



TRANSCRIPT OF PROCEEDINGS
Fair Work Act 2009

**VICE PRESIDENT CATANZARITI
DEPUTY PRESIDENT KOVACIC
COMMISSIONER JOHNS**

s.156 - 4 yearly review of modern awards

**Four yearly review of modern awards
(AM2015/6)
Educational Services Awards**

Melbourne

10.04 AM, THURSDAY, 20 OCTOBER 2016

Continued from 19/10/2016

PN7737

VICE PRESIDENT CATANZARITI: Yes, thank you, Mr Ruskin.

PN7738

MR RUSKIN: Yes, thank you, your Honour, I'd like to call Professor Hilton.

PN7739

THE ASSOCIATE: If you would state your full name and address, for the record?

PN7740

PROF HILTON: It's Douglas James Hilton, (address supplied).

<DOUGLAS JAMES HILTON, SWORN [10.05 AM]

EXAMINATION-IN-CHIEF BY MR RUSKIN [10.05 AM]

PN7741

MR RUSKIN: Professor, can you, for the record, just state your name and address and position?---Douglas James Hilton (address supplied), I'm Director of the Walter and Eliza Hall Institute of Medical Research and President of AAMRI.

PN7742

Thank you. Have you prepared two witness statements in these proceedings?---I have.

PN7743

Do you have those statements with you?---I do.

PN7744

The first one is about 10 pages, plus attachments and the second one is about nine pages?---That's correct.

PN7745

Is the content of those statements true and correct?---Yes, it is.

PN7746

Is there any changes you would make to it?---No, there's not.

PN7747

Now, in addition to what's in your statement is it the case that you, in the Queen's Birthday honours got an Officer of the Order of Australia for contributions to medical research in the field of haematology, as a molecular biologist, as an author, for gender equity and for a mentor of young scientists?---Yes, that's correct.

PN7748

Thank you.

*** DOUGLAS JAMES HILTON

XN MR RUSKIN

PN7749

VICE PRESIDENT CATANZARITI: Are you tendering these documents?

PN7750

MR RUSKIN: Yes, could I tender them, please.

PN7751

VICE PRESIDENT CATANZARITI: It will be AAMRI1 and AARMRI2.

**EXHIBIT #AAMRI1 WITNESS STATEMENT OF DOUGLAS
HILTON DATED 11/03/16**

**EXHIBIT #AAMRI2 WITNESS STATEMENT OF DOUGLAS
HILTON DATED 03/06/16**

PN7752

VICE PRESIDENT CATANZARITI: Mr McAlpine, any objections?

PN7753

MR RUSKIN: Thank you.

PN7754

VICE PRESIDENT CATANZARITI: Mr McAlpine.

CROSS-EXAMINATION BY MR MCALPINE

[10.07 AM]

PN7755

MR McALPINE: Thank you. Good morning, Professor Hilton?---Good morning.

PN7756

Congratulations on the honour?---Thank you.

PN7757

Now, you're the President of AAMRI, that's correct, isn't it?---That is.

PN7758

Now, would it be fair to say that AAMRI brings together organisations that have a community of interest?---It brings together a diverse group of organisations that perform medical research.

PN7759

AAMRI has a constitution, does it not?---It does.

PN7760

Under AAMRI's constitution, to be a member of AAMRI - who can be a member of AAMRI is defined in the constitution?---There are three categories.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7761

In any case, to be a member the organisation has to have primary activity to be - the primary activity of the organisation has to be in research for human health, that's correct, isn't it?---Yes, that is one of the criteria.

PN7762

There are a number of criteria but they have to be met in order to be a member, that's correct?---Yes, all the criteria have to be met to be a member.

PN7763

So, therefore, it would follow that that's true of all your members?---All of our members meet the criteria.

PN7764

Yes, thank you. Some of your members, in a corporate sense I mean this, some of your members are, in fact, universities, is that correct?---No, none of our members are universities.

PN7765

Yes, so you don't have to be a corporate body to be a member of the organisation?---So elements of universities may be a member, but the universities themselves are not a member.

PN7766

How is that membership exercised?---In what sense? Could you explain that a little further?

PN7767

Well, what is the body that exercises the rights of membership?---The institution, the institute.

PN7768

The institute?---Mm.

PN7769

Okay. So, for example, the John Curtin School of Medical Research at ANU is a member of AAMRI, is it?---The John Curtin School of Medical Research is a member of AARMI but ANU is not.

PN7770

ANU is not, okay. But they're not separate legal entities are they?---There is enough independence there - - -

PN7771

They're not separate legal entities are they?---I don't know the details of ANU's legal framework, I can't answer that.

PN7772

In your witness statement you say that they are part of the university?---Yes.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7773

So you don't know that they do exist as a separate legal entity, do you?---As I said, I don't know one way or the other.

PN7774

Is there a membership fee?---Yes, there is.

PN7775

Who pays it?---John Curtin School of Medical Research.

PN7776

Okay. In fact, would it be fair to say that universities, because of the existence of different institutes and bits and pieces of universities, universities have a range of diverse missions?---Universities clearly have a range of diverse missions; education, research across a wide range of fields.

PN7777

In that context, as you described, John Curtin School of Medical Research, being sufficiently independent, it has its own mission, in a sense?---Yes.

PN7778

So in relation to medical researchers, if we were looking at the mission of those who work in university medical research institutes and those who work in independent medical research institutes, we'd be comparing the mission of the medical research institutes, not the mission of the university as a whole, would that be correct?---That would be correct.

PN7779

Now, I'd like to turn to the question of PhD supervision; the evidence given so far seems to establish that when an employee of a medical research institute is supervising a PhD they're doing that because they hold an honorary appointment with the university, you'd agree with that?---The only way they can supervise PhD students is by having an affiliation with the university.

PN7780

Yes. If somebody's an employee of a medical research institute, when they're supervising a PhD they're at work, aren't they?---Yes, within the university framework.

PN7781

But they're at work for their employer?---They're not acting for the medical research institute into supervision.

PN7782

No, but when they're doing it they're both acting for the university but they're also discharging the terms of their employment contract with their employer, aren't they?---No, I don't believe so.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7783

So you say, what, so during the day I have a meeting as a supervisor with my student I'm not - during that time I'm not at work?---No, I'm not at work for the

medical research institute, I believe the responsibility for the supervision lies with the honorary appointment at the university and the university has made that quite clear to us.

PN7784

What about when I'm actually engaged in a research project with that student?---Yes, but it's a collaboration between the research that's being done by the researcher, as an MRI employee, and the student who is a student of the university.

PN7785

Okay. When I'm doing that I'm not on leave from my employer, am I?---No.

PN7786

I'm at work?---Yes, you're doing your research, as an employee of the medical research institute and the supervision as an honorary appointment of the university, and the university is very clear about where those responsibilities lie.

PN7787

In terms of that academic line of responsibility, it is to the university, that's clear, isn't it?---As an honorary supervisor.

PN7788

But in terms of your employment relationship that, at all times, is with the medical research institute?---It varies a little bit between employees and MRIs. There are some, relatively few in my organisation, some in others, where there's some joint appointments. There are others that have joint appointments in hospitals, biotech companies. I don't think there's a blanket recipe for the way employment is handled.

PN7789

But where there's only one employment contract with the MRI, the person is at work when they're doing their supervision, aren't they? They're at work?---They're physically located at the MRI but I don't believe that they're doing the work that the employment contract necessitates of them.

PN7790

So they're on leave?---No. Can I finish the last question?

PN7791

Yes?---As I said, the supervisory responsibilities are as part of the honorary relationship with the university the research enterprise is part of the employment contract with the MRIs. Again, the universities have made that line of responsibility quite clear.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7792

So one last question, when you advertise for positions, when MRIs advertise for positions, do they include the supervision of PhD students in the duties?---I couldn't comment for all AAMRI members, I don't believe that is the case for the institute, unless it was through an honorary appointment with the university and

all of our academic staff, from level B up, have honorary appointments with the university to enable them to discharge those supervisory duties through the university.

PN7793

Now, we've had evidence that many medical research institutes are located at hospitals, that's correct, isn't it?---Yes, there are many that are located as hospitals.

PN7794

In fact, many universities have campuses at hospitals, don't they?---Certainly some universities I know of have campuses in hospitals, I probably don't know enough about the university sector to be able to generalise the answer.

PN7795

For example, Monash has campuses at the Alfred Hospital, Box Hill Hospital, Austin Hospital and the Monash Medical Centre, you'd know that, wouldn't you?---I do know that.

PN7796

Macquarie University has recently established a medical school that's actually located at a hospital, the whole medical school?---I'm not aware of Macquarie's relationships with hospitals.

PN7797

Okay. But you're not suggesting that it's uncommon for universities to have - it's just not within your knowledge?---No, I'm not suggesting, one way or another. The two universities about which I'm most familiar, Melbourne and Monash, clearly have parts of their campus within hospitals.

PN7798

Now, at paragraph 51 to 53 of your second statement, you state that the - you've noted several points which you say are inappropriate for the majority of medical research institutes.

PN7799

VICE PRESIDENT CATANZARITI: Independent MRIs, put the question precisely.

PN7800

MR McALPINE: Sorry, fair enough. The majority of independent medical research institutes?---That's right.

PN7801

Is there any particular reason why you said "majority" rather than "all", I'm just curious?---The independent medical research institutes are enormously diverse and there are some at the end of the spectrum for which those could possibly be appropriate, but I think, for the majority, they're not.

*** DOUGLAS JAMES HILTON

XXN MR McALPINE

PN7802

Now, you then, in paragraph 52, refer to the clinical loadings. Those would be the clinical loadings in the Academic Award, is that correct? Those are the ones that provide - I think they provide that a person employed in a medical school who undertakes clinical work gets a loading, that's the one to which you're referring?---I understand that they get a loading for their academic work, given they also perform clinical duties.

PN7803

So that's an indication, in fact, that within universities there are people who actually provide services to patients, that's correct, isn't it?---That is correct for the universities that I know.

PN7804

Now, when you say that that's inappropriate, what you really mean is that that section of the award would have no application to MRIs, is that correct?---That's correct.

PN7805

That would equally be true of a university that didn't have a medical school, wouldn't it?---I probably don't know enough about universities generally to be able to comment on that.

PN7806

So your suggestion isn't that it's inappropriate so much as it simply wouldn't apply. It's a provision that wouldn't apply at medical research institutes, is that correct?---That's right, because medical research institutes don't operate those sorts of clinical schools.

PN7807

Now, it seems, and tell me if I'm not being fair, but it seems to me, from your evidence at 51 to 53, you don't actually have any specific objections to the provisions of the General Staff Award, as they would apply to medical research institutes, is that correct?---I certainly have reservations about the application of the General Staff Award to medical research institutes.

PN7808

No, no. I suppose what I'm asking you is about the actual terms of the award. You haven't raised anything in your statement about any of the terms being inappropriate to the operation of a medical research institute?---I think the General Staff Award is so broad as it could be applicable to almost any group, reasonably.

PN7809

Well, I put it to you that it covers professional staff, administrative staff, technical staff, scientific staff and IT staff. That's what it covers, in its descriptors?---I think the scientific staff would be where it would depend on the level of the scientific staff perhaps. So I don't think it generally covers all scientific staff.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7810

No, it doesn't but it certainly covers the type of employees who work at medical research institutes, doesn't it?---It may cover some of the employees that work at medical research institutes.

PN7811

Okay. So leaving aside the medical research employees, whose job includes, for example, the discovery of new things and research outputs, leaving those people aside, the general staff award, I put it to you, in fact, is a pretty neat fit with the rest of your staff?---No, I think it depends on the nature of the work the staff do. So, for example, we have nurses, we have engineers, the vast majority of our staff are engaged in research so I would say it covers some of the staff but certainly not all of the staff or even a majority of the staff.

PN7812

Tell me if you don't know the answer, but it's used to classify engineers and nurses in universities, are you aware of that?---I don't know the answer.

PN7813

So other than for who you think it covers, and the type of work that it covers, is there any actual term of the general staff award that you think is inappropriate to the operation of medical research institutes?---I probably don't know the general staff award clause by clause well enough to be able to make a blanket statement.

PN7814

In fact, the Walter and Eliza Hall Medical Research Institute had its own General Staff Award, didn't it, for quite a number of years?---It did. I think it began prior to my directorship and terminated in 2012 or '13 - - -

PN7815

That's correct?--- - - - because neither party were keen on modernising.

PN7816

Yes. That award included the same descriptors and the same pay rates as we now find in the Higher Education General Staff Award, that's correct, isn't it?---The pay rates were initially the same and I think were changed, over time, broadly in accordance with inflation but probably, over the 10 years of the agreement, I couldn't tell you whether they're exactly the same.

PN7817

Well, I'm talking about the General Staff Award here?---Sure.

