical experience or in the case of level 2 at least 12 years' practical experience. The big proviso for selection to this area is satisfying management, also probably the professional area generally - medical profession, that these people have achieved a level of excellence and performance. For this purpose we've agreed on a set of criteria under which people would be assessed. This process would be by application by consultants. There would be a review panel constituted for that purpose which would make recommendations to the controlling authority.

COMMISSIONER WATLING: Who would constitute the review panel? So many nominated by the society and so many nominated by the controlling authority?

MS COX: Certainly, from the department's view point - and this hasn't been agreed by the society as yet, I don't think - there would be a representative from the society; a representative from medical management with the secretary of the department having the deciding vote if agreement couldn't be reached.

MR HOUSE: Oh, you were thinking of area ....

MS COX: That's the department's view at this point, which I've said, I don't think we've ...

COMMISSIONER WATLING: Yes. I would - whilst I really don't want you to debate it now, I think it may well be worthy of writing something in in relation to who constitutes the panel.

MR HOUSE: Right.

COMMISSIONER WATLING: Because this could be a - this could be a sort of a potential area for disputation I would think. But that's probably something you could sort out.

MR HOUSE: We have had a fair amount of discussion on this, Commissioner, and we don't object fundamentally to the department's position, but we saw two principles, one that there be some input from regional area boards that will be coming in and, against that, some overall representation that provides consistency throughout the state.

COMMISSIONER WATLING: Well, I think that that's the sort of thing you need to discuss further. But whatever you decide, I think it would be good advice to say to you, you should place it in there because these panels will end up being very

important, I think. Or it would be a panel. No, it could be more than the - yes.

MR HOUSE: Well, it would be a central panel, but the particular people might vary.

COMMISSIONER WATLING: Yes. Yes, they would, I would think.

MR HOUSE: There would be a fixed chairman and fixed representatives, plus regional input.

COMMISSIONER WATLING: Yes. Anyway ...

MR HOUSE: Well, the - in assessing whether an application for progression to a senior consultant status is appropriate, consideration will be given to the individual's total contribution to the provision of medical services within the individual's area of experience and shall, in particular, have regard to such factors as qualifications, recognition of clinical excellence, extent of teaching commitments either inside or outside of the employing organisation, publication of papers, books and chapters, committee membership, and I'm advised that ...

MS COX: One missed out.

MR HOUSE: ... there's been one missed out there and we apologise for that, that's item (vi) - contribution to professional organisations.

(vii) Recognition of the ...

COMMISSIONER WATLING: Does that mean in money?

MR HOUSE: No, in provision of ...

COMMISSIONER WATLING: Yes, I'm being facetious here.

MR HOUSE: ... Public Service.

MR .... : Almost a Freudian slip ....

MR HOUSE: Recognition - perhaps we need to clarify that word ....

COMMISSIONER WATLING: It gets worse the more you think about it.

MR HOUSE: .... have royal commissions on that.

Recognition of research achievements, research grants received, consultancy advisory status, invited lectures, and that's it. Now, the application of that criteria in the society, if you - is fairly flexible in terms that there are

no specific items that are mandatory. It's a general, if you like, range of things that the panel take into account, and not any one particular one would determine the matter either way.

COMMISSIONER WATLING: No. Well, I think it's appropriate that if the panel are going to make the appointment, they're - you know, they've got to have the flexibility to do it. They'll probably take those and other things into consideration as well.

MR HOUSE: Yes.

COMMISSIONER WATLING: And that's why it might be appropriate to put 11 and any other matter they deem appropriate.

MR HOUSE: Yes. That's right.

COMMISSIONER WATLING: Appropriate to appointments of this position, because you don't want to restrict them.

MR HOUSE: That means the holistic situation.

Going back to your interim decision, Commissioner, going down to point 8 - Portability of Sick Leave Provisions, is an agreed item. And as points 9 and 10, that's in the first group. That point 9 - Adoption of an Anniversary Date for Recreation Leave Accrual Purposes, and the rewording of the duty roster clause.

