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**Subject:** AM2014/229; AM2014/230; AM 2014/281; Research Institutes

Dear Commissioner,

The parties have conferred as to objections in relation to the witness statements for the Research Institutes part of the case, and have agreed upon a number of redactions. There are no remaining unresolved objections requiring the assistance of the Commission.

Please find attached a consolidated document consisting of material lodged by the NTEU in 2016 specifically regarding research institutes, and selected documents from the Two-Year Award Review about research institutes heard by Deputy President Smith in 2013 (AM2012/187 AM2012/190) on which the NTEU intends to rely in the current matters.

Included in this document are redacted witness statements for the NTEU's witnesses Higgs, Sneddon and Trevaks.

Page four of the consolidated document includes the following index for ease of reference within the bundle:

<b>Page Number</b>	<b>Document</b>
<a href="#">Main Documents from 2016</a>	
5	Part B of NTEU General Submission lodged on 3 June 2016 dealing with research institutes
19	Witness Statement of Ken McAlpine lodged 3 June 2016 and Attachment N thereto (Only paragraph 6 and Attachment N are specifically relevant to research institutes)
107	Submissions made by NTEU 11 July 2016 regarding research institutes
143	Witness Statement of Peter Higgs lodged 11 March 2016
177	Witness Statement of Roy Sneddon lodged 11 March 2016 (Mr Sneddon is a new witness who did not appear in the 2013 case)
189	Witness Statement of David Trevaks lodged 11 March 2016
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211	Witness Statement of Ken McAlpine lodged 4 March 2013 and those Attachments upon which the NTEU continues to rely, being Attachments 1, 4, 5, 7, 22 and 23
249	Supplementary Witness Statement of Ken McAlpine lodged 17 April 2013 and Appendices 4 and 5, being those upon which the NTEU continues to rely.
267	Transcript of 29 April, 30 April and 1 May 2013 being the transcript in which witness evidence was taken.

Linda Gale

**Senior Industrial Officer**

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*Fair Work Act 2009*

s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards—Award stage**

(AM2014/229 and AM2014/230)

**Consolidated NTEU Materials Regarding Research Institutes**

In light of the Full Bench’s remarks on transcript on 18 July 2016, the NTEU now presents this consolidated Summary Document, consisting of material lodged by the NTEU in 2016 specifically regarding research institutes, but also including selected documents from the Two-Year Award Review about research institutes heard by Deputy President Smith in 2013 (“the 2013 case”).

In its Submissions of 11 March 2016, NTEU stated that it sought to rely in matters put in the 2013 case. This was because:

- a) The nature of matters which determine appropriate coverage , such as for example the industrial character of the work or the employers, and the history and origin of award regulation, by their very nature are not likely to change significantly over a short number of years,
- b) The NTEU’s case itself is not based upon any contention that there has been such a change since award coverage was before the Full Bench in the Award Modernisation proceedings in 2009,
- c) The evidence presented in the 2013 case was essentially about the same controversies as the present proceedings and occurred in a similar statutory framework, with the same parties participating.

Having said that, NTEU acknowledges that some of the voluminous evidence presented in 2013 in relation to the arguments it put to extend the coverage of the *Higher Education Academic Staff Award 2010* and the *Higher Education General Staff Award 2010* (the “Higher Education Awards”), while relevant, is not necessarily the most recent or best evidence, especially in light of, for example, further evidence in 2016 from the same witnesses.

Therefore the purpose of this summary document is to:

- a) Set out all the NTEU materials most relevant to the Research Institutes aspects of the Four-Yearly Review lodged in 2015 and 2016 in one document, for the convenience of the parties and the Commission.
- b) Specify more narrowly which part of the Submissions and evidence NTEU relies upon from the 2013 case, and consolidate these parts into the same document.

The omission of certain documents relied upon in 2013 from this summary document is done to exclude those documents which may not be up-to-date as well as to focus attention on the documents most relevant in 2016. NTEU, however, would still seek to rely on other

documents from the 2013 case, for example to be put to witnesses in cross-examination, or to counter any specific claims by other parties which may arise during hearings should that become necessary.

The NTEU has not included in this summary document the opening or final submissions from the 2013 case although mentioned reliance on these in our initial submission in this review. The matters covered by these submissions are in large part already covered in the submissions lodged in the current Award Review on 3 June 2016 and 11 July 2016, and included herein.

Nevertheless, and to set out briefly again the Union's position in relation to research institutes and the Higher Education Awards, NTEU summarises its previously stated position as follows:

### **The changes sought**

The NTEU is seeking to extend the coverage of the Higher Education Academic Staff Award 2010 and the Higher Education General Staff Award 2010 to include a definition of research institutes as follows;

*Research Institute means a corporate entity;*

- *whose primary activity is to undertake medical, health, scientific or social research, and*
- *which is established for a charitable, educational or other public purpose, and*
- *which is affiliated to a university, or where persons are employed who hold academic titles conferred by a higher education institution, and*
- *where the supervision of the research work of postgraduate research students occurs;*

*but not including:*

- *any entity whose primary business is the provision of medical, health, social or religious services to patients, customers or clients;*
- *any State, Territory or Commonwealth Department or Agency;*
- *any for-profit corporation.*

The NTEU also seeks to add research institutes to the coverage clause of respectively the *Higher Education Academic Staff Award 2010* (Clause 4.3) and the *Higher Education General Staff Award 2010*, by adding the words set out in bold text:

*4.1 This industry award covers employers throughout Australia in the higher education industry as defined **and Research Institutes as defined**, and their academic staff in the classifications listed in clause 18 to the exclusion of any other modern award.*

4.1 This industry award covers employers throughout Australia in the higher education industry as defined, **and Research Institutes as defined**, and University Unions and Student Unions as defined, and their employees engaged as general staff in the classifications listed in clause 15 — Rates of pay in this award to the exclusion of any other modern award.

## The reasons for the changes

Research Institutes (as defined) are a significant industry sub-sector employing perhaps 10,000 employees, the great majority of whom are engaged in medical or health research.

Their function includes to discover new knowledge for the public good, including new knowledge about applying the results of basic research to practice. This function is the same or similar to the research function of universities.

The employees of research institutes, considered from the point of view of skill and qualification requirements, work functions and typical activities, career paths, work value, and relevant labour markets, are the same, or very similar to the 15,000 “research-only” academic and general staff employed as researchers, technicians, or support staff in universities, including in medical research institutes which are part of universities, all of whom are covered by one or other of the Higher Education Modern Awards.

Researchers in research institutes commonly hold academic titles conferred by universities in recognition of the status and nature of their work and the fact that they supervise or co-supervise the academic work of university students and therefore engage in important academic functions.

Most research (academic) employees and some general staff of research institutes were covered by Awards including the same salaries and work-value-based classification structures as applied to university employees until 2010, and a significant number of employees – those not covered by the Higher Education Academic Staff Award 2010 or any other modern award - are still covered by the *Universities and Affiliated Institutions Academic Research Salaries (Victoria and Western Australia) Award 1989*. The Higher Education Modern Awards are the only Awards with salary rates of classification structures which have been found by the Commission or its predecessors to be appropriate to the work performed at research institutes (as defined).

Research Institutes and Universities compete in large part for the same sources of funds.

Only the Higher Education Modern Awards provide an appropriate, internally consistent and comprehensive safety net of terms and conditions of employment to the classes of employees employed by research institutes.

## Attached Documents

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*Fair Work Act 2009*

s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards—Award stage**  
(AM2014/229 and AM2014/230)

**Consolidated NTEU Materials Regarding Research Institutes**

Part B of NTEU General Submission lodged on  
3 June 2016 dealing with research institutes



*Fair Work Act 2009*

s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards—Award stage  
(AM2014/229 and AM2014/230)**

**National Tertiary Education Industry Union**

**Submission in Reply and Witness Evidence**

**3 June 2016**

## B. Research Institutes

### Introduction

1. This section of submission is in response to submissions of Association of Australian Medical Research Institutes (AAMRI) and the Association for Professional Engineers, Scientists and Managers Australia (APESMA) in relation to modern award coverage of Medical Researchers employed in MRIs; the “joint submission”.
2. The NTEU’s application made in March 2015 is to extend the coverage of the *Higher Education Academic staff Award 2010* and the *Higher Education General staff Award 2010* (respectively the “Academic Staff Award” and the “General Staff Award”) so that these would apply, according to their terms, to staff employed in Research Institutes (“RIs”) defined thus:

*Research Institute means a corporate entity,*

- *whose primary activity is to undertake medical, health, scientific or social research; and*
- *which is established for a charitable, educational or other public purpose; and*
- *which is either affiliated to, or has a like formal association with a university; or*
- *where employees hold academic titles associated with higher education; and*
- *where the supervision of the research work of postgraduate research student occurs;*

*but not including:*

- *any entity whose primary business is the provision of medical, health, social, or religious services to patients, customers or clients;*
  - *any State, Territory or Commonwealth Department or Agency;*
  - *any for-profit corporation.*
3. NTEU’s reply to the joint submission of AAMRI/APESMA is that the Commission should prefer and act upon the NTEU’s submission, which comprehensively deals with all employees of RIs.
  4. NTEU made submission in relation to award coverage of all staff in Research Institutes (academic and general staff) – as part of the 2-year interim review of modern awards in 2012; [AM2012/187; AM2012/19]. This application is referred to in the joint submission as the “Transitional Review Proceedings”.
  5. NTEU is seeking award coverage of staff in RIs as part of this 4- yearly review; (refer NTEU Outline of Submissions, Part L, 11 March 2016).
  6. At paragraph 7 of the joint submission, AAMRI/APESMA refer to Deputy President Smith having “dismissed” the NTEU application as part of the 2-yearly review [2013] FWC 7947.

7. In fact Deputy President Smith's decision though technically a dismissal of the application, did not deal with its inherent merits. In his decision, DP Smith stated:

*[46] I have reached the conclusion that this is such an irregular background of award and agreement regulation that to seek to declare that MRIs have no natural home with universities or vice versa, would take this matter beyond what was contemplated by this review.*

*[49] There are real issues in relation to ensuring that an award provides for equal remuneration for work of equal or comparable value given the interaction between universities and MRIs, but this must be done in full view of the other awards and this is not a matter contemplated for the review. Further, I am not confident that industrial regulation in this area is simple, easy to understand, stable and sustainable, nor am I confident that some of the awards referred to by AAMRI have been set, having regard to fair and relevant safety net of terms and conditions of employment in MRIs. However, again this is a wider question than those contemplated by this review. The matters before me go beyond technical matters or anomalies.*

*[50] Without determining the merit of the matter and for the purpose of this review I dismiss the application. (Our emphasis).*

8. The joint application of AAMRI and APESMA is silent in relation to the appropriate modern award coverage of staff other than academic researchers who are working in MRIs. The NTEU submission in 2012 (and as part of this 4-yearly review) contends that there is a clear industry fit with the two Higher Education Awards, the *Higher Education (Academic Staff) Award 2010* and the *Higher Education (General Staff) Award 2010* which provide a neat and logical industry career path and recognition of equivalent work value within and across RIs and Universities. The Academic and General Staff Awards include properly set minimum rates of pay and classification structures which have, and in some cases, still do cover staff in MRIs; (refer below paras 27ff).
9. Should the AAMRI/APESMA application be granted, not only would the opportunity to create appropriate award coverage for non-research staff in RIs be lost, but so too would be the opportunity to have the most appropriate award fit across academic research – in both Universities and RIs. The work, job roles, purpose and funding sources are either substantially the same or identical across Universities and RIs.
10. The joint application is at pains to characterise MRIs as 'independent', however this must be irrelevant. Each university is fiercely independent of each other university, but that does not mean they cannot be covered by the same award.
11. The NTEU modern award coverage application excludes for-profit corporations, whose function is not academic research, and the public sector agencies such as the Queensland Institute for Medical Research (QIMR) Berghofer MRI, and the CSIRO, which have their own long-standing industrial arrangements. Most MRIs are affiliated with universities and their research staff carry academic titles conferred by universities and the mission and work of

'independent' MRIs is the same or similar as that of medical research units within universities. The cross-examination evidence of Kay, den Elzen and Lloyd confirmed this during the transitional review proceedings.

12. There is no relevant *industrial* difference between the work performed by thousands of research-only (academic and general) staff in universities, and the work performed by employees in research institutes.
13. The joint submission witness statement by Professor Hilton refers to the Walter and Eliza Hall Institute (WEHI) being 'independent', however Professor Hilton acknowledges board membership by staff at both the Royal Melbourne Hospital and the University of Melbourne and notes that, "*For administrative purposes, WEHI is nominally a department of the University of Melbourne, which allows for WEHI medical researchers to supervise Honours and PhD students enrolled at the University of Melbourne*"[para 17].
14. A cursory glance at the membership of AAMRI shows that their members include several Universities. AAMRI, as the legitimate industry lobby organisation, defines its very own industry, as reflected in its membership, as straddling both free-standing research institutes and those whose employees are university staff.

#### **The AMRI/APESMA application**

15. If the NTEU's application is granted, the two modern Higher Education Awards can be applied to all staff in MRIs without further amendment. The classifications, definitions, skills, qualifications and knowledge required by workers covered by both awards are a 'ready-made' fit for all staff working in RIs (as defined).
16. Notwithstanding this, NTEU has been open to considering any amendments to the two Higher Education Awards that AAMRI might consider necessary. No specific concern has of any substance been raised about a single term of either the Academic or General staff award. In contrast, the joint submission foreshadows a series of awkward amendments to the Professional Employees Award (PEA) [paras 22-27].
17. Unlike the two Higher Education Awards, the PEA does not currently have pay rates linked to an appropriate classification structure for medical researchers [para 22-28]. Further, the *Professional Employees Award* has coverage and classification provisions that are so broad, they cannot be readily amended to cover the work of researchers in MRIs. Instead, the joint submission asserts newly written classification definitions which bear no demonstrable work value link to the current pay structure.
18. Even if the joint submission was granted, staff who were not "scientists or researchers" would be left stranded, covered by a dog's breakfast of random awards bearing no relation to each other, or no award at all.
19. The joint submission focuses on science and scientists. NTEU submits that the particular work value attached to this work in MRIs is to the work of *research* and generally, research conducted by those with research-degree qualifications. Research work in an MRI occurs for a particular purpose and includes important educational elements. Research staff at RIs routinely hold academic titles from universities and are the academic supervisors of students

undertaking Masters and PhD programmes. The joint submission chooses to ignore this and indeed barely mentions education and the holding of academic titles<sup>1</sup>.

20. University research centres are also often, but not always, educational, and by the time a researcher is working in an MRI they possess or are working towards a relevant PhD in their field of research. The joint submission relies on a recent AAMRI survey finding that 70.1% of medical researchers employed by independent MRIs have a science degree<sup>2</sup> and thereby concludes that the PEA covers “70.1”% of MRIs [24], [29]. However, the possession of a science degree per se is rarely an occupational requirement for a position as a researcher, and has little more relevance to the work value of most academic researchers than their Year-12 qualification. Indeed the possession of any undergraduate degree – science or medicine based or a degree in humanities- will usually have little relevance to the work of a researcher in an MRI. They may possess qualifications in one of the social sciences. A science degree is not *required* for work in a MRI. In this important industrial and career sense, academic staff are researchers, not scientists.
21. The current PEA limits the award’s coverage to scientists required to carry out “professional scientific duties” and holding a degree from Australia, NZ or the UK in science [clause 3, Scientist Stream].
22. The parties employ a circular argument by implying that the PEA currently covers 70.1% of medical researchers, and yet they imply that this is not relevant as they seek to amend the Award to refer to “professional medical research duties” which they acknowledge ‘is broader than...’professional scientific duties’” and holding a degree from Australia, NZ or the UK in, or not in, science [24]. We submit that this is virtually re-writing the key tenets of the award and thereby acknowledging that the award coverage application is built on a flimsy foundation.
23. The proposed classification structure/definitions (Schedule C to the joint AAMRI/APESMA application) are very broad and for the reasons outlined above, inadequate to capture the work of researchers in MRIs.
24. In contrast to the MSAL provisions in the *Higher Education (Academic Staff) Award 2010* (Schedule A), the proposed classifications refer to but do not focus on the education components of research work in MRIs. NTEU submits that the MSALs are an exact fit for medical researchers as the work performed in ‘independent’ MRIs is largely if not exactly the same as that performed by medical research staff in Universities.
25. The proposed definitions at Schedule C of the joint submission do not seek to cover general, administrative, managerial or technical staff in MRIs. The Classification Definitions in the *Higher Education (General Staff) Award 2010* (Schedule B) are an entirely appropriate fit for such staff. See for example reference to ‘technical positions’ throughout the Award definitions. In contrast, the proposed PEA definitions refer to “technical staff” in relation to their supervision (see for example, proposed Levels 1 & 3) but there is no definition of

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<sup>1</sup> Transcript, PN539; PN599-604; PN891; PN898; PN1036-1038; PN1240; Exhibit NTEU 3- Attachment 9, [Transitional Review proceedings, 2013].

<sup>2</sup> *Witness Statement of Professor Douglas Hilton*, [56 (b) and Appendix 2].

“technical staff” in the Award and no relationship to or relativity between technical and science staff.

26. NTEU therefore disagrees with the joint submission that *‘independent MRIs are not members of an industry with established relativities justifying departure from the terms of the PEA’* [64 (b)] as the higher education sector research classifications and job relativities can easily apply to all medical researchers and support staff. In reference to the above comments of Deputy President Smith, the Higher Education Awards do provide *‘simple, easy to understand, stable and sustainable regulation’* [s 134 (1) (g)].<sup>3</sup>
27. Research staff in Victorian and Western Australian Universities and several MRIs are currently covered by a Higher Education Award – the *Universities and Affiliated Institutions Academic Research Salaries (Victoria and Western Australia) Award 1989* [AT801440]. In September 2011, (then) Commissioner Smith determined that the Award would not be terminated; ([2011] FWA 6311) and so it remains on-foot in respect of any employee not covered by a modern award. .
28. The *Universities and Affiliated Institutions Academic Research Salaries (Victoria and Western Australia) Award 1989* has the following respondents:
- The University of Melbourne
  - Monash University
  - LaTrobe University
  - Deakin University
  - Howard Florey Institute of Experimental Physiology and Medicine
  - The Walter and Eliza Hall Institute of Medical Research
  - Ludwig Institute for Cancer Research
  - The Murdoch Institute for Research into Birth Defects Limited
  - Royal Children's Hospital Research Foundation
  - Baker Medical Research Institute
  - St. Vincent's Institute of Medical Research
  - The University of Western Australia
  - Curtin University of Technology
  - Murdoch University
  - Lions Eye Institute of WA (Inc.)
  - The Australian Neuromuscular Research Institute
  - Princess Margaret Children’s’ Medical Research Foundation (Inc.)
  - The Western Australian Research Institute for Child Health Ltd
  - The Bionic Ear Institute and
  - The Macfarlane Burnet Centre for Medical Research (now known as “The Burnet Institute”).

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<sup>3</sup> In May 2014 the Fair Work Ombudsman issued a document *Modern Award Review: Coverage Issues in Modern Awards*. The FWO considered some complexities in trying to interpret award coverage. NTEU submits that, when applied to the Higher Education Awards and coverage of staff in MRIs, the 3 issues listed at paragraph 21 of that paper do not arise. The work, classification definitions and qualifications to be found under the 2 Awards accord with that of eligible employees working in MRIs.

The implications of this are very significant. It means that currently a very large slice of academic staff in this sector are now covered, as they have been for decades, by the properly set minimum rates award salaries, identical to those which cover universities.

29. The *Higher Education Workers Victoria Award 2005* [AP844616] was terminated by Commissioner Smith in August 2011 [PR512808]. This Award covered general staff and had the following respondents:

- Australian Higher Education Industrial Association;
- University of Melbourne;
- Monash University;
- LaTrobe University;
- Deakin University;
- Victoria University of Technology;
- RMIT University;
- Swinburne University;
- Ballarat University;
- Hawthorn Institute of Education Ltd;
- Victorian College of the Arts;
- Macfarlane Burnet Centre for Medical Research Limited;
- Howard Florey Institute of Experimental Physiology & Medicine; and
- Ludwig Institute for Cancer Research.

Although this Award was set aside as part of the Award modernisation process, again it shows the application of the properly set minimum rates and conditions applicable to universities also applying to large and significant research institutes.

30. There were also several enterprise based awards that applied to staff in Medical Research Institutes, including the *Walter and Eliza Hall Institute of Medical Research General Staff Conditions of Employment Award 1999* [AT803037]. This Award, along with a few others, incorporated the ten level Higher Education Worker structure from (what is now) the *Higher Education (General Staff) Award 2010* and predecessor awards.<sup>4</sup>

31. Each of these Higher Education Awards include classification structures, minimum rates of pay and relativities which were set in accordance with work value principles and the work performed. They mirror those in the 2 modern Higher Education Awards. Entities were respondent to the awards by consent. The Commission found these awards to be appropriate to MRIs in the past.

32. The NTEU believes that it is beyond doubt that the relevant classifications in the *Higher Education (Academic Staff) Award 2010* and the *Higher Education (General Staff) Award 2010* are absolutely 'appropriate to the work performed by staff in the environment in which this work is performed'.<sup>5</sup> Staff in independent MRIs are researchers, educators and publishers of primary research outcomes- the research classifications in the *Higher*

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<sup>4</sup> Refer *NTEU Submission Fair Work (Transitional Provisions and Consequential Amendments) Act 2009 Schedule 5, Item 6 – Review of all modern awards*, 3 June 2013.

<sup>5</sup> These words are extracted from the current provision in modern awards which exist to take account of overlapping award coverage. See for example, sub-clause 4.6 of the *Higher Education (Academic Staff) Award 2010*. See also *Transport Workers' Union of Australia v Coles Supermarkets Australia Pty Ltd* [2014] FCCA 4.

*Education (Academic Staff) Award* are most appropriate to the work they perform and the classification definitions at Schedule B of the *General Staff Award* have and should continue to apply to general staff in MRIs.

### **Scientists and Researchers**

33. NTEU contends that the terms 'scientist' and 'researcher' are not interchangeable. Medical Research Institutes are not called "Medical Science Institutes" for a reason.
34. The Oxford Dictionary defines "scientist" as "A person who is studying or has expert knowledge of one or more of the natural physical sciences"; and "researcher" as "A person who carries out academic or scientific research". As this definition doesn't cover, say a researcher working for a trade union or in television, a second and broader definition is provided: "A person whose job involves discovering or verifying information for use in a book, programme etc". One might say a scientist is trained in science and could use their skills to discover, verify or collate information. A medical researcher implies someone who is discovering new information via scientific techniques.
35. Research is the application of knowledge learnt– often scientific knowledge- in order to inquire, investigate and discover new knowledge. Research may involve the use of scientific techniques and in RIs, will generally do so.
36. In RIs as in Universities, research work also involves passing knowledge on to students and the next generation of researchers.
37. Formal research training in an MRI and in an academic context, (both via a University) is achieved by a PhD. Though some research skills may be obtained via any undergraduate degree, a doctorate requires original research, and the knowledge gained via doctoral study and the mandatory research subjects required of doctoral students, represent a formal and recognised means of becoming a 'researcher'. To this end being a 'scientist' is not the same as being a researcher in the context of research work in an MRI or University.
38. Like Universities, MRIs train the 'next generation' of researchers- honours, masters but mainly PhD students who work and conduct their research within an MRI, under the supervision of a senior researcher with an academic or honorary academic title; this is clear from any of the MRIs' own Annual Reports.
39. The other difficulty in confining the work of researchers in MRIs to 'science' is the cross-disciplinary nature of work in many MRIs. The Murdoch Children's Research Institute is one example. In a recent on-line job advertisement for a Senior Biostatistician at the MCRI the advertisement highlighted the breadth of the Institute's "Research themes", including Cell Biology, Clinical Sciences, Genetic, Infection and Immunity and Population Health. It noted "Our Data Science researchers are active at the forefront of methods development, attracting the next generation of data scientists as PhD students and post-doctoral researchers". The advertisement states that the role is designed for an early-career post-doctoral biostatistician. The role would include co-supervision of honours or postgraduate research students or both, and the incumbent would participate in regular internal and external conference presentations for peer review.

40. As with other MRIs, researchers at the MCRI generally have joint appointments with a University and this enables joint project work and supervision of students. For example, some students who were enrolled in the University of Melbourne Faculty of Medicine over the last few years were being supervised at the Institute across a variety of disciplines, including general practice, psychiatry and paediatrics.<sup>6</sup>
41. The work of NTEU witness Dr. Peter Higgs – at both the Burnet Institute and in higher education also reflects this research diversity; his research work and student supervision is multi-disciplinary across public health, health sciences, social work, epidemiology, and community development; [See paras 8-12 and Attachment 1 of Witness statement].
42. The academic “MSAL” descriptors in the *Higher Education (Academic Staff) Award 2010* cover relativities and work value for all levels of research, regardless of discipline. In contrast, the PEA covers professional scientists, engineers, workers in information technology telecommunications services, and auditing.
43. The joint submission implies that most MRI staff qualify to be covered by the *Professional Employees Award* as they meet the Award definition of holding a Science degree from an Australian, New Zealand or UK university [clauses 3.4-3.5 PEA]. However, it is not true to say that research jobs in an Australian MRI *require* a science degree.
44. The NTEU analysed 25 MRI job advertisements in late April – early May 2016 across a range of non-University Medical Research Institutes. Of those at Research Officer level or above (for example, Senior Research Officer or Research Fellow) 15 required a PhD in the specific area of research (for example in a ‘biological field related to cancer’) or a PhD or “post-graduate qualification”. Three of the 25 mentioned a Science Degree or Science with Honours, and these were for a Research Assistant, a Senior Research Assistant/Junior Research Officer, and a Research Technician role, and a Data and Administration Officer at the Florey Institute required a Bachelor of Science or Health Sciences. One Technician role at the Florey Institute did not mention any specific qualifications and another 2 of the 25 roles, that of a Technician and Senior Technician in Animal units, required a ‘relevant qualification’ and an ‘Animal Technician Degree’ respectively.
45. So the completion of an undergraduate Science Degree was not mandatory for any of the Research Officer roles analysed. One of the 15 roles that mentioned a PhD was a non-research role- a Division Coordinator role at the Walter and Eliza Hall Institute (preferred a PhD). Finally, a Manager Neuroscience, Research Services role required a Bachelor of Science with Honours or a Masters Degree in one of five listed science disciplines, and 3 years’ experience. Three other non-medical research roles in MRIs are included – these are an IT Project Officer role (requiring a degree in Computer science or equivalent), a Director Policy and Operations role, preferring a PhD and experience in the research sector and a Research Computing Scientist role which noted that a PhD in computer science, mathematics, bioinformatics or other quantitative discipline was desirable.

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<sup>6</sup> Various Annual Reports, Murdoch Children’s Research Institute.

46. The joint submission acknowledges that in practice MRIs appoint staff who do not hold a Science degree [38].
47. If the joint submission were to be successful the NTEU would extend our application and seek variation to (current) sub-clause 4.3 of the *Professional Employees Award 2010* to insert the *Higher Education (Academic Staff) Award 2010* and the *Higher Education (General Staff) Award 2010* and ensure that our members covered by such awards and working within MRIs or University based research institutes, remain exempt from the PEA.

### The Modern Awards Objective

48. NTEU contends that the joint application does not meet the modern awards objective in the following ways:

The application does not ensure a ‘fair and relevant minimum safety net of terms and conditions, taking into account’:

s.134 (1)-

(b) the need to encourage collective bargaining

(e) the principle of equal remuneration for work of equal or comparable value; and

(g) the need to ensure a simple, easy to understand, stable and sustainable modern awards system for Australia that avoids unnecessary overlap of modern awards.<sup>7</sup>

The low rates of pay in the *Professional Employees Award* do not provide an adequate safety net for staff in MRIs and thereby an appropriate floor of minimum wages by which to measure the BOOT (“Better off overall test”) in bargaining.

49. To this end, NTEU contends that the joint application has nothing to do with ‘maintaining a fair and relevant minimum safety net’ of wages.

<b>Comparison of rates for Medical Researchers at June 2016</b>			
<b>Professional Employees Award (proposal)</b>		<b>Higher Education Academic Staff Award (current)</b>	
<b>Classification Level</b>	<b>Rate of pay</b>	<b>Classification Level</b>	<b>Rate of pay</b>
Level 1 Graduate	\$45,668-\$52,119	Level A Tutor / Associate Lecturer Level A6 is PhD point (\$55,649) \$47,148-\$58,720	
Level 2 PhD or Masters & 4-5 years' experience	\$53,875		
Level 3 Guide more junior, Honours or HD students	\$58,879	Level B Lecturer \$61,083-\$69,944	
Level 4 Supervise more junior, Honours or HD students	\$66,407		
Level 5 Substantial original contribution to research outcomes	\$80,000	Level C Senior Lecturer	\$71,715-\$80,575
		Level D Associate Professor	\$83,528-\$90,616
		Level E Professor	\$103,611

<sup>7</sup> The modern awards objective, *Fair Work Act, 2009*.

