

DEFENCE FORCE REMUNERATION TRIBUNAL

SPECIALIST OFFICER CAREER AND SALARY STRUCTURE FOR MEDICAL OFFICERS

REASONS FOR DECISION

The Australian Defence Force (ADF) has sought the introduction of a specialist career and salary structure for ADF Medical Officers. This is the fourth specialist structure that the ADF has asked the Tribunal to approve, the first being the Legal Officer structure introduced in February 2000, the second for Chaplains in February 2003 and the third for Dental Officers in May 2003.

At the conclusion of the hearing into the Medical Officer Specialist Structure on 29 July 2003 the Tribunal approved the new career structure and salary rates as sought by the ADF and supported by the parties.

We now publish our Reasons for Decision.

BACKGROUND

The salaries for Medical Officers have been aligned with those of Dental Officers since 1948. A number of reviews since then have maintained that alignment.

The first time the Tribunal considered a detailed submission on Medical and Dental Officers was in 1990 (Matter 6 of 1990) when the Tribunal approved a new salary scale for these officers in the context of the second structural efficiency adjustment. The medical/dental nexus was retained by agreement between the Commonwealth and the ADF in that matter. This was based on the view that despite some differences in rates in the public sector (with medical officers at a lower rate on commencement), broad parity was achieved at the middle levels. The ADF further submitted that maintenance of the nexus was essential for the proper management of health services, and that in the absence of any compelling factors to the contrary, there was no basis for breaking the parity.

The 1990 structure was rank based and did not take into account the value of the work actually performed or the levels of skill and competencies attained. The structure was as follows:

- Undergraduates were appointed as Lieutenants (or equivalents);
- After graduation and registration Medical Officers were promoted to Captain, and then underwent Service specific officer induction training; and
- Service specific training and promotion continued through to the rank of Brigadier with selection based on merit.

The structure was not considered again until May 2003 when the Tribunal approved a new salary and career structure for ADF Dental Officers.

SUBMISSIONS

Australian Defence Force (ADF)

The ADF submitted that the ADF Medical Officer structure was not meeting contemporary ADF requirements. It submitted that the structure is rank-based, does not acknowledge competency development and limits career and salary progression to the attainment of rank. It was also said that the lack of post graduate training is at odds with developments in civilian medical training and is a significant disincentive to retention.

Similar to submissions in relation to ADF Dental Officers, it was argued that expanded operational activity within the ADF now requires Medical Officers to be capable of first line deployment. It was submitted that the requirement to operate independently at a relatively junior level requires significant upskilling of ADF Medical Officers post graduation from university.

The ADF submitted that the proposed career and salary structure for Medical Officers moves from a rank-based system to one founded on competency levels with a rank overlay consistent with the structures for Legal Officers, Chaplains and Dental Officers. The career structure is based on undergraduate qualifications, Intern and Residency leading to Medical Registration, followed by progression through four levels of competency for Permanent Medical Officers and a fifth competency for Reserve Procedural Specialists.

It was proposed that career progression for Permanent Medical Officers be through four of the five competency levels based on clinical undergraduate and programs of post graduate study leading to a Fellowship. Except in selected cases, the Medical Officer management level will be at Competency Level 4 where the officer will have completed a Masters in Occupational Medicine, Public Health or Medical Administration and attained Fellowship of the relevant disciplines College or Faculty.

It was submitted that the 1996 amendments to the Health Insurance Act (C'th) 1973 were aimed at ensuring that quality medical services were provided to the public. Under this new legislation Medicare providers are required to acquire a Fellowship of the Royal Australian College of General Practitioners (FRACGP) in order to practice. Attainment of Fellowship requires the achievement of set academic and practical requirements including a period of practice under direct and remote supervision.

It was said that under existing arrangements there have been no mechanisms in place to provide adequate supervision of ADF Medical Officers during deployments. The attainment of the FRACGP would benefit the ADF in terms of meeting required capability standards and assist in attraction and retention as exit surveys suggest that many Medical Officers leave the ADF due to the inability to achieve professional development.

The Defence Reform Project has significantly reduced the number of Medical Officers in the ADF. It was submitted that this has resulted in a significant increase in work value because while the number of practitioners providing medical services to the ADF has remained constant, the nature of the interaction between civilian and uniformed personnel has changed significantly. The ADF contended that where previously the management workload of a medical unit was shared equitably between the officers in that unit, it is now left to fewer uniformed officers to perform these tasks in addition to their normal clinical workload.

The Tribunal was advised that Medical Officers can enter the ADF via one of the following schemes:

Undergraduate Scheme. The undergraduate scheme provides sponsored training for university students who are completing the six year Medical degree. These entrants are usually school leavers who have entered into a university program and can be sponsored by the ADF after successful completion of their second year of study.

Undergraduate Medical Scheme. This scheme provides sponsored training in a graduate medical program to Reserve, civilian or Permanent Military Force members. The scheme requires the entrant to have completed an undergraduate degree in a discipline such as science and passed the graduate medical programs admissions test for the university they will attend.

Direct Entry Officer. The Direct Entry Officer will be a registered Doctor and generally requires no further medical training.

The proposed competency levels can be summarised as follows:

Competency Level 1 (CL1) – Directly Supervised. At the completion of the post graduate year two, or residency year, the Medical Officer will be posted to a designated training position usually at a base hospital or medical company as a CL1 Medical Officer to undertake further medical and military training. This training provides the requisite military and RACGP training (basic year) to qualify a new entrant as a deployable, remotely supervised CL2 Medical Officer.

