



## **Defence Force Remuneration Tribunal**

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### **DECISION**

*Defence Act 1903*

s.58H—Functions and powers of Tribunal

#### **ROYAL AUSTRALIAN NAVY: NAVY HEALTH SERVICES OFFICER**

(Matter 17 of 2021)

MS I. ASBURY, PRESIDENT

MR A. MORRIS, MEMBER

CANBERRA, 22 DECEMBER 2021

MAJGEN G. FOGARTY AO RETD, MEMBER

[1] This decision arises from a listing application received from the Australian Defence Force (ADF) for a determination to be made under Section 58H of the *Defence Act 1903*. The listing application<sup>1</sup> seeks to establish a new employment category in the Graded Officers Pay Structure (GOPS) to be named ‘Navy Health Services Officer’.

[2] We considered the matter in a hearing on 2 December 2021, where Mr J. Phillips SC appeared for the ADF and Mr H. Miller for the Commonwealth. Expert advice was provided by Commander N. Cook RAN, Project Officer, Future Navy Workforce Branch.

#### **Background**

[3] The Navy’s current health support capability is provided by the Medical Administration category. The category provides a range of health and military related services, including health administration and management, health education and training, occupational health and safety and allied health services.

## Submissions

### ADF

[4] The ADF submits that the functions of the Medical Administration role are “*no longer optimal*”.<sup>2</sup> Accordingly, the ADF proposes the establishment of a new category in Navy named Navy Health Services Officer (NHSO).<sup>3</sup> The category will be structured to include five skill grades, over five pay grades, within the GOPS.

[5] The ADF states the “*move towards increased specialisation and focus on clinical expertise in the broader health workforce has seen the requirement for a dedicated employment category to provide health administration support and enabling functions*”. The ADF submits this will be “*achieved primarily through professionalisation and transition of the existing Medical Administration workforce to the new NHSO category*”.<sup>4</sup>

[6] The ADF proposes the NHSO will be responsible for “*delivering professional health administration, planning, logistics and business management functions that would support current and future capability development*” and “*enable the broader Navy health community to deliver specialist healthcare across a broad spectrum of environments*”.<sup>5</sup>

[7] The ADF intends to measure the success, or otherwise, of the proposed reforms through a series of four key performance indicators (KPIs):

- a. the number of personnel that have received either the NHSO Primary Qualification or NHSO Charge Qualification since implementation;
- b. the numbers of personnel remaining within the Medical Administration category, across the Permanent Forces and Reserves;
- c. Defence Force Recruiting achievement of direct entry (degree) personnel to the NHSO category; and
- d. ADF in-Service personnel transfers to the NHSO category.<sup>6</sup>

### Commonwealth

[8] The Commonwealth submission “*supports the establishment of the NHSO employment category*” and agrees with the proposed skill and pay grades. The Commonwealth seeks information “*about the number of personnel likely to be impacted by the proposed transition plan*”.<sup>7</sup>

[9] The Commonwealth suggested, in addition to the four KPIs proposed by the ADF, there be the “*inclusion of an additional qualitative measure assessing whether the administrative burden on clinical personnel has eased by the creation of the NHSO category*”.<sup>8</sup>

## Consideration

[10] We note the references, throughout the submission, to the Navy Health Strategic Workforce Plan 2030 – Plan CHIRON – that was “*designed to rebalance the workforce*” and “*provide a framework for the re-shaping of the Navy health workforce that is to be achieved over the next 8-10 years*”.<sup>9</sup>

[11] We accept the evidence that “*while best endeavours have been made to improve the capability provided by the Medical Administration category*”, it is “*no longer structured, staffed or suitably qualified to efficiently support*” the delivery of “*Navy and ADF strategic health effects to operations, activities and actions (including exercises)*”.<sup>10</sup>

[12] We considered the proposed structure of the skill and pay grades and accept the description and work assessment for each skill grade, from initial employment training through to ‘deep specialisation’ roles.<sup>11</sup> We accept advice in the hearing that this proposal will affect some 40 personnel and are satisfied this figure answers the query from the Commonwealth.<sup>12</sup>

[13] In the hearing, we also sought further advice on the Commonwealth suggestion for qualitative assessment of the impact on clinical personnel. We were assisted by Commander N. Cook RAN as to the initial impact on these personnel and accept his advice they are “*looking forward to being able to focus on the clinical governance requirement and their ongoing maintenance of their clinical skills and currency, which at the moment they’re being pulled away from*”.<sup>13</sup>

[14] We agree there is no relativity issue between the Medical Administration category and the NHSO and that “*the two are fundamentally different*”.<sup>14</sup> We considered the transition plan and accept Medical Administration officers will be given the opportunity to transition to the NHSO category, should they volunteer to do so. We accept they will be assessed for relevant qualifications and experience through the Navy Health Services Officer Transition Qualification Board.

[15] We accept Navy will continue to retain some positions that can be undertaken by Medical Administration officers and agree category numbers will “*reduce incrementally over time as the remaining Medical Administration officers transfer, separate or retire*. We therefore accept “*the Medical Administration category is expected to be disestablished at some point in the future*”.<sup>15</sup>

## Conclusion

[16] We accept that the proposed skill and pay grades have been based on the increases in work value and outputs required at each level in the NHSO structure. We agree these are “*consistent with the achievement of career milestones of other Navy employment categories and align with the functional knowledge requirements detailed in the NHSO proficiency framework*”.<sup>16</sup>

[17] We agree that the NHSO category will provide for improved health administration services to support Navy capability and improve specialist health care at sea and ashore.

[18] We will seek a report back on the progress of the NHSO as part of the Annual Review process in 2024. This should provide information on the KPIs as proposed, including the need for qualitative data on whether the category has eased the burden on clinical personnel.

[19] Determination 26 of 2021 will give effect to these changes from 3 March 2022.

MS I. ASBURY, PRESIDENT  
MR A. MORRIS, MEMBER  
MAJGEN G. FOGARTY AO RETD, MEMBER

*Appearances:*

*Mr J. Phillips* for the ADF assisted by *Mr P. Blady*

*Mr H. Miller* for the Commonwealth assisted by *Mr N. Doukas*

*Commander N. Cook* RAN, Project Officer, Future Navy Workforce Branch

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<sup>1</sup> DMR/OUT/2021/29 *Listing Application – Navy Health Services Officer Employment Category* dated 11 October 2021.

<sup>2</sup> ADF Submission *Navy Health Services Officer Matter 17 of 2021* undated (ADF1) page 1 paragraph 1.2.

<sup>3</sup> To avoid confusion with ‘HSO’ – Hydrographic Systems Operator.

<sup>4</sup> ADF1 page 13 paragraph 5.6.

<sup>5</sup> ADF page 1 paragraph 1.2.

<sup>6</sup> ADF1 page 30 paragraph 7.6.

<sup>7</sup> Commonwealth submission *Navy Health Service Officer Employment Category* dated December 2021 (CWLTH1)

<sup>8</sup> CWLTH1 page 9 paragraph 37.

<sup>9</sup> ADF1 page 4 paragraph 2.8.

<sup>10</sup> ADF1 page 9 paragraphs 4.4 and 4.5.

<sup>11</sup> ADF1 page 21 paragraph 5.43.

<sup>12</sup> Transcript page 5 line 22.

<sup>13</sup> Transcript 2 December 2021 pages 4 and lines 44 to 2.

<sup>14</sup> ADF1 page 24 paragraph 6.3.

<sup>15</sup> ADF1 page 12 paragraph 4.16.

<sup>16</sup> ADF1 page 23 paragraph 6.1.