50. The above comparison of award rates under the *Professional Employees Award 2010* and the *Higher Education (Academic Staff) Award 2010* shows a considerable difference in rates. The payment for a researcher with a PhD under the Academic Staff Award is \$1800 per annum higher than under the PEA, and the difference at Level 3-4 of the PEA is between \$3,000 and \$11,000 less than that of a Senior Lecturer under the higher education award. It is unclear what someone with an Associate Professor or Professor title would be paid under the *Professional Employees Award*, but in any case at \$80,000, the maximum payment is more than \$23,000 less than the top rate under the *Academic Staff Award*.
51. These low rates don't only affect the BOOT but also potential relativities with administrative, clerical, managerial and technical staff in MRIs. As the joint submission does not cover these staff it is difficult to know how any award rates would compare. For example, the proposed PhD level 2 (\$53,875) in the *PEA Award* is almost the same as the top level of Higher Education Worker Level 6 in the *Higher Education (General Staff) Award 2010*, (\$53,084) which includes those with a degree and subsequent relevant experience, including a technical specialist and/or technical supervisor. Do AAMRI and APESMA propose a modern clerical/technical award for these workers with rates that are even lower for such staff in MRIs?
52. As far as 'general staff' go, the Classification Standards [*Higher Education (General Staff Award) Schedule B*] provide for experienced technical staff, with or without qualifications. For example, at Level 7 – the level at which NTEU witness David Trevaks is classified, staff may have “a degree with at least four years subsequent relevant experience, or extensive experience and management expertise in technical or administrative fields, or be a technical manager or scientific officer”. [See NTEU Outline of Submissions; pp 3821-3837, 11 March 2016).
53. Collective bargaining has occurred between NTEU and MRIs for many years and the two modern Higher Education Awards and their predecessor awards, have provided the relevant comparable standards for agreements. Extending coverage of these modern awards to MRIs would ensure that this continues.
54. There is absolutely a nexus between the Higher Education Awards, work performed in MRIs and enterprise agreements in MRIs.
55. APESMA do not have any enterprise agreements with MRIs.
56. A cursory glance at the enterprise agreements that NTEU has negotiated with MRIs demonstrates the relevance of the two modern Higher Education Awards as an appropriate safety net for all workers in the relevant MRIs.
57. For example, the *Howard Florey Institute Union Enterprise Agreement 2014-2017* (AG2013/12197) has appropriate classification descriptors and wages for all staff in the Institute [Schedules 2-4]. Research Assistant positions cover 8 points in Level A, with levels A6-8 overlapping with Research Officer rates (the start of the “PhD point”). At present the top rate of Level A is \$81,987. Level B has 6 Senior Research Officer rates, Level C 6 Senior

Research Fellow rates, Level D 4 Principal Research Fellow Rates and Level E – equivalent to a Professor, one Senior Principal Research Fellow rate which is currently \$163,975.

58. The contention of the joint submission that ‘*independent MRIs are not members of an industry with established relativities justifying departure from the terms of the PEA*’ [64(b)] can clearly be disproven.
59. NTEU believes that it has addressed the comment of Deputy President Smith that:

*“There are real issues in relation to ensuring that an award provides for equal remuneration for work of equal or comparable value given the interaction between universities and MRIs...”* ([2013] FWC 7947, [para 49]).
60. The joint submission has not addressed this issue in any way and is completely silent on the issue of general staff in MRIs.
61. NTEU agrees with the joint submission that the Commission must demonstrate that a variation to a modern award is *necessary* to the extent required to achieve the modern awards objective. It is necessary to establish clear award coverage for staff in MRIs.
62. The NTEU application to extend award coverage to all staff in MRIs requires limited amendment to the two modern higher education awards, deals with established work value and relativities across MRIs, will continue to encourage collective bargaining and will provide certainty to the sector.
63. By contrast, the *Professional Employees Award* requires extensive amendment in order to cover research staff within MRIs. The issue of award coverage for clerical, managerial, specialist and technical staff in MRIs would remain unresolved if the joint submission is granted.
64. Most importantly, a review or re-setting of wages under the PEA would be required if the applicants were to meet the work value considerations required to amend wage relativities under the *Fair Work Act*. The joint submission completely ignores this issue.
65. The joint submission argues that the terms and conditions of the PEA suit MRIs as the PEA provides for ‘flexible work practices’ [29(d)]. NTEU is unclear which practices the applicants are referring to and thereby how they might be appropriate or indeed, more appropriate than the conditions of the two Higher Education Awards.
66. The NTEU urges the Commission to reject this application as an inappropriate grasp at extending union coverage by APESMA; an incomplete attempt to squeeze research staff into an ill-fitting award; and a cynical exercise to substantially lower wages.

*Fair Work Act 2009*

s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards—Award stage**

(AM2014/229 and AM2014/230)

**Consolidated NTEU Materials Regarding Research Institutes**

Witness Statement of Ken McAlpine lodged 3  
June 2016 and Attachment N thereto

(Only paragraph 6 and Attachment N are  
specifically relevant to research institutes)



## Witness Statement of Ken McAlpine

1. My name is Kenneth McAlpine and I am employed as a Union Education Officer at the National Office of the National Tertiary Education Industry Union (“NTEU”). My work address is 120 Clarendon Street South Melbourne. I make this Statement further to the Statement I made in respect of these proceedings and lodged with the Fair Work Commission on 11 March 2016. My circumstances as set out in that earlier Statement have not changed.
2. Attached to this Statement are a number of Attachments, and I have continued the alphabetical labelling of these so that they continue on from my previous Statement.
3. **Attachment L** is a document *University of Queensland Annual Staff Profile Report 2015*, downloaded from the University of Queensland website, and produced by the Human Resources Division of that University, which shows a range of important staff data in respect of 2015, and in some cases other years, at the University and across most of the higher education sector.
4. **Attachment M** is a statistical report *HR Performance Indicators for Edith Cowan University Compared with Australian Universities For the period 2008 – 2012* downloaded from the University’s website, which shows a range of important staff data in respect of those years at the University and across most of the higher education sector.
5. Both of these Attachments, as they claim, are prepared using rigorously determined statistical procedures, as part of a joint data-comparison exercise across the sector, which I understand is now in its thirteenth year. Considerable resources are devoted to ensuring the integrity of the data and its analysis.
6. Medical Research establishments advertise most or all of their vacant jobs on the internet, in order to attract a wide field of applicants. During the period from late April and early May 2016, I caused to be performed an internet search of job advertisements for positions at medical research institutes (not including those positions which are with universities) **Attachment N** is a collation of those documents collected, being advertisements and some related position descriptions for the 25 jobs found which were advertised during this period. The documents include some positions within medical research institutes which do not involve medical research but are for general, technical, administrative or managerial staff. The positions shown in the Attachment are all those found. Unfortunately, some of the documents were marked in pen in collection, but those obvious markings are not part of my evidence.
7. Many universities conduct major organisational change processes frequently, and less often on a whole-of-institution basis. These reviews, to the best of my knowledge based on my experience can take from around one month (usually in a smaller area) to several months, and a review taking over one year from announcement to implementation is not uncommon. Attached are:
  - **Attachment O:** A document prepared in March 2013 at James Cook University (“JCU”) in March 2013 which was called *Crystallising Our Purpose*, which commences a review process in relation to all or nearly all of the work areas in the University;

- **Attachment P:** A document prepared within JCU showing the Executive Structure of JCU in February 2013;
  - **Attachment Q:** An undated document prepared during the review process referred to above, showing a Draft proposed University headline Structure; and
  - **Attachment R:** A document dated October 2014 at JCU titled *Proposed Recommendation to Vice Chancellor Phase B of Change Process for the Division of Tropical Environments and Societies and Division of Tropical Health and Medicine*.
8. These documents support the proposition that I am advised is the case, that in one form or another, most of JCU was under formal review for most of 2013 and 2014.
  9. Since about 24 May 2016, I have made enquiries of experienced industrial and organising staff to ascertain the practices of universities about their knowledge, one way or the other, as to whether university employers pay out leave to employees upon the expiry of a fixed-term contract, in circumstances where the employment is to continue by way of another fixed-term contract.
  10. I have received responses in respect of the direct knowledge of those union staff about the University of Western Australia, Murdoch University, Curtin University, Edith Cowan University, Flinders University, University of Queensland, RMIT University, Australian National University, Federation University, Monash University and James Cook University.
  11. These confirmed my own anecdotal knowledge that there is a widespread if not universal practice of carrying over leave credits from one fixed-term contract to the next fixed-term contract.
  12. Each of these staff could confirm this practice, and while no-one ruled out the possibility that staff may be “paid-out” for any unpaid leave in these circumstances, none of these experienced union staff had any knowledge of this having occurred in the circumstances described above. I received no report that any university pays out annual leave, as a question of practice or policy when employment continues from one contract to the next.
  13. **Attachment S** was received by the Union only in recent weeks and is, therefore, included as an attachment to this Statement. It is a set of spreadsheets comes from the Transparent Costing (TC) Survey collected by a predecessor of the Department of Education and Training (DET) between May and Jul 2011 for the Staff Hours Survey.
  14. The survey was undertaken for the purpose of quantifying the indirect costs of *Australian Competitive Grants (ACG)* research in order to get a clearer picture of the potential shortfall in the full cost of research funding provided by the Australian Government.
  15. The survey was required to be completed by all academics employed by the University with a Teaching and Research or Research Only classification or a professional staff member undertaking research as part of your contract irrespective of whether they did or did not do research and irrespective of whether they were employed on a fractional basis. Over a two week period, academics and researchers were asked to record all hours that they actually worked, including on the weekends.

16. Since 2011, the data has been used as a moderator between institutions in the allocation of the Sustainable Research Excellence (SRE) funds, a funding pool created to ensure higher education providers are being better supported in relation to the indirect cost of research. For instance, the 2011 Staff Hours Survey data and the 2012 indirect costs data was used for calculating SRE Threshold 2 Transparent Costing (TC) grant amounts in 2016.
17. The background information to the spreadsheets states that the data has been 'cleaned' to exclude individuals who worked for no hours over that period or individuals who worked more than 168 hours in either week.
18. The data in each of spreadsheets depicts full time equivalence (FTE) broken down on the basis of (1) an aggregate total, (2) Higher education provider (HEP) (3) Field of Research (FoR) code.
19. Each spreadsheet depicts the total and average hours per FTE over a two week period and a breakdown of the total hours worked according to a range of activity 'categories'. The kinds of work activities included in each category are depicted in the table below.
20. Higher education provider (HEP) refers to the 41 higher education institutions including the public universities. "Field of Research" means the comprehensive breadth of academic disciplines defined by the Australian Bureau of Statistics (ABS).



Listed 20 Apr 2016

Advertiser: The Walter and Eliza Hall Institute



**Walter+Eliza Hall**  
Institute of Medical Research

## Division Coordinator

*The Walter and Eliza Hall Institute is Australia's oldest medical research institute, and celebrated its centenary in 2015.*

*For 100 years we have been making discoveries for humanity, improving the health of people in Australia and around the world.*

*The institute has more than 750 researchers and students who are working to understand, prevent and treat disease, with a focus on cancers, immune disorders and infectious diseases. Diseases we research include blood, breast, bowel, lung and ovarian cancers, diabetes, arthritis, coeliac disease, lupus and malaria. About 100 national and international clinical trials currently underway originate from research at the institute.*

The Division Coordinator will be situated within the scientific division of Inflammation and report directly to the Division Head. The division coordinator will ensure that the division runs efficiently by providing high-level administrative, regulatory and budgetary support. This position acts as a liaison between the division and the professional service areas of the institute and requires regular interaction with all institute departments and key external organisations. The successful appointee will be responsible for ensuring that the divisions members maximise their time and focus on research activities.

The appointee will possess:

- Strong computer literacy, and proficiency using a range of software packages including, but not limited to, Microsoft Office (Word, Excel, Powerpoint), Endnote, Adobe Suite (Acrobat and Illustrator). Competence in Macintosh environment is preferable.
- Demonstrated ability to understand and prepare scientific documentation.
- Experience in preparing and monitoring budgets.
- Strong administrative and/or business experience in a medical research or academic environment.
- Demonstrated ability to handle competing demands of a diverse team.
- **Laboratory experience and/or relevant qualifications such as a BSc (Hons) or PhD (preferred) in the Life Sciences is required.**

This position is available for a period of 6 months to cover maternity leave absence. Salary is dependent on qualifications and experience. Up to 17% superannuation and very attractive salary packaging options are available.

A position description is available on our website: [www.wehi.edu.au](http://www.wehi.edu.au).

Written applications including CV and the names of 3 professional referees should be emailed to [jobapplications@wehi.edu.au](mailto:jobapplications@wehi.edu.au), quoting reference **WEHI/MKDC** in the subject line.

**Application closing date: Friday 6 May 2016**

*At the Walter and Eliza Hall Institute, we strive to ensure our staff and students enjoy a great working environment. We value diversity and gender equity in our workforce and promote flexible working arrangements for staff to [balance working requirements and personal needs](#).*

Enquiries on the role can be directed to Dr Emma Stuart Prato –  
[stuart.e@wehi.edu.au](mailto:stuart.e@wehi.edu.au)


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## JOB SEARCH

Keywords...	Location...
Industry Any Industry ▼	Posted since All <a href="#">2 Days</a> <a href="#">1 Week</a> <a href="#">2 Weeks</a> <input checked="" type="checkbox"/> <a href="#">1 Month</a>
Distance from location (kms) Exact <a href="#">5</a> <a href="#">10</a> <input checked="" type="checkbox"/> <a href="#">25</a> <a href="#">50</a> <a href="#">100</a>	Sort results by <input checked="" type="checkbox"/> <a href="#">Relevance</a> <a href="#">Date</a>
<a href="#">GO</a>	

18

APRIL

## Biostatistician

**MURDOCH CHILDRENS RESEARCH INSTITUTE - Melbourne, VIC**

Biotech, R&amp;D, Science

Source: uWorkin

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CHILDRENS  
RESEARCH  
INSTITUTE**

### JOB DESCRIPTION

#### Position Description

Title

Senior Biostatistician

Assessed Level

Level A Step - Level B Steps 6

Reports To

A/Prof Katherine Lee (with co-supervision by Prof Melissa Wake.)

Personnel Supervised

N/A

Theme

Data Science

Group

Clinical Epidemiology &amp; Biostatistics (CEBU)

Organisational Summary

The Murdoch Childrens Research Institute (MCRI), based at the Melbourne Children's, is the largest child health

research organisation in Australia. It includes Victorian Clinical Genetics Services (VCGS) which is a wholly owned

subsidiary of the Institute. Our vision and mission are to be a major global

 MELBOURNE, VIC  
 BIOTECH, R&D, SCIENCE

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contributor to the creation of knowledge  
and to obtain knowledge to improve the health of children.  
The Institute Organisational Structure comprises

#### Research Themes

, which are a collection of common Groups and

representing broad areas of research focus. Our Themes includes Cell Biology, Clinical Sciences, Genetics, Infection & Immunity and Population Health. Each Theme has a collection of research groups with common research endeavours. The Victorian Clinical Genetics

Services (VCGS) provides diagnostic and clinical genetics services, and

#### Core Groups

comprise Data Science

, Melbourne Childrens Trial Centre

and Research Support & Operations.

#### Theme Summaries

This position spans the MCRI's Data Science Core and the Population Health Theme.

#### Data Science Core

The Institute recognises the importance of statistics

and related data science disciplines to its research program

and has internationally regarded expert researchers in these areas. In particular, MCRI has long been recognised for

its strength in biostatistics, which has underpinned many research successes leading to substantial improvements in child health. Modern technology enables us to measure the natural world to finer and finer levels

whether thinking

of a whole child or at microscopic and molecular levels. In this context the Institutes high level

s of expertise in the

analysis and interpretation of data of all kinds help to keep it at the cutting-edge of science. Our Data Science

researchers are active at the forefront of methods development, attracting the next generation of data scientists as

PhD students and postdoctoral researchers. Our approach means that our collaborators in clinical trials, community-based epidemiology, population genetics and genomics are assured of top-quality engagement.

#### Population Health Theme

Population health is the study of the health of communities or populations, including the determinants, distribution

and management of health at the population level. Our Theme aims to improve understanding of the complex

interplay of social, environmental, and biological factors (including genetic and epigenetic factors - factors controlling

knowledge into effective prevention,

early intervention and treatment strategies appropriate to diverse populations, particularly those affected by social disparities. Major platforms for our research include large population-based cohort studies and health services intervention studies that span the continuum of the universal, primary and secondary care sectors. In many of our programs we are collaborating on an international scale and we partner with government and non-government agencies across health, welfare and education that are aimed at improving the lives of children and adolescents.

Research Groups

Within the Data Science Core, the

Clinical Epidemiology and Biostatistics Unit (CEBU)

specialises in biostatistics,

epidemiological methods and data management. The group is supported by the MCRI and the University of Melbourne Department of Paediatrics to provide expertise and support in these areas to all researchers on The Royal Children's Hospital campus. The group collaborates with a wide range of clinical and biomedical investigators and also conducts methodological research to develop and strengthen the biostatistical methods underpinning modern health research.

Within the Population Health Theme, the

Community Health Services Research Group

works towards the best

possible health outcomes for children via effective and sustainable interventions that can be systematically delivered in the universal, primary and secondary sectors. At the core of its program are population-based efficacy and translational trials, informed by its longitudinal studies. Focus areas include obesity, mental health, language and literacy, hearing impairment, sleep, and food allergy. Health services and health economics perspectives are integral to its work. The group creates platforms and capacity, including the Child Health CheckPoint (the Longitudinal Study of Australian Children's physical and biomarkers project), to which this position will initially devote 40% of its time.

2

Position Purpose

This is a new role designed for an early-career postdoctoral biostatistician who wishes to pursue methodological

research while also providing collaborative support to a major epidemiological research study. The position is partially supported by a National Health and Medical Research Council (NHMRC) grant that aims to pursue methodological research relating to problems in the analysis of incomplete data, and by a large ongoing cohort study of young children that is based at the MCRI. The appointee will not only work closely with researchers at the MCRI, but also with colleagues in the broader Victorian Centre for Biostatistics (VICBiostat), funded as an NHMRC Centre of Research Excellence, within which CEBU is the leading partner.

The  
MCRI's

Australian Children, a nationally representative longitudinal study managed by the Department of Social Services on behalf of the Australian Government. In planning since 202, the CheckPoint data collection ended in March 206 with data organisation, extraction, scoring and coding plus preliminary bioassays due to be complete by Dec 206. From mid-206, data will begin to be linked with the 6 waves of comprehensive data already collected since 2004 within the Longitudinal Study of Australian Children. Two senior CEBU staff members are CheckPoint investigators with CEBUs Director

heading its Data and Statistics Committee, which the biostatistician will also join. The appointee

will work closely with the large team of investigators, research assistants, postdoctoral staff and doctoral/other students in Checkpoint to develop analysis plans and to support and conduct analyses for numerous planned papers from this study. There will be scope for methodological work on problems relating to missing data and longitudinal analysis using Checkpoint data.

#### Responsibilities

The appointee will be expected to develop a program of research encompassing the extension, implementation and

evaluation of new methods for handling incomplete data in large epidemiological studies using multiple imputation.

This will include the design, implementation and analysis of simulation studies, as well as the analysis of applied case studies. It may also include the development of new software within statistical packages such as Stata and R. This work will be conducted in collaboration with A/Prof Lee and with other members of a local missing data research group consisting of a range of senior, postdoctoral and PhD level researchers.

The appointee will also be expected to develop, support and conduct appropriate analyses of data from the Child Health CheckPoint project. With 4 content-area investigators (CIs and AIs) involved in the project, numerous analyses and papers will need high-level statistical support throughout the period of this appointment. The biostatistician will take a proactive role in developing analysis plans including initial work on defining and refining the extensive cumulative exposure measures. The biostatistician will design, fit and interpret statistical models with the overall aim of understanding the causal pathways between environmental exposures, biological intermediaries and non-communicable disease phenotypes/risk.

Principal Outcomes

#### Research

Perform methodological studies, including the development or evaluation of statistical methods through an

appropriate combination of theoretical work, computer simulation studies and critically evaluated case studies

Modify and implement existing statistical methods for application to epidemiological data, including contributing

to collaborative applied research output

Lead (a small number) and contribute to (a much larger number of) scientific manuscripts based on the

methodological and substantive research work respectively

Contribute to writing and obtaining grant applications in both methodological and applied research

#### Engagement in CEBU Teaching & Consulting

The Postdoctoral Fellow will contribute to the broader activities of CEBU, where appropriate and as time permits (5-

0% of the role), by:

Preparing and delivering occasional lectures and tutorials and computer-based training

Providing advice in statistical methods to epidemiologists and other researchers within the MCRI

Providing supervision and assistance on research methods to undergraduate and postgraduate students

#### Support and knowledge transfer

Independently and with minimal supervision contribute to and advise researchers in best practice in data

management and statistical analysis

Leadership and Management

3

Demonstrate leadership capabilities in providing statistical support and developing and addressing

methodological research questions

Involved in professional development activities for themselves

Co-supervise, or where appropriate supervise, honours or postgraduate research projects and students in both

biostatistics and applied research

Contribution to Scientific Community and MCRI

Involved in the promotion of research links with outside bodies, such as VICBiostat

Contribute to the research culture of the research group and theme through attendance at meetings, and/or

membership of a limited number of committees relevant to the groups research outputs

Participates in regular Internal and external conference presentations for peer review

Innovation

Generates creative solutions to new and existing problems by demonstrating initiative relative to the position

Organisational Relationships and Key Challenges

Organisational Relationships

The position will report jointly to A/Prof Katherine Lee and Prof Melissa Wake

Biostatistical collaborators in the ViCBiostat Missing Data Research Group

Senior investigators of the Child Health CheckPoint project

The CheckPoint Data Team and broader team of investigators, students, postdocs and research staff

Other colleagues within CEBU and ViCBiostat

Selection Criteria (Education, Knowledge and Skills)

Essential

Working with Children Check & National Police Clearance (if appointed)

A PhD in biostatistics, statistics or closely related discipline

Strong understanding and technical knowledge of complex statistical models and methods for longitudinal data

analysis

Experience in performing complex data manipulation and analysis in a statistical package with a flexible

programming language such as Stata

Record of publication of peer-reviewed scientific articles

Excellent communication skills both written and verbal

Aptitude and enthusiasm for supervision of research students

Demonstrated ability to work independently and collaboratively to achieve project goals and meet agreed

deadlines

Desirable

Experience in collaborative research involving the application of statistical methods in health research,

preferably with experience in longitudinal studies, missing data methods or health technology evaluation

including randomised trials and meta-analysis

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Experience in the management of data collection and data analysis activities for research studies

(<http://www.uworkin.com>)

Commitment to Core Values of MCRI

Understands and complies with policies, procedures and the requirements of the Murdoch Childrens Code of

Conduct, Environment Health and Safety (EHS), Unacceptable Behaviour and Conduct, Risk Management and

Handling and Resolving Breaches of the NHMRC Code & Scientific Misconduct at the Royal Children's Hospital

Campus

Displays professionalism in the workplace and is a role model and contributes to the Institute

of its staff members. As such, staff should be aware that this document is not intended to represent the position which the occupant will perform in perpetuity.

This position description is intended to provide an overall view of the incumbents role as at the date of this statement. In addition

to this document, the specifics of the incumbents role will be described in local area work and project plans,

and in performance plans developed

by the incumbent and relevant supervisor as part of MCRIs performance evaluation, development and progression process.



DISCOVERIES FOR HUMANITY

# Five Year Postdoctoral Research Fellowship in Rare Cancer Biology and Genomics

**Application closing date:** Sat, 07/05/2016 - 5:30pm

Applications are invited to apply for the Stafford Fox Centenary Fellowship in Rare Cancer Biology and Genomics. This postdoctoral position is funded for five years by a prestigious Centenary Fellowship as part of an exciting new Rare Cancers Program at the Walter and Eliza Hall Institute of Medical Research.

The Rare Cancers Program is jointly led by Associate Professor Clare Scott and Associate Professor Tony Papenfuss and will generate new genomics data from interesting cases of rare cancer, drawn from a number of national rare cancer studies/platforms led by Associate Professor Scott, and aims to improve outcomes for rare cancer patients. A rapid autopsy program for rare cancers is also being established, which will generate fascinating data and provide deep insights into the origins and progression of rare cancers.

The Stafford Fox Centenary Fellow in the Biology and Genomics of Rare Cancers will be based in the Scott Laboratory at the institute, which undertakes cancer research by generating novel pre-clinical models derived from highly relevant patient material. The lab develops such models with an emphasis on molecular characterisation, identification of susceptibilities relevant for therapeutic targeting and study of tumour evolution under therapeutic pressure. The role will use mouse models, in vitro culture including organoids, and undertake genomics and epigenetics analyses.

The successful candidate will work closely together with the Centenary Fellow in Bioinformatics and Computational Biology for Rare Cancers and there is ample scope in both positions to develop leadership and contribute to research direction within the program.

## Experience, qualifications and skills

Applicants should have a PhD in a biological field related to cancer research and at least three years post-doctoral experience in basic cancer research. A strong interest in biology and a passion for science is essential. Excellent molecular skills are strongly recommended. Applicants should have outstanding writing and oral presentation skills.

Salary is dependent upon qualifications and experience. Up to 17% superannuation and attractive salary packaging options are available. Attachment N

At the Walter and Eliza Hall Institute, we strive to ensure our staff and students enjoy a great working environment. We value diversity and gender equity in our workforce and promote flexible working arrangements for staff to balance working requirements and personal needs.

## **Application**

A position description is available.

Enquiries should be directed to Associate Professor Clare Scott.

Applications including cover letter, CV and the names of three professional referees should be emailed in PDF format to [jobapplications@wehi.edu.au](mailto:jobapplications@wehi.edu.au) quoting **WEHI/CACS** in the subject line

**Application closing date: 7th May 2016**

Last modified: Thu, 07/04/2016 - 9:39am

### Research Officer in Proteomics

- **Make an important contribution to the health of children through medical research**
- **Work with one of Australia's most respected national and independent medical research institutes**
- **Gain valuable experience in the not-for-profit sector**

Children's Medical Research Institute (CMRI) was Australia's first dedicated paediatric research facility and is now one of the nation's most highly regarded independent medical research centres. Our research focuses on the areas of cancer, neuroscience, embryonic development and birth defects, and gene therapy and we have a strong international reputation based on our research outcomes. CMRI's research programs are supported by state of the art facilities and committed research and support staff. Our achievements are made possible by a loyal network of community supporters, highly engaged donors and the very successful Jeans for Genes® fundraising campaign.

The ACRF International Centre for the Proteome of Cancer (ProCan), located at Children's Medical Research Institute (CMRI), will use innovative technology to rapidly measure the precise levels of many thousands of proteins simultaneously in very small cancer samples. Led by CMRI's Professor Phil Robinson and Professor Roger Reddel, the Centre will analyse a total of about 70,000 cancers of all types over the next 5-7 years. Advanced computer analysis techniques will be used to compare the protein data with the information that is already available about the cancer, including pathology test results and response of the tumours to cancer treatments. This will ultimately result in the ability to make a precise diagnosis of the cancer type and its molecular subtype, and to provide each cancer patient's doctors with a list of the treatments to which the cancer is most likely to respond.

We are seeking a highly motivated Research Officer to join the ProCan team at CMRI. The ideal candidate will have expertise in developing qualitative/quantitative mass spectrometry assays, with a strong analytical background. Hands-on experience with proteomic sample preparation, mass spectrometry (MS) and liquid chromatography (LC) instrumentation is essential. This includes the design and execution of proteomics experiments including label/ label-free quantitative experiments. The appointee will also be required to troubleshoot MS, nano- and regular flow HPLC as well as perform basic instrument maintenance.

The successful candidate must hold the following:

- PhD in Biochemistry, Biotechnology or equivalent experience in a related field.
- Evidence of self-directed research experience. Experience in training scientists in the general field of protein chemistry.
- Minimum 5 years of hands-on LC-MS/MS experience, and strong troubleshooting abilities.
- Strong analytical background in qualitative and quantitative assay development and assay evaluation for proteomics applications.
- Experience in quantitative label-based and label-free MS techniques (e.g. iTRAQ, TMT, DIA/SWATH). Knowledge of targeted-proteomic approaches such as developing multiplexed-MRM assays.
- Strong knowledge of proteomic sample preparation and purification/enrichment techniques.
- Experience with standard database search engines and data analysis tools such as MaxQuant, MASCOT, SWATH, TPP, Proteome Discoverer, Skyline, Scaffold, and Protein Pilot.
- Experience in the management of commercially sensitive information.
- Proficiency in handling large-data-sets including basic bioinformatics and biostatistics skills.
- Strong technical expertise in laboratory skills such as western blotting, immunoassays, peptide and protein chromatography is highly desirable.
- Experience in a proteomics core facility or proteomics laboratory environment is desirable.

The funding is for 3 years initially and salary levels are dependent on the candidates' skills and experience. Additional benefits include the provision of a Public Benevolent Institution salary packaging scheme and participation in an employer-contributed superannuation fund.

Applications should include a cover letter (citing PV1602), curriculum vitae and contact details (phone/email) of three professional referees and be forwarded to [recruitment@cmri.org.au](mailto:recruitment@cmri.org.au)

Please direct enquiries regarding the position Val Valova, Manager, Biomedical Proteomics & ACRF - Centre for Kinomics, [vvalova@cmri.org.au](mailto:vvalova@cmri.org.au), 02 8865 2800.

Applicants will be assessed on receipt and there is no specific closing date.

## Careers

### Positions vacant:

#### Research Officer – Centre for Cancer Research

Hudson Institute of Medical Research is a not-for-profit, independent medical research institute located at Monash Medical Centre in Clayton, Victoria, Australia. The Institute employs almost 300 research staff, 30 administration/support staff and hosts more than 100 undergraduate and postgraduate students.

The Research Officer will initiate and conduct research in the areas of post transcriptional and epigenetic regulation in colon cancer and intestinal development. The position will use state-of-the-art technologies (genetically engineered murine models, CRISPR/RNAi, proteomic approaches) to identify and characterize novel oncogenes in colon cancer and dissect their therapeutic relevance.