PN7818

The descriptors were certainly the same as in the Higher Education - - -?---They were.

PN7819

Yes. The Walter and Eliza Hall Institute and the NTEU were the two parties to that award, weren't they?---Yes.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7820

The union party was the NTEU?---That's correct.

PN7821

Okay. Certainly, during the whole time of its operation, you're not aware that the Institute ever raised concerns about the operation of that award, or its appropriateness, to its general staff operations?---That's correct.

PN7822

Now, I'd like to turn to the Academic Staff Award and you've referred to the clinical loading. In paragraph 53 you say that:

PN7823

The descriptors, even the descriptors for research only staff, are not appropriate descriptions of the work of MRI medical researchers.

PN7824

So I'd like, if I may, for the witness to be shown MFI43? Professor Hilton, that's on the second page of that document, and the third page I'm asking you to look at?---Yes, the second and the third.

PN7825

Yes, those are the descriptors for research only academic staff in the award?---Yes.

PN7826

Now, I'd like to turn, specifically to start with, to the classification that corresponds with professor, that's level E, isn't it?---So that depends. Not all level E academics are necessarily professors, I don't think.

PN7827

Fair point, but professors are level E's, aren't they?---Within the university, presumably. But I know, again, enough about every university to know whether every level E is a professor or vice versa.

PN7828

I'm not suggesting that every level E is a professor, I'm simply suggesting that every professor is a level E?---I wouldn't know that either, as a universal truth.

PN7829

Okay. Well, let's just look at your remarks, and you say:

PN7830

The focus at each level is on scholarly activities which does not sufficiently capture the different emphasis of many MRIs on the translation of research to impact.

PN7831

Now, let's just look at level E, to start with?---Sure.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7832

It says:

PN7833

A level E research academic will typically have achieved international recognition through the original, innovative and distinguished contributions to their field of research, which are demonstrated by sustained and distinguished performance.

PN7834

MR RUSKIN: Sorry, would the witness have a benefit of having the award in front of him?

PN7835

VICE PRESIDENT CATANZARITI: That section's in front of the witness.

PN7836

MR RUSKIN: That section's there, I'm sorry.

PN7837

MR McALPINE: Yes, it's MFI43, second and third page.

PN7838

MR RUSKIN: It's annexed, is it?

PN7839

MR McALPINE: Yes. Now, without wanting to embarrass you, Professor Hilton, I would suggest that that's a quite a good description of the level at which you work?---It is, in a general sense.

PN7840

The second paragraph:

PN7841

A level E research academic will provide leadership in their field of research.

PN7842

I suggest that you do that, that you do that and that is the general responsibility of the most senior staff within medical research institutes?---I think that would be a narrow definition of the level E employees within my organisation.

PN7843

Well, if it were taken alone, if it were taken alone I would agree with you, but it's not. It's true that they're expected to provide leadership in their field of research, is that true?---Yes, that is true.

PN7844

Then we see:

PN7845

The field of research, within his or her institution -

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7846

And there's a series of choices there?---Yes.

PN7847

Institution, discipline and/or profession.

PN7848

So one meets the criteria if one provides leadership in the field of research within the discipline or within the institution or within the profession, that's fair?---Those things are good things but I think they are, again, limiting.

PN7849

Well, your claim is that the focus at each level is on scholarly activities, which does not sufficiently capture the different emphasis of many MRIs in the translation of research to impact, including outputs of research, such as involvement in public health activities, impact on policy and health guidelines and so on?---Yes.

PN7850

Now, I'm suggesting to you that, in fact, this is very broad because it's suggesting that it precisely deals with the diversity that can be constituted by leadership in field of research. It can be in the institution, in other words, you can be an institutional leader within your institution, for example, by providing enormous support to other researchers. Or you could be a leader in your discipline, that is, you could have made great discoveries and be an international leader, in terms of the creation of new knowledge. Or you could be a leader in your profession. So you could provide enormous leadership in a field like nursing or medicine. I'm suggesting to you that, contrary to what you're saying, these descriptors are, in fact, very broad aim to capture the diversity of research work?---Well, I would disagree. I think they are all focused around the scholarly work of the individual, so it's the individual's reputation within his or her institution, within the discipline, which is, I think, quite a narrow definition of where impact would be and likewise, also, within the profession. So I see those as relatively narrowly framed.

PN7851

Then perhaps the point your making there is covered by the words which follow:

PN7852

And within the scholarly and/or general community.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7853

So, in fact, that leadership can express itself in terms of scholarship or it can express itself in terms of impact in the general community, or leadership, I should say, leadership in the general community. So I'm putting to you that, in fact, the diversity of which you speak or which you claim to be necessary, is already encompassed in that descriptor?---So when I read that and I look at the word "leadership in the general community" as against "impact of research in the general community" so my view of leadership in the general community might be, for example, as being part of a community organisation, Carlton Connect would

be a good example, at the University of Melbourne. I guess where my view of its narrowness is what we're looking for, as medical research institutes, are impacts of the research, not by scholarly metrics but by capacity to influence the economy, the ability to interact with medical and biopharmaceutical industry, the capacity to impact clinical care. So for me, the deficiency of those descriptors is around the weight given to the impact of the research in those areas.

PN7854

My experience is, almost universally, within the universities of which I've been a part, that the descriptors for university promotion are about often the counting of academic publications, as might occur through ERA, rather than the impact of those publications academically and also within the broader health care system, NGOs, public health and the economy. So I see that as the deficit. I don't have a problem with the notion that leaders within medical research institutes, or universities, might have some role in the general community.

PN7855

MR McALPINE: So I put it to you that high impact discoveries constitute original innovative and distinguished contributions to the field of research, is that right? Would you agree with that?---The high impact discoveries within the scholarly literature, yes.

PN7856

In relation to that, and before I come back to some of the other descriptors, I want to explore the distinction that is made between publications and research impact. You've made a point about metrics, but I want to put a proposition to you that, for example, if we're trying to discover a cure for a disease, and obviously many medical research institutes are involved in that sort of work, the publishing of the results and the exposure of the results and the findings to the scrutiny of academic and research peers is an essential part of that discovery process, is that fair?---No, not always. It can be an enormous barrier to that. So, for example, we place, at MRIs, a high weight on the protection of intellectual property, which would often lead to long delays in publication or the inability to publish. One of the mantras that we have, and I know that other medical research institutes have, when we assess our staff for reappointment or promotion is that a licence patent is as good as a nature paper and that, fundamentally, is because we believe that it's important to drive the translation of that research into benefits for the community, even if it's at the cost of academic publication.

PN7857

But as a general proposition, within a discipline at some point the exposure of research findings to scrutiny is a critical part of the advancement of that knowledge and to the application of that knowledge, is that not correct?---If by scrutiny you mean in the patent literature, is that what you mean?

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7858

No, I mean the capacity of other people to say, for example, before a drug is released to the general public, "I think this research methodology is flawed and that this drug doesn't have the claimed for effects, because I think there are

fundamental methodological flaws in the research that led to it"?---So the decisions about whether to proceed with testing of drugs would be done through clinical trials, not through publication. So they're very different processes, there's a very rigorous set of tests that need to be met by organisations like the Therapeutic Goods Administration and the FDA, in the US, that would go to the benefit and efficacy and reproducibility of data for drug trials and that would involve the lodging of large amounts of data, through a completely separate process to publication. So I think that really does emphasise the difference between, I guess, the goal of medical research institutes in trying to influence clinical practice, which would be to place a great emphasis on those sorts of clinical trials and the sorts of data that might be shared by academic publication.

PN7859

The results of the clinical trials are published, aren't they?---Sometimes.

PN7860

They're going to be published and released and they're going to be published and - - -?---Again, if you mean by published, are they available to the public then, yes, the FDA mandates that those trials are listed publicly and that the data that goes into them are available publicly and there's - you would be aware that there's a lot of debate on the public accessibility to clinical trials data and the ability to allow the public to access that, through TGA websites and FDA websites. But that data is not, as a routine, published academically.

PN7861

Now, it has to be said you're a prolific publisher yourself, aren't you?---Yes, I've published many papers and patents.

PN7862

Right. Of course, people in universities also, for example, have the gaining of patents as part of their promotion criteria, don't they?---In my experience not with much emphasis.

PN7863

You're not suggesting that universities aren't involved in obtaining patents, are you?---No, what I'm saying is that they're not valued as part of the academic, at least in my experience, appointment and promotion system, far less so and far less explicitly than would be the case at medical research institutes.

PN7864

Okay. So if I take you back to - - -?---Could you just let me pour a glass of water, excuse me.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7865

Sure. Now, you've talked about the differences between universities and MRIs, but returning now to the descriptor, and I'll just look at level E for the time being. It seems to me that nothing you've said is inconsistent with the descriptor there. You seem to be conflating, I'm putting to you, you seem to be conflating the

practice of some universities with the descriptor itself and I put it to you that there's nothing in that descriptor which is inconsistent with what you've described.

PN7866

I don't think I'm conflating it. My view would be there are things omitted in that descriptor that are important to the appointment and promotion of academic staff within the broad church of medical research institutes.

PN7867

Okay. But certainly one could still meet the requirements of the level E descriptor and still be a leader in their field of research, in the circumstances you've described, where you weren't publishing the results but you were protecting the intellectual property. You would still be a leader in your field of research and you'd still be a leader in your discipline, that would be true, wouldn't it?---I don't believe that that descriptor captures the practical outputs of the research that I would consider important.

PN7868

But you can't actually point to anything - is there something that's missing?---Yes, I think that you notice that "scholarly" is included. I think there are a number of things that are missing.

PN7869

Okay. And I haven't taken you to the last sentence:

PN7870

At this level you're expected to foster excellence in research, research policy and research training.

PN7871

Again, there's no inconsistency between those words and what you've been describing about what happens with research leaders at medical research institutes. I put that to you?---No, that would capture some of what we do at a research institute, but I don't think it captures it all. For example, I don't think it captures translation or commercialisation or influencing public health.

PN7872

Okay. So influencing public health surely would be providing leadership in your field of research in the general community, wouldn't it?---I don't think that's what - I don't read it that way. I read "leadership in the general community" differently to research impact on health care.

PN7873

Now, just quickly, I'll just look at level D - - -

PN7874

DEPUTY PRESIDENT KOVACIC: Just before you do that, I might ask a question myself, while we're on this point, before we lose it. I'm just struggling to understand the phraseology in this clause. Are you saying that at level E:

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7875

A research academic will provide leadership in the field of research -

PN7876

We read that, which then governs:

PN7877

within the scholarly and general community.

PN7878

?---Yes.

PN7879

I think that's where the confusion is. I think that's the way it seems to be, Mr McAlpine, the clause is written.

PN7880

MR McALPINE: Now, I'm going to look at level D - - -

PN7881

DEPUTY PRESIDENT KOVACIC: Just, perhaps, before you do, Mr McAlpine, it's slightly a related area, if I can. Professor Hilton, just in terms of how is the nature of the research that's undertaken, in research institutes, determined?---So it varies a little bit. I don't think I can answer that generically. Independent medical research institutes vary from very narrowly focused, almost single-topic institutions, like the Bionics Institute, which works on cochlear implant and bionic eyes, all the way through to medical research institutes, like my own, that are broader in their research applications. So some of the topics are defined by the mission of the organisation, some are defined less explicitly by the culture of the organisation and others there's a greater emphasis on recruiting researchers with their own particular ideas and directions. So I think it's difficult to give you a precise answer on that.

PN7882

So in terms of your own institute how does it occur?---So we have three broad disease areas on which we almost mandate research is focused. So we work on cancer, infectious disease and immune disease. So, for us, it would be very problematic if a researcher came in to work on cancer research and then, because of their academic freedom, decided they wanted to work on Alzheimer's Disease, that wouldn't fit within our mission so we would be encouraging those workers, for example, to go and work at another institution, like the Brain Institute, if they wanted to work cardiovascular disease we would encourage them to work elsewhere because we believe that it's important to tackle a few problems properly rather than spread our effort thinly. Does that make sense?

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7883

It does make sense. But the scenario that you painted where someone's brought in to do cancer research and then wants to move into Alzheimer's - - -?---So we probably have less emphasis on academic freedom, as defined, as you might in a university department.

PN7884

Okay, that's what I was trying to extort. Thank you?---Yes.

PN7885

Sorry, Mr McAlpine.

PN7886

MR McALPINE: So I'll put another proposition to you as well, so it's fair to say research can lead to publications, patents, translational outcomes or public policy impact. That seems to be consistent with what you're saying?---Yes, as a subset of things.

PN7887

Clearly, you'd agree that the descriptors, for example at level D or E, looking at those, make, in fact, no mention of publications?---Well, they mention scholarly activities.

PN7888

Yes, and scholarly activities, you would agree, is broader than just publications?---No, I would not define scholarly activities as broader than publications. My reading of that is scholarly activities are primarily publications. That is what I would believe the sense of most university academics and most scientists would, in a medical research institute. I think being a scholar is different to being an innovator and a translator.