Now, I may briefly move on to the list items that were not agreed at the time of your interim decision. The following are agreed - unfortunately it's not a big list - the adoption of - that's item 3 - Adoption of Standard Working Hours, with - subject to some accessibility to sabbatical leave by departmental medical officers where this adds to career development.

We'd see there that the applications would be treated on an individual merit basis, given the performance and career aspirations and prospects of departmental doctors.

Item 10, as I've already mentioned, award provisions for permanent part-time work, there's agreement in principal - or more than principal, as we've discussed, although we believe that there is some, still, particular matters that need to be clarified in terms of the new award.

Not on the list, as I can see it, we've agreed to slightly revise termination of employment provisions. In the current award or current registered agreement it's, apart from misconduct, currently 1 month's notice either way. We've agreed to up to 3 months' notice either way.



On item 4 there's been some progress made in terms of ...

COMMISSIONER WATLING: How do you determine which they give - when you say up to 3 months, is it - whose choice is it? The employers, or the employees?

MS COX: Yes.

COMMISSIONER WATLING: So anywhere between, what, a month and 3 months' notice?

MR HOUSE: Yes, well again it's a bit vague I must admit, but I suppose we're taking a pragmatic view in that ...

COMMISSIONER WATLING: So in any wording you'd have to be looking at not less than one month ...

MR HOUSE: Yes.

COMMISSIONER WATLING: ... and not more than 3 months - that type of approach?

MR HOUSE: Yes, yes.

COMMISSIONER WATLING: Is that what it's really meant to mean?

MR HOUSE: Yes, I think that one was agreed about 7 o'clock last Tuesday night after ...

MS COX: No, we agreed to up to 3 months only at this point. I mean, that still doesn't prevent someone who ...

COMMISSIONER WATLING: Is there a minimum?

MS COX: No.

COMMISSIONER WATLING: No minimum.

MS COX: Well, it would be 2 weeks is standard State - a week, sorry, is standard State Service.

COMMISSIONER WATLING: So 2 weeks up to 3 months.

MS COX: Yes.

COMMISSIONER WATLING: Oh, right.

MS COX: But that doesn't prevent anyone who's sort of on a discipline charge or something like that being terminated earlier.

COMMISSIONER WATLING: No, we're talking about general notice, not termination for misconduct, neglect of duty.

MR HOUSE: Well, I'd have to say that we have reservations about the 2 weeks.

MS COX: Sorry, John, I didn't suggest we put a minimum in.

MR HOUSE: Well, I would prefer one ...

COMMISSIONER WATLING: Yes, well I think there's a need to that's why I asked the very question because it ...

MR HOUSE: ... the current arrangement is a month.

MS COX: We're happy to leave it as a month.

COMMISSIONER WATLING: You can see why I raised the question.

MR HOUSE: Well, we - Commissioner, we - our initial view was 3 months and in the spirit of compromise we agreed to up to 3 months but the current provision is a month and I don't think we could agree to that being ...

COMMISSIONER WATLING: Well, that's probably something you're going to have to sort out now we've raised it.

MR HOUSE: We don't believe it's sort of in the interests of management either that there's not some reasonable notice given, given the difficulty in replacing people.

COMMISSIONER WATLING: Yes, well you can see the need to have a minimum as well as a maximum now, can't you?

MR HOUSE: The only other item we seem to have made some progress on is item 4. There's been agreement in terms of contractual arrangement for trainees, junior staff. There would be a possibility or a prospect depending on performance etc. of appointments up to 156 weeks. Currently the appointments are for only 12 months or 52 weeks.

As far as senior staff goes, that - we're looking more there at packages - a package-type approach to remuneration still within the award and still based on award provisions but where people may have some degree of choice within the total package as to how that package would be taken out.