The position will work with support, guidance and mentorship from senior research staff including Associate Professor Ron Firestein with an increasing degree of autonomy as the researcher gains greater skills and experience.

Demonstrated abilities:

- Proven to work independently and have publications in peer reviewed journals
- Experience in the fields of cancer biology, signalling, and transcriptional regulation
- Technical skills in molecular biology, murine genetics, tissue cell culture, and gene expression analysis

If you have a PhD or M.D/PhD training in cancer biology, molecular biology, genetics, biochemistry, or a related discipline with excellent communication skills are extremely organised with innovative problem solving skills then we welcome your application.

Please apply via: <https://form.jotform.co/60666965704870>

Position open until a suitable candidate is appointed.

#### Hudson Institute

A merger of the Monash Institute of Medical Research and Prince Henry's Institute of Medical Research

FOLLOW US:



#### Hudson Institute

Address: 27 - 31 Wright Street,  
Clayton VIC 3168

Phone: +61 3 8572 2700

Email: [info@hudson.org.au](mailto:info@hudson.org.au)

Hudson Institute of Medical Research is affiliated with Monash Health and Monash University and a partner of the Monash Health Translation Precinct.



### Research Officer

- **Make an important contribution to the health of children through medical research**
- **Work with one of Australia's most respected national and independent medical research institutes**
- **Gain valuable experience in the not-for-profit sector**

Children's Medical Research Institute (CMRI) was Australia's first dedicated paediatric research facility and is now one of the nation's most highly regarded independent medical research centres. Our research focuses on the areas of embryonic development and birth defects, cancer, neuroscience and gene therapy and we have a strong international reputation based on our research outcomes. CMRI's research programs are supported by state of the art facilities and committed research and support staff. Our achievements are made possible by a loyal network of community supporters, highly engaged donors and the very successful Jeans for Genes® fundraising campaign.

Applications are invited for an enthusiastic and motivated post-doctoral scientist in the Cell Cycle Unit. The post-doctoral position is available immediately. CMRI has a state-of-the-art mass spectrometry facility that has recently been expanded/upgraded that consists of two of Australia's largest Australian Cancer Research Foundation (ACRF) Proteomics Facilities. Further information is available at: <http://www.cmri.org.au/Research/Research-Facilities/ACRF-Centre-for-Kinomics> and <http://www.cmri.org.au/Research/Research-Facilities/ProCan>

The project focuses on unravelling the molecular mechanisms of action of endocytic proteins during mitosis such as clathrin. The successful candidate will carry out large-scale quantitative proteomics and phosphoproteomics of purified mitotic spindles following depletion or functional inhibition of endocytic proteins. The mitotic spindle is an essential cytoskeletal structure required for equal chromosome segregation during cell division. Errors in the structure and function of the mitotic spindle lead to aneuploidy and thus increase oncogenic potential. The position is for 1 year. Extension of the appointment will be dependent upon further external funding from competitive grants.

The successful candidate must hold the following:

- **PhD and must have experience in mass spectrometry and protein biochemistry.**
- Broad experience of quantitative proteomics such as SWATH and TNT labelling, phosphoproteomics, bioinformatics and/or physical chemistry and molecular biology, would be a distinct advantage

- Must be organized with data collection, meeting presentations and composing study reports
- Provide scientific and creative leadership, and demonstrate excellent communication and interpersonal skills
- Must indicate if they are Australian citizens, permanent residents or must provide evidence of work permits

The selected candidate will be working in a creative, fast-paced team environment which demands team-oriented execution of time-dependent experiments. You will be provided with a competitive remuneration package in accordance with qualifications and experience. Additional benefits include the provision of a Public Benevolent Institution salary packaging scheme and participation in an employer-contributed superannuation fund.

Applications should include a cover letter (citing PV1605), curriculum vitae and contact details (phone/email) of three professional referees and be forwarded to [recruitment@cmri.org.au](mailto:recruitment@cmri.org.au)

Closing date for applications is **22<sup>nd</sup> April 2016**.

Please direct enquiries regarding the position to A/Prof Megan Chircop on +612 8865 2992 or [mchircop@cmri.org.au](mailto:mchircop@cmri.org.au). Further information about the Cell Cycle Unit is available at <http://www.cmri.org.au/Research/Research-Units/Cell-Cycle>



[Home](#) > [About Us](#) > Job Vacancies and Careers

## About Us



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## Careers

Children's Medical Research Institute epitomises research excellence. We have world-leading scientists supported by state of the art facilities and dynamic, committed research staff.

From neuroscience and cancer biology to drug development, embryology and gene therapy; when joining the team at the Children's Medical Research Institute you will be surrounded by internationally recognised researchers who foster excellence in all of their staff.

Children's Medical Research Institute is part of the largest health and medical research precinct in Australia and also a member of the Westmead Research Hub. This membership allows our staff access to the vast array of technology, services, resources and expertise available nearby at The Children's Hospital at Westmead, Westmead Hospital and Westmead Millennium Institute.

Opportunities to join the team at CMRI are occasionally available in the areas of research, administration, fundraising, and laboratory support.

## Current Vacancies

[Telemarketing Agent \(Fundraising\)](#)

[Research Officer - Cell Cycle Unit](#)

[Research Assistant - Cell Cycle Unit](#)

[Research Assistant - Proteomics](#)

[Research Officer - Proteomics](#)

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## Researchers

CMRI always welcomes enquiries from qualified scientists interested in post-doctoral or sabbatical opportunities and high achieving students keen to extend their career opportunities. More information for students can be found [here](#).

Interested research candidates should supply a current curriculum vitae, details of experience, and the contact  
**Consolidated NTEU Materials Regarding Research Institutes**

details of three professional referees to:

Human Resources Manager  
Children's Medical Research Institute  
Locked Bag 23  
Wentworthville NSW 2145 Australia

Email: [recruitment@cmri.org.au](mailto:recruitment@cmri.org.au)

Phone: 1800 GENIES or 1800 436 437 (Toll free), 02 9687 2800

Fax: 02 9687 2120

Street Address: 214 Hawkesbury Road Westmead, NSW 2145

### Contact Us

Phone: [+61 2 8865 2800](tel:+61288652800) or 1800 436 437

Email: [info@cmri.org.au](mailto:info@cmri.org.au)

Fax: +61 2 8865 2801

Street Address

214 Hawkesbury Road

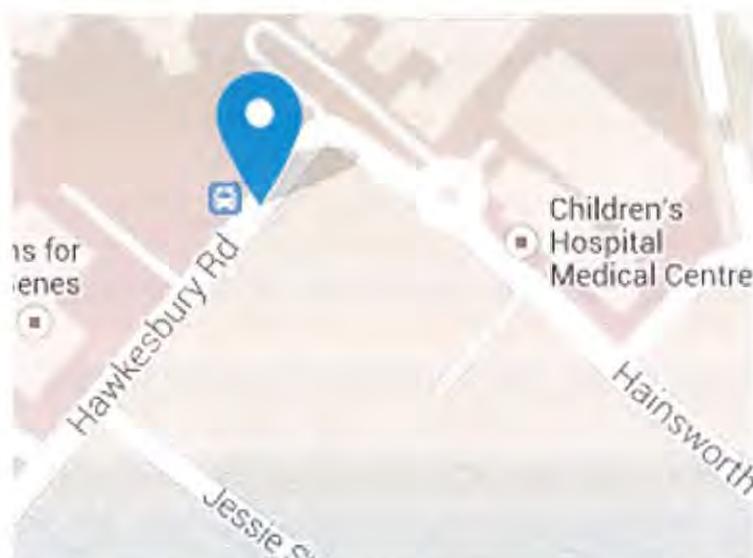
Westmead NSW 2145, Australia

### Find us

Street Address

214 Hawkesbury Road

Westmead NSW 2145, Australia



**Jeans for Genes<sup>®</sup>, proudly supporting Children's Medical Research Institute**



## POSITION DESCRIPTION

<b>Position Title</b>	Postdoctoral Researcher
<b>Classification</b>	RO1 – SRO1
<b>Team/Division</b>	Epilepsy Division
<b>Reports to</b>	A/Prof Chris Reid, Lab Head
<b>Area of Responsibilities</b>	Performing and analysing experiments
<b>Qualifications and Experience</b>	Post doctoral qualifications with experience in electrophysiology.

### THE FLOREY INSTITUTE of NEUROSCIENCE AND MENTAL HEALTH:

The Florey Institute of Neuroscience & Mental Health (The Florey) is the largest brain research centre in the southern hemisphere and one of the largest independent medical research institutes in Australia. Its scientific output, measured by citations and impact, places it amongst the top six neuroscience and mental health research institutes in the world.

The Florey's staff, scientists and students are located across four sites which include the two state of the art buildings in Parkville, at The University of Melbourne and Heidelberg, adjacent to Austin Health.

We are seeking cures and improved treatments for a range of devastating conditions affecting people with brain related disease or injury including addiction, Alzheimer's disease, cardiovascular disease, mental illness, epilepsy, Huntington's disease, motor neurone disease, multiple sclerosis, Parkinson's disease, stroke, traumatic brain and spinal cord injuries.

The Florey's standing as a global leader in neuroscience is continually enhanced as our understanding of the brain grows and our senior scientists publish their work. We continue to recruit researchers both locally and from around the world who are attracted to basic and translational research opportunities, access to research leaders as well as high level scientific support and facilities. These include advanced MRI, histology, bioresources and stem cell services.

The Florey looks forward to a strong and productive period of growth as leading contributors to new frontiers of knowledge and impact on the scientific world stage.

## THE POSITION

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### **Key responsibilities**

- Perform electrophysiological experiments
- Analyse resulting data
- Generate drafts of manuscripts
- Present data at lab meetings and appropriate conferences

## REPORTING & LIAISON

---

- Reporting to A/Prof Chris Reid, Lab Head
- Liaising with Epilepsy and Ion Channel team at The Florey
- Liaising with external parties as required

## OCCUPATIONAL HEALTH & SAFETY

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We all have a role to play when it comes to health and safety in our workplace. The Occupational Health and Safety Act 2004 sets out responsibilities for employers as well as employees, and also provides a framework for dealing with health and safety issues. Employees are required to carry out their duties in a manner that does not adversely affect their own health and safety and that of others as well as co-operate with any measures introduced in the workplace to improve OH & S and report any incidents/injuries.

## CONTINUOUS QUALITY IMPROVEMENT

---

Continuous Improvement is an important aspect of all our roles to ensure we assess, review and change our practices in an effort to improve our delivery of research or work processes. Each staff member needs to take an active role in promoting and generating improvement processes within their area and more generally across the organization.

## **EQUAL OPPORTUNITY EMPLOYMENT**

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Florey is an equal opportunity employer who encourages diversity in the workplace through flexible work practices and family friendly policies.

## **CONFIDENTIALITY AND INTELLECTUAL PROPERTY**

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An important aspect of your role is dealing with confidential information and aspects of intellectual property as such you will adhere to the Florey Standard Terms and Conditions on Confidentiality, Publications and Intellectual Property, as approved from time to time by the Head Business Development.

## **THE PERSON**

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### **Qualifications, Skills and Attributes**

#### ***Essential***

- PhD or MD
- Strong neuroscience background
- Electrophysiological experience
- Good track record
- Excellent communication skills

#### ***Desirable***

- Experience in epilepsy research
- Experience in animal surgery

<b>Appraisal</b>	An initial appraisal is conducted 4 months after appointment and on an annual basis thereafter.
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### ACKNOWLEDGEMENT

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I have read, understood and accept the above position description.

	A/Prof Chris Reid
<b>Employee Name</b>	<b>Supervisor Name</b>
<b>Employee Signature</b>	<b>Supervisor Signature</b>
<b>Date</b>	<b>Date</b>

<b>FLOREY NEUROSCIENCE INSTITUTES</b>	
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### Position Description

<b>Position Title</b>	<b>Research Scientist (Structural Neuroimaging Analysis)</b>
<b>Classification</b>	Level depending upon qualifications and experience (Research Officer / Senior Research Officer / Research Fellow / Senior Research Fellow)
<b>Hours of Work</b>	38 hours per week
<b>Responsible to</b>	Professor Graeme Jackson (BRI)
<b>Reports Direct to</b>	Dr David Abbott (BRI)
<b>Area of Responsibilities</b>	Research project work at the direction of Professor Jackson.
<b>Qualifications and Experience</b>	A doctorate in physics or equivalent. Experience in quantitative MRI analysis would be an advantage.

#### **FLOREY NEUROSCIENCE INSTITUTES**

To help create one of the world's top 10 neuroscience institutes, the Brain Research Institute, the Howard Florey Institute and the National Stroke Research Institute have amalgamated to form the Florey Neuroscience Institutes. Two new purpose-built state-of-the-art research facilities have been constructed at a cost of over \$200 million. Neuroscientists from the Mental Health Research Institute and The University of Melbourne are co-located with the Florey Neuroscience Institutes in the new facilities at the University's Parkville campus and at the Austin Hospital in Heidelberg.

They will combine their world-class research skills to develop more effective treatments for the millions of Australians affected by brain disorders. Collectively the new facilities at Parkville and Heidelberg will accommodate around 700 staff and students.

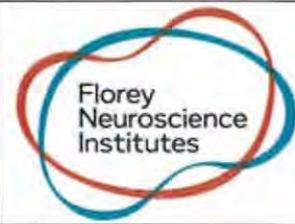
The Victorian Government, Federal Government, The University of Melbourne, the Ian Potter Foundation and the Myer Family provided significant funding for this project.

**Our Mission:** *To Improve life through brain research*

**Our Vision:** *To be recognised as a leading international brain research facility*

**Our Values:** *Innovation and excellence, commitment and passion, integrity and rigour, collaboration and team work*

## FLOREY NEUROSCIENCE INSTITUTES



### The Position

#### Key Responsibilities

- To implement and further develop novel magnetic resonance imaging (MRI) analysis methodology that is most appropriate for the current research programmes at the institute. This initially includes image processing, modelling and display related to quantitative structural MRI including voxel based morphometry, cortical thickness analyses and T2-relaxometry.
- To apply cutting edge MRI analysis methods such as those developed above to clinical neuroscience research. Initially there is a requirement for application of advanced structural analysis methods to specific collections of MRI scans acquired in existing research projects.
- Provide an important significant contribution to the science of the group. This will be manifested by the appointee maintaining an active research profile, including presentation of results of research at national and international scientific meetings, preparation of manuscripts for publication, and development and writing of research grant proposals.
- Continue the development of the fMRI and functional connectivity components of the research team, including all aspects of supervision and training of staff and students of the Institute in the use of techniques implemented.
- The appointee will provide excellence in postgraduate research training including contributing to the supervision of PhD students, and participation in other teaching and training programs of the Institute.
- The appointee will be expected to engage in activities promoting his or her research, the Brain Research Institute, and the wider FNI through membership of professional societies, participating in activities and other interactions associated with knowledge transfer.
- To assist with aspects of MRI quality control, MRI acquisition, software development, post-processing and analysis of data for research projects at the Institute.

#### Reporting & Liaison

The position will report to directly to Dr Abbott and be responsible to Professor Jackson.

#### Occupational Health & Safety

We all have a role to play when it comes to health and safety in our workplace. The Occupational Health and Safety Act 2004 sets out responsibilities for employers as well as employees, and also provides a framework for dealing with health and safety issues. Employees are required to carry out their duties in a manner that does not adversely affect

## FLOREY NEUROSCIENCE INSTITUTES



their own health and safety and that of others as well as co-operate with any measures introduced in the workplace to improve OH&S and report any incidents/injuries.

### Continuous Quality Improvement

Continuous Improvement is an important aspect of all our roles to ensure we assess, review and change our practices in an effort to improve our delivery of research or work processes. Each staff member needs to take an active role in promoting and generating improvement processes within their area and more generally across the organization.

### Equal Employment Opportunity

FNI is an equal opportunity employer who encourages diversity in the workplace through flexible work practices and family friendly policies.

### Confidentiality and Intellectual Property

An important aspect of your role is dealing with confidential information and aspects of intellectual property. As such, you will adhere to the Florey Neuroscience Institutes Standard Terms and Conditions on Confidentiality and Intellectual Property, as approved from time to time by the Head, Business Development.

### Term of role

This role is full time for a period of 2 – 3 years by negotiation.

## The Person

### Skills and Attributes

#### Essential

- A doctorate in physics or equivalent.
- A strong track-record in research, commensurate with level of appointment, including publication in peer reviewed journals.
- Highly developed interpersonal skills and demonstrated ability to work co-operatively in a team environment, in particular encompassing a number of integrated research groups.
- Previous experience in contributing to a research program.
- Proficient communication skills, both written and oral.
- Demonstrated high level of computer skills.

#### Desirable

- Previous experience in functional MRI or medical image analysis.
- Demonstrated previous experience in neuroimaging analysis, using tools such as SPM, FSL, FreeSurfer or equivalent.
- Experience with programming in C++, Matlab and/or IDL.
- Experience with various operating systems, including GNU/Linux.



Key Performance Indicators	
<ul style="list-style-type: none"> <li>Successful development and implementation of techniques for characterising functional brain networks.</li> <li>Publication of BRI-related original work in international peer-reviewed journals.</li> <li>Active participation (oral presentation and/or poster presentation of BRI-related original work) at international conferences.</li> </ul>	
<b>Appraisal</b>	An initial appraisal is conducted 4 months after appointment and on an annual basis thereafter.

I have read, understood and accept the above position description.

.....  
Name

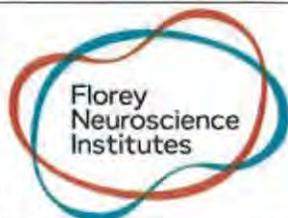
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Name

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Signed  
**Research Scientist**

.....  
Signed  
**Director - BRI**

.....  
Date

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Date

<b>FLOREY NEUROSCIENCE INSTITUTES</b>	
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### Position Description

<b>Position Title</b>	<b>Senior Research Officer Public Health</b> (17/10/2011 – 14/10/2012)
<b>Hours of work</b>	Monday to Friday as per employment agreement
<b>Classification</b>	RO3 to SRO2 (dependent on research track record)
<b>Responsible to</b>	A/Prof Dominique Cadilhac / Prof Geoffrey Donnan
<b>Area of Responsibilities</b>	Provide support to principal investigators, research officers and clinicians involved in the Victorian Stroke Telemedicine Project. Contribute to other Public Health and Epidemiological research.
<b>Qualifications and Experience</b>	Bachelor degree in science or health related field Post-graduate qualifications in public health/ epidemiology

#### FLOREY NEUROSCIENCE INSTITUTES

To help create one of the world's top 10 neuroscience institutes, the Howard Florey Institute, the Brain Research Institute and the National Stroke Research Institute have amalgamated to form the Florey Neuroscience Institutes. A \$202 million project has been launched which includes the construction of two new purpose-built state-of-the-art research facilities. The Mental Health Research Institute and University of Melbourne neuroscientists will co-locate with the Florey Neuroscience Institutes in the new facilities at the University's Parkville campus and at the Austin Hospital in Heidelberg.

They will combine their world-class research skills to develop more effective treatments for the millions of Australians affected by brain disorders.

Collectively the new facilities at Parkville and Heidelberg will accommodate around 700 staff and students.

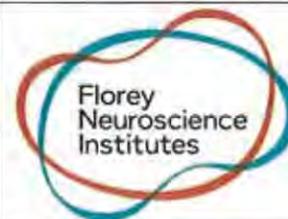
Providing significant funding for this project are the Victorian Government, Federal Government, University of Melbourne, the Ian Potter Foundation and the Myer Family.

**Our Mission:** *To Improve life through brain research*

**Our Vision:** *To be recognised as a leading international brain research facility*

**Our Values:** *Innovation and excellence, commitment and passion, integrity and rigour, collaboration and team work*

## FLOREY NEUROSCIENCE INSTITUTES



### The Position

#### Key Responsibilities

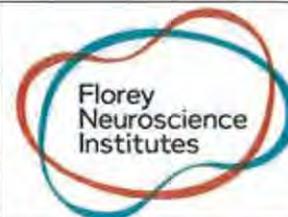
- Contribute to the preparation of protocols, project reports, policy and project specific documents, grants and ethics submissions, as required.
- Assist with the organisation and execution of project meetings including preparation of agendas, taking minutes, and liaison with collaborators, as required
- Maintain appropriate record keeping and filing according to project requirements
- Undertake or participate in project site visits or other relevant off-campus activities including the provision of training needed for projects, as required
- Undertake data collection, verification and management processes to ensure the integrity of data for analysis
- Undertake literature reviews
- Write grant applications to support the research activities of the Stroke Division
- Take responsibility for project budgets including ensuring budgets are adhered to with appropriate record keeping and documentation of outcomes, as required
- Performing statistical analyses using appropriate software
- Initiate or contributing to project reports, publications or presentations
- Understand and provide support for technical issues in relation to various database and communication systems used in the projects
- Be an essential member of a multidisciplinary research team and provide support for junior research and administrative staff
- Recruit and/or supervise staff working on various projects, as necessary or delegated by the Group/Division Head
- Ensure privacy and confidentiality requirements of the projects are achieved ensuring data preservation, backup and associated tasks are routinely completed and checked
- To ensure that research activities performed are conducted in accordance with project protocols, ethics approvals and Australian guidelines for good research
- To maintain a research output consistent with project timelines and the standing of FNI as an internationally recognised research centre
- As required, work on, or contribute to, a range of projects with appropriate research staff for the Stroke Division and/or with collaborating organisations/ individuals
- Attend and participate in applicable FNI and Stroke Division staff meetings and seminars where possible
- Be familiar with OHS regulations and other FNI policies that are applicable to all staff (such as HR policies and procedures, resource sharing, etc)
- Participate in objective setting, performance management, review of the position and the planning and implementation of personal and career development activities.
- Actively develop job-related skills, as appropriate to ensure the successful achievement of projects
- To be flexible in work routine

#### Reporting & Liaison

##### Internal: (Austin Site)

- Reports to Dominique Cadilhac, Head Division of Public Health, National Stroke Research Institute and Prof Geoffrey Donnan, Director FNI.

## FLOREY NEUROSCIENCE INSTITUTES



### External:

- As per contractual arrangements with the partners of the Victorian Stroke Telemedicine Project including Bendigo Health, the Loddon Mallee Health Alliance and Department of Health.
- As per contractual arrangements for other Public Health and Epidemiological research

### Occupational Health & Safety

We all have a role to play when it comes to health and safety in our workplace. The Occupational Health and Safety Act 2004 sets out responsibilities for employers as well as employees, and also provides a framework for dealing with health and safety issues. Employees are required to carry out their duties in a manner that does not adversely affect their own health and safety and that of others as well as co-operate with any measures introduced in the workplace to improve OH&S and report any incidents/injuries.

### Continuous Quality Improvement

Continuous Improvement is an important aspect of all our roles to ensure we assess, review and change our practices in an effort to improve our delivery of research or work processes. Each staff member needs to take an active role in promoting and generating improvement processes within their area and more generally across the organization.

### Equal Employment Opportunity

FNI is an equal opportunity employer who encourages diversity in the workplace through flexible work practices and family friendly policies.

### Confidentiality and Intellectual Property

An important aspect of your role is dealing with confidential information and aspects of intellectual property. As such, you will adhere to the Florey Neuroscience Institutes Standard Terms and Conditions on Confidentiality and Intellectual Property, as approved from time to time by the Head, Business Development.

## The Person

### Skills and Attributes

#### Essential

- *Bachelor degree in sciences or health-related field*
- *Post-doctoral qualifications in a public health or related research field*
- *Solid understanding of research and related ethical principles in the conduct of research*
- *Previous experience in managing and supporting collaborative projects amongst a multidisciplinary team*
- *Excellent computing and analytical skills*
- *Excellent interpersonal skills including the ability to work individually and as part of a*

## FLOREY NEUROSCIENCE INSTITUTES



*team.*

- *High-level written and oral communication skills and good organizational skills.*
- *Demonstrated ability to collect and collate information accurately and reliably.*
- *Demonstrated skills in personal time management and organising projects involving people.*
- *Experience with ethics applications and grant writing*
- *Ability to learn new techniques and follow established protocols.*
- *To be an essential member of a multidisciplinary research team.*
- *To ensure that research activities performed are conducted in accordance with study protocols and Australian guidelines for good research.*
- *To maintain a research output consistent with project timelines and the standing of the FNI as an internationally recognised research centre.*
- *To be flexible in work routine.*
- *Attend and participate in Stroke Division/FNI staff meetings and seminars*
- *Experience in writing/developing grant applications*
- *Ability to identify and report problems in a timely manner*

### **Desirable:**

- Prior experience undertaking research in stroke or cardiovascular disease
- Epidemiology/biostatistics qualifications
- Clinical background in allied health, medicine or nursing
- Management of project budgets
- Peer-reviewed publications, relative to opportunity
- Experience with competitive grant attainment, relative to opportunity
- Experience with telemedicine technology or web-based technologies for data capture

### **Key Performance Indicators**

- Successful completion of project work within the required timeframes
- Successful management of project budgets and staff, as delegated
- Peer-reviewed publications, relative to opportunity
- Grant funding, relative to opportunity



<b>Appraisal</b>	An appraisal will be conducted at the end of the probation period and annually and/or at the end of the period of employment.
------------------	---

I have read, understood and accept the above position description.

.....  
Name

.....  
Name

.....  
Signed  
**Research Officer**

.....  
Signed  
**Director - FNI**

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Date

.....  
Date

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# Postdoctoral Research Fellow - John Chalmers Clinical Research Fellowship

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At the George Institute our vision is to be the world's leading research centre dedicated to developing effective and affordable solutions for the healthcare challenges of the 21st century, especially in resource poor environments. We have over 450 staff across the globe with centres in Australia, China, India and United Kingdom. Our team of researchers are among the world's best with a genuine passion for improving the health of people around the world.

To celebrate and recognize one of our greats, Professor John Chalmers, we are offering The *John Chalmers Clinical Research Fellowship* with the support of Servier. The fellowship will be awarded to an outstanding post-doctoral clinical researcher to undertake supported research at the George Institute for Global Health in Australia. This is a full-time 2 year postdoctoral fellowship valued at \$80,000pa that will enable the Fellow to undertake research that encompasses Professor Chalmers' areas of interest, specifically, cardiovascular, hypertension, renal and diabetes. Extension beyond the term of the fellowship is dependent on further funding being secured.

The George Institute offers a flexible and inclusive work culture with excellent staff benefits including 17.5% leave loading, salary packaging arrangements and sound learning opportunities.

#### Eligibility Criteria:

- Applicants must hold a relevant postgraduate degree in related disciplines (including medicine, science or health)
- Experience in the development and coordination of health research projects and/or clinical trials
- Experience in writing research papers and grant applications
- Experience in data interpretation, analysis and/or statistical skills
- Excellent interpersonal skills and the ability to work well and flexibly ie autonomously, in small teams and with a wide range of varying stakeholders

#### Further Information:

Please find further information, position description and application form on our careers page via the link below. For additional information please contact Leanne Tea via email [jobs@georgeinstitute.org.au](mailto:jobs@georgeinstitute.org.au)

#### To apply:

All applications must be submitted via our careers webpage as a single PDF file and should include:

### Health courses

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Industry recognised providers

Explore courses

### TAFE courses

### Online courses

### Courses by Industry



- 1 page cover letter
- 2 page curriculum vitae
- 4 page statement addressing the statement of claim (attached)
- 2 page
- Full list of publications and presentations
- A copy of academic transcripts
- 2 Referee reports which should include (but is not limited to) the following:
  - The capacity in which the referee knows the Chalmers Fellowship applicant
  - Comment on the applicant's suitability for a clinical research fellowship
  - Comment on the applicant's potential for future leadership in their field of research.

*The George Institute is an equal employment opportunity employer committed to equity, diversity and social inclusion. Applications are encouraged from people with a disability; women; Aboriginal and Torres Strait Islanders; people who identify as GLBTI; and those from culturally and linguistically diverse backgrounds.*

**To apply for this job go to:**

**www.thegeorgeinstitute.recruitment.com.au & enter ref code: 2739566.**

**Applications close 08 May 2016**



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# Research Officer - LB

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## Research Officer - LB

Children's Cancer Institute is wholly dedicated to putting an end to childhood cancer and is the only medical research institute in Australia solely dedicated to this cause. We don't just hope to do it – **we will do it**; and we're looking for the brightest brains to help us get the job done. Children's Cancer Institute provides the best possible environment for our staff to develop and thrive with state-of-the-art facilities at the Lowy Cancer Research Centre, UNSW Australia – one of the leading cancer research centres in the world.

We have an exciting opportunity for a **Research Officer** to join our Leukaemia Biology Program on a full-time, one year contract (extendable). The successful candidate will undertake highly translational research focused on the preclinical development of novel drugs for the treatment of high-risk and drug-resistant acute leukaemia in children as part of the National Cancer Institute (USA) funded Pediatric Preclinical Testing Consortium (PPTC).