PN7889

So these are the descriptors - this is in the context, these are the descriptors for research only academics. So if you're a research only academic, your scholarly activity would be all those things which contributed to the advance of the discipline, wouldn't they?---No, as I said, I think most academics within a university and certainly most scientists and researchers within medical research institutes would define scholarly activities more narrowly than you have put to me.

PN7890

Again, if we look at level B, I'll just take you to level B, it states there that:

PN7891

A level B research academic will normally have experience in research or scholarly activities.

PN7892

DEPUTY PRESIDENT KOVACIC: Quoting:

PN7893

Which have resulted in publications.

PN7894

MR McALPINE: Quoting:

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7895

Which have resulted in publications in referee journals or other demonstrated scholarly activities.

PN7896

So, clearly - - - ?---Which might be, for example, giving a seminar at a learned academy.

PN7897

Yes, that's right?---Again, I see that as, for most of my scientists reading that, their view of that will be, it's a very narrow framing of the outputs that would be expected from scientists at a medical research institute. I should say, could I add something, your Honours? We find this is a major issue, for example, with the review of our staff from National Health and Medical Research Council, which tends to be peer review panels that, as you would expect for an organisation that funds 70 per cent, 65 per cent of its funding goes through universities, has a very heavy emphasis on assessing publication outputs. So, for example, we have a number of staff that have come from industry to work at organisation, they find it almost impossible, despite the fact that they've had major impact in their work, in terms of patents and economic development and outputs that would effect clinical practice, to get any toehold within National Health and Medical Research Council funding system. Again because I think that a university mentality pervades that peer review, so it becomes a great practical difficulty to us.

PN7898

That's a function, though, of the way NH&MRC establishes criteria and assesses applications, it's not a function of these descriptors, is it?---No, I think it's a function of the way the academics that predominate peer review influence policy and the values they place on research outputs.

PN7899

So would it be fair to say that your objections to the terms of the academic award are limited to the descriptors and to the clinical loading?---I don't think the descriptors are adequate and there are issues with the clinical loading, but I think there are broader issues about application to the medical research sector, around the heterogeneity of medical research institutes, the vast differences in size and scope of medical research institutes, compared with universities, the differences in funding and the differences in government regulation. So I think, together with the challenges that I have with the descriptors, I find them problematic.

PN7900

Would it be fair to say that what you've just said is a description about the difference between universities and MRIs that you allege, rather than the terms of the award? You can't point - - -?---No, that's not what I said at all. I said there were issues with the descriptors in the award and a number of other issues that are around differences between universities and MRIs. I don't have a problem with awards, per se, of course.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7901

No. But you don't have any other problems with the terms of the award?---I would need you to go through, clause by clause, asking me whether I have a problem with a particular clause. I don't know the full award, off the top of my head. I would defer to my HR staff - - -

PN7902

You've made a general comment - - -?--- - - - for that level of detail.

PN7903

Fair enough. All right. You made a comment about academic freedom, you would agree that it's part of the integrity of the research process that if you make findings and if you make those findings known, those findings themselves should be free from political or commercial control or influence, would you agree with that?---I would absolutely agree that they should be free from political influence, but I don't believe that they should be free from commercial considerations. So you would certainly take into account commercial considerations before you would disclose your academic findings. Do I think commercial organisations should be able to interfere with the substance of findings? Absolutely not.

PN7904

So the question as to whether you publish can be influenced by commercial considerations, that's true, isn't it?---Absolutely.

PN7905

But as to the substance of the findings - - - ?---You would never alter the data.

PN7906

You'd never alter the data and you wouldn't let commercial considerations influence the conclusions you drew from the data?---No.

PN7907

Medical research institutes, is it fair to say, are involved in the advancement and discovery of new knowledge?---Absolutely.

PN7908

It's an essential part of that research process that you're also involved in questioning accepted knowledge?---Absolutely.

PN7909

I think you've made this clear in your witness statement, but across the board there are methodological norms that apply to research, whether it be in medicine or science or, for that matter, engineering, there are methodological norms about trying to find conclusions, based on evidence, is that fair?---There are certainly methodological similarities. I think there are also differences between research done in different disciplines and certainly if you - engineering may be a little different and then, from my experience at the School of Graduate Studies, as a member of the Research High Degree Committee there, in my university role, there are certainly bigger and bigger differences in the norms, as you go further from science into social science and then into arts and then into performing arts.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7910

But there is a norm, which is that you're engaged in a dispassionate search for truth, isn't it? That should be an element of all this research?---I don't think I've ever seen a scientist that is dispassionate.

PN7911

Dispassionate doesn't mean not passionate, it means - - -?---No, I know what it means and one of the things that you learn, as a science student, is how to increase your objectivity and downplay your subjectivity. But that's something that scientists juggle the whole time.

PN7912

Yes. But the norm to which we aspire is that you should be dispassionate and objective about, for example, what the data says?---That is the ideal.

PN7913

Another aspect of the research is that ultimately, including the commercial activities, ultimately the research is conducted for the public good and in an ethical manner, is that fair?---It certainly would be conducted in an ethical manner, according to the code for practice of good scientific conduct. I think the public good argument is quite varied and it depends how you define the public good. If it's good for the public to have discoveries on relatively esoteric things, which one could argue, yes, it's in the public good. Clearly it's in the public good to have health and medical research translated and developed for the betterment of health care. Broadly, it can be defined in the public good to have commercialisation done and the economy develop, but I think different people clearly have different views of what is in the public good and we have debates about that all the time. So I don't think there's a universal there.

PN7914

You have debates about what might be in the public good, but you don't debate about whether your research should be for the public good, do you?---Well, I think if there are debates about what the definition of public good is, then I'm not sure I can entirely answer that question, unless you define what the public good is. So we have debates, for example, around whether it is ethical to patent and I was at a Senate Estimates hearing about that and there's a lot of debate in the public about that. So there would certainly be some members of the public that would say that that is not in the public interest and others very passionately that would argue that it was. So I'm happy to answer your question with a tighter definition of the public good. I'm not trying to be smart there, it's just - - -

PN7915

No, no, I understand. I think what you've said is a legitimate point, but I'm suggesting that the frame for the debate about whether you should patent is whether it's in the public good, whether it's in the public interest to patent or not patent. Nobody says - certainly from the medical research institutes, I'm suggesting that their mission is to act for the public good, isn't it?---Yes, broadly defined and variably defined.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7916

Yes. There are ethical regulatory guidelines that govern how research can be conducted, is that right? For example, you've mentioned the Code of Conduct for Responsible Research?---That's correct.

PN7917

That applies equally to researchers in hospitals, universities and independent MRIs, is that fair?---No. It applies to those receiving funding from ARC and NH&MRC.

PN7918

Sorry, and that includes all of those?---It doesn't include all of the researchers in all of those organisations, but it would include - so researchers that receive funding from ARC and NH&MRC would be obliged to conduct their research under the code, and one would argue that anybody who's conducting research should conduct their research under the code.

PN7919

In accordance with the code, yes. Now, are you aware of the survey conducted by APESMA, or Professionals Australia, at the Medical Research Institutes last year?---I'm aware of some of the details of that but probably someone from APESMA would be better placed to comment on that.

PN7920

But was AAMRI involved in facilitating the distribution of the survey that gave rise to that report?---There was communications between the AAMRI office and Professionals Australia.

PN7921

Okay. So my question was, was AAMRI involved in facilitating the distribution of that survey?---I'm not sure whether I can answer that from my own knowledge and it would probably be better to ask the staff within the office. That was something that was not escalated up to the President.

PN7922

Are you aware who it was distributed to?---No, I'm not aware of all of the institutions to which that was distributed and that would probably be a better question for Professionals Australia.

PN7923

Are you aware - have you read the report?---I have read most of the report, but I can't remember it line by line.

PN7924

I'm going to put a few propositions to you from that report, but I'm not asking you - I'm asking you about the propositions, rather than the report itself?---So would I need to know the context precisely?

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7925

That, I suppose depends. There's a few statements.

PN7926

VICE PRESIDENT CATANZARITI: Are you asking this witness, as an expert, to answer on the report. In what capacity is he going to answer this report, Mr McAlpine?

PN7927

MR McALPINE: I'm going to ask him about something that's said in the report and what he thinks of that statement, in the world. So it's just some words. I'm simply taking the words from the report and letting him know that that's the case. So maybe if I ask the question I can - - -

PN7928

VICE PRESIDENT CATANZARITI: Well, we'll have to take it question by question.

PN7929

MR McALPINE: Yes. So, and it doesn't matter the percentage, but 43 per cent of respondents said they did not feel they had a long term career path as a researcher in the MRI sector. Now, do you think that many researchers in the MRI sector think that they don't have a long term career path?---I think researchers, across the board, are concerned about their security, given the exceptionally low success rate of national health and medical research funding. So it's now at somewhere less than 13 per cent. So one in seven applications is funded and therefore I would not be surprised that people are insecure about their future.

PN7930

That's because, for example, I could be a reasonably successful researcher and be successful in obtaining or participating in my own or someone else's project that's been successful, through the NH&MRC and then, say, after five or 10 years' employment suddenly there's no more work. That's the issue, isn't it?---I think you're conflating NH&MRC grants with employment.

PN7931

Fair enough?---I don't understand the question.

PN7932

All right. I'm asking what your point is. The concern about job security is because employment is grant dependent?---To some extent and for some staff. That's not universally true.

PN7933

What then is the other source of the concerns about job security?---So that's a different question to the one about employment and grants?

PN7934

Well, I'm asking - - -?---Could you clarify that?

PN7935

All right. I asked - - -

*** DOUGLAS JAMES HILTON

XXN MR McALPINE

PN7936

VICE PRESIDENT CATANZARITI: Mr McAlpine, how does this question relate to what the Commission, the Bench needs to determine?

PN7937

MR McALPINE: I was going to ask that with the next question and I think it's apparent there, but I'll ask it now. The concern about job security amongst researchers, and you, in fact, said across the board, that concern applies, essentially, to the grant funded research sector in MRIs and in universities, that's a common issue, isn't it?---Yes.

PN7938

VICE PRESIDENT CATANZARITI: How is that relevant to what we're going to find in this case?

PN7939

MR McALPINE: It's about whether there's a commonality of industrial issues across the two sectors - - -

PN7940

VICE PRESIDENT CATANZARITI: That's a very long bow, Mr McAlpine, to say that the source of the funding - anyway.

PN7941

MR McALPINE: All right. It's about whether the issue of employment security, irrespective of the - - -

PN7942

VICE PRESIDENT CATANZARITI: How does that help us in resolving which is the most appropriate instrument to cover employees in medical research institutes? That's the question we're dealing with.

PN7943

MR McALPINE: Perhaps I can deal with that in our submissions, when we get back to that.

PN7944

VICE PRESIDENT CATANZARITI: Yes.

PN7945

MR McALPINE: So within AAMRI, in the context of establishing its policy - sorry, I'll ask you another question. So AAMRI has established a policy about which awards it should cover? Which awards should cover it, is that correct?---No. AAMRI is not an employer of medical researchers.

PN7946

No, but AAMRI is appearing in these proceedings?---Yes.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7947

So presumably AAMRI made some type of policy decision about which - what position it would take, in relation to these proceedings?---So those members that are - so not all of the members are affected by the proceedings so I'm not sure it would be fair to say that AAMRI, as a peak body, has taken a view. Those members that are affected by these proceedings have put a view to AAMRI that it should take for that subset of members. So I don't think it would be fair to say that AAMRI has a view on the generality of awards applicable to its members but believe that Professionals Australia, for those members that are covered by this hearing, would be an appropriate vehicle. I'm not sure I'm using the right HR or industrial terms, but I think you get my gist.

PN7948

Okay. But there must have been discussions, within AAMRI, about what approach to take to these proceedings, at an organisational level, is that correct?---Yes, for those subset of members that the proceedings affect. We're a broad church.

PN7949

So in the context of establishing an approach to these proceedings, how much did the question of salary rates rate, as a consideration?---It was not discussed exhaustively because the vast majority of members pay above all of the minimums that are covered in any of the awards we've discussed so it wasn't a pressing issue for us.

PN7950

So there wasn't a concern, in any way, that the rates in the - - -

PN7951

MR RUSKIN: Your Honour, I wonder if this is diverging into matters of privilege, in terms of questions about how a position has been adopted and the considerations which were made to - - -

PN7952

VICE PRESIDENT CATANZARITI: All right, can I ask you to leave the witness box.

PN7953

MR McALPINE: I'll withdraw the question if that's - I'll withdraw the question.

PN7954

VICE PRESIDENT CATANZARITI: Okay.

PN7955

THE WITNESS: I've drunk a lot of water, your Honour, would it be possible to have a five minute break?