Competency Level 2 (CL2) – Remotely Supervised. CL2 is the working level for the majority of ADF Medical Officers. The CL2 Medical Officer is deployable but for the purposes of the FRACGP must have reasonable access to their supervisor either directly or by telephone. Selected Doctors will attend courses relevant to their Service, for example tropical, chemical and biological medicine for Army, underwater medicine for the RAN and aviation medicine for the RAAF. Some members will be selected for post graduate training in Occupational or Public Health disciplines relevant to the ADF.

Competency Level 3 (CL3) – Unsupervised/Supervisor. The CL3 is either a senior Captain (equivalent) required to deploy independently, such as a battalion Regimental Medical Officer, or an officer at the Major (equivalent) level in a supervisory role such as an Officer Commanding medical sub units. Two years of General Practice experience post Fellowship will enable the Medical Officer to become a supervisor with the RACGP.

Competency Level 4 (CL4) – Management and Staff. Progression to CL4 requires confirmation as a Fellow in a Medical College other than the College of GPs. This will entail Masters qualifications in either Public Health, Occupational Health or Medical Administration.

Competency Level 5 (CL5) – Procedural Specialist. Procedural specialists such as Anaesthetists, Surgeons, Physicians and Orthopaedic Surgeons are classified as CL5. At present CL5 officers are Reserve Doctors.

In regard to the proposed salary structure the ADF submitted that the rates were derived by reference to: Public Sector Resident 1st and 3rd year for proposed CL1 and 2; the Public Sector Specialist for the CL3; and the Public Sector specialist for CL5.

It was submitted that where Medical Officers are posted outside the Medical Officer/Health Services Officer structure for career management reasons, a three year sunset provision should apply.

The ADF advised that all serving Medical Officers have been provisionally placed against the proposed structure. The ADF has also assessed that full transition to the proposed structure will take up to ten years due to the requirement for significant training, particularly at the management level.

The ADF also proposed a review of the Medical Officer Salary Structure within two years to confirm that it is meeting its stated goals.

Witness evidence was provided by Air Commodore T K Austin, the Director General Defence Health Service; Group Captain J A Ross, the Director Health Projects; Commander A S A McLaren, the Deputy Fleet Medical Officer and Lieutenant Colonel G M Whelan, the Acting Colonel Health Land Headquarters. This evidence was directed towards establishing the shortcomings of the existing structure, the work value changes for Medical Officers in recent years and the professional and Service imperatives at the root of the proposed new structure.

The Commonwealth

The Commonwealth supported the new structure and proposed rates. It submitted that the proposed career and salary structure would address a range of circumstances impacting on the recruitment, retention and career progression of ADF Medical Officers as it moves away from a rank-based structure and provide salary progression linked to the attainment of relevant qualifications, competencies and the exercise of professional and rank skills.

The Commonwealth also submitted that the proposal is consistent with the ADF Workplace Remuneration Arrangement: 2002 – 2004 and the principles established by the Australian Industrial Relations Commission.

The Armed Forces Federation of Australia

The Armed Forces Federation of Australia supported the ADF proposal submitting that consultation with Medical Officers had been extensive.

CONSIDERATION

The ADF seeks the introduction of a Specialist Officer Career and Salary Structure for Medical Officers which recognises, *inter alia*, changes in their skills and responsibilities, the changed strategic circumstances and the specialised nature of their work.

Evidence was given by Air Commodore T K Austin, the Director General Defence Health Service, on the requirements for the professional development of ADF Medical Officers, the need for a competency based structure, the role of the ADF Health Services and the relationship between Medical and Dental Officer salaries. Air Commodore Austin also deposed that across the ADF sixty per cent of Medical Officers separate from the ADF within five years of completion of the Return of Service Obligation and expressed the opinion the introduction of the competency based career structure would greatly assist in the retention of Medical Officers.

Having considered the submissions and evidence, the Tribunal approves the introduction of the Medical Officer Career and Salary Structure as proposed by the ADF and supported by the Commonwealth and the Armed Forces Federation of Australia. The new structure recognises the significant increase in work value of Medical Officers since the last effective review of the category in 1990 including the expansion of their roles and responsibilities.

We consider that the factors which justify the proposed structure include:

- Evidence of significant changes in the nature of the work, skill and responsibility required of the category since 1990, consistent with Principle 6 of the Statement of Principles issued by the Australian Industrial Relations Commission in May 2003;
- Incorporation of a competency based structure with a rank overlay;
- New rates that have been appropriately set based on bench marking against the remuneration packages of like categories and competencies in civilian employment;
- Provision for well defined career progression;
- Recognition of the competencies of clinical specialists within the Reserve; and
- Enhancement of the ability of the ADF to attract and retain dedicated and experienced Medical Officers.

We are also satisfied that the structure is consistent with those for Legal Officers and Chaplains and introduces an appropriate relationship between the remuneration of ADF Medical and Dental Officers.

The Tribunal notes that it is the intention of the ADF to seek a review of the structure within two years to confirm that it is meeting the stated goals.

DATE OF EFFECT

The new structure and rates will apply on and from 31 July 2003.

APPEARANCES: R Kenzie QC, Defence Force Advocate, with Lieutenant Commander
A Bradshaw, for the Australian Defence Force

H Lavey with L Cullen for the Commonwealth

G Howatt for the Armed Forces Federation of Australia

DATE AND PLACE OF HEARING:

29 July 2003 Canberra