### Duties and responsibilities will include, but are not limited to:

- Undertake research as a team member and independently
- Make a significant contribution to the intellectual output of the Leukaemia Biology Program through experimental design, publications and presentations at national and international conferences
- Drafting new agent proposals for consideration by the PPTC Steering Committee
- Drafting manuscripts of research findings, and analyse and collate experimental results for transfer to the PPTC Coordinating Center on a regular basis
- Collating, organising and presenting experimental results
- Contribute to laboratory compliance and ordering
- Responsible for producing and contributing to high quality research and industry publications
- Contribute to research and commercial funding submissions

### Minimum qualifications, experience and skills required:

- PhD or equivalent in relevant scientific or medical field and 1-5 years' postdoctoral experience.
- Experience in translational cancer biology
- Prior experience in animal models of cancer is essential
- Expertise in cell and molecular biology techniques, and cancer genomics or proteomics
- High level of motivation and research productivity
- Advanced technical skills

22 Apr 2016

**Location:** Sydney ▶ CBD, Inner West & Eastern Suburbs  
**Work type:** Full Time  
**Classification:** Healthcare & Medical ▶ Clinical/Medical Research

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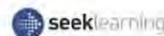
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We are strongly committed to the growth of our employees so all staff can fulfil their aspirations. You'll be rewarded with a friendly and professional work environment, comprehensive on-campus facilities, competitive salary, salary packaging options and regular social activities.

Discover what it's like to look forward to coming to work every day and making a real difference in our mission to save the lives of all children with cancer! It's not if. It's **when**.

A detailed job description and additional information on Children's cancer Institute can be found on our website at: [www.childrenscancerinstitute.org.au](http://www.childrenscancerinstitute.org.au)

To apply, please click the 'APPLY' link below and forward both your resume AND cover letter clearly addressing the qualifications, experience and skills required.

Please note: Due to the high volume of applicants, only shortlisted candidates will be contacted.



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## STAFFORD FOX CENTENARY FELLOWSHIPS IN RARE CANCER: BIOLOGY & GENOMICS, AND BIOINFORMATICS & COMPUTATIONAL BIOLOGY

Two postdoctoral positions funded for five years by prestigious Centenary Fellowships are currently available as part of an exciting new Rare Cancers Program at the Walter and Eliza Hall Institute of Medical Research.

The Rare Cancers Program is jointly led by Associate Professors Clare Scott and Associate Professor Tony Papenfuss and will generate new genomics data from interesting cases of rare cancer, drawn from a number of national rare cancer studies/platforms led by Associate Professor Scott, and aims to improve outcomes for rare cancer patients. A rapid autopsy program for rare cancers is also being established, which will generate fascinating data and provide deep insights into the origins and progression of rare cancers.

The two postdoctoral positions will work closely together and there is ample scope in both positions to develop leadership and contribute to research direction within the program.

The Stafford Fox Centenary Fellowship in the Biology and Genomics of Rare Cancers will be based in the Scott Laboratory at the institute, which undertakes cancer research by generating novel pre-clinical models derived from highly relevant patient material. The lab develops such models with an emphasis on molecular characterisation, identification of susceptibilities relevant for therapeutic targeting and study of tumour evolution under therapeutic pressure. The role will use mouse models, in vitro culture including organoids, and undertake genomics and epigenetics analyses.

### Experience, qualifications and skills

Applicants should have a PhD in a biological field related to cancer research and at least three years post-doctoral experience in basic cancer research. A strong interest in biology and a passion for science is essential. Excellent molecular skills are strongly recommended. Applicants should have outstanding writing and oral presentation skills.

Reference code: WEHI/CACS

The Stafford Fox Centenary Fellowship in Bioinformatics and Computational Biology for Rare Cancers will be based in the Papenfuss Laboratory at the institute, which undertakes bioinformatics and computational biology research with a strong focus on cancer and evolution. This role will involve bioinformatics methods development, applied bioinformatics analyses, and computational biology approaches to make sense of multi-omics data.



Computational biology, mathematics/statistics, computer science, or  
in bioinformatics or computational biology, and cancer genomics is

The position requires strong programming skills and expertise in python and R is highly desirable. Familiarity with unix and version control software is highly desirable. Applicants should have outstanding writing and presentation skills.

Reference code: WEHI/MKBCF

### Salary and benefits

Salary is dependent upon qualifications and experience. Up to 17% superannuation and attractive salary packaging options are available.

At the Walter and Eliza Hall Institute, we strive to ensure our staff and students enjoy a great working environment. We value diversity and gender equity in our workforce and promote flexible working arrangements for staff to balance working requirements and personal needs ([www.wehi.edu.au/about/institute-life/gender-equity](http://www.wehi.edu.au/about/institute-life/gender-equity)).

### Application

Position descriptions are available on our website (<http://www.wehi.edu.au/>) for both positions.

Applications including cover letter, CV and the names of three professional referees should be emailed in PDF format to [jobapplications@wehi.edu.au](mailto:jobapplications@wehi.edu.au) quoting the relevant reference code listed above.

Application closing date: 7th May 2016...



DISCOVERIES FOR HUMANITY

APPLY FOR THIS JOB... ([EMAILTO:JOBAPPLICATIONS@WEHI.EDU.AU](mailto:JOBAPPLICATIONS@WEHI.EDU.AU))

### Company

The Walter and Eliza Hall Institute of Medical Research (WEHI)

### Location

Australia

### Application date

2016-05-07

### Categories

Researcher

### Topics

Natural Sciences



what:

Medical Research Institute

Job title, keywords or company

where:

Westmead NSW

City, state/territory or postcode

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## Research Officer - Cell Cycle Unit

Children's Medical Research Institute - Westmead NSW

Research Officer

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Get job updates from Children's Medical Research Institute

- Make an important contribution to the health of children through

medical research

- Work with one of Australia's most respected national and independent

medical research institutes

- Gain valuable experience in the not-for-profit sector

Children's Medical Research Institute (CMRI) was Australia's first dedicated paediatric research facility and is now one of the nation's most highly regarded independent medical research centres. Our research focuses on the areas of embryonic development and birth defects, cancer, neuroscience and gene therapy and we have a strong international reputation based on our research outcomes. CMRI's research programs are supported by state of the art facilities and committed research and support staff. Our achievements are made possible by a loyal network of community supporters, highly engaged donors and the very successful Jeans for Genes® fundraising campaign.

Applications are invited for an enthusiastic and motivated post-doctoral scientist in the Cell Cycle Unit. The post-doctoral position is available immediately. CMRI has a state-of-the-art mass spectrometry facility that has recently been expanded/upgraded that consists of two of Australia's largest Australian Cancer Research Foundation (ACRF)

**Proteomics Facilities. Further information is available at:**  
<http://www.cmri.org.au/Research/Research-Facilities/ACRF-Centre-for-Kinomics>

<http://www.cmri.org.au/Research/Research-Facilities/ProCan>  
 The project focuses on unravelling the molecular mechanisms of action of endocytic proteins during mitosis such as clathrin. The successful candidate will carry out large-scale quantitative proteomics and phosphoproteomics of purified mitotic spindles following depletion or functional inhibition of endocytic proteins. The mitotic spindle is an essential cytoskeletal structure required for equal chromosome segregation during cell division. Errors in the structure and function of the mitotic spindle lead to aneuploidy and thus increase oncogenic potential. The position is for 1 year. Extension of the appointment will be dependent upon further external funding from competitive grants.

The successful candidate must hold the following:

- PhD and must have experience in mass spectrometry and protein biochemistry.
- Broad experience of quantitative proteomics such as SWATH and TNT labelling,

molecular

biology, would be a distinct advantage

- Must be organized with data collection, meeting presentations and composing

study reports

- Provide scientific and creative leadership, and demonstrate excellent

communication and interpersonal skills

- Must indicate if they are Australian citizens, permanent residents or must provide

evidence of work permits

The selected candidate will be working in a creative, fast-paced team environment which demands team-oriented execution of time-dependent experiments.

You will be provided with a competitive remuneration package in accordance with qualifications and experience. Additional benefits include the provision of a Public Benevolent Institution salary packaging scheme and participation in an employer-contributed superannuation fund.

Applications should include a cover letter (citing PV1605), curriculum vitae and contact details (phone/email) of three professional referees and be forwarded to [recruitment@cmri.org.au](mailto:recruitment@cmri.org.au)

Closing date for applications is 22nd April 2016.

Please direct enquiries regarding the position to A/Prof Megan Chircop on +612 8865 2992 or [mchircop@cmri.org.au](mailto:mchircop@cmri.org.au). Further information about the Cell Cycle Unit is available at <http://www.cmri.org.au/Research/Research-Units/Cell-Cycle>  
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### » Apply Now

Indeed will send your application to [recruitment@cmri.org.au](mailto:recruitment@cmri.org.au).

Please review all application instructions before applying to Children's Medical Research Institutue.

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**Communications Project Officer – Genomics**  
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Children's Medical Research Institutue - 21 days ago  
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## Post doctoral/Clinical Research Fellow in Neurodegenerative Diseases

Australian and New Zealand Association of Neurologists - Australia

\$57,330 - \$97,205 a year

The Wesley Research Institute, Brisbane

Post-doctoral/Clinical Research Fellow in Neurodegenerative Diseases

**Salary:** UQ academic salary Level A or B \$57,330 to \$97,205 per annum (depending on qualifications and experience) plus superannuation and salary sacrificing benefits

**Appointment:** Full-time, fixed-term for up to 3 years

The Wesley Research Institute is a not-for-profit organisation that conducts research that focuses on improving patient care and quality of life. Our clinical and applied research aims to discover, test and refine new techniques for better diagnosis and treatment of illness and disease.

The primary function of this role is to lead a new research team in the study of neurodegenerative diseases (Huntington's Disease and Friedreich's Ataxia) in collaboration with the University of Queensland Centre for Clinical Research, Queensland Brain Institute and the Department of Neurology at the Royal Brisbane and Women's Hospital.

For the Clinical Research Fellow role you are required to hold a medical degree that is registrable with the Medical Board of Australia and have significant clinical and/or research experience in neurology.

For the Post-doctoral Research Fellow position it is essential that you hold an MD/ PhD in a neuroscience-related subject. An adjunct academic appointment will be sought from the University of Queensland for senior candidates.

**Further information:** <http://www.wesleyresearch.org.au/contact-wri/careers/>

To submit your cover letter and CV please contact the Wesley Research Institute at, ph +61 7 3721 1500 or email [careers@wesleyresearch.com.au](mailto:careers@wesleyresearch.com.au)

**Closing date:** 11 April 2014  
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Indeed will send your application to [careers@wesleyresearch.com.au](mailto:careers@wesleyresearch.com.au).

Please review all application instructions before applying to Australian and New Zealand Association of Neurologists.

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Australian and New Zealand Association of Neurologists

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# JOB DESCRIPTION TELETHON KIDS INSTITUTE



<b>Why is this Job Description being written?</b>		<input checked="" type="checkbox"/> New Position <input type="checkbox"/> Replacement Position <input type="checkbox"/> Position re-designed <input type="checkbox"/> Position not previously described		
<b>POSITION DETAILS:</b>	<b>Position Title:</b>	<b>EXPERIENCED RESEARCH ASSISTANT/ RESEARCH OFFICER</b>		
<b>RFA:</b>	Brain and Behaviour	<b>Research Group:</b>	Inflammation	
<b>Position reports to: (role)</b>	Head, Inflammation (Prof Prue Hart)			
<b>Location: include all possible locations</b>	100 Roberts Road Subiaco			
<b>POSITION PURPOSE:</b> In one or two sentences briefly summarise the overall purpose of this role, i.e. broadly, <b>what</b> this role does and <b>why</b>				
<p>This person will assist in the daily management and extensive laboratory analysis of samples from participants in a clinical trial. This person will assist in phenotypic and functional tests of cells isolated from blood. This person must have laboratory experience.</p>				
<b>KEY RESPONSIBILITY AREAS</b> <i>(Please list in order of importance)</i>				
<b>Key Position Accountabilities</b> What are the main areas for which the position is accountable	<b>% of Total Role</b>	<b>Inputs:</b> What are the key activities or tasks to be carried out?	<b>Outputs:</b> What are the expected end results?	<b>Measures:</b> How it is measured

ESSENTIAL SKILLS, KNOWLEDGE AND EXPERIENCE:			
<b>Qualifications:</b> what are the minimum educational, technical or professional qualifications required to competently perform role		<ul style="list-style-type: none"> <li>• PhD, or Bachelors degree with Honours in a health sciences discipline</li> </ul>	
<b>Skills, Knowledge &amp; Experience:</b>		<ul style="list-style-type: none"> <li>• Laboratory experience for taking and handling of blood, isolation of cells and serum, freezing of cells</li> <li>• Flow cytometry experience</li> <li>• Demonstrated ability to develop initiatives in a research environment</li> <li>• Demonstrated ability to set goals, develop priorities and meet deadlines</li> <li>• Superior organisational skills</li> <li>• Database management skills</li> <li>• Ability to work in a multi-disciplinary research team that spans several sites</li> <li>• Ability to liaise effectively with neurologists, participants and scientists</li> <li>• High level written and oral communication skills</li> <li>• Empathic nature for liaison with trial participants</li> <li>• Knowledge about the principles of Good Clinical Practice, human ethics, governance and research compliance in Australia</li> </ul>	
DESIRABLE SKILLS, KNOWLEDGE AND EXPERIENCE:			
<b>Qualifications:</b> what are the minimum educational, technical or professional qualifications required to competently perform role		<ul style="list-style-type: none"> <li>• Research higher degree or equivalent level of expertise gained from a combination of experience, training or professional accreditation in a health-related field</li> </ul>	
<b>Skills, Knowledge &amp; Experience:</b>		<ul style="list-style-type: none"> <li>• Experience in data analysis and report writing</li> <li>• Experience in preparing manuscripts for peer-review publication</li> <li>• Experience in public speaking and conference presentation</li> <li>• Experience in supervision of students</li> </ul>	
SCOPE:			
<b>Financial accountability:</b> Does this role have accountability for a budget? No			
<b>People responsibility:</b> Does this role have any direct reports or indirect reports (through direct reports)?			
No. of direct reports	0	No. of indirect reports	0

<p><b>Research</b></p>	<p>80%</p>	<ul style="list-style-type: none"> <li>• Assist in the day to day running of the PhoCIS trial</li> <li>• Participant liaison and recruitment for the first trial visit and multiple follow-up visits</li> <li>• Isolation of serum and cells for analysis and for subsequent storage of aliquots of cells in liquid nitrogen and -80 degrees</li> <li>• Testing of functional activities associated with development of multiple sclerosis</li> <li>• Phenotyping of cells isolated from the blood of trial participants</li> <li>• Examination of cell function by assessment of cell movement and metabolism</li> <li>• Collection and storage of questionnaire data</li> <li>• Collection and storage of data from UVB dosimeters</li> <li>• Collection and storage of skin characteristics and skin casts</li> <li>• Management of data bases of all details related to the participants</li> <li>• Procurement of all reagents necessary for conduct of the trial</li> </ul>	<ul style="list-style-type: none"> <li>• Timely recruitment and follow-up of trial participants</li> <li>• Analysis of blood cell phenotype and function</li> <li>• Timely reports to the trial chief investigators of the trial progress</li> <li>• Active participation in meetings of the Trial Chief Investigators</li> </ul>	<ul style="list-style-type: none"> <li>• Trial participants are happy to complete follow-up visits</li> <li>• Organised freezing and analysis of samples from trial participants</li> <li>• Organised phenotyping of cells and examination of their function</li> <li>• Organised management of trial information</li> <li>• Timely completion of administrative duties</li> </ul>
<p><b>Research Administration</b></p>	<p>20%</p>	<ul style="list-style-type: none"> <li>• Collection and management of high quality research data</li> <li>• Participation in continuous quality improvement and Good Clinical Practice compliance of research activities</li> </ul>	<ul style="list-style-type: none"> <li>• Protection of the health, dignity, integrity, right to self-determination, privacy and confidentiality of personal information of research participants</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Successful implementation of recording systems for all trial information</li> </ul>

**ORGANISATIONAL CHART:** (please complete using position titles or insert diagram below)

Next level of supervision

Principal Chief Investigator

Immediate level of supervision

Trial Co-ordinator/  
Research Fellow

Other roles reporting to immediate supervisor

		Senior Research Assistant/ Research Officer			
--	--	--	--	--	--

Direct reports (role x no.)

--	--	--	--	--	--

**ADDITIONAL INFORMATION:** is there any additional information that needs to be understood to explain this role?

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# Animal Technician - ABR Mossvale Facility

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## Animal Technician - ABR Mossvale Facility

The Garvan Institute of Medical Research is one of Australia's leading medical research institutes, with over 600 scientists, students and support staff. We pioneer study into the most widespread diseases affecting our community today, including cancer, neurodegenerative and mental diseases, disorders of the immune system, diabetes and obesity, osteoporosis and other skeletal disorders.

The Australian BioResources Facility owned and operated by the Garvan, breeds high quality laboratory mice for Garvan's medical research programs. This state of the art facility, based near Moss Vale, uses advanced technology to provide an optimal environment for the production of high quality animals for medical research.

We are currently seeking a full time Animal Technician to join our dedicated team of professionals. Principal responsibilities of this position involve breeding, maintenance and care of inbred and genetically modified mouse colonies, cage and room hygiene, record keeping and participation in facility cleaning in accordance with Garvan's Animal Ethics Monitoring Standards.

To secure this opportunity, the successful applicant will need to possess the following skills and attributes:

### Essential

- A firm commitment to animal welfare and care
- Strong customer focus and commitment to quality
- Good communication and interpersonal skills
- Ability to work well with colleagues
- Meticulous attention to detail
- Strong organisational skills
- High level of reliability
- Ability and motivation to develop new skills and learn new procedures

### Desirable

- Relevant tertiary qualifications
- Experience in the laboratory animal field

20 Apr 2016

Location	Tumut, Southern Highlands & Snowy
Salary	competitive + 10% super and salary packaging
Work type	Full Time
Classification	Healthcare & Medical ▶ Clinical/Medical Research

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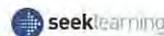
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- A basic knowledge of veterinary and medical terminology
- Basic manipulation skills (ie. Injection and blood collection)

The position is a 1 year fixed term position with a possibility of a renewal after 12 months. The successful applicant must be available to participate in weekend work and public holiday rosters.

**How to Apply**

Please prepare and submit your application at <http://www.garvan.org.au/careers> ensuring you attach the following:

- A Cover Letter addressing the Selection Criteria above
- Your Resume including 3 Referees

Closing date: 29 April 2016

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## FLOREY NEUROSCIENCE INSTITUTES



### Position Description

<b>Position Title</b>	Senior Technician
<b>Classification</b>	HEW 5-1
<b>Responsible to</b>	Mouse Facility Manager
<b>Area of Responsibilities</b>	Melbourne Brain Centre Breeding Facility
<b>Qualifications and Experience</b>	Completion of Animal Technician Degree

### FLOREY NEUROSCIENCE INSTITUTES

To help create one of the world's top 10 neuroscience institutes, the Howard Florey Institute, the Brain Research Institute and the National Stroke Research Institute have amalgamated to form the Florey Neuroscience Institutes (FNI). The FNI has a combined operating budget of \$30m pa and is engaged in a \$225 million project that includes the construction of two new purpose-built state-of-the-art research facilities; one in Parkville and the other in Heidelberg.

The Mental Health Research Institute and University of Melbourne will co-locate with the FNI in these new facilities. Collectively, they will combine their world-class research skills to aid in the diagnosis and development of more effective treatments for millions of Australians affected by brain disorders every year.

The new facilities at Parkville and Heidelberg will accommodate around 700 staff and students. Together with co-located occupants we will share scientific platforms and seek to improve efficiencies through shared management services.

The best neuroscientists from Australia and around the world will be attracted to these new facilities. Construction should be completed by the end of 2011.

The FNI's corporate statements of intent are:

**Our Mission:** *To Improve life through brain research*

**Our Vision:** *To be recognised as a leading international brain research facility*

**Our Values:** *Innovation and excellence, commitment and passion, integrity and rigour, collaboration and team work*

## FLOREY NEUROSCIENCE INSTITUTES



### The Position

This is a senior technical appointment expected to play a major role in all aspects of animal (mice) management. In particular the position involves the management of transgenic mice and direct involvement in delivering successful research outcomes, coordinating daily staff activity, monitoring and assisting staff progress, setting and following a budget and assisting in developing an animal monitoring program. The position will involve periods of work at Howard Florey Institute's off-site facilities and associated travel. As Animal Services operates 7 days a week, the incumbent is expected to contribute to work on weekends and public holidays and perform overtime as required. The successful applicant is expected to be reliable, flexible and have an understanding of the needs associated with animal care and display a solid work ethic.

### Key Responsibilities

- In the absence of the mouse facility manager, assist and co – ordinate breeding strategies with other senior technicians associated with Melbourne Brain Centre mouse breeding facility and Howard Florey Institute mouse facilities.
- First point of contact for matters related to mice production and husbandry within MBC mouse breeding facility.
- High expertise in transgenic mouse colonies.
- Ensure the highest standards of Animal welfare and regulatory compliance.
- Maintain accurate mouse records for colony management and familiarity with mouse tracking systems
- Train and supervise new and existing Animal Services staff.
- Exercise basic animal procedure techniques.

### Reporting & Liaison

The Position reports to The Mouse Facility Manager and Core Animal Services Manager  
Only broad direction is anticipated with the expectation of direct liaison with individual researchers as required to achieve desired outcomes.

### Occupational Health & Safety

We all have a role to play when it comes to health and safety in our workplace. The Occupational Health and Safety Act 2004 sets out responsibilities for employers as well as employees, and also provides a framework for dealing with health and safety issues. Employees are required to carry out their duties in a manner that does not adversely affect their own health and safety and that of others as well as co-operate with any measures introduced in the workplace to improve O.H & S and report any incidents/injuries.

## FLOREY NEUROSCIENCE INSTITUTES



### **Continuous Quality Improvement**

Continuous Improvement is an important aspect of all our roles to ensure we assess, review and change our practices in an effort to improve our delivery of research or work processes. Each staff member needs to take an active role in promoting and generating improvement processes within their area and more generally across the organization.

### **Equal Employment Opportunity**

FNI is an equal opportunity employer who encourages diversity in the workplace through flexible work practices and family friendly policies.

### **Confidentiality and Intellectual Property**

An important aspect of your role is dealing with confidential information and aspects of intellectual property as such you will adhere to the Florey Neuroscience Institutes Standard Terms and Conditions on Confidentiality and Intellectual Property, as approved from time to time by the Head Business Development.

## FLOREY NEUROSCIENCE INSTITUTES



### The Person

#### Skills and Attributes

##### Essential

- Excellent interpersonal skills with the ability to liaise with researchers and train staff and students
- Experience in a supervisory role.
- Experienced in transgenic and knock out mouse colonies
- Excellent time, data management and meeting preparation skills.
- A high level of animal husbandry skills.
- A current Victorian Drivers Licence.
- Reliable with a high standard of work ethic.
- Work within a team environment.
- Proficiency working within a SPF environment.

##### Desirable

- Demonstrated ability to work effectively with minimal direction,
- Knowledge of relevant animal welfare and regulatory compliance issues.
- Demonstrated ability to deliver precise animal production requirements from complex animal models over long time courses.
- Victorian Drivers licence.

**FLOREY NEUROSCIENCE INSTITUTES**



**Key Performance Indicators**

- Ensure a high standard of breeding transgenic mouse strains
- Ensure communication is maintained on a weekly basis with your group you manage colonies for.
- Attend weekly or fortnightly user group meetings.
- Accurate record keeping.
- Maintain a team work ethic within the mouse facilities
- Assist manager with the supervision of junior staff members as requested.
- Attend monthly mouse facility staff meetings
- Report to CAS manager and Mouse Facility manager in regards to animal tracking systems and documents.

**Appraisal**

An initial appraisal is conducted 4 months after appointment and on an annual basis thereafter.

I have read, understood and accept the above position description.

.....  
Name

.....  
Name

.....  
Signed  
**Employee**

.....  
Signed  
**Team Leader/Supervisor**

.....  
Date

.....  
Date

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# Senior Research Assistant/ Junior Research Officer

Children's Cancer Institute [More jobs by this advertiser](#)



## Senior Research Assistant/ Junior Research Officer

Children's Cancer Institute is wholly dedicated to putting an end to childhood cancer and is the only medical research institute in Australia solely dedicated to this cause. We don't just hope to do it – **we will do it**; and we're looking for the brightest brains to help us get the job done. Children's Cancer Institute provides the best possible environment for our staff to develop and thrive with state-of-the-art facilities at the Lowy Cancer Research Centre, UNSW Australia – one of the leading cancer research centres in the world.

We have an excellent opportunity for a dedicated Senior Research Assistant/Junior Research Officer to join our Molecular Carcinogenesis team on a full-time 12 month contract with potential to extend. The position will involve exploring mechanisms of tumorigenesis using transgenic mouse models of leukaemia and neuroblastoma. Moreover, the mechanistic insights from this work will be used to explore novel therapeutic targeting opportunities using in vitro and in vivo models of leukaemia/neuroblastoma.

### Responsibilities will include, but are not limited to:

- Conduct research as a member of a team and supervised by project Leader
- Achieve an outstanding level of competence in all aspects of experimental work
- Assist with planning and coordination of research efforts
- Produce, or contribute to high quality publications
- Present research data at conferences and seminars
- Trains, supervises and guides students on a day to day basis
- Get involved in professional activities
- Get involved in CCIA activities
- Comply with regulatory guidelines (including OGTR and ethics) and Institute policies

### Qualifications:

- BSc or MSc/PhD in a relevant scientific medical field

### Experience and requirements:

- 2-3 years' research experience
- Has experience in molecular and cellular biology
- Has experience working with animal models
- Demonstrated ability to design and conduct experiments

31 Mar 2016

**Location:** Sydney ▶ CBD, Inner West & Eastern Suburbs  
**Work type:** Full Time  
**Classification:** Healthcare & Medical ▶ Clinical/Medical Research

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### Health courses

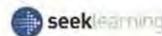
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- Advanced computer skills
- Demonstrated commitment to conducting experiments involving humans, animals & GMO's under strict ethical and regulatory guidelines
- Demonstrated commitment to OGTR and other regulatory requirements
- Exhibits a high degree of professionalism and respect for others
- An interest in developing techniques and using the latest technology in research projects

We are strongly committed to the growth of our employees so all staff can fulfil their aspirations. You'll be rewarded with a friendly and professional work environment, comprehensive on-campus facilities, competitive salary, salary packaging options and regular social activities.

Join a group of dedicated people in a performance-driven environment to achieve success and discover what it's like to look forward to coming to work every day and making a real difference in our mission to save the lives of all children with cancer! It's not if. It's **when**. A detailed job description and additional information on Children's cancer Institute can be found on our website at: [www.childrenscancerinstitute.org.au](http://www.childrenscancerinstitute.org.au)

To apply, please click the 'APPLY' link below and forward both your resume AND cover letter clearly addressing the qualifications, experience and skills required.

Please note: Due to the high volume of applicants, only shortlisted candidates will be contacted.



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## POSITION DESCRIPTION



<b>Position Title</b>	Research Assistant
<b>Classification</b>	RA 4-6
<b>Responsible to</b>	Dr Toby Merson
<b>Area of Responsibilities</b>	Experiments involving molecular biology, immunohistochemistry, cell culture and animals, data management, administrative reporting
<b>Qualifications and Experience</b>	Bachelor of Science degree with Honours (or equivalent) Evidence of formal scientific training and achievement Previous research assistant experience highly desirable

### FLOREY NEUROSCIENCE INSTITUTES

To help create one of the world's top 10 neuroscience institutes, the Howard Florey Institute, the Brain Research Institute and the National Stroke Research Institute have amalgamated to form the Florey Neuroscience Institutes (FNI). The \$225 million project includes the construction of two new purpose-built state-of-the-art research facilities. The Mental Health Research Institute and University of Melbourne neuroscientists will co-locate with the FNI in the new facilities at the University's Parkville campus and at the Austin Hospital in Heidelberg.

The FNI, Mental Health Research Institute and the University will combine their world-class research skills to develop more effective treatments for the millions of Australians affected by brain disorders every year.

The new facilities at Parkville and Heidelberg will accommodate around 700 staff and students.

The FNI will attract the best neuroscientists from Australia and around the world to its Melbourne facilities. Preparation of the building sites is well advanced with construction of both facilities to be completed by 2011.

Providing significant funding for this project are the Victorian Government, Federal Government, University of Melbourne, the Ian Potter Foundation and the Myer Family.

**Our Mission:** *To Improve life through brain research*

**Our Vision:** *To be recognised as a leading international brain research facility*

**Our Values:** *Innovation and excellence, commitment and passion, integrity and rigour, collaboration and team work*

## POSITION DESCRIPTION



### The Position

This position is for a highly motivated and exceptionally well organised individual with significant laboratory experience capable of undertaking independent investigation to a very high standard. The position will involve research directed tasks involving cell culture, immunohistochemistry, molecular biology, microscopy, image analysis and quantification, and animal research. Following training, the successful candidate will be expected to work with minimal direct supervision in a capacity that will involve interaction with various individuals within the division.

The incumbent will join a research team led by Dr Tobias Merson within the Multiple Sclerosis (MS) Division at FNI. The MS Division headed by Prof Trevor Kilpatrick comprises more than 20 researchers including scientists, students and research assistants. The Division is focused on developing strategies to limit the severity of demyelinating diseases of the central nervous system, of which MS is the most common cause. The Division has a strong history of publishing high impact papers and continues to maintain a high national and international profile in this field.

### Key Responsibilities

The incumbent will provide significant support to research by performing a range of research related tasks including:

- Conduct experiments including preparation, sampling, data collection and analysis and preparation of results and reports as requested by the supervisor;
- Assist in the preparation of documentation (e.g. for grant applications, research and conference papers) requiring the conducting of literature reviews and/or analysis of data;
- Provide administrative and financial management support for research projects and programs including the maintenance and use of electronic and paper based information systems, databases and records;
- Manage or provide significant assistance to the operations of the research laboratory including maintaining laboratory equipment and materials, the disposal of waste and the ordering of supplies;
- Keep abreast of developments, activities and protocols in area of expertise through liaison with staff and peers, reading relevant literature and attendance at relevant seminars
- Other duties as required within the scope of the classification of this position.