PN7956

VICE PRESIDENT CATANZARITI: Yes. We are going to have to have a break at 11.30 for about 25 minutes as well, but have your five minute break first.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7957

THE WITNESS: Are you sure? I can - - -

PN7958

VICE PRESIDENT CATANZARITI: No, I don't want to keep you swinging.

PN7959

THE WITNESS: Thank you.

<THE WITNESS WITHDREW [11.10 AM]

SHORT ADJOURNMENT [11.10 AM]

RESUMED [11.15 AM]

<DOUGLAS JAMES HILTON, RECALLED [11.05 AM]

CROSS-EXAMINATION BY MR MCALPINE, CONTINUING [11.15 AM]

PN7960

THE WITNESS: Thank you for that.

PN7961

MR McALPINE: Professor Hilton, you still have with you a copy of the document marked MFI43, which I handed to you earlier, which has got a set of salary rates at the front?---That's correct.

PN7962

Can I take you to the very last page of that document, which his page 23?---Yes.

PN7963

Now, just in case you need reminding, this is the level proposed by AAMRI for insertion of a new salary classification in the Professional Employees' Award. Now, I put it to you that taking this descriptor as a whole, and the requirements under section B, which are in addition to A, that this really requires that somebody has a role in research management, is that fair?---It would require them to be managing a research group.

PN7964

Managing a research group?---Yes.

PN7965

What does that mean?---Well, they would be liaising with a team of researchers, under their direction, perhaps broadly working on the problems that leader had defined, not downplaying the importance of some intellectual independence within that group. They would be responsible for - ultimately responsible for the ethical conduct of that research and occupational health and safety issues within their group, et cetera.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7966

What about, for example, the compliance with the grant - I know there are staff who specialise in this, but they would have ultimate responsibility for the compliance with the grant obligations?---Not necessarily, because certainly within medical research institutes there are often cases where the individuals within that persons team would have primary responsibility for requital of the grant. The grant may be in their name, as a fellowship or a project grant from National Health and Medical Research Council. So it's not always the case that a research manager is, at least from a National Health and Medical Research Council viewpoint, responsible for requital of the grant. The institution, overall, has ultimate responsibility anyway.

PN7967

But if I take you to B2 it says:

PN7968

Make responsible decisions on all matters, including ways of attaining research program objectives and financial management of research funding.

PN7969

?---Yes, that would be the norm.

PN7970

That would be the norm, okay. It's a requirement in this. It's expectation in this?---Yes. But, for example, a post-doctoral scientist may have a fellowship for their salary, in their own right, which would be operating within the framework of somebody else's laboratory. That occurs as a generality.

PN7971

Fair enough. I'd like the witness, and I have a copy for the witness, but MFI41, which is the - - -

PN7972

VICE PRESIDENT CATANZARITI: Are you finished with this document?

PN7973

MR McALPINE: Yes, thank you, your Honour. I'd like the witness to be shown page 252 of MFI41. It's a large document, but if I take you to - - -?---Sorry, what is the document?

PN7974

A document is a bundle of material from these proceedings, but I'm proposing to take you to a witness statement, which is made by me, as it happens, on page 252 of that document. So the overall numbering down the bottom?---Sure.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7975

Now, this document says it shows, and it is from a period ago, but this document shows the grant, the NH&MRC grants for the period 2003 to 2012 and I'm suggesting to you, the general proposition I want to put to you is that hospitals and the government sector both receive a very small proportion of overall NH&MRC

grants, and that's still the case, isn't it?---So I'm not sure where your data has come from.

PN7976

The NH&MRC?---So this is verbatim. Is it collated? Is it - - -

PN7977

My question is about the situation of NH&MRC grants, okay? And I'm asking you, is it true that the government sector and the hospital sector account for a small proportion of NH&MRC grants?---So it depends on what you mean by account for NH&MRC grants." Is it a small proportion that is acquitted, or is it a small proportion that is awarded?

PN7978

Well, perhaps you could refer to both, if you think that's necessary, by all means.

PN7979

DEPUTY PRESIDENT KOVACIC: Mr McAlpine, can I just ask the question I asked before, what's the relevance of this question to the issues that the Bench needs to determine?

PN7980

MR McALPINE: It's essentially the relevance is, and we put it at the beginning, that the universities and the MRIs are the significant competitors for the same pool of funds. It's a matter that the witness has gone to, in their own witness statement?---I can certainly answer that.

PN7981

The witness has gone to, in his own witness statement?

PN7982

DEPUTY PRESIDENT KOVACIC: But I still put the question, what's the relevance to what we need to decide?

PN7983

MR McALPINE: The relevance is that the two sectors essentially operate in their relevant parts, to a large extent competing for the same pool of money.

PN7984

DEPUTY PRESIDENT KOVACIC: So? Why would that be a factor in determining the appropriate instrument for coverage?

PN7985

MR McALPINE: I think in response to the issue put by the other side about - there's extensive witness evidence from the other side about the granting arrangements. Now, I'm assuming that we're entitled to respond to that.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7986

DEPUTY PRESIDENT KOVACIC: I think some of the evidence, at least from my reading of the witness statements, suggest that researchers from MRIs are

precluded from making grant applications to the ARC. Again, the question of what weight, if any, and the relevance of that particular issue to determining the appropriate instrument to cover researchers alludes me somewhat.

PN7987

MR McALPINE: Very well, your Honour, I accept what you say and - - -

PN7988

VICE PRESIDENT CATANZARITI: Mr McAlpine, if what, I guess, you're trying to show is that the two people that get the most NH&MRC grants are these two sectors, MRIs and universities, I don't think there is an issue in relation to that, in these proceedings, is there, Mr Ruskin? I mean that's just a factual matter.

PN7989

MR RUSKIN: Yes, there's factual - yes.

PN7990

VICE PRESIDENT CATANZARITI: The question then becomes, because they are both getting the lion share of those grants, does that affect the industrial instrument? That's a different question which is perhaps something for submissions, as distinct from coming through this witness, I would have thought. I think that's the link you want to put to him, but I think that's the link you are trying to put.

PN7991

MR McALPINE: Yes. Well, I'm sorry, those questions were by way of introduction to the next question, which I hope I can ask. At the bottom of that page there is a description of the distribution of what they call translational grants, and those are grants for translational research. What do you understand translational research to be?---I'm not sure that I understand what translational grants are, that's not a category used by NH&MRC.

PN7992

So that's your evidence, that they don't use that category?---I'm asking, this isn't my document and therefore I'm struggling to understand what's being put before me. It's not particularly well defined. If you were asking about specific grant categories I would be able to address your question.

PN7993

Okay, I'll leave the question. Is it your evidence that the NH&MRC doesn't use the term "translational research" as one of the categories or typologies of its research grants?---Sorry, the NH&MRC funds translational research but doesn't have translational grants.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN7994

No, okay. My question is, do they categorise research grants, including a category that's called "Grants for Translational Research"?---I don't believe so. They may well have done 10 years ago, I don't believe that category of translational grants is used. I may be wrong, I'm not an expert on, necessarily, the exact descriptors NH&MRC use to capture their own data.

PN7995

VICE PRESIDENT CATANZARITI: Is that a convenient time, Mr McAlpine, given that I have to attend to another matter?

PN7996

MR McALPINE: Yes, it probably is, thank you.

PN7997

VICE PRESIDENT CATANZARITI: We will adjourn.

<THE WITNESS WITHDREW [11.26 AM]

SHORT ADJOURNMENT [11.26 AM]

RESUMED [12.03 PM]

<DOUGLAS JAMES HILTON, RECALLED [12.03 PM]

CROSS-EXAMINATION BY MR MCALPINE, CONTINUING [12.03 PM]

PN7998

VICE PRESIDENT CATANZARITI: Mr McAlpine?

PN7999

MR McALPINE: Thank you, your Honour. I'd like to show the witness a document, which is an advertisement for a job position at the Walter and Eliza Hall Institute. This document is an advertisement for a position at the Walter and Eliza Hall Institute, is it not?---Yes.

PN8000

I'd like to tender that document.

PN8001

VICE PRESIDENT CATANZARITI: That will be AK.

EXHIBIT #AL WEHI - RESEARCH TECHNICIAN, SYSTEMS BIOLOGY & PERSONALISED MEDICINE JOB AD

PN8002

MR McALPINE: I just want to draw your attention to the fourth paragraph. Now, the position is advertised as an HEW5, is that still the classification system that you use at the institute?---So we use a 10 tier system. I'm not sure that it's identical in the descriptors to the Higher Education Award anymore but it would be minor changes.

PN8003

In advertising out to the potential applicants, you're identifying this job as an HEW5, is that correct?---It gives the broad understanding of the level of responsibility.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN8004

That's because that would be understood, within the sector, as describing the type of level at which the job was being advertised?---I don't think this the title level, the title level would be - - -

PN8005

No, the type of level, sorry?---Yes, it gives a broad indication as to the level of responsibility, as I said.

PN8006

VICE PRESIDENT CATANZARITI: Professor, does the institute have its own enterprise agreement covering employees?---No.

PN8007

It doesn't.

PN8008

MR McALPINE: Now, you've provided, at annexure 2 to your first statement, a copy of the survey instrument that you used for - sorry, that AAMRI used, for finding out certain information about employees, that - - -?---That's correct.

PN8009

Were you involved in preparing or administering that?---No, I was not primarily responsible for that.

PN8010

Is there any particular reason why you haven't provided the actual results of that survey?---Not that I know of.

PN8011

You would agree - - -?---You mean the primary data behind it, as against the summary statistics?

PN8012

Well, you've referred - I put it to you, you've referred, selectively, to certain matters but you haven't referred to the number of employees, for example, in non-scientific categories?---Yes, we've drawn upon the survey in a way that, as I said, we didn't provide all of the data verbatim. There was a lot of respondents and a lot of data.

PN8013

But the summary goes simply, does it not, to the proportion of medical research employees, as defined by the survey, who hold science degrees, that's all you've reported on, isn't it?---So I've got a copy of the blank survey in front of me?

PN8014

Yes, that's right?---So I can tell you what we have asked about and then if you want to ask me questions about specific references to that, could you point me to those within my own witness statement?

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN8015

Okay. Sorry, yes, I will. At paragraph 56 of your statement you've reported on the proportion of medical researchers who hold degrees in science from Australia, New Zealand, or UK universities?---That's correct.

PN8016

That medical researchers was defined by the survey itself, was it not?---Yes. Well, it was defined by the data provided by the respondents.

PN8017

But there were instructions with the survey about who to include and who to not?---No, I don't believe we steered answers. So we asked for a general response, we didn't ask - in a sense we tried very hard to avoid leading the survey respondents, we were quite conscious of that.

PN8018

In fact, the information that is extracted from the survey is information about the proportion of medical researchers who hold a science degree, that's correct?---Well, that's what it says.

PN8019

I put it to you, it's not a report about how many people hold positions which require the holding of a science degree, for example, rather than a degree from some other discipline?---No, we did not ask that.

PN8020

Now, and this is, you might be thankful to know, this is the last group of questions. You agree that the Walter and Eliza Hall Institutes promotes its education functions on its website, you agree with that?---Absolutely.

PN8021

It states - - - ?---Defined broadly.

PN8022

What?---Defined broadly.

PN8023

Okay. So it promotes itself, and part of the reason it does that, it promotes itself to potential students, in order to try and attract students to the institute?---So the institute would promote itself as the Department of Medical Biology, for the purposes of teaching and the Walter and Eliza Hall Institute for the purposes of teaching and, as I said, there's a difference between the duties that we expect of our staff, as employees, and the duties that we expect as honorary appointees at the university, but the vehicle for that research training is the Department of Medical Biology, the Walter and Eliza Hall Institute.

PN8024

I have no further questions, thank you. Thank you, Professor Hilton.

*** DOUGLAS JAMES HILTON

XXN MR MCALPINE

PN8025

VICE PRESIDENT CATANZARITI: Any re-examination?

RE-EXAMINATION BY MR RUSKIN

[12.11 PM]

PN8026

MR RUSKIN: Professor Hilton, you were asked some questions about the membership of AAMRI and that there were three levels of membership?---Yes.