Now, that's down the track and I don't know how it - and in the federal area we don't know how these sorts of things fit in with the paid rates award concept. It's very much something that's being looked at. It's - we're not looking for overall pay increases within that concept just within, you know, whatever your total package is. There may be some flexibility in terms of how you take that out as is in New South Wales at the moment, not in the senior executive service. There's some move in the Commonwealth as well.

Now, finally the terms of the list of matters, Commissioner, it's looking very much at this stage that you could be burdened with the requirement to arbitrate salaries and allowances, penalty rates, including those for career medical officers. That's not clear yet. We, from time to time, have put submissions to the department on penalty rates that even if we could move to some sort of percentage approach and rationalisation of these flat amounts. I inappropriately call it, you know, the sort of cost of a packet of cigarettes approach .... for on call/recall.

COMMISSIONER WATLING: The funny part about it is where penalty rates are being debated around Australia they all seem to be going to a flat rate at the moment.

MR HOUSE: Well, I wasn't aware of that. But we're concerned that over the years, with many in this award, the adjustment process has been such that they're only adjusted now and again and they've fallen out of date. One thought we had was to look back to when the allowance - some of the allowances were particularly set, what they represented in terms of salary and whether they could be updated just to reflect community movement or cost movements or whatever.

That's an interesting comment that I meant to do a bit of research on.

COMMISSIONER WATLING: Well, for example, one of the major areas in Australia that's doing something on penalty rates is the retail industry and, indeed, they're moving from time and a half and double time back to a flat amount. And, in fact, we've got a very case before this Commission on Thursday morning based on that concept.

MR HOUSE: I wasn't aware of that. I was aware in some areas that ...

COMMISSIONER WATLING: I think in the other states of Australia they've all moved to that too, in say that particular industry. But, anyway, that's not - they're not setting a national standard in this area, don't get me wrong. But I just make the comment ...

MR HOUSE: I was aware at Sanctuary ...

COMMISSIONER WATLING: ... that where they are discussing it they're going to a flat amount.

MR HOUSE: Sanctuary Cove and some other areas where they just have an all-up loading.

COMMISSIONER WATLING: That's right. Well, you know, it's certainly happening overseas too, where they're just looking

at a higher rate for every hour they work and don't have any penalties at all. But they have a higher hourly rate for every hour they work.

MR HOUSE: Yes. Yes.

COMMISSIONER WATLING: The other thing too is, I suppose, it's never been debated whether or not a flat amount, in terms of penalties, is seen as a work-related allowance. And if has - and I suppose, if it has been seen as that or is seen as that, then from time to time the State and National Wage Cases have varied work-related allowances. But it's seen as, by a lot of people, as a penalty payment as opposed to a work-related allowance. That's probably why it hasn't moved from time to time. But, you know ...

MR HOUSE: Yes.

COMMISSIONER WATLING: ... you're right, the relevance of it today compared to the relevance of a flat amount when a flat amount first goes into the award, well, it may have lost all its relevance. I don't know.

MR HOUSE: Without wanting to take up too much of your time, we see some merit also in it, from an administrative point of view, for paying a percentage rate, a standard percentage rate for being on call, even on a cost neutral basis, which would cut out the need for a lot of paperwork; of having to fill out a lot of time sheets and so on.

I'm not talking about recall, I'm talking about on call. The people regularly rostered on call.

COMMISSIONER WATLING: If people are regularly rostered on call, has the actual rate been looked at as opposed to, say, having another allowance on top of it? Has consideration been given to whether or not those people on call get a certain rate of pay which comprehends being on call?

MR HOUSE: No. Well, not from the society's perspective.

COMMISSIONER WATLING: Anyway, I just throw that in for what it's worth. I - you know, some people today around the country are saying, well, you know, if we eliminate some of these things and incorporate it in the rate ...

MR HOUSE: One of the difficulties there is that ...

COMMISSIONER WATLING: Not everyone's on call.

MR HOUSE: Well, getting people to be on call could then be diminished if they're getting the money anyway.

COMMISSIONER WATLING: Well, I think you've ...