### Working hours

The appointment is for a full-time position. The nature of the research requires monitoring of tissue culture and animal experiments and this in turn will require flexible working hours. Depending upon the nature of the work being undertaken at any given time, the incumbent may be required to work evenings and weekends.

## POSITION DESCRIPTION



### Reporting & Liaison

The incumbent will join the Multiple Sclerosis (MS) Division at FNI to perform experiments as required by Dr Tobias Merson who will act as primary supervisor. The incumbent will be required to participate in weekly lab and division meetings.

### Occupational Health & Safety

We all have a role to play when it comes to health and safety in our workplace. The [Occupational Health and Safety Act 2004](#) sets out responsibilities for employers as well as employees, and also provides a framework for dealing with health and safety issues. Employees are required to carry out their duties in a manner that does not adversely affect their own health and safety and that of others as well as co-operate with any measures introduced in the workplace to improve O.H & S and report any incidents/injuries.

### Continuous Quality Improvement

Continuous Improvement is an important aspect of all our roles to ensure we assess, review and change our practices in an effort to improve our delivery of research or work processes. Each staff member needs to take an active role in promoting and generating improvement processes within their area and more generally across the organization.

### Equal Employment Opportunity

FNI is an equal opportunity employer who encourages diversity in the workplace through flexible work practices and family friendly policies.

### Confidentiality and Intellectual Property

An important aspect of your role is dealing with confidential information and aspects of intellectual property as such you will adhere to the Florey Neuroscience Institutes Standard Terms and Conditions on Confidentiality and Intellectual Property, as approved from time to time by the Head Business Development.

## POSITION DESCRIPTION



### The Person

#### Skills and Attributes

This position is for a highly motivated and well organised individual with significant laboratory experience enabling a capacity for independent investigation. The successful candidate will be expected to work under minimal supervision using experimental protocols established in the laboratory with the expectation of innovation of new techniques. A high level of skill is assumed, in combination with accuracy, attention to detail, reliability, motivation and the ability to prioritise tasks.

#### Essential

- Bachelor of Science degree with Honours (or equivalent) from a recognised university with subsequent relevant work experience OR an equivalent combination of experience and training;
- Evidence of formal scientific training and achievement including an ability to solve problems by using discretion, innovation and diagnostic skill within areas of responsibility
- An ability to work as part of a team with excellent written and verbal communication skills and a proven ability to follow instructions, keep detailed documentation of experiments and results, effectively analyse information and produce clear, succinct reports and documents with reliability, accuracy and attention to detail
- High level planning and organisational skills, with the ability to prioritise multiple tasks and set and meet deadlines
- Demonstrated well developed computer literacy and proficiency in the production of high level work using software such as Microsoft Office, with the capability and willingness to learn new packages as appropriate
- A demonstrated awareness of the principles of confidentiality, privacy and information handling

#### Desirable

- Experience in a variety of laboratory techniques, with an emphasis on cell culture, molecular biology and animal handling experience

<h2>POSITION DESCRIPTION</h2>	
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Key Performance Indicators	
<p>Clear evidence of an ability to:</p> <ul style="list-style-type: none"> <li>• Follow instructions and to keep detailed, accurate and up-to-date records of experimental procedures and results, including maintenance of laboratory inventory, animal database, ordering of laboratory stocks</li> <li>• Effectively troubleshoot and work with minimal supervision</li> <li>• Interact effectively with the primary supervisor to discuss research outcomes and directions and meet agreed timelines</li> <li>• Conduct research in a timely manner and to work reliability, accurately and with attention to detail</li> </ul>	
<b>Appraisal</b>	An initial appraisal is conducted 4 months after appointment and on an annual basis thereafter.

I have read, understood and accept the above position description.

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Name

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Name

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Signed  
**Employee**

.....  
Signed  
**Team Leader/Supervisor**

.....  
Date

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Date

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# Data and Administration Officer

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## Data and Administration Officer

One in five Australians is affected by a brain disorder each year. The Florey Institute of Neuroscience and Mental Health employs more than 400 people who are passionately committed to researching the way the brain works. We are internationally renowned for our discoveries and research on the central nervous system and associated brain disorders. Key areas of interest include addiction, Alzheimer's disease, cardiovascular disease, depression, epilepsy, Huntington's disease, motor neuron disease, multiple sclerosis, Parkinson's disease, schizophrenia, stroke and traumatic and spinal cord injury.

An excellent opportunity is available for a highly motivated individual to join an outstanding team of scientists and work within the Public Health Team. This full time role initially for a period of 12 months, will primarily be responsible for providing administration and data management support for the Australian Stroke Clinical Registry (AuSCR) including the Queensland Stroke Quality Improvement Project (Q-SQIP). The AuSCR is a national clinical quality registry in which a web tool is used to collect a minimum data set of acute care treatment plus health outcomes 3 months post-episode for all hospitalised patients who have had a stroke or transient ischaemic attack. The information collected in AuSCR is used to monitor the quality of acute stroke care and promote quality assurance in participating hospitals. From 2016, the AuSCR will transition to be operated on the AuSDaT and the Florey will become the data custodian for this tool.

The successful candidate will hold a relevant Bachelor degree in sciences or health related field and also experience with health information or data management, epidemiology, public health or related field. Attention to detail, excellent computing skills and well developed organisations skills are attributes we are looking for in order to fulfil this diverse role.

An indicative salary in the range of \$60,188 to \$65,149 commensurate with experience (plus 9.5% superannuation and generous salary packaging options). For more information or to obtain a position description please visit our website at [www.florey.edu.au/careers](http://www.florey.edu.au/careers)

Applications, including cover letter and curriculum vitae should be forwarded no later than **5pm, Wednesday, 27th April 2016**.

Human Resources Office  
 E: [employment@florey.edu.au](mailto:employment@florey.edu.au)  
 Ph: 9035-7127

13 Apr 2016

Location: Melbourne ▶ Northern Suburbs

Work type: Full Time

Classification: Healthcare & Medical ▶ Clinical/Medical Research

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# Research Technician, Structural Biology Division

**Application closing date:** Fri, 29/04/2016 - 6:00pm

An opportunity exists for a Research Technician to join the Structural Biology Division, Czabotar Laboratory.

This position will involve working in a laboratory utilising biochemistry and structural biology to investigate proteins involved in Programmed Cell Death. Key responsibilities include preparation of recombinant proteins, performance of biochemical and crystallisation experiments using established procedures, accurate recording of results and maintenance of laboratory resources and records.

The appointee will possess:

- **BSc(Hons) or equivalent degree and significant laboratory experience**
- Routine molecular biology and cloning techniques
- Protein expression and purification experience is highly desirable
- Experience in protein crystallization an advantage but not essential

In addition, the successful candidate will have excellent communication and organisational skills and the ability to work both independently and constructively within a team.

This position is available for 1 year in the first instance. Salary range is \$63,618 - \$73,074 (HEW 5). Up to 17% superannuation and very attractive salary packaging options are available.

General enquiries can be directed to Dr Peter Czabotar

A position description is available

Written applications including cover letter, CV and the names of 3 professional referees should be emailed in pdf format to [jobapplications@wehi.edu.au](mailto:jobapplications@wehi.edu.au).

Please quote reference **WEHI/YSPC** in the subject line when applying for this position.

*At the Walter and Eliza Hall Institute we strive to ensure our staff and students enjoy a great working environment. We value diversity and gender equity in our work force and promote flexible working arrangements for staff to balance working requirements and personal needs.*



**Walter+Eliza Hall**  
Institute of Medical Research

## Position description

# Research Technician

<b>Position title:</b> Research Technician	<b>Classification:</b> HEW 5
<b>Division/Department:</b> Structural Biology	<b>Work location:</b> Parkville
<b>Position reference:</b>	<b>Employment type:</b>
<b>Remuneration range:</b>	<b>Further information:</b>
<b>Position reports to:</b> Laboratory Head & Research Officer	<b>Closing date:</b>
<b>Positions reporting to this one:</b> none	

### Position overview

The Czabotar laboratory utilises biochemistry and structural biology to investigate proteins involved in Programmed Cell Death. The Research Technician will be responsible for performing experiments and procedures following established protocols and accurately recording results to contribute to research as directed by the Laboratory Head.

### Organisational environment

#### The Walter and Eliza Hall Institute of Medical Research

The institute, established in 1915, currently houses 15 research divisions, containing around 85 laboratories and 800 staff, with an annual budget of approximately A\$100 million.

The institute's research focuses on cancer (breast, cancer, leukaemia, lymphoma, multiple myeloma, lung cancer, colon cancer, and ovarian cancer), infectious disease (malaria, tuberculosis, HIV, and hepatitis) and chronic inflammatory and immune diseases (coeliac disease, type 1 diabetes, rheumatoid arthritis and transplantation) and continues a strong tradition of collaboration and interdisciplinary programs. The institute has a strong national and international reputation for performing highly influential research and for translation that leads to long term improvements in disease, diagnosis and treatment.

The institute's main laboratories are located within the Parkville precinct, a vibrant hub for life science research, education and healthcare provision. In addition, the Walter and Eliza Hall Institute Biotechnology Centre is located 30 minutes from Parkville at La Trobe University's R&D Park in Bundoora. The Biotechnology Centre features facilities for high-throughput chemical screening, medicinal chemistry, antibody production and malaria containment. The centre also functions as an incubator for the institute's biotechnology companies.

Position description – Research Technician

## Organisational objectives

### Discovery

To make discoveries in medical biology that shape contemporary thinking and paradigms and enhance the understanding and treatment of disease.

### Translation

To convert our discoveries into improvements in disease diagnosis, prevention and treatment.

### Education

To develop and enrich the skills and experience of students and staff, allowing each person to realise their potential and contribute to a vibrant campus.

### Engagement

To engage with the community and develop support for medical research generally and the institute's mission specifically.

### Sustainability

To build an infrastructure, funding and research capacity that enables the institute to fulfil its mission in a sustainable manner.

## Organisational values

- Excellence in science, innovation, education and communication
- Creativity and inventiveness
- Diversity of thought
- Integrity
- Collaboration
- Mutual respect
- Honesty and transparency
- Ethical and social responsibility
- Equality of opportunity
- Continual improvement

## Key responsibilities

The Research Technician will contribute to any or all of the following areas according to skills and experience: protein expression and purification, cloning and construct design, protein crystallisation and some aspects of day-to-day lab organisation and management.

Position description – Research Technician

## Key selection criteria

### Personal qualities

- Ability to work independently and in cooperation with other team members
- Interest in learning new techniques and procedures

### Knowledge and skills

- BSc(Hons) or equivalent degree and laboratory experience
- Routine molecular biology and cloning techniques
- Protein expression and purification experience highly desirable
- Experience in crystallizing proteins an advantage but not essential

## Occupational Health and Safety

- Comply with institute Health and Safety Policies and Procedures.
- Take reasonable care of own safety and the safety of others around.
- Use Personal Protective Equipment (PPE) and safety devices appropriately.
- Report all hazards, incidents and injuries.
- Attend training programs as documented in individual training needs matrices.

## How and where to apply

Applicants are encouraged to submit a cover letter, current resume and three referees to [jobapplications@wehi.edu.au](mailto:jobapplications@wehi.edu.au) quoting the position number.

Please address each of the key selection criteria separately in a written document.

## Diversity

The Walter and Eliza Hall Institute is an Equal Opportunity Employer.

The institute encourages and welcomes interest from Aboriginal and Torres Strait Islanders for roles within the institute.

## Privacy notification

The collection and handling of declarations and personal information relevant to your employment will be consistent with the requirements of the *Privacy Act 1988*.



DISCOVERIES FOR HUMANITY

# Research Technician, Structural Biology Division

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## POSITION DESCRIPTION



<b>Position Title</b>	Microscopy Facility Supervisor
<b>Classification</b>	Higher Education Worker (HEW- 7)
<b>Responsible to</b>	Manager, Neuroscience Research Services
<b>Area of Responsibilities</b>	<p>The Research Officer in Biomedical Imaging is required to interact with and provide advice to a wide range of biomedical researchers ranging from undergraduate students to senior scientists. This position was established to support brain research through provision of high level microscopy services.</p> <p>The person appointed to the position will be provided with a training program which will enable him or her to in turn train other users and provide operational assistance. The person will join a dynamic team working in Australia's premier brain research institute.</p>
<b>Qualifications and Experience</b>	Bachelor of Science (with Honours) or Masters Degree in physics, biophysics, neuroscience, histology or molecular biology or equivalent and at least 3 years' experience working in an imaging environment.

### FLOREY NEUROSCIENCE INSTITUTES

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Providing significant funding for this project are the Victorian Government, Federal Government, University of Melbourne, the Ian Potter Foundation and the Myer Family.

## POSITION DESCRIPTION



**Our Mission:** *To Improve life through brain research*

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### NEURO RESEARCH SERVICES

Neuro Research Services (NRS) offers an animal phenotyping service for researchers in academia and industry who are working with genetically and pharmacologically altered rodent models.

Gene mutation technology is being used increasingly in medical research to help us understand the genetic basis for conditions such as epilepsy, drug addiction, schizophrenia and Parkinson's disease. Investigators use targeted gene mutation to help them assess hypotheses about the role of a gene. The role of the NRS is to evaluate the effect of that mutation on the new animal model created. The way in which the gene mutation is expressed, or its phenotype, can be assessed in a number of ways.

Phenotyping services at the NRS include morphological, histochemical, pharmacological, physiological and behavioural analyses of an animal. These analyses are also undertaken following drug treatment of an animal to identify which neurological functions are influenced by the compound. In addition, the NRS provides access to proven models of neurological disease.

The NRS, while based at the Florey, brings together Australia's pre-eminent experts in neuroscience research to offer a comprehensive service to the biomedical research community.

This fully integrated service is unique in Australia and in the Asian region.

Fees paid by users support the operating costs of the Facility.

## The Position

### Key Responsibilities

#### Microscopy

- To be proficient in the use of all microscopes in the Facility by actively participating in training opportunities provided by the suppliers of the equipment and through other courses.
- To be the point of contact for all users of the facility.
- To assist users in determining the appropriate type of microscopy for their experimental needs.
- To assist in the development of applications for the microscopes.
- To take a lead role in the future development of the facility.

## POSITION DESCRIPTION



### Facility management

- To maintain a facility that engenders high quality science and encourages scientist to use the facility to its maximum capacity.
- To maintain a safe, high quality working environment for all users by:
  - Ensuring all microscopes and associated computers and cameras are in good working order
  - Coordinating standard servicing and repairs
  - Maintaining supplies of consumables
  - Ensuring all equipment is set up and used in a manner complying to OH&S standards
- To manage the booking system for the microscopes.
- To liaise with the NRS Manager regarding bookings and billings.
- To establish policies and operating procedures for use of the facility.
- To maintain the Microscopy website.

### Training

- To establish and coordinate training for users, including one to one training and small group workshops.
- To supervise students and new users of the microscopes.
- To assist all users in trouble shooting.

### Other duties

- To contribute to the goals and objectives of the FNI in other ways including:
  - Provision of information as required for reporting, planning or grant-writing purposes.
  - Contribution to the research culture of the Institute through membership of relevant committees and contributions to research outputs.
  - Involvement in professional activities such as conferences and seminars in related areas of expertise

### Reporting & Liaison

This position will report directly to the Manager of the Neuroscience Research Services for administrative and consultative purposes and will also report directly to the Deputy Director (Research) of the Florey Neuroscience Institutes for scientific purposes. The incumbent will also liaise with FNI staff and students from other areas of the business as required and with other microscopists via established professional networks.

## POSITION DESCRIPTION



### Occupational Health & Safety

We all have a role to play when it comes to health and safety in our workplace. The [Occupational Health and Safety Act 2004](#) sets out responsibilities for employers as well as employees, and also provides a framework for dealing with health and safety issues. Employees are required to carry out their duties in a manner that does not adversely affect their own health and safety and that of others as well as co-operate with any measures introduced in the workplace to improve O.H & S and report any incidents/injuries.

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Continuous Improvement is an important aspect of all our roles to ensure we assess, review and change our practices in an effort to improve our delivery of research or work processes. Each staff member needs to take an active role in promoting and generating improvement processes within their area and more generally across the organization.

### Equal Employment Opportunity

FNI is an equal opportunity employer who encourages diversity in the workplace through flexible work practices and family friendly policies.

### Confidentiality and Intellectual Property

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## POSITION DESCRIPTION



### The Person

#### Skills and Attributes

##### Essential

- Bachelor of Science (with Honours) or Masters Degree in physics, biophysics, neuroscience, histology or molecular biology or equivalent
- At least 3 years' experience working in an imaging environment.
- Advanced analytical skills, preferably with a sound knowledge of biophysics and fluorescence microscopy;
- An understanding of image analysis, cell biology, software development and modelling is preferable;
- Experience in experimental design and analysis;
- Ability to work independently and as an effective team member;
- Strong verbal communication skills including an ability to convey complex information to students and new users.

##### Desirable

- Experience in confocal and multiphoton microscopy highly desirable;
- Previous experience maintaining an imaging facility and providing an outstanding service

<b>POSITION DESCRIPTION</b>	
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<b>Key Performance Indicators</b>	
<ul style="list-style-type: none"> <li>• Efficient management of NRS microscopy equipment to meet demands of the facility, monitor and respond to client needs</li> <li>• Evidence of fair and equitable access of resources to users</li> <li>• Efficient training of new users</li> <li>• Website updated regularly</li> <li>• Adherence to all relevant regulatory matters</li> <li>• Maintenance of and adherence to quality system in delivery of services</li> </ul>	
<b>Appraisal</b>	An initial appraisal is conducted 4 months after appointment and on an annual basis thereafter.

I have read, understood and accept the above position description.

.....  
Name

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Name

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Signed  
**Employee**

.....  
Signed  
**Team Leader/Supervisor**

.....  
Date

.....  
Date

## POSITION DESCRIPTION



<b>Position Title</b>	<b>I.T Project Officer</b>
<b>Classification</b>	Higher Education Worker, Level 7
<b>Responsible to</b>	I.T Manager
<b>The Position</b>	<p>The position assists with the completion of various IT projects intended to enable the ongoing administration and management of the Microsoft Windows, Macintosh OS X, and Unix/Linux systems within the Florey Neuroscience Institutes.</p> <p>The incumbent requires a detailed technical understanding of both Microsoft Windows and various Unix/Linux systems, and working knowledge of Macintosh OS X. This position also requires the incumbent to have knowledge and experience of general storage, networking, backup and virtualisation technologies. Excellent written communication skills are essential and knowledge of ITIL configuration management is preferred.</p>
<b>Qualifications and Experience</b>	A Degree in Computer Science or equivalent qualification with a minimum of 5 years experience.

### FLOREY NEUROSCIENCE INSTITUTES

To help create one of the world's top 10 neuroscience institutes, the Howard Florey Institute, the Brain Research Institute and the National Stroke Research Institute have amalgamated to form the Florey Neuroscience Institutes (FNI). The FNI has a combined operating budget of \$30m pa and is nearing completion of a \$225 million project that includes the construction of two new purpose-built state-of-the-art research facilities; one in Parkville and the other in Heidelberg.

The Mental Health Research Institute and University of Melbourne will co-locate with the FNI in these new facilities. Collectively, they will combine their world-class research skills to aid in the diagnosis and development of more effective treatments for millions of Australians affected by brain disorders every year.

The new facilities at Parkville and Heidelberg will accommodate around 700 staff and students. Together with co-located occupants we will share scientific platforms and seek to improve efficiencies through shared management services.

The best neuroscientists from Australia and around the world will be attracted to these new facilities.

The FNI's corporate statements of intent are:

## POSITION DESCRIPTION



**Our Mission:** *To Improve life through brain research*

**Our Vision:** *To be recognised as a leading international brain research facility*

**Our Values:** *Innovation and excellence, commitment and passion, integrity and rigour, collaboration and team work*

### The Position

#### Key Responsibilities

- Provide technical expertise to resolve project-based work assignments;
- Implement policies, procedures, and technologies to ensure system security through secure system access, monitoring, control, and routine security evaluations;
- Perform planning, implementation, and documentation tasks for various IT projects including:
  - Implementation of a configuration management database system;
  - Migration of email domains;
  - Content population of Intranet content management system; and
  - Implementation of resource booking system;
- Recommend and execute modifications to current support systems in order to improve efficiency, reliability, and performance;
- Audit and document existing IT equipment and systems;
- Ensure supported systems comply with policies, standards, licensing agreements, configuration guidelines, and best-practices for maintaining regulatory compliance;
- Ensure secure user access and role validation processes;
- Author, update and/or maintain team's operational manuals to reflect new environment and new support processes;
- Develop, document, and maintain system training materials and systems documentation for educating end users and new IT staff.
- Input into the development of technology standards;
- Provide technical expertise to resolve operational work assignments;
- Maintenance of the infrastructure in accordance with industry best practices and operational configuration documentation.
- Perform other duties, such as systems administration and end user support, as requested by the I.T Manager

## POSITION DESCRIPTION



### Reporting & Liaison

Due to the wide-spread nature of the IT projects, the position is required to engage and interface with all internal customers, which includes research scientists, students and staff. The incumbent is expected to deliver excellent customer service.

The incumbent will be working with the IT Team of the Florey Neuroscience Institutes, and reports to the IT Manager, who provides technical guidance and direction to ensure the expected quality of the services are maintained.

Work under broad supervision, and operate on a day to day basis with considerable independence.

### Occupational Health & Safety

We all have a role to play when it comes to health and safety in our workplace. The [Occupational Health and Safety Act 2004](#) sets out responsibilities for employers as well as employees, and also provides a framework for dealing with health and safety issues. Employees are required to carry out their duties in a manner that does not adversely affect their own health and safety and that of others as well as co-operate with any measures introduced in the workplace to improve O.H & S and report any incidents/injuries.

### Continuous Quality Improvement

Continuous Improvement is an important aspect of all our roles to ensure we assess, review and change our practices in an effort to improve our delivery of research or work processes. Each staff member needs to take an active role in promoting and generating improvement processes within their area and more generally across the organization.

### Equal Employment Opportunity

FNI is an equal opportunity employer who encourages diversity in the workplace through flexible work practices and family friendly policies.

### Confidentiality and Intellectual Property

An important aspect of your role is dealing with confidential information and aspects of intellectual property. As such, you will adhere to the Florey Neuroscience Institutes Standard Terms and Conditions on Confidentiality and Intellectual Property, as approved from time to time by the Head Business Development.

## POSITION DESCRIPTION



### The Person

#### Skills and Attributes

##### Essential

- Excellent technical knowledge of, and hands-on experience in, the development, administration and management of MS Windows, Macintosh OS X, and Unix/Linux technologies (specifically Red Hat Linux and its derivatives);
- Demonstrated ability to work collaboratively in a team delivering high quality services across a large and diverse organisation;
- Good understanding of release, change and configuration management processes to maintain standard operating environment standards;
- Demonstrated analytical and problem solving skills;
- Demonstrated ability to communicate well and prepare technical reports, as well as the ability to understand business impact and priorities in resolving technical issues and fulfilling requests;
- An appreciation of operating system security, and experience in securing systems;
- Demonstrated willingness and ability to keep up to date with IT developments in order to recommend improvements to work processes and practices;
- Tertiary qualification and relevant experience or an equivalent combination of relevant experience and/or education/training;
- Demonstrate ongoing self-development of professional expertise; and a capacity to develop innovative approaches to organisational, technical and service challenges;
- Demonstrate innovation and flexibility;
- Demonstrate ability to work and collaborate together to achieve common goals;
- Display open and honest communication;
- Show trust, respect and act with integrity.

##### Desirable

- A qualification in ITIL and/or previous experience using ITIL at a practical level, especially in regards to configuration management;
- MS Windows and Linux certifications advantageous;
- Knowledge of programming languages such as SQL, WMI scripting and Linux shell scripting.

<h2>POSITION DESCRIPTION</h2>	
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Key Performance Indicators
<ul style="list-style-type: none"> <li>• Plan, implement and document assigned IT projects.</li> <li>• Develop a sound understanding of the operational imperatives of the FNI as they relate to operational systems performance and deliver projects on time.</li> <li>• Prioritise, resolve and fulfil operational incidents and requests to ensure that all incidents and work requests are resolved in a timely manner;</li> <li>• Provide advice in the development and management of the supported systems within the Institute.</li> <li>• Ensure compliance to the relevant laws (particularly privacy regulations), institute regulations, policy and processes.</li> <li>• Recommend processes, procedures and protocols for the I.T Manager to consider in developing the I.T Framework at FNI.</li> </ul>

I have read, understood and accept the above position description.

.....  
Name

.....  
Name

.....  
Signed  
**I.T Project Officer**

.....  
Signed  
**I.T Manager**

.....  
Date

.....  
Date



**Walter+Eliza Hall**  
Institute of Medical Research

## Position description

# Research Computing Scientist

**Position title:** Research Computing Scientist

**Classification:** HEW6 – HEW7

**Division/Department:** Centre for Computational Biology

**Work location:** Parkville

**Position reference:**

**Employment type:** Contract

**Remuneration range:**

**Further information:** Contact Tony Papenfuss

**Position reports to:** Associate Professor Tony Papenfuss

**Closing date:** 14th May, 2016

**Positions reporting to this one:** NA

## Position overview

The Walter and Eliza Hall Institute of Medical Research is Australia's oldest medical research institute and undertakes basic and translational research into cancer, immune disorders and infectious disease. The institute has a large number of bioinformatics and computational biology researchers spread across multiple divisions. Led by the Centre for Computational Biology, the institute is establishing a new Research Computing Initiative to expand its high performance computing capacity in order to deal with the rapid growth of omics (especially genomics) and imaging data. This will involve the development of both scientific and IT research computing teams, a major expansion of computer hardware, and cloud-based analysis approaches (including elastic computing).

This exciting role will involve contributing to the design and set up of research computing hardware, working closely with research laboratories and the institute's wonderful IT staff, developing new analysis pipelines and other software and porting existing ones, guiding researchers on access to external computing resources including VLSCI, NECTAR, and AWS, and contributing scientific computing across a variety of research projects. There is scope to develop leadership, and contribute to research and the direction within the initiative.

## Organisational environment

### The Walter and Eliza Hall Institute of Medical Research

The institute, established in 1915, currently houses 15 research divisions, containing around 85 laboratories and around 1,000 staff and students, with an annual budget of approximately \$100 million (AUD).

The institute's research focuses on cancer (breast, cancer, leukaemia, lymphoma, multiple myeloma, lung cancer, colon cancer, and ovarian cancer), infectious disease (malaria, tuberculosis, HIV, and hepatitis) and chronic inflammatory and immune diseases (coeliac disease, type 1 diabetes, rheumatoid arthritis and transplantation) and continues a strong tradition of collaboration and interdisciplinary programs. The institute has a strong national and international reputation for performing highly influential research and for translation that leads to long term

## Position description – Research Computing Scientist

improvements in disease, diagnosis and treatment.

The institute's main laboratories are located within the Parkville precinct, a vibrant hub for life science research, education and healthcare provision. In addition, the Walter and Eliza Hall Institute Biotechnology Centre is located 30 minutes from Parkville at La Trobe University's R&D Park in Bundoora. The Biotechnology Centre features facilities for high-throughput chemical screening, medicinal chemistry, antibody production and malaria containment. The centre also functions as an incubator for the institute's biotechnology companies.

## Organisational objectives

### Discovery and translation

To make discoveries that shape contemporary scientific thinking, increase understanding and improve prevention, diagnosis and treatment of cancer, immune disorders and infectious diseases.

### Education and training

To educate and train world class scientists and to attract, develop and retain the best and brightest workforce.

### Organisational culture

To provide a vibrant and inspiring organisational culture that encourages, promotes and rewards excellence, collaboration, innovation, creativity and respect.

### Engagement

To engage with our stakeholders to improve outcomes, building support and secure resources for medical research.

### Sustainability

To build infrastructure, professional services and funding that sustains our research and maximises the time our scientists can spend making discoveries.

## Organisational values

- Pursuit of excellence
- Integrity and mutual respect
- Collaboration and teamwork
- Creativity
- Contribution to society
- Accountability

## Position description – Research Computing Scientist

**Key responsibilities****Working closely with researchers and IT staff**

- Interact closely with research staff and IT staff to identify areas of need, develop software and tools, and contribute to the optimal operation of HPC resources
- Work with the Head of Computational Biology to determine priorities

**Development of analysis pipelines and software and porting of existing pipelines**

- Where necessary, develop new analysis pipelines approaches and tools to analyse and make sense of omics datasets
- Where necessary, develop parallel computing solutions to existing computational problems

**Documentation and presentation**

- Prepare documentation
- Present work to researchers and IT staff

**Skills development**

- Contribute to educating research staff on utilizing HPC resources
- Where necessary, advise and research data storage and retrieval solutions for large scale datasets

**Key selection criteria****Personal qualities**

- Strong communication skills
- Ability to work in a team, or in close partnership with biologists
- Excellent written and presentation skills
- A passion for science and an interest in biology is essential

**Knowledge and skills**

- Highly experienced in High Performance Computing
- A PhD in computer science, mathematics, bioinformatics, or other quantitative discipline is desirable
- Strong computing and programming skills are essential
- Expertise in python, R, java or other programming languages is essential
- Proficiency with the Linux/Unix Operating System is essential
- Expertise in embarrassingly parallel computing is desirable. Experience with other types of parallel computing would be attractive.
- Familiarity with version control software is highly desirable

Position description – Research Computing Scientist

## **Occupational Health and Safety**

- Comply with institute Health and Safety Policies and Procedures.
- Take reasonable care of own safety and the safety of others around.
- Use Personal Protective Equipment (PPE) and safety devices appropriately.
- Report all hazards, incidents and injuries.
- Attend training programs as documented in individual training needs matrices.