PN8027

Can you tell us the three levels and the implication for the rights of people, depending on the level of membership?---So we modified our constitution recently, your Honours, because a number of organisations that carried out medical research but weren't independent medical research institutes, in the sense of being entirely separate entities, approached us to represent them as our peak body, because we were doing a pretty good job, I guess, bringing medical research to the minds of politicians and bureaucrats in Canberra. We therefore created three levels of entity in order to be able to represent those institutions. One was the Independent Medical Research Institute entity, the other were non-independent, which cover a range of different institutions that have a level of directional independence and recording independence from universities, hospitals or government. So we have one entity in Queensland that's a statutory entity of the Queensland government, one that's within a department in South Australia, I think three within hospitals, for example the Peter McCallum Cancer Institute is an institute that's embedded within a public hospital and five that are within a university. Then we have a separate membership criteria, which is around hubs, which are collaborative vehicles to allow research institutions from different backgrounds to come together to share business practice and space and back of lab facilities, so it's sort of an efficiency drive. Those different levels of membership have different rights, in terms of their ability to provide leadership to the organisation. So the president of AAMRI which is, in a sense, the chair of the board, has to come from an independent medical research institute and the majority of board members have to be directors of independent medical research institutes. So it was something we thought long and hard about but we thought the importance of being able to represent those groups outweighed the complexity around membership.

PN8028

You were shown a document, NTEU8, which was a research technician position, and there's a reference to HEW5, do you remember that question you've just been asked?---Yes, I do.

PN8029

Do you know the extent to which HEW, whatever it is, is used at the MRIs that are members of AAMRI?---So it's quite diverse. It's certainly been used for historical reasons, because of the linkage of the Walter and Eliza Hall Institute and a couple of other Victorian and Western Australian MRIs to the award system. There are a large number of MRIs for which those criteria don't apply.

*** DOUGLAS JAMES HILTON

RXN MR RUSKIN

PN8030

My last question is, the survey that you were asked questions about and it says that there are - I think you talked about there were 36 independent MRIs that were surveyed, are you aware if there are any MRIs, so called independent MRIs, that are not members of AAMRI and do you know how many are not?---Yes, there are some and it depends where you draw the line of size. So AAMRI is already a broad church from organisations that have about 30 employees to some that have around 700 and up. There are, my understanding of the last count, and it's a little fluid as research institutes are created, is that there are two or three strictly independent medical research institutes that are not members. A number of those have requested, in the past, to be members but those requests have been denied, primarily because of a lack of track record in peer review funding and research outputs, as defined broadly.

PN8031

But the Keogh Institute, for instance, is that a member of yours and is that an independent MRI?---I would have to go and look. We have 46 members and I would have to go and check that. My recollection - I would have to check that.

PN8032

COMMISSIONER JOHNS: Professor Hilton, in terms of the decision to, if you like, broaden AAMRI's church, and bring in institutes which are within universities, I think you said there were five, was that decision made because there's a recognition that there's a community of interest between the independent MRIs and the ones in universities?---I think it was made, primarily, at the request of those institutes to join AAMRI and I think it would be fair to say that there was overlap in the issues that were important to push within a federal policy perspective. So there were - yes.

PN8033

What might they be? What's the community of interest?---So certainly, for example, a good example was around a medical research future fund, which was proposed as a \$20 billion fund in the 2014 budget, by Treasurer Hockey, that was quite contentious because of the way the fund would be capitalised through co-payments. So from medical research institute sector perspective, from an AAMRI perspective, we took the view that it was important to promote the benefits of that fund politically, especially the Senate, both sides of the major parties of the Senate, but also the cross benchers, without getting into the politics of co-funding. And that, for example, as we've talked about the insecurity issue around funding, that would make a significant difference to the security of researcher's tenure within both medical research institutes, universities, hospitals, government departments and agencies like the Cancer Council.

PN8034

So that, I think what was seen there was, by those researchers, was that AAMRI was doing an efficient job in that lobbying and it was easier for AAMRI to lobby the federal government than, for example, the Go8 or Universities Australia, as peak bodies, because AAMRI was a more single-mission focused organisation and the Go8 and the Universities of Australia had a breadth of issues that made it more difficult to lobby hard on a specific issue.

*** DOUGLAS JAMES HILTON

RXN MR RUSKIN

PN8035

COMMISSIONER JOHNS: Thank you.

PN8036

MR RUSKIN: You were asked questions about honorary appointments at the Walter and Eliza by universities, are you aware if these honorary appointments are ones that can only be made to your staff, or staff at MRIs? Are there any other places?---No, there are a very long list of organisations to which universities, like the University of Melbourne, afford invitations to honorary appointments to staff. Some of it is around - so there are clearly individuals within organisations, like CSIRO and CSL, that have honorary appointments. Recently the University of Melbourne created a category of enterprise professors because I think the university wanted to increase prestige, in terms of having captains of industry, for example, and previous politicians associated with the university. So, for example, Andrew Cuthbertson, who is Chief Scientific Officer at CSL, was made an honorary professor at the University of Melbourne, as was John Brumby. I think that's great for the community of academics within the university to have that breadth and it also adds prestige. That, I think, is part of that reciprocal offering and acceptance of professorial titles is both around prestige and giving the university some comfort that supervision of PhD students will be done properly.

PN8037

Is CSL a public company or a private company or a public sector organisation?---It's an ASX listed company.

PN8038

ASX listed?---Yes.

PN8039

Thank you. No further questions.

PN8040

VICE PRESIDENT CATANZARITI: Thank you so much.

<THE WITNESS WITHDREW

[12.20 PM]

PN8041

MS GALE: Before we proceed, could I just ask a housekeeping question? We have a previous exhibit NTEUAK, which was the structural review of the NH&MRC grant program submission that was put in through Mr Trevaks, I'm wondering if perhaps we might now be up to AL.

PN8042

VICE PRESIDENT CATANZARITI: So that should be NEEUAL.

PN8043

MS GALE: Thank you.

PN8044

VICE PRESIDENT CATANZARITI: Yes, next witness?

*** DOUGLAS JAMES HILTON

RXN MR RUSKIN

PN8045

MR BUTLER: Your Honour, I'd like to call Christopher Walton.

PN8046

MR McALPINE: Sorry, we were led to believe, at all relevant stages, that the order of witnesses was that Ms O'Connor was the next witness so that creates some difficulty for us.

PN8047

VICE PRESIDENT CATANZARITI: What's the difficulty, because they're on the list for today.

PN8048

MR McALPINE: Well, it will just take us - our cross-examination of ready, but it will just be somewhat less efficient, I imagine, if we don't have a little while to just prepare documents and other things.

PN8049

VICE PRESIDENT CATANZARITI: Do you need a short adjournment?

PN8050

MR McALPINE: Yes.

PN8051

VICE PRESIDENT CATANZARITI: All right, we'll take a short adjournment.

SHORT ADJOURNMENT [12.23 PM]

RESUMED [12.32 PM]

PN8052

MR BUTLER: Your Honour, I'd like to call Christopher Walton.

PN8053

THE ASSOCIATE: Would you please state your full name and address, please?

PN8054

MR WALTON: Christopher Giles Walton, (address supplied).

<CHRISTOPHER GILES WALTON, AFFIRMED [12.33 PM]

EXAMINATION-IN-CHIEF BY MR BUTLER [12.33 PM]

PN8055

MR BUTLER: Firstly, Mr Walton, could you please state your full name, address and position, for the record?---Christopher Giles Walton, (address supplied) and I'm the CEO of the Association of Professional Engineers, Scientists and Managers Australia, which we use a trading name Professionals Australia.

*** CHRISTOPHER GILES WALTON

XN MR BUTLER

PN8056

Thank you. Have you prepared a witness statement in these proceedings?---I have.

PN8057

Do you have a copy here today?---I do.

PN8058

Have you recently re-read the witness statement?---I have.

PN8059

Do you have any corrections or alterations to your witness statement?---No corrections or alterations.

PN8060

Do you say that this is a true and correct statement?---I do.

PN8061

Do you adopt the statement and the attachments as your evidence in these proceedings?---I do.

PN8062

I'd like to tender the witness statement.

PN8063

VICE PRESIDENT CATANZARITI: APESMA1.

EXHIBIT #APESMA1 WITNESS STATEMENT OF CHRISTOPHER WALTON DATED 11/03/16

PN8064

MR BUTLER: Your Honour, there's just one matter I need to mention.

PN8065

VICE PRESIDENT CATANZARITI: Are there any objections to this? Yes.

PN8066

MR BUTLER: Last night we received four documents from the NTEU. Mr Walton can answer for himself, but he didn't get to see them until late last night, and we had no knowledge of the documents previously and there's been no evidence, regarding these documents. The point I would make is that the capacity of Mr Walton to respond to questions regarding these documents is likely to be limited.

PN8067

VICE PRESIDENT CATANZARITI: Mr Butler, what I've indicated throughout this matter is that we're conducting an award review, it's not adversarial litigation. In that sense, the Bench wants to inform itself of material and if there's any prejudice to your side, then we will deal with it in a particular way, so we don't want anybody disadvantaged. I have no knowledge, at this stage, of what these documents are and it is unfortunate that they were given so late.

*** CHRISTOPHER GILES WALTON

XN MR BUTLER

PN8068

Now, Mr McAlpine, what's going to happen with these documents? Because, as I've also said, I should say, before you get up, Mr McAlpine, that unless they're put as credit issues, which is a different issue, then it's expected that documents would be circulated to the parties as early as possible throughout this matter. Yes, Mr McAlpine?

PN8069

MR McALPINE: The witness, at paragraph 14, refers to annexure H, now annexure H is a document which, when - - -

PN8070

VICE PRESIDENT CATANZARITI: Do you want the witness in the witness box when you press me on this, or should I ask the witness to leave?

PN8071

MR McALPINE: No, I don't mind if the witness is here, because I was going to say something similar. Annexure H is a document which can be found at the - there was a link provided to that document. In looking at that link, we realised that it is a document of 520 - it's a 520 page Excel spreadsheet, which is essentially 260 pages across and two pages down, something like that, and we found it extremely difficult to understand particular parts of it so the documents that we propose to put were, in effect, data extracted from the - - -

PN8072

VICE PRESIDENT CATANZARITI: From annexure H.

PN8073

MR McALPINE: From that Excel spreadsheet, from the same source that we found might be in a usable form. So that's what we've tried to do. I was going to ask Mr Walton questions about annexure H and I contacted Mr Butler yesterday, realising this, and saying I didn't want to create any embarrassment for his witness, in terms of this enormous document and asking questions about it and asking whether the Bench had a copy of it, the 500 page document, and what form it was in. So I was trying to expedite proceedings in that respect, so that's the basis on which - I may not need to take the witness to these documents, it may be that I can just deal with it, by way of questions. So that's our position.

PN8074

MR BUTLER: In that vein, your Honour, we have, and I'm not proposing to table this, but we have, again, if at some stage it becomes necessary to assist the Commission, redacted the information from annexure H that's irrelevant to scientists, but I'm not - so at this stage I would propose that we just want and see.

PN8075

VICE PRESIDENT CATANZARITI: All right, we'll wait and see.

PN8076

MR BUTLER: Yes, thank you.

*** CHRISTOPHER GILES WALTON

XN MR BUTLER

PN8077

VICE PRESIDENT CATANZARITI: That concludes - - -

PN8078

MR BUTLER: Thank you.

PN8079

VICE PRESIDENT CATANZARITI: Yes, Mr McAlpine?

CROSS-EXAMINATION BY MR MCALPINE

[12.39 PM]

PN8080

MR McALPINE: Thank you, your Honour. Now, Mr Walton, can I take you to paragraph 10 of your statement? There are words, which I've read a number of times, there are words there in italics:

PN8081

Duties carried out in a particular employment the adequate discharge of any portion of which requires academic qualifications set out in a certain schedule.

PN8082

That's a form of words that's found in the Professional Employees Award?---That's correct.

PN8083

Would it be fair to say that when that refers to, for example, a science degree it doesn't necessarily follow that the fact that an employee holds a science degree means that they're covered by the award, is that fair?---As stated here, the award covers scientists who are undertaking professional scientific duties which require at least, for those duties to be undertaken, require an underpinning knowledge of a science degree.

PN8084

Yes. So, for example, if I was an administrator in a medical research institute who had a science degree I wouldn't be covered by the award, notwithstanding the fact that I had a science degree?---That's correct, unless, as an administrator, you're required an underpinning - at least some of your duties required an understanding - required the science degree to be able to do the job.

PN8085

Okay. So looking at medical research institutes, the knowledge - I'm not suggesting it's not indicative, but the knowledge that a certain proportion had a science degree wouldn't be conclusive evidence that those people were covered by the award?---The fact they have a science degree isn't the element, it's whether they are practicing science to do their jobs.

*** CHRISTOPHER GILES WALTON

XXN MR MCALPINE

PN8086

Well, isn't it whether they are carrying out duties which require the science degree?---Correct, as per the award, yes. So they would be doing scientific duties, which, of course, medical research is science, and they would be - to do that

science, to do that medical research, you would have to understand the vascular system, genetics, cells, blah, blah, blah. You would have to do scientific - use scientific equipment, such as microscopes. I've been to a number of these MRIs, it's like the casting lounge of Hollywood for a scientist, white coats, beakers, microscopes, et cetera. So you'd do a scientific process, using scientific duties, using scientific equipment.