MR HOUSE: It's a bit like ...

COMMISSIONER WATLING: In those cases ...

MR HOUSE: ... in the maritime area when they incorporated ...

COMMISSIONER WATLING: Yes.

MR HOUSE: ... overtime into the salaries and no-one wanted to work overtime any more.

COMMISSIONER WATLING: Yes. Yes.

MR HOUSE: Well, I've already mentioned senior qualifications provisions. Contractual arrangements for senior staff. Sick leave provisions: there's still some uncertainty about that, particularly in relation to leave for people who suffer nosocomial infections. That's one where we have not made progress on. Conditions pertaining to conference study and sabbatical leave: there's been some progress there, but it's not by any means settled.

The department are wanting to change or delete clause 20 of the current award, which I'd leave to them to put the reasons in support for that move. And I should have mentioned earlier if I didn't, Commissioner, the shift work provisions. This is one of the few awards where there are no shift work provisions. We believe to bring that award up to date there should be. We're not looking for anything beyond what might be seen to be acceptable standards in this Commission. But there's just no provision there now if management, in their wisdom, in some areas might decide that shift-work provisions would be better.

We've got an interest ...

COMMISSIONER WATLING: Like accident and emergency - those type of areas.

MR HOUSE: Yes. We've got an interest from terms of occupational health and the sorts of hours that staff are being worked at the moment, and we believe a serious consideration - there have been - I must say there has been consideration given to this in the past but in any event any current up-to-date award normally has, particularly in an area such as the health industry, shift-work provisions. But the department seem to have a very strong difficulty with that.

The department have raised the question of mandatory taking of annual leave which is a story in itself. Again, in principle, there can be no opposition to that, but given circumstances in Tasmania and the absence of adequate backup

relief staff, that's often not a very practical proposition if a person in the hospital is the only specialist or expert in that area that - what happens when that person goes on leave? We would look, or we would hope that the new structure with career medical officers and perhaps even part-time people will go some way towards ameliorating that problem.

But at this stage a practical - the society has practical difficulties in that, and what I'm talking about, as you would know, that if you don't take your leave after a certain period it's gone. And there can be department - and I can understand it from their point of view, having some difficulty in large amounts of leave being accumulated.

COMMISSIONER WATLING: I suppose there's the other aspect too: it's the pay. If the pay goes up in the meantime, annual leave worth 'X' dollars today, but in 5 years it's worth 'Y' dollars, so it's the time as well as the money. It's costly.

MR HOUSE: It's difficult to budget for. The other aspect was we have put forward questions of whether there should be an allowance. I think this probably links into difficulties with the managerial allowance, but an allowance for people who have state-wide responsibilities or special responsibilities in the state.

Commissioner, that hopefully will help you in terms of where we've gone since the last time. I would now seek your indulgence in terms of some guidance on the next steps.

COMMISSIONER WATLING: Right. Well maybe we'll hear from the employer's side and we'll look at the future after that.

MR HOUSE: As the Commission pleases.

COMMISSIONER WATLING: Right.

MS COX: I'll certainly only be very brief. As John has already outlined, we consider that quite a lot of progress has been made in looking at changes to the award and we support the career structure, the definitions and the classification criteria as have been presented to you today.

The matters - perhaps if I can just go through the matters that the society has indicated that we haven't reached agreement and may require arbitration on your part at a later date.

Certainly salaries and allowances we see as part of the special case and we won't be making any agreements with the society prior to that.

As far as penalties go, that has been a bone of contention between the department and the society. John's, or the society's suggestion of a percentage rate for on call, we have problems with. We don't consider that it would reduce the administrative workload, because one of the offsets to the 38-hour week was that on call allowance and call back could not be paid at the same time. So you couldn't have a flat amount without, sort of, being in breach of that agreement that was given to this Commission.

As far as the senior qualification goes, our understanding is that there's only one that is a bone of contention and that's called FACEM, which I think is a Fellow of the Australian College of Emergency Medicine. Is that correct?