## **How and where to apply**

Applicants are encouraged to submit a cover letter, current resume and three referees to [jobapplications@wehi.edu.au](mailto:jobapplications@wehi.edu.au) quoting the position number.

Please address each of the key selection criteria separately in a written document.

## **Diversity**

The Walter and Eliza Hall Institute is an Equal Opportunity Employer.

The institute encourages and welcomes interest from Aboriginal and Torres Strait Islanders for roles within the institute.

## **Privacy notification**

The collection and handling of declarations and personal information relevant to your employment will be consistent with the requirements of the *Privacy Act 1988*.



DISCOVERIES FOR HUMANITY

# Research Computing Scientist

**Application closing date:** Sat, 14/05/2016 - 6:00pm

The Walter and Eliza Hall Institute of Medical Research is Australia's oldest medical research institutes and undertakes basic and translational research into cancer, immune disorders and infectious disease. The institute recognises the importance of bioinformatics and computational biology in medical research and has a large number of computational researchers spread across multiple divisions, including Bioinformatics, and Systems Biology and Personalised Medicine. Led by the Centre for Computational Biology, we have recently established a Research Computing Initiative to expand our high performance computing capacity in order to deal with the growing volume of "omics" (especially genomics) and imaging data. This involves the development of both scientific and IT research computing teams, a major expansion of High Performance Computing (HPC) hardware, and elastic and cloud computing.

As part of this initiative, applications are now invited for the position of Research Computing Scientist. This exciting role will involve:

- contributing to the design and set up of HPC hardware
- working closely with research laboratories and contributing to a variety of research projects
- developing new analysis pipelines and software, and porting existing code to the new HPC environment
- liaising with IT Research Computing services
- providing guidance to researchers on access to internal and external computing resources, including VLSCI, NECTAR, and AWS

The role will bring you into contact with some of Australia's leading biomedical researchers, bioinformatics researchers and computational biologists, and involve you in exciting biological discoveries. There is ample scope to develop leadership and contribute to direction within the Research Computing Initiative, and for computational research that aligns with the research directions of the institute.

## Experience, qualifications and skills

Applicants should be highly experienced in HPC and parallel computing. A passion for science and an interest in biology is essential. A PhD in a quantitative discipline such as computer science, mathematics or bioinformatics is desirable but not essential. Familiarity with unix is essential. The position requires strong programming skills. Expertise in python, R, java, or other programming languages is highly desirable. Expertise in parallel computing is highly desirable. Familiarity with version control software is desirable. The ability to work in a team is essential. Applicants should have excellent writing and presentation skills.

## Salary and benefits

Salary is dependent upon qualifications and experience. Up to 17% superannuation and attractive salary packaging options are available.

At the Walter and Eliza Hall Institute, we strive to ensure our staff and students enjoy a great working environment. We value diversity and gender equity in our workforce and promote flexible working arrangements for staff to balance working requirements and personal needs

([www.wehi.edu.au/about/institute-life/gender-equity](http://www.wehi.edu.au/about/institute-life/gender-equity)).

**Consolidated NTEU Materials Regarding Research Institutes**

Application

A position description is available

Attachment N

Enquiries should be directed to the Head of the Centre for Computational Biology, Associate Professor Tony Papenfuss - papenfuss@wehi.edu.au

Written applications including cover letter, CV and the names of three professional referees should be emailed in PDF format to jobapplications@wehi.edu.au quoting reference **WEHI/YSTP** in the subject line.

Last modified: Mon, 18/04/2016 - 2:49pm



(<http://probonoaustralia.com.au/salary-survey/>)

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## Director, Policy and Operations



**Location :** Melbourne (Parkville)  
**Organisation :** Assoc. of Australian Medical Research Institutes  
**Work Type :** Full-time  
**Salary :** \$120,000 - \$140,000 per annum, plus salary packaging options  
**Application Closing Date :** 04-05-2016

### About the Role

#### Our Organisation

The Association of Australian Medical Research Institutes (AAMRI) is the national peak body for medical research institutes. We achieve positive policy outcomes for our member institutes and the medical research sector by undertaking advocacy activities, informing and influencing government policy, building networks, and representing member institutes in areas of shared concern.

#### The Position

The Director of Policy and Operations is responsible for overseeing all aspects of AAMRI's activities, including operations, government and stakeholder relations, advocacy and communications, member services, and policy advice. This dynamic role is perfect for a passionate, resourceful and outcome-focused person looking to apply their diverse skills to make a real contribution to a small but influential organisation.

The Director of Policy and Operations will:

- Implement AAMRI's strategic plan, and set organisational priorities and procedures
- Manage operations and finances
- Oversee the activities of a communications manager and administration officer
- Keep abreast of policy and legislative changes affecting medical research
- Prepare policy documents, briefing notes and submissions to government
- Organise and attend government meetings
- Liaise with and advise members and other stakeholders
- Undertake board secretariat and company secretary duties, including meeting company and charity law requirements.

This role reports to the AAMRI President and Board.

#### Skills, Experience and Attributes

The successful applicant will have:

- A tertiary qualification, and preferably a PhD and experience in the research sector
- Experience in government policy or government relations
- Exceptional organisational skills, including prioritising tasks and meeting deadlines
- Excellent written communication skills
- Strong analytical skills
- Demonstrated diplomacy and an ability to build enduring and strategically important relationships, including with politicians and community leaders
- An ability to learn on the fly, and work autonomously and with a high level of accountability.

This is a full-time position based in Parkville, Melbourne. A competitive remuneration package circa \$120,000-\$140,000 per annum, plus superannuation and generous salary packaging options will be negotiated with the successful applicant.

Please see the [Position Description for the full selection criteria.](#)

Closing date: 4 May 2016



*Fair Work Act 2009*

s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards—Award stage**  
(AM2014/229 and AM2014/230)

**Consolidated NTEU Materials Regarding Research Institutes**

Submissions made by NTEU 11 July 2016  
regarding research institutes



*Fair Work Act 2009*  
s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards—Award stage**  
(AM2014/229 and AM2014/230)

## **National Tertiary Education Industry Union**

### **Submission in Response to Reply**

#### **Part B Research Institutes**

##### **Introduction**

1. This section of submission is in response to reply submissions of Association of Australian Medical Research Institutes (AAMRI) and the Association for Professional Engineers, Scientists and Managers Australia (APESMA), (the “joint reply”) and comment provided by the Group of Eight (Go8) Universities and the Australian Higher Education Industrial Association (AHEIA) in relation to NTEU application for modern award coverage of researchers and other staff employed in Research Institutes that are affiliated with Universities.
2. The bulk of this response is in reply to submissions of AAMRI/APESMA lodged with the Fair Work Commission on 3 June 2016. We also respond to the concerns of Go8 and AHEIA in relation to the definition of “Research Institute” proposed by NTEU.
3. In addition to this response, we rely on all previous submissions, including submission in reply of 3 June 2016 and submissions and materials from the 2012 application [*Refer links at Attachment 1*].
4. Paragraph numbers from the joint reply are indicated where we make specific response in that submission.
5. [7] It is true that Deputy President Smith did technically “dismiss” the original NTEU application as part of the 2-year Transitional Review and did not determine the merits of the issues. However he did consider and comment on some of the merits in his final determination.<sup>1</sup>
6. [19]; [77] NTEU stands by its assertion that there is no evidence, in transcript or decision, that coverage of research institutes was actively considered by the (then) Australian Industrial Relations Commission as part of the award modernisation process. We therefore do not bear an onus of *„(providing) cogent reasons for departing from the decision to not cover research*

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<sup>1</sup> 4 yearly review of modern awards – Award stage, National Tertiary Education Industry Union Submission in Reply and Witness Evidence, Part B, para. 7; (3 June 2016).

*institutes with the Higher Education awards*”, as we say there is no evidence that this matter was considered. Moreover, it is clear that given no party supports the status quo (that is, the situation that was left following the award modernisation process), all parties are in the same position.

### **Definition of Research Institutes**

7. The NTEU application of 2 March 2015 sought to include the following definition in the *Higher Education Academic staff Award 2010* and the *Higher Education General Staff Award 2010* (respectively the “*Academic Staff Award*” and the “*General Staff Award*”):

*Research Institute means a corporate entity,*

- *whose primary activity is to undertake medical, health, scientific or social research, and,*
- *which is established for a charitable, educational or other public purpose, and*
- *which is either affiliated to, or has a like formal association with a university; or where employees hold academic titles associated with higher education, and*
- *where the supervision of the research work of postgraduate research student occurs,*

*but not including:*

- *any entity whose primary business is the provision of medical, health, social, or religious services to patients, customers or clients,*
- *any State, Territory or Commonwealth Department or Agency,*
- *any for-profit corporation.*

8. AAMRI made only limited submissions in response to the proposed NTEU definition of a Research Institute (in their 18 June 2013 closing [51] to [53] and not as they cite, in any document from 2 April 2013). In response we say that the proposed definition establishes the required boundaries around research institutes which are linked to the provision of education.
9. In their reply submissions of 6 June, both AHEIA and Go8 limit their response on coverage of Research Institutes to comments on the proposed definition of Research Institutes. Both of the employer representatives are primarily concerned with the third part of the proposed definition, that relating to affiliation with a University.

10. [153] In the 2012 case, NTEU provided evidence of formal affiliation agreements between research institutes and universities; the AHEIA and G08 objection that such affiliations may be “switched on or off” is overcome by the words „*or like formal association with a university or where employees hold academic titles associated with higher education*” (our emphasis).<sup>2</sup> Our award coverage definition is reliant on just one of these criteria being met. The definition is strengthened by the fourth part of the definition, **and** „*where the supervision of the research work of postgraduate research students occurs*”.
11. [154] The words suggested by AHEIA in their reply submission are unnecessary and inaccurate - a post-graduate research student can be enrolled in a higher education institution other than a University.
12. In any case, the fact that the (then) Baker IDI Institute signed their affiliation agreement with Monash University in 1965, suggests that formal affiliation agreements are not likely to be turned „on and off” very often:  
[https://www.bakeridi.edu.au/Assets/Files/BHRI\\_Annual\\_Report\\_1965.pdf](https://www.bakeridi.edu.au/Assets/Files/BHRI_Annual_Report_1965.pdf)  
The affiliation between the Walter and Eliza Hall Institute and the University of Melbourne goes back even further – to 1947. The most recent renewal of this affiliation was in 2008. The Howard Florey Institute was part of the University of Melbourne from 1963 and was formed as a separate research affiliate in 1971, <http://our-history.unimelb.edu.au/timeline/>. This affiliation was last renewed in 2005.<sup>3</sup>
13. The affiliations between research institutes and Universities are not „fly by night”- they are steeped in the very history, and sometimes the origin of the institutes themselves. The publication of peer review research and the education of future researchers are dependent on these affiliations. It is unlikely that this relationship will change, and in any case what would have to change to disqualify a research institute from higher education award coverage is both the fact of affiliation and the use of academic titles.

### **Work value and Occupational Award Coverage**

14. [49] The NTEU does not need to establish appropriate work value for staff in Research Institutes; this was established more than 25 years ago by consent, via the *Universities and*

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<sup>2</sup> Refer Attachment 2 *Statute 10.1 Affiliation, Monash University Council*.

<sup>3</sup> <http://unimelb.edu.au/governance/statutes/c9/s956>; <http://unimelb.edu.au/governance/statutes/c9>

*Affiliated Institutions Academic Research Salaries (Victoria and Western Australia) Award 1989*, (“the Research Salaries Award”). Along with the modern Academic Staff Award since 2010 and its predecessor awards, these awards provide properly set minimum rates of pay and relativities via their equivalent pay and classification structures. Together, these awards cover the same type of research work.

15. The Higher Education awards take into account the principle of equal remuneration for work of equal or comparable value. The classifications and relativities in the two modern awards already reflect industry practice, as do those in current and past enterprise agreements made with research institutes.<sup>4</sup>
16. We say it is significant that the employers“ are silent in relation to the existence of the *Research Salaries Award* and the exact reflection of Higher Education classifications and relativities in this Award and enterprise agreements in the industry.
17. NTEU considered the employer reply to our claim as part of the 2012 Transitional Review by looking at the occupation- based modern awards put forward. In our view, AAMRI had a half-hearted response that the following modern awards covered staff in Medical Research Institutes:
  - *Nurses Award 2010*
  - *Professional Employees Award 2010*
  - *Clerks – Private Sector Award 2010*
  - *Medical Practitioners Award 2010*
  - *Health Professionals & Support Services Award 2010*
  - *Miscellaneous Award 2010.*

In our final submissions NTEU presented a table which set out what the (then) Award rates would be for a Principal Research Fellow under the *Higher Education (Academic Staff) Award 2010* when compared to an equivalent nurse, scientist, doctor or occupational therapist performing research and paid under the above awards; (*NTEU Final Submission in response*, 25 June 2013, NTEU Exhibit 12).

18. In this joint reply, AAMRI/APESMA provide a table at Appendix 1 which sets out the types of employees covered by each of the occupational awards, their coverage and scope. This table is incomplete and does nothing to further an argument that occupational awards cover staff in research institutes. Further the parties have abandoned the previous argument of AAMRI that the *Medical Practitioners Award 2010* could apply.
19. Below is analysis of the Awards cited in the joint reply (Appendix 1).

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<sup>4</sup> An analysis of the *Universities and Affiliated Institutions Academic Research Salaries (Victoria and WA) Award 1989* and past Awards and Agreements in Research Institutes was provided in Final Submission of NTEU to Transitional Review of all modern awards (AM2012/187; AM2012/190), 3 June 2013, paras [67] –[87].

Clerks- Private Sector Award 2010

20. This Award is inadequate to cover specialised administrative roles within research institutes. The scope of the award only extends to „*administrative duties of a clerical nature*” and the definition of „clerical work” involves very basic clerical tasks. Roles such as Manager, Corporate Services and Administration (equivalent to a University School Manager); Research Administration Manager; Senior Research Administration Officer or Grants and Funding Coordinator- all roles which have been held by NTEU witness Roy Sneddon – would be award free.
21. The *Higher Education (General Staff) Award 2010* by comparison covers various levels of administrative and technical roles, including specifically in research. For example, at HEW Level 5 (degree level) „*work as part of a research team in a support role*”; at HEW Level 6 (degree level with subsequent relevant experience), typical activities include „*manage a teaching or research laboratory or a field station*”, „*set up complex experiments*”, and „*assist honours and postgraduate students with their laboratory requirements*” and in professional positions „*work as part of a research team*”. Level 7 describes typical activities in technical manager positions, research positions and administrative positions, and Levels 8-10 cover managerial and senior managerial positions, which include senior responsibility for human resources.<sup>5</sup>
22. These administrative and technical classifications form part of an integrated classification structure based on the work value of positions, fair relativities and as part of an established career path. By contrast, the Clerks Award is not adequate to cover these roles within research institutes.
23. The relevant classification levels described above (HEW5-10) provide an annual salary ranging from \$46,836.05-\$71,984.63 from 1 July 2016. By comparison, the only relevant classification levels under the Clerks Award appear to be levels 4 & 5 – which have current (weekly salaries converted to annual) salaries ranging from \$44,5172.40-\$47,008. The Clerks Private Sector Award 2010 is clearly not adequate in providing a fair standard for the BOOT for a worker undertaking „clerical” work at a level beyond routine tasks.<sup>6</sup>

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<sup>5</sup> Refer duties undertaken by David Trevaks – Witness statement [5]; [25] and [43]; Refer Witness statement of Roy Sneddon [29] – [30].

<sup>6</sup> Refer attached Advertisement *Client Coordinator – Australian BioResources Facility, MossVale*, Garvan Institute as an example of a complex senior administrative role in a medical research institute, [Attachment 3].

Health Professionals and Support Services Award 2010

24. This modern award covers staff who provide health services, it does not cover researchers. Clause 3 of the Award defines health industry as “*employers whose business and/or activity is in the delivery of health care, medical services and dental services*” (our emphasis).
25. Given Clause 4 prescribes coverage for those “*in the health industry*” we submit that researchers are excluded from the award.
26. On this point it is interesting to note that AAMRI/APESMA have not suggested that this Award apply to cover drivers or gardeners or other support staff, but have nominated the *Miscellaneous Award 2010*. This could be because such workers are not part of the health industry – a contradiction which is not resolved.
27. Conversely, the NTEU application resolves such inconsistencies as classifications in the two Higher Education awards cover the range of „blue-collar“, trade, technical, administrative and research staff in research institutes.
28. Schedule C to the Award lists “Common Health Professionals”. Employees holding qualifications in many of these occupations could work as researchers in a research institute. However, these occupations are listed as part of the “health professionals” list to cover those who are part of the health *services* industry.
29. The *Health Professionals and Support Services Award* is also inadequate to cover researchers with post-graduate qualifications. If we consider the rate for a Medical scientist- Level 1 pay point 5 is the PhD entry rate – equivalent of \$52,218.40, which could arguably apply to a medical researcher with little experience but a doctorate. Presumably such staff could be paid at Levels 3 or 4 (the top rate of which is \$98,436), however the classification descriptors are focussed on health service provision, not research. For example, at Health Professional Level 3 “*may be a sole discipline specific health professional in a metropolitan, regional or rural setting who practices in professional isolation from health professionals from the same discipline*” or more generically, at Level 4 “*has a proven record of achievement at a senior level*”.<sup>7</sup>
30. Under the *Higher Education (Academic Staff) Award 2010* by comparison the PhD point (A6) is \$56,985 and the top Level E is professorial level with a typically international reputation for leadership in their field, (\$106,098).
31. Medical scientist is just one “Health Professional” listed in the award. The vast majority of occupations are practising health professionals such as dietitians, physiotherapists, art therapists, counsellors and so on. Presumably a qualified physiotherapist who is conducting

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<sup>7</sup> Schedule B- Classification Definitions.

medical research would be paid according to the definitions and rates described above [22], even if they held the title of Professor.

#### Professional Employees Award 2010

32. NTEU has responded to the relevant classifications and rates of pay suggested by AAMRI/APESM, that would apply if their application were to be successful [NTEU, Submission in Reply, Part B, paras 49-65; 3 June 2016].
33. In response to the employers' proposed amendments to their variation lodged with the FWC on 4 July 2016, these amendments vaguely meet some of the objections of NTEU around the singular focus on „science“ in the employers' application and the need to reflect the *post-graduate* requirements of most medical researchers (amendment to clause 3.7). However they are still amendments to an award which is inadequate to cover the range of research staff in MRIs; the Higher Education awards are an exact fit for these staff and for research staff in RIs who are working in an MRI but do not have a qualification in a „medical, science or health related discipline“, for example, a social scientist working at the Burnett Institute. The amendments of course do not address coverage for technical or support staff.<sup>8</sup>

#### Nurses Award 2010

34. As noted by the joint reply in the table at Appendix 1, the Nurses Award covers nurses „*who are principally engaged in nursing duties*“ and in the „*health industry*“. Health industry is defined as ‘*employers in the business and/or activity of providing health and medical services and who employ nurses and persons who directly assist nurses in the provision of nursing care and nursing services*’ (clause 3). Though some research institutes provide clinical services, they are not entities whose primary purpose is to provide health and medical services and cannot therefore be said to be „in the health industry“.
35. The nursing classifications set out at Schedule B of the Award include reference to a “Nurse Educator” role. However, these are nurses who are involved in staff education and professional development programs. Research is referred to only in terms of Nurse Educators undertaking “action research”. This term is not specifically defined but is assumed to mean research from within the activities that are occurring in the relevant medical setting, and not academic, peer reviewed research.
36. The most senior registered nurses (Level B5) are described in terms of their management and leadership skills; these classifications could not be readily applied to a Professor of nursing working in a Research Institute. The highest rate (RN – Level 5, Grade 6) is the equivalent of \$98,498.40 per annum.

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<sup>8</sup> Refer correspondence K & L Gates to Commissioner Johns, FWC Re: AM2015/6 – Education Group – Proposed amendments to Application, 4 July 2016.

37. In relation to nurses *providing a health service* as part of a research institute, the *Higher Education (General Staff) Award 2010* classification structure (Schedule B) covers nursing staff [31( c)]. Nurses may be employed in University and other research institutes to take blood or perform other clinical tasks as part of research trials or studies.

*Miscellaneous Award 2010*

38. There are several problems with nominating this occupational award to cover „miscellaneous“ or „blue-collar“ staff in RIs. The first, as mentioned above, is why is this Award relevant for these staff, and not the support classifications in the Health Professionals Award? The joint applicants cannot argue that it is because these staff are not working in the „health industry“ as defined by that Award. If that definition excludes these staff, then it excludes all medical researchers for the same reason – they are neither providing a health service or employed in the health industry.
39. Clause 4.2 of the Award notes that *“the award does not cover those classes of employees who, because of the nature or seniority of their role, have not traditionally been covered by awards including managerial employees and professional employees such as accountants and finance, marketing, legal, human resources, public relations and information technology specialists.”* The Award therefore has the same limitations in respect to senior administrative, professional and managerial staff as does the Clerks- Private Sector Award.
40. The *Higher Education (General Staff) Award 10 Level HEW* structure accommodates all of these staff – building and maintenance staff, cleaning staff, animal technicians, tradespersons, human resources staff, senior research managers, IT staff and so on.
41. [21 (c )]; [61ff] The joint respondents say that the current „occupational coverage should not be disturbed“. NTEU contends that current award coverage has *not* been determined, other than via the *Universities and Affiliated Institutions Academic Research Salaries (Victoria and Western Australia) Award 1989*. We reject the claim throughout the joint reply that there is „existing“ coverage.
42. It is clear that the occupational awards cited in the joint reply do not have the required scope to cover research, technical and administrative staff in RIs; together these awards do not meet the modern awards objective in contributing to a simple, easy to understand, stable and sustainable modern award system .....that avoids unnecessary overlap of modern awards [s. 134(1) (g)].
43. [64] – [97] The joint reply reference to Institutes that also provide a medical service or whom do not place as much emphasis on publications, or are diverse in varying ways, are each accommodated by the NTEU proposed definition. Further, there is a core and common

purpose, and equal qualifications between those conducting research in Research Institutes and in Universities.<sup>9</sup>

44. By way of contrast, it is APESMA and AAMRI who must establish appropriate work value for their award coverage application in order to show that their claim is necessary for the effective operation of their award. Even if this were achievable, the „patchwork“ of other awards which they claim cover staff in research institutes would require more thorough investigation by the Commission.

### **The Modern Awards objective**

45. Current award coverage for staff in research institutes is uncertain. It cannot be said that a fair and relevant safety net of terms and conditions exists and hence NTEU submits that our application in respect of research institutes, should be considered and granted.
46. We agree with the employers“ submission that *“it is contrary to the principle of equal remuneration for work of equal or comparable value [s. 134 (1)(e) of the Act] for employees in the same occupation to not receive the same minimum entitlements”* [114]. If the *Higher Education (Academic Staff) Award* and the *Higher Education (General Staff) Award* coverage is amended to include research institutes (as defined) s. 134(1) (e) is automatically met, with no further amendment required [126]. To this end, the amendments are limited but necessary to achieving the modern awards objective (s. 138).
47. If the NTEU claim is granted, the Commission would also ensure that s. 134 (1) (g) of the Act were met; this would also meet the concern of AIG as expressed in their response to the joint application of AAMRI/APESMA.<sup>10</sup>
48. In relation to s. 134 (1)(f) of the Act, the fact is that the market rates and enterprise agreement rates for research institutes are well in excess of those provided in any modern award; the cost impact for employers should be negligible.
49. NTEU Submission in reply sets out the relative minimum rates differences between the minimum rates in the *Professional Employees Award* and the *Higher Education (Academic Staff) Award*; [3 June 2016, [49]]. The above analysis of the occupational awards provides some comparison for technical, administrative and support staff [123].
50. Variations in funding, overlapping collaboration across industries and higher education, the regulatory environment and tax treatments do not and should not impact on the appropriate industrial arrangements for staff in research institutes [121] – [122].

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<sup>9</sup> A 2009 paper identified that of 39,037 total staff in medical research institutes 15,203 held a PhD (and 23,411 were research staff). *Planning the Health and Medical Research Workforce 2010-2019*, Prepared for The Australian Society for Medical Research by Dr. D Schofield, October 2009; [Attachment 4].

<sup>10</sup> Refer correspondence *AIGroup to Commissioner Johns, FWC, RE: AM2015/6 – Education Group (Coverage of Professional Employees Award 2010)*, at (b); 7 July 2016.

51. All the NTEU is seeking is a necessary variation to the scope of the two higher education awards to reflect the *industrial* reality of work in research institutes.

## NTEU Research Institute Application

Application to vary a modern award (*Fair Work (Transitional Provisions and Consequential Amendments) Act 2009*, Part 2 of Schedule 5)

### AM2012/187 and AM2012/190

*Higher Education Industry—General Staff—Award 2010 [MA000007] and the Higher Education Industry—Academic Staff—Award 2010 [MA000006]—seeking to amend the coverage of both awards to include Research Institutes (as defined) into the awards.*

AMWU and NTEU - Application for review of modern award - see FURTHER AMENDED APPLICATION - 8 March 2012

<https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012110.pdf>

National Tertiary Education Industry Union - Application for review of modern award – 9 March 2012

<https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012190.pdf>

<https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187.pdf>

Transcript - 27 September 2012

[https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012190\\_270912.pdf](https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012190_270912.pdf)

Transcript - 18 October 2012

[https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012190\\_181012.pdf](https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012190_181012.pdf)

Transcript - 23 November 2012

[https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012190\\_231112.pdf](https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012190_231112.pdf)

AMWU and NTEU - Application for review of modern award – further amended – 1 February 2013

[https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012110\\_furtheramended2.pdf](https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012110_furtheramended2.pdf)

National Tertiary Education Industry Union - Outline of submissions and witness statements – 4 March 2013

[https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187&190\\_OutlineSub\\_NTEU\\_redactedCV.pdf](https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187&190_OutlineSub_NTEU_redactedCV.pdf)

National Tertiary Education Industry Union - Outline of submissions - supporting evidence - Research Institute Annual Reports – 19 March 2013

[https://www.fwc.gov.au/documents/documents/awardmod/review/NTEU%20Research%20Institutes\\_links.pdf](https://www.fwc.gov.au/documents/documents/awardmod/review/NTEU%20Research%20Institutes_links.pdf)

National Tertiary Education Industry Union – Correspondence – 10 April 2013

[https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187&190\\_corr\\_nteu.pdf](https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187&190_corr_nteu.pdf)

National Tertiary Education Industry Union – Submission in reply – republished – 17 April 2013

[https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187&190\\_sub\\_nteu.pdf](https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187&190_sub_nteu.pdf)

National Tertiary Education Industry Union – Correspondence – 23 April 2013  
[https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187&190\\_NTEU.pdf](https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187&190_NTEU.pdf)

Transcript - 29 April 2013  
<https://www.fwc.gov.au/documents/documents/awardmod/review/290413AM2012187.pdf>

Transcript - 30 April 2013  
<https://www.fwc.gov.au/documents/documents/awardmod/review/300413AM2012187.pdf>

Transcript - 1 May 2013  
<https://www.fwc.gov.au/documents/documents/awardmod/review/010513am2012187.pdf>

National Tertiary Education Union - Submission - 4 June 2013  
[https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187\\_190\\_sub\\_nteiu.pdf](https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187_190_sub_nteiu.pdf)

National Tertiary Education Union - Final submission - 4 June 2013  
[https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187\\_190\\_finalsub\\_nteiu.pdf](https://www.fwc.gov.au/documents/documents/awardmod/review/AM2012187_190_finalsub_nteiu.pdf)

Transcript - 25 June 2013  
<https://www.fwc.gov.au/documents/documents/awardmod/review/250613AM2012187.pdf>

Decision – 14 October 2013  
<https://www.fwc.gov.au/documents/documents/awardmod/review/2013fwc7947.pdf>

## Statute 10.1 - Affiliation

*Made by the Monash University Council*

*Version incorporating amendments as at 17 February 2012*

### **PART I - GENERAL**

- 1.1** Institutions may be affiliated to the university in accordance with and subject to the provisions of the parts of this statute which apply to such institutions and to the provisions of this part which shall apply to the affiliation of all institutions.
- 1.2** In this statute 'institution' means any educational, cultural, sporting or other institution, organisation or body
- 2.** The rules of admission to any institution affiliated to the university shall not provide for any religious, racial or political test save that a residential institution sponsored by a religious or similar organisation may, when selecting entrants, give some preference to members of that organisation.
- 3.1** There shall be a standing committee of the Academic Board which shall consider all applications received for affiliation the continuance of any affiliation and all other matters related to affiliation and shall make recommendations thereon to the Academic Board.
- 3.2** A recommendation of the standing committee in relation to an application for affiliation must state which, if any, objects of the university the affiliation would assist in attaining.
- 4.** Every application for affiliation shall contain such information in such form as the Academic Board may require. The governing body of any institution to be affiliated shall undertake that during its continued affiliation it shall supply such information and permit such inspection of its premises on behalf of the Academic Board as the Academic Board may from time to time require.
- 5.** It shall be a condition of the affiliation or of the continued affiliation of any institution that its constitution shall be such as is approved by the Academic Board.
- 6.1** The Council, on the recommendation of the Academic Board, may -
  - 6.1.1** subject to subsection 6.2, grant an application for affiliation subject to any terms and conditions, not inconsistent with the provisions of this statute, the Council determines;
  - 6.1.2** refuse an application for affiliation; or
  - 6.1.3** terminate an existing affiliation subject to the conditions contained in the agreement for affiliation.