PN8087

So if I held a degree in, for example, radiography, I may be carrying out duties in medical research but clearly I wouldn't - the duties I'm carrying out would not require a science degree?---As a radiographer?

PN8088

Yes?---Well, a radiographer is a clinical position, as I understand it, so - - -

PN8089

If my degree were in radiography but I was working as a research assistant?---Right. So as we know, from Professor Hilton's evidence, that 90 per cent of those working in an MRI have a science degree, so there are 10 per cent that don't, they may be among that 10 per cent, but 90 per cent have a science degree because they're doing medical research which is, by nature, science. Now, arguably, without getting into too much definitions, there are some applied scientists, such as radiographers.

PN8090

Okay. Can I take you to paragraph 14 of your statement? Now, attachment H, and I hope I don't need to take you to it, attachment H is essentially, is it not, a list of - on two axes, attachment H is a list of industry sectors and sub-sectors, on one axis?---Yes.

PN8091

And occupations on another axis?---Correct.

PN8092

I think there's something like 520 occupations and 136 industry subsectors?---Correct.

PN8093

Now, that's based upon the responses that the population, in general, gave at the 2011 Census, is that correct?---Correct.

PN8094

Now, I'd like to put a number of propositions to you, first of all, one of those sectors is - one of those industry subsectors is higher education?---Correct.

PN8095

In fact, my examination of the data showed that there were some 43,000 people in that sector that referred to themselves as university lecturers and tutors?---That's my - I think it's something like that, yes.

*** CHRISTOPHER GILES WALTON

XXN MR MCALPINE

PN8096

In fact, if you're saying that research is science, to the extent that those people are researching in science they won't show up as scientists, will they, they'll show up as university lecturers and tutors?---Well, I don't know. I don't know. I think a number of them would - some of them are doing research only at universities and doing medical research. I would have thought they'd declare themselves. I don't know how they would. Being a survey, we don't know how people declare themselves. So you're right, some may be under that other category, but I'd have to go the actual definitions and how then people answer those things. But, yes, there could be some scientists among those others who didn't separately classify themselves.

PN8097

In fact, some people will have identified themselves in other categories, other than as scientists?---Exactly. There could be other scientists in industries who don't call themselves scientists, yes, so the science number could be higher.

PN8098

So, really, the figure that you say:

PN8099

At the time of the 2011 Census 91 per cent of science professionals identified themselves as being employed outside higher education.

PN8100

what you actually mean is that 91 per cent of people who identified themselves as science professionals worked outside higher education?---Yes. It could be higher than 91 because a lot of people working in industry who are scientists didn't put down science there.

PN8101

Yes, but I've put a proposition to you is that what that should read is, "91 per cent of people who identified themselves as science professionals identified themselves as being employed outside higher education." Isn't that a correct - - -?---Isn't that what it says?

PN8102

Not quite. It says, "91 per cent of science professionals - - -

PN8103

VICE PRESIDENT CATANZARITI: Identified themselves as being employed outside of higher education.

*** CHRISTOPHER GILES WALTON

XXN MR MCALPINE

PN8104

MR McALPINE: Whereas I'm putting a slightly different proposition to you, which is that 91 per cent of people who identified themselves as science professionals?---Look, I'm simply making the point that there's about 80,000-odd scientists in the country. Of those, and the Professional Employees Award, to use a colloquial term, is the mother ship, it's the occupational award which many fall into. The history of this Commission's work over the years is sometimes it places

those occupational people under an industry award and sometimes it leaves them under an occupational award. So the default award there for most scientists is the Professional Employees Award and in some sectors where there are scientists, such as higher ed, they've been put, for historical reasons, under a sector or industry award. That's all we're saying, and that the vast bulk of scientists are - a significant bulk of scientists fall under the Professional Employees Award as the occupational award. That's the only point we're trying to make. Now, whether the number of scientists in higher ed is slightly higher than that or not, it could be, given Census joys, and whether the number of people who called themselves scientists outside higher ed could be higher, I suspect it is, but that's just the data we have.

PN8105

Within the industry categories there's a category called scientific research services, isn't there?---Yes. Within, sorry, which category? Within - - -

PN8106

Well, one of the categories is scientific research services?---Is that in the Census or in the ABS? I need to check that. There is a professional services. Can I check it? I've got the actual summary here. Just to double check. So what we did was just get that long document and then just get it onto two pages. Science - what was it?

PN8107

Scientific research services is one of statistical subcategories of - - -?---I'm not sure that's an industry, let me just check. No, I can't see it in that list of industries down the left. There is an industry - yes, it is, it is there, sorry. Professional scientific and technical services, and it's got - so under professional scientific and technical services there's about 25,800 scientists. So its professional scientific and technical services is the industry, so that's scientists working in it might be a consulting engineer firm, it could be in a whole range of areas, and there's 25,883 scientists in that area, in that industry. I think the one you're talking about is a different category in an ABS data. I think there is, rather than in this industry, but I stand corrected if I've got it wrong.

PN8108

Well, I put it to you that certainly in the ABS category scientific research services has some 28,000 people in it?---Yes. So that would pick up, I imagine, MRIs which we know there's about 11,000 employees, yes.

PN8109

It would also pick up - some people who work in universities may nominate that as their area of work?---Well, being a survey, we don't know how people categorise, but generally they get it right. There isn't, under this Census thing, that isn't an industry that I can see, but I may be wrong.

*** CHRISTOPHER GILES WALTON

XXN MR MCALPINE

PN8110

Okay?---So under the Census data the industries are listed down that left-hand side and I can't see it there, at first glance. I think that's a subcategory of, from

memory, professional scientific and technical services. I'm pretty sure it's a subcategory of that, which has 25,800 in it.

PN8111

All right.

PN8112

THE WITNESS: Would it help the Commission to have this?

PN8113

MR McALPINE: Sorry, the problem is, we were only handed this document first thing this morning so we actually haven't had the opportunity to sit down and look at it ourselves?---This is exactly the document you've had since March, except it was in an Excel sheet, and we printed it out with only the relevant columns. But it's exactly the same content as you've had since March.

PN8114

VICE PRESIDENT CATANZARITI: So it's otherwise H?---It's H with - you know when you're doing Excel, your Honour, you can ask it to just do certain columns when you're printing out and that's all it is. It's exactly the same table printed out with just those columns, just to make it a little easier for the Commission.

PN8115

I think it would help the Bench to have that document.

PN8116

MR McALPINE: Yes, very well.

PN8117

VICE PRESIDENT CATANZARITI: Have you got the document, Mr Butler?

PN8118

MR BUTLER: Yes, I do, your Honour.

PN8119

VICE PRESIDENT CATANZARITI: Why don't you tender it? I'll make this APESMA2.

EXHIBIT #APESMA2 SPREAD SHEET HEADED "INDUSTRY OF EMPLOYMENT BY OCCUPATIONAL"

PN8120

VICE PRESIDENT CATANZARITI: As usual, Mr McAlpine, if there's prejudice it can be recalled, et cetera.

PN8121

MR McALPINE: Thank you. Now, at paragraph 21 you say:

*** CHRISTOPHER GILES WALTON

XXN MR MCALPINE

PN8122

The association recently surveyed the scientists who are medical researchers employed by the various medical research institutes.

PN8123

And you've annexed a report to your statement. Is it - I'm not trying to ask an overly technical question, but in that report it describes itself as a survey of medical researchers?---Yes.

PN8124

In this paragraph it describes as a survey of the scientists who are medical researchers. So I was just wondering, as a question of who it was a survey of, which of those was it?---Yes. So it was - given 90 per cent of medical researchers are scientists, so it would be more accurate to say it was a survey of medical researchers, of which 90 per cent are scientists.

PN8125

Now, you haven't provided the survey instrument, that's correct?---Happy to, but no, I haven't. It's basically the same - the answers here basically follow the questions.

PN8126

VICE PRESIDENT CATANZARITI: Do you want the survey instrument, Mr McAlpine.

PN8127

MR McALPINE: I have the survey instrument.

PN8128

VICE PRESIDENT CATANZARITI: Do you want to tender it in the proceedings?

PN8129

MR McALPINE: Not particularly. The evidence is - I mean
- - -

PN8130

VICE PRESIDENT CATANZARITI: You've asked him a question, although it's not been provided, so I'm trying to work out - - -

PN8131

MR McALPINE: I'm sorry, I simply asked him whether it had been provided. But it's probably a good idea, I suppose, on reflection, that we do.

PN8132

VICE PRESIDENT CATANZARITI: It probably should be in the evidence.

PN8133

MR McALPINE: Yes. We can tender that.

*** CHRISTOPHER GILES WALTON

XXN MR MCALPINE

PN8134

VICE PRESIDENT CATANZARITI: AM.

**EXHIBIT #AM PROFESSIONAL SCIENTISTS AUSTRALIA -
WORKPLACE SURVEY SEPTEMBER/OCT 2015**

PN8135

VICE PRESIDENT CATANZARITI: How long do you think you're going to be, Mr McAlpine?

PN8136

MR McALPINE: I think less than - when I say, "Less than 10 minutes", if I had to guess I'd say five minutes.

PN8137

VICE PRESIDENT CATANZARITI: We'll keep going until you're finished.

PN8138

MR McALPINE: Okay. Now, I'd like to take you to paragraph 25, and in that you've identified a number of, I'll try and fairly paraphrase it, workforce issues, is that fair to say?---Yes, and issues for the sector, yes.

PN8139

Can you provide any evidence about the extent to which that would also apply in university research institutes?---No. No, I can't.

PN8140

I'm just asking you to characterise your own evidence, I suppose, you would say that those are the most significant workforce issues that you identified?---Yes. We were quite surprised. The workforce absolutely passionately cares about their science and their work but the system they're working in makes it difficult for them to achieve the results they want to achieve. We were shocked to find that around 50 per cent were looking at leaving the profession within five years and what was clear is they weren't blaming the employer for that, they understood these were sectoral issues that needed to be addressed, in order to address job insecurity. We also found that there was big issues for women in science because of the nature of the system. There was systemic discrimination because of the number of - the way the system operated. Yes, so they're the issues we found in the sector which was shared, we found, with the sector. The sector agreed these were significant issues that got in the way of, ultimately, delivering better medical research outcomes for the community.

PN8141

Now, I'm going to ask you, I assume, as a union official, you're familiar with the concept of work value?---Yes, it was a good old tradition.

*** CHRISTOPHER GILES WALTON

XXN MR MCALPINE

PN8142

And that the salary structures, within awards, is supposed to reflect the relative work value of positions, is that correct?---Yes, that's the system. Given the number of flat rate increases over the years, the relativity seems to have gone out the door, but that's another debate.

PN8143

You're on a unity ticket with the NTEU on that issue, I can assure you. I can assure you, absolutely, just in case any members of the Bench are on the national wage case. But, nevertheless, the relative position, as opposed to - - -?---Yes.

PN8144

Now, do you agree that for those people who might previously have been covered by awards derived from academic rates, what you and AAMRI are proposing is, essentially, to compress virtually three distinct levels of classification into one rate?---So what we're proposing is to ensure the system picks the right award to affect the workers, and that's what this case is about. So we would all love to pick and choose awards, we've worked hard since, really, 1964, the original union that amalgamated with us, has had an award in place. We've worked hard to cover professional employees under awards and ensure they have minimum conditions. Unfortunately the award rates aren't what we'd all like them to be but we're simply here to say that we have worked hard to have that award. I know we're no longer party principals under the system but we all know the nonsense of that and how we think. But we've worked hard to have that award and at the time when you did your rule change, I think in about '97, we reached an understanding that you wanted to be able to, understandably, follow your members in university controlled entities and, at the time, we reached an understanding with you to that effect, where you recognised we had coverage of private sector and that you weren't looking to interfere with the operation of the Private Employees Award, as it's now called. So that's the history. So what we're doing is just ensuring the system operates right, that you pick the relevant award for the relevant sector.

PN8145

Okay. So perhaps I could go back to the question I asked, which was that you understand that for people who were covered by the Universities and Affiliated Research Salaries Award, to give it its short title, where as they previously had, or a few of them currently have, three levels, C, D and E, those are being replaced, in your proposal, by one salary rate and one work value level?---I don't know who was previously covered by that award in the areas we're talking about.

PN8146

Well, academic and research staff at the Walter and Eliza Hall Institute, at the Florey Institute, at the Lions Eye Institute and a significant number of others, were covered by the rates derived and directly copied from the Higher Education Academic Awards?---So which award are you talking about?