DR SENATOR: Australasian College.

MS COX: Right. As the society indicated, that hasn't been agreed to by NASQAC yet. We - it's not recognised Australia-wide, it's a state-by-state basis. We have indicated to the society that when that is accepted by NASQAC we would be more than happy to recognise it as such. But that - I don't accept their stance on that one.

Study leave, sabbatical leave and conference leave is ...

COMMISSIONER WATLING: Do you know when that might - may be accepted by NASQAC?

MS COX: Dr Senator indicated some weeks ago that it was fairly soon, but his last indication was ...

DR SENATOR: Four years.

MS COX: ... that the doctors were fairly conservative in moving anything. So 3 to 4 years he's now - he indicated recently. But certainly Victoria and New South Wales don't recognise it as a specialist qualification, South Australia do, so there's no consistency.

Shift work provisions: we indicated to the society last week we would be prepared to look at that in specific areas. Certainly one of the problems that the hospitals do have is the additional staff required and therefore the additional cost to introduce shift work. But we have given an undertaking to the society that we would look at that.

Sick leave and the mention of - I always get this wrong - nosocomial sickness, the society has requested that it be 39 weeks, as currently we've got it in proposed 12 weeks, which is the standard in both the Nurses Award and the Hospital Employees Award. And we consider that they are probably in a more highly sensitive area on a day-to-day basis than a lot of

the doctors too, and we would hate to see, if 39 weeks were to succeed, that it flow on to these other areas.

And another outstanding bone of contention is the sabbatical leave clause, where every award that I've looked at that refers to sabbatical leave it refers to excursion air fares. The society in their award want economy air fares, which we would oppose as the setting precedent.

COMMISSIONER WATLING: Do you see that as a matter that should be referred to the Full Bench if it comes before me - paid leave of absence?

MS COX: Sabbatical leave?

COMMISSIONER WATLING: They're only getting certain parts paid, aren't they?

MS COX: They get 3 months after 5 years, isn't it? Yes.

COMMISSIONER WATLING: Paid.

MS COX: Yes.

COMMISSIONER WATLING: Yes.

MR HOUSE: We're not looking at changes ...

MS COX: Sabbatical leave is already there.

COMMISSIONER WATLING: Yes.

MS COX: The provision for sabbatical leave is there.

MR HOUSE: We're not looking ...

COMMISSIONER WATLING: You're not - yes.

MR HOUSE: ... for changes in the length of the leave ...

MS COX: No, it's just how you get there.

COMMISSIONER WATLING: It's just how ...

MR HOUSE: ... it's a question of whether - well, in most states it's economy and in many states it's business class. And we'd argue that economy provides a greater flexibility in terms of planning program to the best advantage, because there's a ...

COMMISSIONER WATLING: Yes, so you're only looking at that specific issue not the general issue.



MS COX: Not the sabbatical leave entitlement, no. Just that  
...

COMMISSIONER WATLING: Right.

MS COX: I think that's all I have to say at this point in  
time.

COMMISSIONER WATLING: Right. Well, I suppose the big  
question is where we go from here, and it might be worthy  
just turning off the record for a moment and just trying to  
work out where we do and what the program may be in the  
future. Thank you.

OFF THE RECORD

Well, I thank the parties for their report and I'm going to  
adjourn these matters now and I will wait to hear from the  
applicant before I relist this application for hearing. I  
just want to emphasise that I see that we're heading into the  
special case component of this application now, seeing that  
the award has been finalised in respect of the first and the  
second 3%, so we are now embarking on the special case  
component and I think I would encourage you to try and  
conciliate the matter as much as possible and then I would be  
available to determine some of the major issues even if it's  
pay rates and allowances and other issues that may be  
outstanding.

But I think it's going to be important for the parties to work  
out exactly when it's appropriate to proceed and some time  
should be given to thinking that out. This matter now stands  
adjourned.

HEARING ADJOURNED SINE DIE