- 6.2 Before granting an application for affiliation the Council must be satisfied that the affiliation will assist in attaining one or more of the objects of the university.
7. The affiliation to the university of an institution shall be effected by an agreement for affiliation completed between the university and the institution or its governing body. Each such agreement shall provide that adequate notice of termination must be given by either party.

## **PART II - AFFILIATION OF RESIDENTIAL INSTITUTIONS**

8. The provisions of this part apply to the affiliation to the university of residential institutions which provide residence for members of the university.
- 9 Subject to section 10 it shall be a condition of the affiliation and continued affiliation of a residential institution that it:
- 9.1 shall not permit any person to become or continue to be a resident member unless that person is -
- 9.1.1 enrolled for a course of study leading to a degree or a diploma of the university, or
- 9.1.2 a member of the staff of the university, or
- 9.1.3 engaged in research at the university, or
- 9.1.4 a member of the staff of the institution;
- 9.2 shall allow the institution to be used for residence only by -
- 9.2.1 resident members,
- 9.2.2 permanent or temporary members of the staff of the institution,
- 9.2.3 distinguished visitors invited to reside temporarily at the institution, and
- 9.2.4 members of the family of any such resident members, members of the staff and distinguished visitors;
- 9.3 shall not permit any person to become or continue to be a non-resident member unless that person is -
- 9.3.1 one of the persons referred to in paragraphs 9.1.1 to 9.1.4 of this section, or
- 9.3.2 a graduate of the university, or
- 9.3.3 a member of the governing body of the institution;
- 9.4 has a substantial proportion of the members residing at the institution;

- 9.5 shall be wholly affiliated to the university and shall not reserve or exclude from affiliation any part or activity of the institution;
  - 9.6 shall not require any member, other than a member of its staff, to participate in any religious observance;
  - 9.7 shall inform the Academic Board of the rules or regulations for the maintenance of discipline within the institution which are from time to time in force;
  - 9.8 may establish and maintain a tutorial system for the benefit of resident and non-resident members who are students to complement the teaching of the university provided that the dean of the faculty or chairman of the department concerned, as the case may be, is consulted concerning the appointment of any member of the tutorial staff prior to the making of such an appointment;
  - 9.9 shall obtain the approval of the Academic Board to the facilities for and standards of accommodation, the facilities for study and the arrangements made for the maintenance of safety and health within the institution;
  - 9.10 shall keep the Academic Board informed of and obtain the approval of the Academic Board to any plans which the institution may prepare or propose for development from time to time to ensure that such plans are not inconsistent with the plans for the development of the university;
  - 9.11 shall, by its constitution, provide that one member of its governing body shall be a person representing the university and appointed from time to time by the Academic Board;
  - 9.12 shall not award any academic qualification of any kind whether by way of degree, diploma, licence, certificate or otherwise;
  - 9.13 shall not use the name of the university except as authorised by the Academic Board.
- 10.1 The Academic Board may at any time and from time to time if it thinks fit exempt a residential institution affiliated to the university from any of the provisions of section 9 to the extent, for the period or periods and subject to the conditions specified.
  - 10.2 Notwithstanding the provisions of this part a residential institution affiliated to the university may, during periods on which the university is on vacation, permit the premises of the institution to be used for purposes which are otherwise not authorised or permitted by this statute.

### **PART III - AFFILIATION OF HOSPITALS**

- 11. This part applies to the affiliation of hospitals to the university.
- 12. It shall be a condition of the affiliation or of the continued affiliation of a hospital that it shall, to the satisfaction of the Academic Board, provide suitable accommodation or facilities or both for the clinical instruction or clinical examination or both of

undergraduate students of the university or suitable facilities for undergraduate or graduate students or members of the staff of the university to carry out research.

13. Any affiliation agreement entered into by the university with a hospital which is to be or has been affiliated to the university may provide for –
  - 13.1 accommodation of members of the staff of the university or of a university department within the hospital;
  - 13.2 the offering of hospital appointments to members of the staff of the university;
  - 13.3 arrangements for conjoint recommendations in regard to certain hospital appointments;
  - 13.4 the maintenance of student discipline within the hospital;
  - 13.5 the payment of fees by students attending the hospital;
  - 13.6 the minimum period of notification on either side to be given of intention to terminate the agreement.

#### **PART IV - AFFILIATION OF RESEARCH AND OTHER EDUCATIONAL INSTITUTIONS**

14. This part applies to the affiliation to the university of research or other educational institutions, not being residential institutions or hospitals.
15. It shall be a condition of the affiliation and of the continuation of the affiliation of any research or other educational institution that it shall, to the satisfaction of the Academic Board, provide suitable accommodation or facilities or both for the teaching of or the carrying out of research by persons who are students or former students or members of the staff of the university.

#### **PART V - REGULATIONS**

- 16.1 The Council may make regulations for or with respect to any matter or thing necessary, expedient or permitted to be prescribed for the purposes of this statute.
- 16.2 Without limiting subsection 16.1, the regulations may prescribe –
  - 16.2.1 the constitution and appointment of the standing committee on affiliation;
  - 16.2.2 the procedure of the standing committee on affiliation;
  - 16.2.3 the form of application for affiliation to the university.

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**End Notes**

1. Table of amendments from 1 November 2011 (as incorporated into this version):

<b>Amendment</b>	<b>Sections Amended</b>	<b>Commencement Date (Promulgation)</b>
Statute 1.4 – University Regulations (No. 7 of 2011)	Section 16	17 February 2012

## Client Coordinator - Australian BioResources Facility, MossVale

Job No: **GC294**

Location: **Moss Vale, Southern Highlands**

At Garvan our research is focused upon understanding the role of genes, molecular and cellular processes in health and disease as the basis for developing future preventions, treatments and cures. Our scientists are researchers who work towards making significant breakthroughs in scientific discovery to positively impact human health.

Like Garvan, The Australian BioResources (ABR) facility based in Moss Vale NSW, is a state of the art centralised facility specialising in the breeding of congenic, mutant and genetically modified mouse lines for Garvan and partner institutes. Our people are talented technicians who focus on providing exceptional services to our Scientists and clients alike.

### The Opportunity

We currently have an opportunity for an experienced Client Co-ordinator to join our team based in our Australian BioResources Facility. The focus of this position is to communicate with existing ABR clients and potential clients advising on services offered by the facility. The communication will be multi-faceted, using a variety of communication tools. Key responsibilities of this position include:

- Delivery of high level support to clients and stakeholders by providing prompt technical and logistical advice on all ABR services
- Promoting ABR through marketing materials, trade booths and workshops/ seminars
- Maintaining and updating the ABR website as an attractive client and information portal that promotes ABR; and services the needs of clients
- Managing customer service agreements and promoting the development of new ABR partnerships

To be considered for this position, you will possess the following key skills and attributes:

- BSc or equivalent degree in a relevant area of science and experience in animal based research
- Strong knowledge and experience in the use of rodents in research
- Strong project management skills
- Ability to develop, manage and maintain internal and external relationships
- Highly developed written and verbal communication skills
- Proficient in use of the Microsoft Word, Excel and Powerpoint
- Strong problem solving, analytical skills, and strategic thinking
- Excellent interpersonal skills and the ability to work well and flexibly in small teams and with a wide range of varying stakeholders
- A current driver's license and the ability to travel as needed is essential

### Eligibility

Only applicants with full working rights in Australia are eligible to apply for this role.

## How to Apply

Please prepare and submit your application as per the directions below:

- ➔ A Cover Letter addressing the Selection Criteria above
- ➔ Your Resume including 3 Referees
- ➔ Copies of relevant qualifications / Academic transcripts

**Closing Date: 30 June 2016**

### Personal Details

\* Required field

First name\*

Last name\*

E-mail\*

Phone\*

Mobile

Street\*

Street Cont.

City, Town or Suburb\*

Postcode or Zipcode\*

Country\*

State, Region or Province\*

### Questions

1. Garvan embraces diversity and inclusion. We are committed to making reasonable adjustments to provide a positive, barrier-free recruitment process and supportive workplace. If you have any support or access requirements, we encourage you to advise us at time of application. We will then work with you to identify the best way to assist you through the recruitment process. Please confirm below if you require any assistance and an HR representative will contact you shortly. All personal information will be kept confidential in compliance with relevant privacy legislation. \*

Yes, I do require reasonable adjustments

No, I do not require reasonable adjustments

2. Garvan Privacy Policy Declaration - Do you consent to the collection and storage of your personal information as follows?  
The Garvan is committed to handling personal information (including health and other sensitive information) in accordance with applicable privacy laws, including the Australian Privacy Principles set out in the Privacy Act 1988 (Cth). We may collect personal information when we are canvassing recruitment of staff and PhD students. We will collect personal information that you supply to us as part of this process for the purpose of assessing applications and proposals. The Garvan will collect personal information about you such as name, address, telephone, email, your educational / academic history and work history. We will collect personal information about you from third parties, such as your referees, as part of our assessment of your suitability for a position. \*

YES - I CONSENT

3. What is your area of Specialty / Research / Interest at Garvan? - Tick one:\*

4. Please briefly explain how your skills and experience are relevant to this position. Your Cover Letter should address the selection criteria in more detail:\*

5. Can you please advise what are your Base Salary expectations for this role? \*

6. Please confirm your eligibility to work in Australia - Tick one:\*

7. If you hold any type of "Temporary" work visa for Australia, please provide specific details here, including: Visa type and Subclass Number, Allowable work hours, Expiry Date:

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PEOPLE MAKE RESEARCH HAPPEN

# Planning the Health and Medical Research Workforce 2010-2019

Prepared for

The Australian Society for Medical Research



by

**Dr Deborah Schofield**

Associate Professor and Director of Research

Northern Rivers University Department of Rural Health (NRUDRH),

School of Public Health,

Faculty of Medicine, University of Sydney



**NORTHERN RIVERS**  
University Department of Rural Health



October 2009

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- Australian Atherosclerosis Society
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- Australasian Society for Psychiatric Research
- Australian and New Zealand Bone & Mineral Society
- Australian and New Zealand Society for Cell & Developmental Biology Inc
- Australian and New Zealand Society of Nephrology
- Australian Physiological Society
- Australian Rheumatology Association
- Australasian Gene Therapy Society Inc
- Australasian Sleep Association Inc
- Australasian Society for Immunology
- Australian Diabetes Society
- High Blood Pressure Research Council of Australia
- Human Genetics Society of Australasia
- Institute of Health and Biomedical Innovation
- National Association of Research Fellows
- The Royal Australian and New Zealand College of Radiologists
- Thoracic Society of Australia and New Zealand
- Transplantation Society of Australia and New Zealand

## Foreward

Australia's vision, as enunciated by the Prime Minister, Mr Kevin Rudd, is "to create the best skilled, best trained and most highly educated workforce in the world", with talented health and medical researchers being part of that grand ambition.

Chartering a well planned workforce is essential to meet the needs of the nation and make the vision a reality. We need an ambitious, innovative investment programme. A program which creates a self sustaining and agile workforce able to meet head on, challenges in indigenous health, the overt diseases associated with the ageing population and the emerging covert health risks associated with climate change.

People make research happen and it is the health and medical research workforce which is and will be, the foundation for prevention and cures, now and in the future. Australia's health and medical research workforce has performed outstandingly on an international scale, and Australia can build upon the health and wealth returns the nation has come to expect and enjoy.

To meet Australia's future health and medical research workforce needs, the sector must be empowered to work better and smarter. This means policy reform in the area of investment mechanisms and it also means new and better international partnerships and collaborations. The European Union (27 countries), Framework 7 Program is an example of what can be achieved in science when governments and scientists co-operate and collaborate. Europe is positioned to eclipse America and Japan in science with a research culture building in momentum.

The creation of a regional Asia Pacific partnership, not unlike the European Union Framework 7 program, could stimulate growth, increase Australia's GDP and sustain investment in the sector at a level greater than that possible for Australia and other countries in the region individually.



**This report highlights new opportunities for Australia, 'the clever country'. Investment in human capital is our key to the future.**

**Sarah Meachem PhD**  
ASMR President, 2009

## Executive summary

### Purpose

This study projects attrition from the health and medical research workforce over 40 years of age<sup>1</sup> in 2009 to 2019 and draws conclusions about the number of new staff required to replace the workforce lost. Estimates are also made of the number (and related cost) of additional PhDs who would need to enter the health and medical research workforce by 2019 to maintain the workforce as a constant proportion of the total workforce and also to match the level of comparable OECD nations.

The study uses recently collected demographic data (unpublished) from an ASMR survey of Health and Medical Research Workforce organisations which describes the 2009 health and medical research workforce.

### Summary of findings

The ASMR survey data represent all staff in Medical Research Institutes and University Departments - 39,037 total staff, with 23,411 reported as research staff and 15,203 of the total staff holding a PhD.

In 2009, 58% of the health and medical research workforce was female and 42% male. The largest cohort was 30-39 years of age and female followed by the 40 to 49 year old male cohort.

Over the decade from 2009 to 2019, it was estimated that about 6,250 members of the health and medical research workforce over the age of 40 years in 2009 would leave the workforce by 2019, with the bulk of these leaving between the ages of 50-69 years of age.

It was estimated that 35% of females and 49% of males aged 40-49 years in 2009 would be retired by the age of 50-59 years, with 85% of women and 70% of men aged 50-59 years in 2009 also projected to retire over the next 10 years.

Of the 6,250 members of the health and medical research workforce over the age of 40 years who would leave the workforce by 2019, about 4,000 would have held a PhD. Replacing these PhD qualified staff would cost about \$570 million in 2009 dollars (excluding the cost of scholarships and supervision).

If Australia were to maintain its current *PhD qualified persons in the health and medical research workforce: working population* ratio to 2019, another 1,700 persons with a PhD and willing to work in the health and medical research workforce would need to graduate to maintain the current workforce at a cost of about \$240 million in 2009 dollars.

To reach comparable levels of PhD completions per 100,000 in the workforce, Australia would require about 5,700 additional health and medical research related PhD graduates to be comparable with US levels, about 22,800 to be comparable with German levels and about 38,000 to be comparable with Switzerland.

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<sup>1</sup> The age group at which retirement typically commences being 40 to 50 years of age.

# Modelling the health and medical research workforce

## 1. Data used to model the Health and Medical Research Workforce

### *The Health and Medical Research Workforce*

In 2009, the ASMR conducted a survey of Health and Medical Research Workforce organisations including Medical Research Institutes and relevant University Departments. Of 61 Medical Research Institutes, 55 responded (a response rate of 90%) and of 34 University Departments, 15 responded (a response rate of 44%).

Of those who responded, Medical Research Institutes reported a total of 11,220 staff of those 4,263 held a PhD (38%), with 8,763 of the total engaged in research. University Departments reported a total of 11,626 staff engaged in the health and medical workforce, 4,582 of those held a PhD (39%) and 5,958 engaged in research (51%).

Grossed up to represent all staff in Medical Research Institutes and University Departments, this represents 39,037 total staff (excluding students), with 23,411 reported as research staff (60%) and 15,203 holding a PhD (39% of total staff).

In the latter half of 2006, ASMR invited its members (n=1258) to participate in an online survey. Of these members, 379 completed the survey which constituted a response rate of 30 percent. The questionnaire, designed by University of Queensland Social Research Centre in conjunction with the ASMR, gathered information regarding workforce demographics and perceptions of the current situation of health and medical research in Australia and the factors at play in the movement of medical researchers between Australia and overseas (see Kavallaris et al 2008)<sup>i</sup>.

### *ABS Population Projections*

The Australian Bureau of Statistics provides projections of the Australian population<sup>ii</sup>. The ABS produces 3 population projection series with high, medium and low growth. The medium growth series (Series B) was used for this study. Series B assumes medium population growth resulting from lower migration, life expectancy and fertility than the higher growth series (Series A).

This data source was used for population projections of Australians of workforce age to 2019.

## 2. Health and Medical Research Workforce

In 2009, there was 23,411 research staff (excluding administration staff) in total in the health and medical research workforce. Based on ASMR survey data, the age and sex distribution was estimated (Table 1) and these ratios were applied to the total research staff figure to estimate the age and sex profile of the total health and medical research workforce (Table 2). The ASMR data grouped respondents aged 60 and over together.

The age group 60-64 years was disaggregated from the 65 and over age group based on the ratio of all academic staff in this age group as reported by Hugo (2008)<sup>iii</sup>.

Based on the 2006 ASMR member survey, 58% of the health and medical research workforce was female and 42% male. However, for those aged 50 years and over there were more men than women, while the younger age groups were predominantly female. This is important for considering the long term future of the health and medical research workforce as women, on average, spend more time out of the workforce, are more likely to work part-time and retire earlier.

There was a small cohort of the health and medical research workforce who continued to work beyond Australia's traditional retirement age of 65 years.

The largest cohort was 30-39 years of age and female followed by the 40 to 49 year old male cohort.

**Table 1: Age and Sex Distribution of the Health and Medical Research Workforce, ASMR survey, Australia, 2006**

	<25	25-29	30-39	40-49	50-59	60-64	65+	Total
<b>Ratio of total (sex)</b>								
Female	0.09	0.21	0.36	0.19	0.12	0.02	0.00	1.00
Male	0.06	0.12	0.22	0.35	0.18	0.05	0.02	1.00
All	0.08	0.17	0.31	0.26	0.15	0.03	0.01	1.00
<b>Ratio within age group</b>								
Female	0.67	0.7	0.69	0.43	0.49	0.33	0.23	0.58
Male	0.33	0.30	0.31	0.57	0.51	0.67	0.77	0.42
<b>Number of persons</b>								
Female	20	45	79	42	27	4	1	218
Male	10	19	36	55	28	8	3	159
Total	30	64	115	97	55	12	4	377

Source: ASMR 2006 survey of the Health and Medical Research Workforce (i)

**Table 2: Health and Medical Research Workforce, Australia, 2009**

	<25	25-29	30-39	40-49	50-59	60-64	65+	Total
Female	1,248	2,782	4,927	2,590	1,674	257	51	13,529
Male	615	1,192	2,214	3,433	1,742	514	171	9,882
Total	1,863	3,974	7,141	6,024	3,415	771	223	23,411

Sources: ASMR 2006 and 2009 surveys of the Health and Medical Research Workforce (i)

Ideally attrition would be estimated from longitudinal data. As this was not available for the health and medical research workforce, estimates were made from the cross-sectional ASMR data. It was assumed that the 40-49, 50-59 and 60-69 year old cohorts were approximately the same size prior to retirements commencing. There is some evidence that this is approximately accurate, with data from Hugo (2008)<sup>iii</sup> indicating that for all academic staff male cohorts in these age groups were of a similar size in 1991.

The younger female cohorts tended to be larger in 1991 as rapid feminisation of the health and medical research workforce began to occur, but this effect was much less evident by 2006. As a check, the rates of retirement were compared with those for nurses, a primarily female workforce, and found to be lower, which is expected as the health and medical research workforce has a higher proportion of males and on average would have more years of education, two factors associated with later retirement (Schofield and Beard (2005))<sup>iv</sup>.

Attrition from the workforce was projected for persons aged 40 years and over in 2009. Loosely referred to as retirement, this attrition may be a result of permanently leaving the workforce, moving out of the workforce for other reasons including to take up another profession, illness or death. The figures represent net attrition, that is, the balance of exits minus any entrants returning to the health and medical research workforce.

It was estimated that there was net attrition of 35% of the female and 45% of the male health and medical research workforce between the ages of 40-49 and 50-59 over a 10 year period (Table 3). As expected, the rate of attrition was higher for the older age groups, with 85% of women and 70% of men leaving the workforce between the ages of 50-59 and 60-69 years of age. The data grouped all age groups beyond the age of 65 years and it was assumed that all of the health and medical research workforce in this age group retired by 70 years of age and over. While there may be some of the health and medical research workforce working beyond the age of 70, the numbers will represent a very small proportion of the workforce with less than 1% of the health and medical research workforce aged 65 years or more in 2009.

**Table 3: Attrition estimates for the health and medical research workforce from 2009**

		40-49	50-59	60-64	65+
<b>Females</b>	2019	0.35	0.85	1.00	1.00
<b>Males</b>	2019	0.49	0.70	1.00	1.00
<b>All</b>	2019	0.43	0.77	1.00	1.00

Based on the age/sex-specific attrition rates in Table 3, it was estimated that over the ten years from 2009 to 2019, just over 6,250 members of the health and medical research workforce over the age of 40 years in 2009 would leave the workforce. The bulk of these would leave the workforce between the ages of 50-69 years of age. Of these, about 4,000 would have held a PhD based on the proportion of persons with a PhD in the total health and medical research workforce. Replacing these PhD qualified staff to maintain the current size of the workforce would cost about \$570 million in 2009 dollars based on an estimated \$140,000 (+/- \$57,000) per 4 year PhD (excluding the cost of scholarships and supervision) based on the ASMR survey, 2009.

**Table 4. Attrition from the health and medical research workforce by 2019**

Age at 2009		<25	25-29	30-39	40-49	50-59	60-64	65+	Total
<b>Female</b>									
	2009	1,248	2,782	4,927	2,590	1,674	257	51	13,529
	retirements by 2019	0	0	0	917	1,417	257	51	2,641
<b>Male</b>									
	2009	615	1,192	2,214	3,433	1,742	514	171	9,882
	retirements by 2019	0	0	0	1,692	1,228	514	171	3,605
<b>All</b>									
	2009	1,863	3,974	7,141	6,024	3,415	771	223	23,411
	retirements by 2019				2,608	2,645	771	223	6,246
Number of PhDs retired (a)									4,056
Cost of PhDs (\$mill) (a)									570

a) Based on ASMR survey data of proportion of research staff with PhDs - \$140,457 per PhD (based on 4 years to completion) excluding scholarships and supervisor time

If Australia were to maintain its current *PhD qualified persons in the health and medical research workforce: working population* ratio to 2019, another 1,700 persons with a PhD and willing to work in the health and medical research workforce would need to be graduated (at a cost of about \$240 million in 2009 dollars for PhD graduates who entered the health and medical research workforce).

Australia has a relatively low rate of PhD completions in the workforce compared to a number of comparable OECD nations — 8 persons with a PhD per 100,000 in the workforce in Australia compared to 11 persons with a PhD per 100,000 in the workforce in the US (38% higher), 20 persons with a PhD per 100,000 in the workforce in Germany (150% higher) and 28 persons with a PhD per 100,000 in the workforce in Switzerland (250% higher).

If these differences in the rate of PhD completions per 100,000 in the 2009 workforce are reflected in the health and medical research workforce, then Australia requires about 5,700 additional health and medical research related PhD graduates to reach current US levels (at a cost of about \$800 million), about 22,800 to reach German levels (at a cost of about \$3 billion), and about 38,000 to reach the level of Switzerland (at a cost of about \$5.3 billion) (see figure 1 and 2). This is in addition to the approximately 1,700 persons required to maintain Australia's current *PhD qualified persons in the health and medical research workforce: working population* ratio to 2019 due to population growth.

Based on the current ratio of *support staff: research staff*, approximately an additional 1,100 support staff would be needed to support the additional 1,700 persons with a PhD in 2019 to maintain Australia's current *PhD qualified persons in the health and medical research workforce: working population* ratio. Approximately a further 3,800 support staff would be needed if Australia had the same proportion of PhD graduates per 100,000 persons of workforce age as the US, about 15,200 if we had the same proportion as Germany and about 25,400 if we had the same proportion as Switzerland.

**Table 5: Estimate of required growth in the health and medical research workforce with a PhD for population growth and international levels**

Australian health and medical research workforce with PhDs 2009	15,203
Australian population of workforce age (000s) 2009 (a)	14,601,914
Australian population of workforce age (000s) 2019 (a)	16,223,106
PhDs required after workforce age population growth	<b>16,891</b>
% per 100,000 population in the workforce with PhD Australia 2009 (b)	8
% per 100,000 population in the workforce with PhD US 2009 (b)	11
% per 100,000 population in the workforce with PhD Germany 2009 (b)	20
% per 100,000 population in the workforce with PhD Switzerland 2009 (b)	28
Growth in PhD per 100,000 population to reach US levels 2009	38%
Growth in PhD per 100,000 population to reach German levels 2009	150%
Growth in PhD per 100,000 population to reach Switzerland levels 2009	250%
Additional Health and Medical PhD completions to reach US levels 2009	<b>5,702</b>
Additional Health and Medical PhD completions to reach German levels 2009	<b>22,806</b>
Additional Health and Medical PhD completions to reach Switzerland levels 2009	<b>38,009</b>

- a) ABS population forecasts (series B) : Australian Bureau of Statistics (2008) Population Projections Australia 3222.0. ABS: Canberra. Source: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3222.02006%20to%202101?OpenDocument>
- b) Data provided by ASMR 2009: Senator the Hon Kim Carr, Address to ANU Luncheon with Victorian Business Leaders, 26 March 2008. Cited in a Submission to the House of Representatives Industry, Science and Innovation Committee. Inquiry into research training and research workforce issues in Australian universities. Source: [http://www.irua.edu.au/news\\_archive/2008/InquiryIntoResearchTraining.pdf](http://www.irua.edu.au/news_archive/2008/InquiryIntoResearchTraining.pdf)

## Conclusions

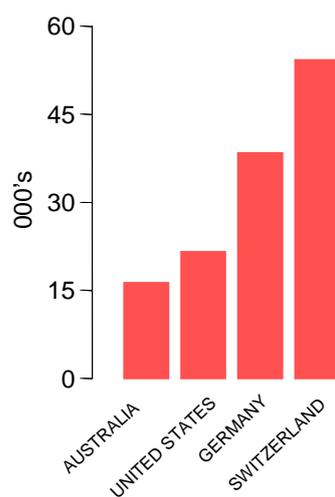
If Australia is to have the most highly educated, best skilled and highly trained health and medical research sector in the world, the number of qualified researchers (PhD or equivalent) would need to expand 2.5 fold to be on par with knowledge based workforces such as the European workforce.

A recruitment of human capital is needed to maintain our world class health and medical research workforce over the next 10 years. Specifically the sector must attract 30% more PhD or equivalently qualified researchers with a proportionate increase in support staff.

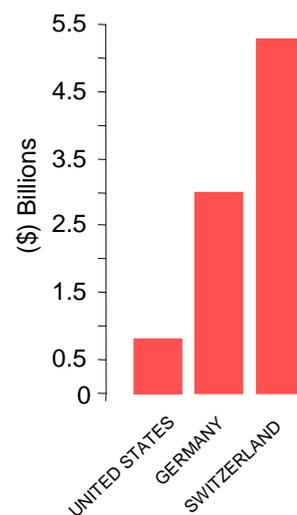
The projected attrition over the ten year period 2009-2019 is approximately 6250 members of the health and medical research workforce with around 4000 of this number having a PhD (based on the proportion of persons with a PhD in the total health and medical research workforce)

In addition to replacing these 4000 retirees, for Australia to maintain its health and medical research capacity as a proportion of the population of workforce age, another 1700 PhD qualified persons willing to work in the health and medical research workforce, would be needed in 2019.

If Australia were to keep pace with the level of PhD graduates in the workforce of comparable OECD nations, it would require approximately 5,700 additional health and medical research related PhD graduates to reach current US levels, around 22,800 to reach German levels, and about 38,000 to reach the level of Switzerland (see figure 1 for the total health and medical research PhD completions in Australia to reach levels of similar to OECD countries in 2009).



**Figure 1.** Total health & medical research PhD completions in Australia to reach levels of similar to OECD countries in 2009.



**Figure 2.** The cost (in 2009 dollars) associated with the additional number of PhD completions to reach levels of similar to OECD countries in 2009.

A number of matters are key to the successful maintenance and expansion of the health and medical research workforce:

- Understand that HMR is a long term commitment requiring long term, sustainable investment guided by informed, innovative and visionary policy reform.
- Understand workforce dynamics - develop, design and implement a viable 'long lasting' career structure which will attract and retain our best, brightest, most productive human capital.
- Expand international partnerships and enhance capacity through development of a regional union. For example, Asia-Pacific.
- Move quickly, building on the current highly skilled workforce so as not to lose the momentum of discovery.

## References

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- i Kavallaris M, Meachem S, Hulett M, West C, Pitt R, Chesters J, Laffan W, Boreham P, and Khachigian L (2008) Perceptions in health and medical research careers: the Australian Society for Medical Research Workforce Survey. *The Medical Journal of Australia* 188 (9): 520-524.
- ii Australian Bureau of Statistics (2008) Population Projections Australia 3222.0. ABS: Canberra. Source:  
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3222.02006%20to%202101?OpenDocument>.
- iii Hugo H (2008) The demographic outlook for Australian universities academic staff. Draft Occasional Paper for the Council of the Humanities and Social Sciences University of Adelaide.
- iv Schofield, D and Beard J (2005) Baby boomer doctors and nurses: demographic change and transitions to retirement. *The Medical Journal of Australia* 183 (2):80-83.