*** CHRISTOPHER GILES WALTON

XXN MR MCALPINE

PN8147

I'm talking about the Universities and Affiliated Research Institutes Academic and Research Salaries Award 1989?---So, as I understand it, that award did not have, as respondents, most of the MRI sector. So if you're asking me about some specific institutes who were covered under that, but the vast bulk of the industry, as I understand it, has been covered under the Professional Employees Award for some time. I think that's what's in dispute. You're saying, "Look, they're really closely connected, but unis and MRIs and that the work done in a university, as a medical researcher, is similar to the work done in an MRI." I understand your

argument. We're saying that the MRIs are distinct from universities and quite independent and we're saying that the majority of the workers in the institutes are scientists who are medical researchers, as a scientists, and that the relevant award is the PEA and always has been. Now, if there's been some historical anomalies in that, because of the old joys of the roping in system, how much we forget that one, there may have been. But the vast bulk of the industry, we say, has and always has been, covered by the PEA or its predecessors. That's what the case turns on, isn't it? I mean what's the best fit of the award? We say they're scientists you say they're researchers. We say that a researcher who is doing important research in humanities or literature is not able to be a medical researcher. We say you have to, to do medical research, have an underpinning knowledge of science. You're a scientist. You say they're doing the same work as a researcher, we say, "No, they're scientists." The Commission, over the years, in my experience of 30 years, makes a judgment on the work you do. We say the work they do involves looking through microscopes, using scientific processes et cetera. Put another way, we don't think a humanities researcher, no matter how important they are, can solve cancer and diabetes because there's just different work. That's what the case turns on. Where it lands is up to the Commission. But that's all we're saying, we're saying the award - they are scientists and the award for scientists, as we've always had an understanding, and we have a great respect for NTEU, has always been the PEA. The facts will decide where that falls.

PN8148

Okay. I have no further questions, your Honour.

PN8149

VICE PRESIDENT CATANZARITI: Any re-examination?

PN8150

MR BUTLER: No, your Honour.

PN8151

VICE PRESIDENT CATANZARITI: Thank you, we'll adjourn.

<THE WITNESS WITHDREW [1.06 PM]

LUNCHEON ADJOURNMENT [1.06 PM]

RESUMED [2.06 PM]

PN8152

VICE PRESIDENT CATANZARITI: Thank you.

PN8153

MR RUSKIN: Your Honour, I'd like to call Ms Debra O'Connor.

PN8154

THE ASSOCIATE: Would you please state your full name and address?

*** CHRISTOPHER GILES WALTON

XXN MR MCALPINE

PN8155

MS O'CONNOR: Debra Ellen O'Connor, (address supplied).

<DEBRA ELLEN O'CONNOR, AFFIRMED [2.08 PM]

EXAMINATION-IN-CHIEF BY MR RUSKIN [2.08 PM]

PN8156

MR RUSKIN: Ms O'Connor, just for the record, the transcript, can you state your name and address and the position you hold?---Debra Ellen O'Connor, (address supplied) and I'm the Executive Manager and the Deputy Director of the National Ageing Research Institute.

PN8157

Have you prepared a witness statement in these proceedings?---Yes, I have.

PN8158

Do you have a copy of that witness statement?---Yes.

PN8159

Is it dated 3 June 2016?---Yes.

PN8160

Is there anything in the witness statement which you wish to alter or correct in any respect?---No, I think that's pretty straightforward.

PN8161

Is this a true and correct statement of your views in these proceedings?---Yes, it is.

PN8162

VICE PRESIDENT CATANZARITI: That will be marked AAMRI3.

EXHIBIT #AAMRI3 WITNESS STATEMENT OF DEBRA O'CONNOR DATED 03/06/2016

PN8163

MR RUSKIN: Thank you.

PN8164

VICE PRESIDENT CATANZARITI: Thank you, Ms Gale?

CROSS-EXAMINATION BY MS GALE [2.09 PM]

*** DEBRA ELLEN O'CONNOR

XN MR RUSKIN

*** DEBRA ELLEN O'CONNOR

XXN MS GALE

PN8165

MS GALE: Ms O'Connor, I'm Linda Gale, I'm from the National Tertiary Education Union and I've got a few questions for you. If I can start with, I've looked at the evidence you've given about the nature of NARI, and it's been suggested by a number of people in these proceedings that what goes on in

independent medical research institutes is the sort of science that involves microscopes and lab coats and laboratories. Is it fair to say that a lot of what is done at NARI is a different sort of activity?---It's very different, yes.

PN8166

In what ways?---We don't have science in the sense of test tubes or laboratories, our science is different.

PN8167

I'd also like to ask you some questions about the nature of research, because that's at the heart of what we're discussing in these proceedings and I'm going to put some propositions to you about what are some elements of research and ask if you agree or disagree and if you could tell me why you agree or disagree, if you need to expand on that. So the first proposition is that research is about the advancement and discovery of new knowledge and the questioning of accepted knowledge?---It is and translational research is about bringing that research in to practice, which is what we do as well.

PN8168

But research is based on a commitment to methodological norms, based on the idea of dispassionate search for truth?---Yes.

PN8169

That should be based on evidence?---Yes.

PN8170

That the presentation of the outcomes of research to the critical scrutiny of peers, both nationally and internationally, is an essential part of research?---It's not always an essential part for qualitative research, it may be peer reviewed in a different way.

PN8171

But peer review is part of the research process?---It is.

PN8172

In different ways?---Yes.

PN8173

The research work of independent medical research institutes is work conducted for the public good?---Yes.

PN8174

It's subject to ethical guidelines and regulation?---Yes.

PN8175

An important element of academic research is that the findings should be free from political or commercial control?---Yes.

*** DEBRA ELLEN O'CONNOR

XXN MS GALE

PN8176

It's an element of the research community that people have to demonstrate appropriate qualifications or a track record, in order to participate in research?---Yes.

PN8177

Now, you've given evidence that the researchers at NARI include people with qualifications in social work, in cultural studies, health education, those people aren't professional scientists, are they?---They'd be social scientists. They would be seen as able to undertake research in the disciplines which we undertake research.

PN8178

Could the witness be shown the printout that's headed researchers?---Thank you.

PN8179

Ms O'Connor, do you recognise this as a printout from the NARI website?---Yes.

PN8180

I tender that.

PN8181

VICE PRESIDENT CATANZARITI: NTEU AN.

EXHIBIT #AN NARI - RESEARCHERS

PN8182

MS GALE: Now, there's a blue box on the left of the front page there and you can see that the title "Our People" is in a paler blue, that's highlighted, and under that there's some categories of "Our People" one of which is "Researchers" is that right?---Mm hm.

PN8183

This page that's come up is the researchers listed on that page?---Under "Researchers", yes.

PN8184

So there may be other researchers, under the categories of "Stream Leaders" or "Executive"?---Yes.

PN8185

Now, if we can just look at some of the people that are listed in this, as researchers, it's fair to say, isn't it, that a significant number of them have Bachelor of Arts or Master of Arts, as their principle qualification?---With psychology or some other social science as part of that.

PN8186

Melanie Joosten is on the third page of the document?---Yes.

PN8187

An MA in Editing?---Yes.

*** DEBRA ELLEN O'CONNOR

XXN MS GALE

PN8188

Would you categorise that as a social science?---That was her first degree. Her second degree was Masters of Social Work.

PN8189

VICE PRESIDENT CATANZARITI: It's in her bio.

PN8190

MS GALE: I'm sorry, your Honour?

PN8191

VICE PRESIDENT CATANZARITI: It's in her bio, the Master of Social Work.

PN8192

MS GALE: Indeed. In your statement you talk about grey literature?---Yes.

PN8193

Can you just explain, again, we've heard from other witnesses, but what do you understand by the idea of grey literature?---I think grey literature is quite common in the social science and the psychosocial research, where it's reports, we do screening tools, we do - all based on evidence, we will look at clinical guidelines and, I guess, various outputs that aren't in professional journals. There are some professional journals or industry journals that we publish in as well, like the *Australian Journal of Ageing*.

PN8194

So it's evidence based research outputs but not in refereed journals?---In sorry?

PN8195

Not published in refereed journals?---That's correct.

PN8196

Universities generate a fair amount of grey literature as well, don't they?---Presumably, yes.

PN8197

For example, you'd be aware of the work of Melbourne University's academic unit for the psychiatry of old age?---Yes.

PN8198

And that its researchers generate the sort of things you've been talking about?---No, they mainly generate peer reviewed journal articles.

PN8199

I put it you that they generate guidelines, news articles?---New articles, yes.

PN8200

Pod casts, radio interviews?---Yes, probably. Yes.

*** DEBRA ELLEN O'CONNOR

XXN MS GALE

PN8201

NARI, itself, generates a respectable number of peer review journal articles as well, doesn't it?---Yes, we do.

PN8202

In fact, your website lists, for the 2014-15 year, 140 refereed journal articles?---Mm hm.

PN8203

You've got in the order of 21 researchers. Has that changed significantly since 2014?---It probably has. I haven't got the exact numbers in front of me but we would have probably contracted by four or five people in that time.

PN8204

So perhaps as many as 25 researchers generating 140 articles, that's pretty good?---Yes. There are several stars in that.

PN8205

The generation of refereed journal articles is part of the process of validating and testing and sharing research findings, isn't it?---Research findings?

PN8206

Yes?---Not necessarily in our field. A lot of our publications and dissemination are through conferences and workshops.

PN8207

I'm not suggesting it's the only path, but is not the generation of refereed journal articles part of the process of sharing, validating and testing research?---Absolutely, yes.

PN8208

In paragraph 28 of your statement you say that NARI has negotiated to have some of your staff bestowed the title of professor or associate professor?---Mm hm.

PN8209

Why?---I think they belong to individuals, we don't confer the titles at all. They add stature to the output of their work and to their careers, in many ways, and their status internationally.

PN8210

Is it part of enabling them to co-supervise PhD students?---They can't do that. They can co-supervise in an honorary way but we can't actually enrol or supervise students.

PN8211

No, no, no, it's clear from your statement that NARI doesn't enrol PhD students?---Right.

*** DEBRA ELLEN O'CONNOR

XXN MS GALE

PN8212

I'm saying, if you've negotiated for one of your staff to have an honorary title from the university, does that assist in enabling that staff member to co-

supervise?---Not necessarily. It would depend on the content of the research that needs supervision, it might be one of our other PhDs that would supervise. It's not necessarily related to the title. It would depend on the content that the student would like to research.

PN8213

At paragraph 30 you say that:

PN8214

NARI may recruit research participants from the Royal Melbourne Hospital clinics.

PN8215

Are you talking there about people who would be the subject of your staff's research activities?---Yes.

PN8216

Those people would be patients of Royal Melbourne Hospital?---They could be carers as well.

PN8217

Are they patients of NARI?---No, we don't provide clinical services with patients.

PN8218

Would you agree with the proposition that in dealing with someone who is a patient of Royal Melbourne Hospital that a NARI researcher has different ethical obligations to that person, as a subject of research, than a Royal Melbourne Hospital employee has to them, as a patient?---Yes.

PN8219

At paragraph 32, where you're talking about the relationship between NARI and the hospital, you mention that the hospital provides you with telephone, security and parking. In the section of your statement where you talk about the relationship with the university you didn't think it was relevant to note that the university provides NARI with its email and internet?---It doesn't provide us with our email and the internet. We have a legacy - it does provide us internet, as an external party, it's a legacy issue. We would change the domain name if we could but it's actually very expensive for us to change that domain name. It's immaterial to them whether we use it or not.

PN8220

As that legacy issue you'd have email addresses that say @NARI. - - - ?---uniofmelbourne.edu.

PN8221

uniofmelbourne.edu.au?---Yes, but not by preference.

PN8222

Are you aware of the University of Melbourne's Hallmark Ageing Research Initiative?---Yes.

*** DEBRA ELLEN O'CONNOR

XXN MS GALE

PN8223

NARI's director is a co-chair of that initiative?---Not as the position of NARI's director, no. She has a separate position at the university that's not related to NARI.

PN8224

So that's Associate Professor Dow?---Yes.

PN8225

And she's Associate Professor of Ageing at the University of Melbourne?---Yes.

PN8226

She's also a director of NARI?---She's the director of NARI, yes. But they are independent positions.

PN8227

At NARI she manages a broad range of research programs?---She does.

PN8228

Does NARI collaborate with the Hallmark Ageing Research Initiative?---We'll collaborate with whoever we do research with. They are probably one of our collaborators in a project.

PN8229

Is it fair to say that both the Hallmark Ageing Research Initiative at Melbourne University and NARI are engaged in a common mission, in relation to improving health outcomes in ageing?---I think the Hallmark Initiative at the university is totally separate. It's purely looking at internal cross-disciplinary collaboration, it isn't looking at, in the way we would work collaboratively with a range of other organisations and institutions.

PN8230

But its purpose is to improve health outcomes?---It's broader than that, I think, at the university, but I can't speak for the university.

PN8231

Could the witness be shown the National Ageing Research Institute Enterprise Agreement 2015? Are you familiar with this agreement?---Yes, I am.

PN8232

Did you have any role in its negotiation?---Yes, it was through the HIA who prepared it for us.

PN8233

If I can take you to page 33, which is the signature page, it's signed there by your director, Associate Professor Dow?---Associate Professor, yes.

PN8234

And a member of the employee body. Was there a union involved in the negotiation of this agreement?---No, here wasn't.

*** DEBRA ELLEN O'CONNOR

XXN MS GALE

PN8235

Do you know what awards NARI relied on when it applied for the BOOT test to be applied?---I think the minimum awards were what the HIA had mentioned to us, the clerical awards, some professional awards, the physio awards. It was a range of awards.

PN8236

Now, clause 8.3, which I think is on the page numbered 4, that's 10 pages into the document. Clause 8.3 in any case. Under this agreement your employees are categorised into those three areas of work?---Sorry, I'm not with you here. What page, sorry? Four on the main agreement, yes, got it.

PN8237

To administrative and general staff, research and academic staff and senior management staff?---Yes.

PN8238

Now, those different categories of staff are then reflected in the pay scales?---Mm hm.

PN8239

Yes, in the pay scales at the end of the document. Could I take you, for example, to page 36?---Yes.

PN8240

This is expressed as the pay scales for 2016?---Yes.

PN8241

I do apologise for the quality of the print, but this is what we have to work with. Now, am I right in saying that the top half of that page is the full-time pay rates and the bottom half relates to casuals?---Yes.

PN8242

So looking just at the full-time rates, the first group of rates are the general staff rates?---Yes.

PN8243

Then, standing alone, is the senior manager rate?---Yes.

PN8244

Then the last group is the research and academic staff rates?---Yes.

PN8245

Across the top there's levels, year 1, 2, 3 and so on?---Yes.

PN8246

Now, level 6 there's the asterisk there, and that refers down to the asterisk at the bottom of the page about PhD, a minimum level of PhD holders?---Mm hm.

*** DEBRA ELLEN O'CONNOR

XXN MS GALE

PN8247

Now, if I can just ask you about the academic and research classifications, do you have any classification standards or descriptors?---No, we don't.

PN8248

So other than knowing that there's a minimum rate for someone with a PhD, how do you determine what level that you're going to employ someone at and pay them at?---It depends how much money we have for a project, in many cases and a PhD, obviously, we will pay what we believe the minimum PhD is. The other titles, if they've been conferred by the university, we will find an amount that will satisfy them. It's generally well below what they'd be paid at the university but it's more senior to the others.

PN8249

I know it's difficult to read on this print, but the position descriptions for the academic staff that are there, Research Assistant Grade 1, Research Officer, is that or Fellow?---Yes. If they've got a PhD we call them a Fellow.

PN8250

Then there's Research Fellow, Senior Research Fellow, presumably?---Mm hm.

PN8251

Then Principal Research Fellow or Associate Professor, they're at the same level?---Mm hm.

PN8252

Then Senior Principal Research Fellow or Professor are at the same level?---Yes.

PN8253

Those levels are also described in the next column as A, B, C, D and E, is that right?---Yes.

PN8254

So that's the equivalent of the levels A, B, C, D and E in the universities?---Not pay equivalent but they are just chosen as a level.

PN8255

Can I just ask, where the titles Research Fellow, Senior Research Fellow come from?---We would confer those within the institute.

PN8256

Are they titles that are specific to NARI or are they common across the industry?---Most medical research institutes would have Research Fellows or Research Officers, Research Assistants, it's common through research.

PN8257

In fact, those are also the titles that the NH&MRC refers to in its grants?---That's right.

PN8258

Could I ask that that be just marked for information?

*** DEBRA ELLEN O'CONNOR

XXN MS GALE

PN8259

VICE PRESIDENT CATANZARITI: MFI44.

**MFI #44 NATIONAL AGEING RESEARCH INSTITUTE LTD
ENTERPRISE AGREEMENT**

PN8260

MS GALE: Now, are you aware of the applications of the parties in these proceedings?---Yes.

PN8261

You're aware that the NTEU is seeking to have medical research institutes covered by the same award as covers universities for both academics and general staff?---Yes.

PN8262

Are you aware of the details of those awards?---Probably not.

PN8263

Do you have a view on whether they're appropriate to NARI?---No, I don't think they are.

PN8264

Why's that?---Because we are not a university and in no way do we attempt to emulate a university. We don't confer degrees or qualifications. We purely exist to do research.

PN8265

Are you aware of anything in either of those awards that would be inappropriate to NARI?---I think as they refer to teaching and education we don't have - we have a very different framework that we operate under, as researchers.

PN8266

You're aware that there are many staff in universities that are research only?---Yes.

PN8267

And those awards apply to those staff?---If they're working in a university.

PN8268

Could the witness be shown MFI43? This is a document that we put together for these proceedings and the front page there has the current rates of pay in the award for the two higher education awards and the award that the association that your institute is a member of is seeking to have cover your institutes. You'll see there the Professional Employees Award, this is proposed for research staff, level 1, 2, 3, 4 and 5, whereas the Academic Award has A, B, C, D and E. It's self-evident, isn't it, that the Academic Award is a better fit to the way you currently employ your research staff?---No, I don't agree. I mean the levels were chosen in a fairly arbitrary way, we're not bound by them at all. We can, as we renegotiate our EAs and we look at the various classifications, so I would not agree with that.

*** DEBRA ELLEN O'CONNOR

XXN MS GALE

PN8269

A moment ago you were saying that the titles, the academic titles, were important, in terms of being able to attract staff from the university sector?---No, I didn't say that. I said they were important to the individual, as a researcher.

PN8270

VICE PRESIDENT CATANZARITI: I think the transcript will show that was the answer, Ms Gale.

PN8271

MS GALE: Could I take you to the second and third page of that document? These are the descriptors in the Academic Staff Award for the classifications A to E. Is there anything in those descriptors that you would find conflicts with your capacity to employ staff at NARI?---I haven't read them carefully, I'd have to have a good look at them. It's very hard to say, just looking cold.

PN8272

Well, perhaps if I could take you, for example, to level E, it's the professor level?---Yes.

PN8273

Would a level E employee at NARI be expected to have achieved international recognition through original, innovative and distinguished contributions to their field of research?---That would be up to the university to determine if they were going to confer on them a professorial status.

PN8274

No, no, I'm asking, a level E, under your enterprise agreement at NARI?---As a Senior Research Fellow we would assume that they would have achieved some level of expertise that would be recognised in the field.

PN8275

And that their role would involve providing leadership in research within NARI, within the discipline or the profession or in the general community?---Yes.

PN8276

And that they would be expected to foster excellence in research policy or research training?---Research? Research policy, not necessarily research training.

PN8277

May I ask you about the attachment to your witness statement, which is the second attachment, which is the summary of the finances, it should be at the back of your witness statement. Can someone provide the witness with the attachment, please?---I've only got the - thank you.

*** DEBRA ELLEN O'CONNOR

XXN MS GALE

PN8278

The page marked 38, which sets out the revenue for the 2015 and '14 years, I just want to ask, the report there that approximately half the revenue comes from state government grants and contracts and another substantial slab from federal

government grants and contracts and then there's other contract research and philanthropic grants and so on, in diminishing amounts?---Yes.

PN8279

Do you receive any block grant funding from either the state or federal government?---No, we don't.

PN8280

So all of that is tied to particular projects, all contracts?---And outcomes. Yes, or the leadership position would receive some funding from the state government which covers a director's position and support.

PN8281

Can I just ask you again about Associate Professor Dow?---Yes.

PN8282

She's the director of NARI, is that a paid position?---Yes, it's point 8.

PN8283

And she's point 2 at the university?---That's correct.

PN8284

Thank you. No further questions.

PN8285

VICE PRESIDENT CATANZARITI: Thank you. Any re-examination?

RE-EXAMINATION BY MR RUSKIN

[2.38 PM]

PN8286

MR RUSKIN: Thank you, your Honour. You were asked a number of questions, by Ms Gale, about research, if you remember, descriptors of the research, I think, the search for new knowledge, dispassionate search for the truth and other - do you remember those questions?---I do, yes.

PN8287

What do you say about those elements, in relation to research at MRIs, beyond NARI, or at other institutions that do research, are they applicable principles?---I would think so.

PN8288

You mentioned trans - - -?---lational.

PN8289

Thank you. Can you - - -

PN8290

DEPUTY PRESIDENT KOVACIC: That was Lost in Translation,

*** DEBRA ELLEN O'CONNOR

RXN MR RUSKIN

PN8291

Mr Ruskin.

PN8292

MR RUSKIN: Yes, it is. You mentioned that, I think, in answer to a question. I don't know that Ms Gale mentioned it, you said that, can you explain what that is and why you mention it and what it is?---Well, in our context we take research - our mission, I guess, is to take research to life and to ensure that evidence is embedded in practice at clinical levels and at policy levels. So we work to look at ways of embedding research in practice, either by looking at new models of care, policy principles, based on what the evidence is telling us. So we work from research that is based around people, the whole person through to ensuring that that gets into practice.

PN8293

You mentioned ethical guidelines, I think, do you follow any particular ethical guidelines of your own or of others?---All our research goes through ethics at the Royal Melbourne Hospital Committee, which is an accredited ethics body.

PN8294

You didn't have much of a chance to look at those descriptors that you were shown by Ms Gale, so can I ask you this question, you might want to study it, is there any - do you see any reference to translational in relation to these?---No, not in here particularly, no, just glancing at it.

PN8295

You mentioned, when you were shown the finance report which is attached to your witness statement, state government grants and contracts that's there, I think it seems the largest part of your funding. Do you know if universities have access to that funding?---No, this funding is particularly directed - the finding that we get is around ageing research, in our particular institute. It's been supported for some time.

PN8296

Thank you. No further questions.

PN8297

VICE PRESIDENT CATANZARITI: Thank you, you're excused.

<THE WITNESS WITHDREW

[2.42 PM]

PN8298

VICE PRESIDENT CATANZARITI: That's the last witness for today?

PN8299

MS GALE: We have no one available today.

PN8300

VICE PRESIDENT CATANZARITI: The Commission will adjourn until 10 o'clock tomorrow.

*** DEBRA ELLEN O'CONNOR

RXN MR RUSKIN

ADJOURNED UNTIL FRIDAY, 21 OCTOBER 2016

[2.42 PM]

LIST OF WITNESSES, EXHIBITS AND MFIs

DOUGLAS JAMES HILTON, SWORN	PN7740
EXAMINATION-IN-CHIEF BY MR RUSKIN	PN7740
EXHIBIT #AAMRI1 WITNESS STATEMENT OF DOUGLAS HILTON DATED 11/03/16	PN7751
EXHIBIT #AAMRI2 WITNESS STATEMENT OF DOUGLAS HILTON DATED 03/06/16	PN7751
CROSS-EXAMINATION BY MR MCALPINE	PN7754
THE WITNESS WITHDREW	PN7959
DOUGLAS JAMES HILTON, RECALLED.....	PN7959
CROSS-EXAMINATION BY MR MCALPINE, CONTINUING.....	PN7959
THE WITNESS WITHDREW	PN7997
DOUGLAS JAMES HILTON, RECALLED.....	PN7997
CROSS-EXAMINATION BY MR MCALPINE, CONTINUING.....	PN7997
EXHIBIT #AL WEHI - RESEARCH TECHNICIAN, SYSTEMS BIOLOGY & PERSONALISED MEDICINE JOB AD.....	PN8001
RE-EXAMINATION BY MR RUSKIN	PN8025
THE WITNESS WITHDREW	PN8040
CHRISTOPHER GILES WALTON, AFFIRMED	PN8054
EXAMINATION-IN-CHIEF BY MR BUTLER	PN8054
EXHIBIT #APESMA1 WITNESS STATEMENT OF CHRISTOPHER WALTON DATED 11/03/16	PN8063
CROSS-EXAMINATION BY MR MCALPINE	PN8079
EXHIBIT #APESMA2 SPREAD SHEET HEADED "INDUSTRY OF EMPLOYMENT BY OCCUPATIONAL"	PN8119
EXHIBIT #AM PROFESSIONAL SCIENTISTS AUSTRALIA - WORKPLACE SURVEY SEPTEMBER/OCT 2015.....	PN8134
THE WITNESS WITHDREW	PN8151

DEBRA ELLEN O'CONNOR, AFFIRMED	PN8155
EXAMINATION-IN-CHIEF BY MR RUSKIN	PN8155
EXHIBIT #AAMRI3 WITNESS STATEMENT OF DEBRA O'CONNOR DATED 03/06/2016	PN8162
CROSS-EXAMINATION BY MS GALE	PN8164
EXHIBIT #AN NARI - RESEARCHERS	PN8181
MFI #44 NATIONAL AGEING RESEARCH INSTITUTE LTD ENTERPRISE AGREEMENT	PN8259
RE-EXAMINATION BY MR RUSKIN	PN8285
THE WITNESS WITHDREW	PN8297