*Fair Work Act 2009*

s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards—Award stage**  
(AM2014/229 and AM2014/230)

**Consolidated NTEU Materials Regarding Research Institutes**

**Witness Statement of Peter Higgs**  
**lodged 11 March 2016**



## FAIR WORK COMMISSION

*Fair Work (Transitional Provisions and Consequential Amendments) Act 2009*  
*Schedule 5, Item 6 – Review of all modern awards*

### **National Tertiary Education Industry Union**

(AM2012/187, AM2012/190)

#### **Witness Statement of Peter Higgs**

1. I **Peter Higgs** of \_\_\_\_\_ am employed by Burnet Institute which is Australia's largest virology and communicable diseases research institute; ("the Institute").
2. I am employed as a Senior Fellow at the Institute and I have worked at the Institute in this role since 2008.
3. Prior to 2008 I was a PhD student at The Burnet (2005-7) and prior to that I worked as a research assistant in a range of roles from 1996. These include:
  - **June 2005 – July 2007**- Technical Advisor, HIV risk reduction among IDU, improving quality of life of PLWHA in Vietnam.
  - **August 2002 – December 2004**-Research Officer ,Macfarlane Burnet Institute for Medical Research & Public Health, Epidemiology and Social Research Program, Department of Human Services funded study of HIV among ethnic Vietnamese injecting drug users across Melbourne.
  - **March 2001 – July 2001**-Project Manager, AusAID funded Injecting drug use & harm reduction project, Hanoi, Vietnam.
  - **December 1997 – August 2002**-Research Assistant/Officer, Macfarlane Burnet Institute for Medical Research & Public Health. Research projects investigating drug use and blood borne virus transmission among ethnic Vietnamese heroin users in Australia.
  - **September 1996 - November 1997**-Community Development Worker, Macfarlane Burnet Centre for Medical Research, (Epidemiology and Social Research Unit), Vietnamese Injecting Drug Users Project.
4. I have just been appointed as Senior Lecturer at La Trobe University and will start a teaching and research role in Public Health from the 11 April, 2016. I understand that 40% of the role will be teaching undergraduate courses and 40% will be for research. I will continue to collaborate with both the Burnet and the NDRI on the research I will do.

5. Aside from my employment as an NHMRC Early Career Research fellow at the University of NSW between 2008 and 2012, I have employed with Curtin University as an Early Career Research Fellow at the National Drug Research Institute. I am also an Adjunct Research Fellow at the School of Public Health and Preventative Medicine, Monash University.
6. In my extensive experience working in and for both universities and research institutes I have had the opportunity to observe and interact with the work of many other colleagues - both academic and general staff – in the research sector and to see the interaction between health care, research and higher education. Although there are significant differences within and between those research institutes where staff hold academic titles or supervision of research students occurs, in my extensive experience the fundamental nature of the work has common dominant features. These include that they are not themselves, except incidentally, involved in the provision of medical health or dental services, but are engaged in the search for new knowledge and in the development of that knowledge such that it can be applied, commercially or socially, to the benefit of individuals and society. An essential part of the search for that new knowledge is the integration of new researchers, undertaking PhDs, post-doctoral fellowships, or other advanced studies into that search. At that advanced level, education and research are part of an integrated process. Moreover, although the process has to be managed in a business-like manner, the ultimate purpose of the search for new knowledge and the education of new researchers is not to return a profit to the employer but to advance knowledge and human health. These are essential characteristics of such medical research institutes. Precisely the same type of work as this occurs, and for the same purposes, in Universities, where there are many research only staff (academic and non-academic) who undertake no or very little undergraduate teaching duties, but are devoted to the same type of work and for the same purpose.
7. My key roles are research, training and student supervision. Attached at Attachment 1 is my full Curriculum Vitae. This includes detail on positions held, field of Research and study, Awards, Teaching activities and Student Supervision, Publications and Memberships, including of Editorial Boards of Scientific Journals.
8. My current key project is funded from my Fellowship at Curtin University. This is an open-ended longitudinal study of cohorts of people injecting drugs. It involves a group of drug users I have been following since the mid-2000s, looking at a range of factors, including social factors, employment, treatment for drug use and blood borne viruses, and so on. The overall

project for this Fellowship will involve a series of smaller studies which will track cohorts of users. Some of this will involve people who were part of an original Australian study going back to 1989 which was based at the Burnet Institute.

9. I have over ten years experience in supervising honours and Masters students, and supervising PhD students. This has involved students from several Victorian Universities and Edith Cowan University in Western Australia, and across courses ranging from Social Work and Policy Studies to Masters of Public Health; (please view **Attachment 1**).
10. The last half of the year is a time when the Burnet is busy looking for students for the 2016 year. The Institute sends booklets to undergraduate students in health sciences, psychology, social work, community development and other disciplines in Australia and overseas. We match placements with areas of interest and students from honours to PhD level have 2 supervisors or mentors for each student.
11. Students can complete a Masters of Public Health at Burnet, through Monash University and learn practical research skills at the Institute by doing their Masters by research with supervision from Burnet staff.
12. There are currently around 50 students at Burnet across all levels. Many PhD students are offered part-time work as Research Assistants to support their stipends.
13. There would be over 350 staff at Burnet Institute and this includes about 50 students.
14. The job roles at the Institute are equivalent to academic roles in Universities. For example, a Research Assistant, Research Officer or Research Fellow can apply for an academic role at a University and expect that the roles they have been doing in their job would be equivalent. A Senior Research Fellow such as myself could apply for a Senior Lecturer role in a University. I have two business cards – one as a *Senior Research Fellow* at Burnet and one as an *Early Career Research Fellow* at Curtin University.
15. In any case, I define my vocation as a “Researcher”. By this I mean someone who collects analyses and writes up data. Generating and publishing new knowledge is a big and important part of this.

16. Of course, in addition to staff who undertake this role as “Researcher”, there are others who are engaged in the research process but who do not themselves publish new knowledge. These include some classes of research assistants and skilled technical and information technology staff. These staff are also engaged in the same type of work and exercise the same types of skills directed to the same purposes, as their counterparts in Universities. Their work is an integral and necessary part of the research. Research Institutes such as mine also employ a range of administrative, finance, human resources, fundraising, public relations and general information technology staff who perform important corporate roles but are not directly engaged in the research process.
17. There is no difference at all between the research work I’ve done at the Institute and within a University.
18. Aside from the actual work, another reason to work collaboratively is related to funding. Burnet is not eligible to apply for Australian Research Council Grants (ARC), unless a project is linked to a research team with investigators at a University. So we design and develop projects with universities. An example is the national drug and alcohol centres which team up to do the annual sentinel surveillance survey in every state. This occurs in conjunction with universities and the Burnet coordinates the Victorian arm of the survey. The money comes via the Department of Health and Aging (DOHA).
19. We must also collaborate in gaining ethics approval for projects. Burnet Institute goes through the Alfred Hospital Ethics Committee and then the specific University collaborator Committee; for example, in my case, UNSW or Curtin University or when I was doing my PhD at Monash University.
20. Though Burnet is clearly a Research Institute and I am a researcher, I am unusual in that the work I have done over many years also involves some health service delivery. For example, as part of one of our competitively funded research projects we do the actual testings for hepatitis and HIV for people who inject drugs and I personally have diagnosed people via this process. Research with drug users does not have to involve this testing but due to the nature of the work, and its long-term nature, some drug users have only been tested by us. This has developed via the trust built -up over many years of working with the population. I am also involved in doing interviews for a clinical trial of new treatments for hepatitis c which is being delivered via the outreach van we use as a mobile office.

21. One of the key attractions to working in a Research Institute is that the tax concessions they attract allow staff to enter attractive salary packaging arrangements. In the past this has allowed me to work on a University grant and top-up my salary with a day a week's salary package at Burnet. For example, the Fellowship with Curtin University allows me to work 20% of my time elsewhere and I use this to continue to be based at Burnet.
  
22. I am a member of the UniSuper higher education industry superannuation fund and the Burnet also pays into this.

**Dr. Peter Higgs**

**10 March 2016**

**Redacted for objections, 12 October 2016**

# Attachment 1

## **CURRENT POSITION**

**02/2013-02/2017**

Curtin Research Fellow  
National Drug Research Institute  
Curtin University

**01/2008-**

Burnet Institute Senior Fellow  
Centre for Population Health  
The Burnet Institute

**06/2008-**

Adjunct Senior Lecturer  
School of Public Health & Preventive Medicine,  
Faculty of Medicine, Nursing & Health Sciences  
Monash University (Staff ID 01064541 – expires 31/03/2018)

## **EDUCATION**

**2005-2007**

Doctor of Philosophy  
*“Exploring risk: A study of ethnic Vietnamese heroin users”*  
Department of Epidemiology and Preventive Medicine  
Monash University  
Primary supervisor Professor Margaret Hellard

**1994-1999**

Master of Arts (Research)  
*“Footpath Traders in a Hanoi Neighbourhood: A Case Study of Changing Social Relations and Economic Transition”*  
Department of Asian & International Studies,  
Victoria University of Technology  
Primary supervisor Professor Stephanie Fahey

**1995 (January to June)**

Hanoi based field work for Masters course,  
Institute of Sociology Hanoi, Vietnam.

**1993**

Vietnamese Language Student  
Hanoi Foreign Language College, Vietnam

**1984-1987**

Bachelor of Social Work  
University of New South Wales

## **PREVIOUS PRINCIPAL POSITIONS HELD**

**April 2008 – October 2012**

NHMRC Post-doctoral Fellow

Viral Hepatitis Epidemiology and Prevention Program

The Kirby Institute, University of New South Wales

## **MEMBERSHIPS**

Current member of:

- Australasian Professional Society for Alcohol & Drugs (APSAD)
- Australian Association of Social Workers (MAASW, Accredited)
- Australian Society for HIV Medicine (ASHM)
- International Federation of Social Welfare (IFSW)
- International Harm Reduction Association (IHRA)
- National Tertiary Education Union (NTEU)
- Public Health Association of Australia (PHAA)
- Hepatitis Victoria (Honorary Life Member)
- Harm Reduction Victoria
- Cohealth

## **Steering Committees/Advisory Committees & Boards**

- Canberra Alliance for Harm Minimisation and Advocacy, Expert reference Committee (2014-ongoing)
- Victorian Ministry of Health, Viral Hepatitis Roundtable advisory group (2015)
- Hepatitis Victoria, Board of Directors (President 2009-12; Vice-president 2008; Treasurer 2007) (committee of management 1999, 2000)
- Chair of Hepatitis C Victoria's Research Advisory Committee (2010-2011)
- Overdose Awareness Day Committee (2011-2)
- Evaluation Advisory Group on the joint evaluation of drug policies and services and their subsequent effects on prisoners and staff within the Alexander Maconochie Centre (ACT's first prison) (2011)
- Victorian Health Department Needle Syringe Program data collection review, reference group (2010)
- Hepatitis C Victoria & White Lion Youth Services - *Young Women's Hepatitis C Prevention and Early Intervention Project* (2010)
- AIVL/VIVAIDS - *Ethnic Vietnamese Hepatitis C Education Reference group* (2008)
- Open Family Australia research advisory committee member (2009)
- Multicultural Health Support Service, Victoria (Steering group 2004)
- National Project on HIV/AIDS and Hepatitis C for People from Culturally and Linguistically Diverse Backgrounds - **advisory group member** (2002-2003)

## AWARDS

**2014:** 13th Social Research Conference on HIV, Viral Hepatitis & Related Diseases, Centre for Social Research in Health, UNSW

Best Abstract, Viral Hepatitis Stream

**Higgs, P & Cogger, S.** *What is the role for HCV treatment in reducing the incidence and prevalence of HCV among people who inject drugs?*

**2013-2016:** Curtin University Research Fellowship (\$350,950)

**2012:** Ian Potter Travel award (\$1200)

*8th Australasian Viral Hepatitis Conference, Auckland, New Zealand*

**2010:** Burnet Institute, Nick Crofts Public Health Publication award (\$1500)

**Higgs, P., et al** 2009. *Heroin-gel capsule cocktails and groin injecting practices among ethnic Vietnamese in Melbourne, Australia*

**2008-2011:** NHMRC Post-doctoral Public Health Fellowship (\$284,626)

**2008:** Monash University Post Graduate Publications Award (\$5,000)

**2005-2007:** NHMRC Postgraduate Public Health Scholarship (\$80,689)

**2003:** Australian Society for HIV Medicine, Social Science Award (\$500)

**Higgs, P., et. al.,** Outreach based HIV & HCV testing and counselling. What's best practice? *15<sup>th</sup> Annual ASHM Conference, Global Crisis Global Action, Cairns, October.*

**1998:** Otto Bassler Travel Award for young researchers (\$2,500)

**Higgs, P., et al.,** Vietnamese IDUs telling us how it is, *9th International Conference on the Reduction of Drug Related Harm, Sao Paulo, Brazil, March.*

**1997:** Victorian Community Safety and Crime Prevention \$5,000

(Special encouragement and Development Award)

Shared - Ethnic Youth Issues Network & Victorian Council of Churches

## TEACHING ACTIVITIES

I co-ordinate the subject "Alcohol and other drugs in society: a national and global perspective" and provide other support to subjects in the Masters of Public Health [International Health stream], Monash University

## STUDENT SUPERVISION

### Community Development

2006	Ms Duyen Duong	(Swinburne University of Technology)
2007	Ms Magalie Sanassee	(Victoria University)
	Stuart Armstrong	(Victoria University)
2009	Brent Serry	(Victoria University)
2010	Chris Rocks	(Swinburne University of Technology)
	Ms Salmar Sumar	(Edith Cowan University)
2011	Ramez Bathish	(Victoria University)
2012	Chankham Tengbriacheu	(Victoria University)
2013	Polo Espino	(Victoria University)
2014	Vathsana Somphet	(Victoria University)

### Honours

2005	Ms Alisa Pedrana	(Monash University)	H1
2006	Ms Danielle Horyniak	(Monash University)	H1
2009	Ms Anita Feigin	(Monash University)	H1
2010	Ms Michelle Ham	(University of WA)	
2011	Ms Alyce Vella	(Monash University)	H1
2012	Ramez Bathish	(Victoria University)	H1
2013	Arthur Truong	(Monash University)	H2A
2014	Angus McCormack	(Monash University)	H1
	Kevin Hsieh	(Melbourne University)	H1
2015	Ms Madelaine King	(Monash University)	H2A
2015	Ms Chloe Lanyon	(Monash University)	H2A

### Masters

2006	Chris Pankonin	(Melbourne University)	
	<i>Where do all the syringes come from? Pharmacy contribution to needle and syringe distribution in Hanoi, Vietnam</i>		
2006	Ms Kei Owada	(Melbourne University)	
	<i>Harm Reduction, Gender and Culture: A Pilot study of young ethnic Vietnamese female drug users in Melbourne</i>		
2007	Ms Uma Jatkar	(La Trobe University)	
	<i>Establishment of a secondary needle and syringe program at Western Region Health Centre's Braybrook site</i>		
2008	Ms Yan Li Guo	(Melbourne University)	
	<i>Is there sufficient evidence that peer education is effective to increase knowledge, and change attitudes and behaviors among injecting drug users?</i>		

2012 Ms Danielle Collins (Monash University MPH Case study) **H1**  
*The B-Vax project: providing hepatitis B vaccinations through assertive outreach to people who inject drugs*

2013 Ms Marieke Van Regteren Altena (Monash University, MPH thesis)  
*Employment Pathways for Transition Age Youth Living with Mental Illness in Regional and Remote Victoria: A Qualitative Analysis* **H2A**

2015 Andrew Larner (Monash University MPH case study) **HD**  
*Alcohol and Substance use in Lao PDR: A mixed methods study examining prevalence of problematic substance use and substance use cultures*

#### **Current HDR, PhD**

2014-ongoing Ms Shelley Walker (NDRI, Curtin University)  
Primary Supervisor  
*'Post release trajectories of young adult prisoners with a history of injecting drug use'*

#### **PhD Completions**

2013 Ms Roslyn Le (Swinburne University of Technology)  
(co-supervisor)  
*'Risky Business: Investigating the socio-economic and cultural factors that lead to the participation of Vietnamese-Australians in the underground heroin economy'*

2014 Ms Danielle Horyniak (Monash University)  
(co-supervisor)  
*'Improving health and reducing harm among people who inject drugs'*

#### **EDITORIAL BOARDS SCIENTIFIC JOURNALS**

- Deputy Editor Drug & Alcohol Review (2011-on-going)
- ASHM Journal Club (2009-2010)

I have reviewed manuscripts for the following scientific publications in past 5 years:

- Addiction
- AIDS & Behaviour
- Australian and New Zealand Journal of Public Health
- Australian Social Work
- Bulletin of the World Health Organisation
- Current Issues in Criminal Justice
- Drug and Alcohol Review
- Drug and Alcohol Dependence
- Drugs Education, Prevention & Policy
- Harm Reduction Journal
- Health Promotion Journal of Australia
- Health Sociology Review

- International Journal of Drug Policy
- Journal of Addiction
- Journal of Medical Virology
- Journal of Drug Issues
- Medical Journal of Australia
- PlosOne
- Sage OPEN
- Sexual Health
- Substance Abuse Treatment Prevention & Policy
- Youth Studies Australia

### **Other Academic Related Activities**

#### **2015**

NHMRC Post-graduate Scholarships (Public Health and Health Services Panel)  
Member Scientific Program Committee, 2015 APSAD Conference, Perth

#### **2014**

NHMRC Post-graduate Scholarships (Public Health and Health Services Panel)  
Member Scientific Program Committee, 2014 APSAD Conference, Adelaide

#### **2013**

NHMRC Post-graduate Scholarships (Public Health Panel)  
Member Scientific Program Committee, 2013 APSAD Conference, Brisbane

#### **2012**

Member Scientific Program Committee, 2012 APSAD Conference, Melbourne  
Member of the Epidemiology, Community and Social Research Stream of the Australasian  
Viral Hepatitis Conference, Auckland

#### **2010**

Member of the Epidemiology, Public Health & Prevention Stream of the Australasian Viral  
Hepatitis Conference, Melbourne

#### **2009**

Justice Health: Beyond the convict era Melbourne 6-7 April 2009  
*Conference rapporteur (with Tony Butler)*

#### **2008**

First Asian Consultation on the Prevention of HIV related to Drug Use  
Goa, India 28-31 January 2008

Abstract reviewer

- 6<sup>th</sup> Australasian Viral Hepatitis Conference 2008
- Australian Public Health Association Public Health Congress 2012
- International AIDS Society Conferences 2010-2015

#### Selection Committee

- Sidney Myer Health Scholarship Round 2 (September-December 2011)
- Inaugural Sidney Myer Health Scholarship (September-December 2008)

Joint co-ordination of the *Film Fest Stream* of the International Conference on the Reduction of Drug Related Harm: 2004 (Melbourne); 2005 (Belfast); 2006 (Vancouver); 2007 (Warsaw); 2008 (Barcelona); 2009 (Bangkok); 2010 (Liverpool); 2011 (Beirut); 2013 (Vilnius)  
[http://www.burnet.edu.au/events/39\\_international\\_harm\\_reduction\\_film\\_festival](http://www.burnet.edu.au/events/39_international_harm_reduction_film_festival)

Curator for the 'Belonging' section of the Needle and Syringe Cultures Exhibition, 18-28 July, 2007 Gilbert Building, University of Melbourne  
<http://wayback.archive-it.org/1152/20111017222544/http://www.nspresearch.unimelb.edu.au/podcasts.html>

Conducted research interviews with Southeast Asian men for "*The Impact of Migration on Gender Identity Among Immigrant Men from Non-English-speaking backgrounds in Australia*" (ARC Discovery 2004-2005)

**Chief investigators** Bob Pease (Deakin University) & Jacques Boulet (Borderlands CoOp)

#### Invitations to review

Department of Health Policy Research Programme, United Kingdom Round 5, (Dec 2012)

#### COURSES

2011

##### **Australian Institute for Management (AIM)**

*Managing, Leading and Developing People*

November-December (4 days)

2010

##### **Monash University Level 1 accreditation**

PhD Research Supervisor Accreditation Training

June 10, 17

2009

##### **Monash University**

Student Supervision - Giving and Receiving feedback

October 29

2008

##### **Divers Alert Network**

Senior First Aid – 21452VIC

April 12-13

##### **Victoria University & Narrative Network Australia**

Narrative Research Methods in the Social Sciences

February and March (12 sessions)

2003

**Melbourne Sexual Health Centre**

HIV and Hepatitis C Pre & Post Testing Counselling

March 12, 13, 14, 19, 20 & 21

2002

**The Pathology Foundation**

Course number M589V

Venepuncture Theory & Practice

**RMIT**

Participatory Approaches in Development

August 26-30

2001

**Hepatitis C Helpline**

Hep C pre and post test counselling

September 19-21

**FUNDING GRANT SUPPORT**

**2015**

AbbVie research grant \$46,440.

Richmond, Ellard, Wallace, Hellard, **Higgs**.

Hepatitis C Cure: Exploring the Patient Experience.

AIVL \$30,000

Hepatitis C health promotion evaluation

Olsen, A., & **Higgs, P.**

**2014**

Gilead Investigator Sponsored Research \$2,100,000

Principal Investigators Hellard, M. & Thompson, A.

Chief Investigators

Dietze, P., Desmond, P., Stooze, M., & Higgs, P.

HCV Treatment and Prevention for PWID (The TAP Study)

Thiess Foundation Community Grants Program \$7,000

Higgs, P.

Outreach community health and education program for PWID in western Melbourne

Gilead Australia Fellowship: Research Grants Program \$20,000

Higgs, P.

Understanding hepatitis C direct acting anti-virals in a cohort of PWID

## **2013**

Centre for Research Excellence into Injecting Drug Use – small grant \$8,500

Higgs, P & Moore, D

Documenting and better understanding the life trajectories of people who inject drugs

Collier Charitable Fund \$22,973

Higgs, P.

Improving access to health through hepatitis B vaccination for a highly stigmatised and disadvantaged group - PWID

Shepherd Foundation \$36,700

Higgs, P. & Collins, D.

Providing Hepatitis B Vaccinations Through Assertive Outreach to People who Inject Drugs

State Trustees Foundation \$10,000

Higgs, P.

Health assessments in long term opiate users

## **2012**

Department for International Development (DFID): GBP£82,257

Evaluation of a decade of DFID and World Bank supported HIV and AIDS programmes in Vietnam from 2003 to 2012. Wilson D, Maher L, Zhang L, Pham Q, Higgs P, Hoa DM, Ngo D.

Australian Red Cross \$98,950

Evaluation and review of the Save-a-Mate Program

Higgs, P., Papanastasiou, C. & Dietze, P.

## **2011**

City of Brimbank \$8,000

Higgs, P. & Dietze, P

From Streets to Homes

## **2009**

State Trustees Foundation \$9,700

Higgs, P. & Dietze, P.

The health and social needs of older opiate users

## **2008**

UNSW Post doctoral small grant scheme \$9,708

Higgs, P.

How do long term injecting drug users avoid exposure to hepatitis C infection?

Queensland Injectors Health Network \$47,427

Stoove, M., Higgs, P., Winter, R., Kelsall, J. Brogan, D., & Power, R.

Review of the 'Mix-Up Peer Education Project'

Victorian Department of Human Services, Public Health Branch \$93,403  
Aitken, C., Hellard, M., Stoove, M., Higgs, P., & Winter, R.  
An investigation of the environmental, behavioural and immunological factors that allow some injecting drug users to avoid hepatitis C virus exposure.

**2007**

Western Region Health Centre \$9,814  
Higgs, P & Aitken, C.  
Braybrook Needle Syringe Program: Evaluation of the establishment of a secondary site

Victorian Department of Human Services, Drug Policy Branch \$25,717  
Aitken, C., Higgs, P., & Lewis, J.  
Evaluation of Heroin Overdose Prevention and Education Campaign

**2005-2007**

South East Alcohol and Drug Services \$15,000  
Higgs, P.  
External evaluation Alcohol Prevention and Education Program for Young Cambodians and their families in the City of Greater Dandenong and the City of Whitehorse, 2 year pilot project

**2005**

Victorian Department of Human Services \$80,000  
Hellard, M., Patton, G. & Higgs, P.  
From custody to the community: Reducing HCV transmission among juvenile justice attendees

**2002**

Victorian Department of Human Services \$66,969  
Hellard, M., Crofts, N., Mijch, A., & Higgs, P.  
An Integrated Response to Reduce the Spread of HIV amongst Vietnamese Australian Injecting Drug Users (IDUs) in Victoria: Surveillance/Epidemiology Research Component.

**2001-02**

National Health & Medical Research Council \$214,000  
Principal Investigators: Gifford, S., O'Brien, M., Smith A.  
Associate Investigators: Jolley, D., Higgs, P.  
Identifying the social, personal and health needs of men living with Hepatitis C.

**2001**

Vichealth \$20,000  
Higgs, P., Pham, L and Vu, C.  
Peer based recreation and education for young heroin users of Vietnamese ethnicity

## **2000**

AusAID NOVA grant \$154,000 (two years)

Crofts, N. Higgs, P. and Chung A

Harm Reduction in Vietnam: Developing sustainable responses to drug use and HIV infection among drug users

## **1999**

Strategic Reserve Fund on Hepatitis C social and behavioural research \$95,000

Chief investigators

Crofts, N., Maher, L., & Higgs, P.

Prevention of HCV Infection amongst IDUs of Vietnamese Ethnicity

NSW Health Department \$95,100

Maher, L., Crofts, N., Higgs, P., & Le, T.

Initiation into drug use by Indo-chinese young people

Turning the Tide – Local Initiatives Grant \$48,000

Crofts, N., Higgs, P., and Kelsall, J.

The Vietnamese Harm Reduction Project (stage 2)

## **1998**

Turning the Tide – Local Initiatives Grant \$95,846

Crofts, N., Higgs, P., and Fox, S.

The Vietnamese IDU & Harm Reduction Project

## **CONSULTANCIES**

### **January 2013 (Vietnam)**

#### **DFID World Bank**

Qualitative data collection for the end of term evaluation of a decade of DFID World Bank supported HIV program in Vietnam

### **December 2012 (Hanoi)**

#### **Mid-term review HIV AIDS in Asia Regional Project (Vietnam)**

### **November 2011 (Hanoi)**

#### **Men who have sex with men and women in Hanoi**

Vietnam dissemination meeting for the ADRA project.

### **November 2010 (Hanoi)**

#### **Men who have sex with men and women in Hanoi**

Training peer researchers in the conduct of research and helping to analyse data collected through focus group discussions.

**June 2009 (Hanoi)**

**Supporting Harm Reduction Programs in the Mekong**

To provide technical oversight and advice to the program of work in harm reduction services for VICOMC and Dove Club under the Planet Wheeler Grant.

**April 2007 (Jakarta)**

**Key trainer**

Harm reduction and technical assistance for outreach workers to local NGO Yayasan Lambaga Kasih Indonesia, Bekasi

**January 2005 (Haiphong, Vietnam)**

**Community health workers outreach training**

Family Health International

2 weeks of injecting drug use outreach training with community health workers

**November 2004 (Jakarta and Jogjakarta)**

**Key Trainer, Indonesia Australia Specialised Training Project Phase III**

Drug Information and Intervention short course

2 week training targeting university staff and NGO activists

**August 2004 (Jakarta)**

**Key Trainer, Indonesia Australia Specialised Training Project Phase III**

Victoria University & The Burnet Institute, Drug Information short course

1 week training targeting school welfare workers, NGO activists and govt staff

**November 2003 – jointly with Ms Jenny Kelsall (VIVAIDS)**

Population Services International (Kunming, China)

Technical assistance to PSI for outreach to current and former drug users in Yunnan

**April & October 2003 (Melbourne)**

**Key trainer, Indonesia Australia Specialised Training Project**

IASTP Phase II Short Course (Victoria University & The Burnet Institute)

Drug Surveillance and Social Research

**December 2002 (Dien Bien Phu)**

United Nations Drug Control Program (Hanoi office)

Participatory Situation Assessment of the Drug Use and Harm Creation Environment

**November 2002 (Hanoi) – jointly with Ms Oanh Nguyen (Burnet Institute)**

Australian Red Cross (Hanoi office), End Of Project Review

Participatory HIV/AIDS Prevention and Sexual Health Youth Peer Education Project

**May 2000 - Hanoi (20 days); October 2000 (11 days)**

Family Health International

Harm Reduction Consultant

## PUBLICATIONS

### Peer referred journals

1. Bowring A., Pasomsouk N Hughes C., van Gemert C., **Higgs, P.**, Sychareun, V., Hellard M., & Power, R. [accepted] 'We might get some free beers': Experience and motivation for transactional sex among behaviourally bisexual men in Vientiane, Laos, *Archives of Sexual Behaviour*, doi: 10.1007/s10508-016-0705-7
2. Scott, N., **Higgs, P.**, Caulkins, J., Aitken, C., Cogger, S., and Dietze, P. [accepted] The introduction of CCTV and associated changes in heroin purchase and injection settings in Footscray, Victoria, Australia, *Journal of Experimental Criminology*, [January 31, 2016]
3. **Higgs, P.**, Wright, C., Hellard, M. [accepted] New treatment for hepatitis C has implications for people who inject drugs (letter), *Alimentary Pharmacology & Therapeutics* 43 (7): 840-41.
4. **Higgs, P.**, Cogger, S., Kelsall, J., Gavin, N., Elmore, K., Francis, P., & Dietze, P. 2016. It stops with us: Peer responses increase availability of sterile injecting equipment (letter), *International Journal of Drug Policy*, 29 (1):96-7.
5. Nazari S.S., Noroozi, M., Soori, H. Noroozi, A., Mehrabi, Y., Hajebi, A., Sharifi, H., **Higgs, P.** Mirzazadeh A. 2015. The effect of on-site and outreach-based needle and syringe programs in people who inject drugs in Kermanshah, Iran, *International Journal of Drug Policy*, doi:10.1016/j.drugpo.2015.10.011
6. Horyniak, D., **Higgs, P.**, Cogger, S., Dietze, P., Bofu, T. 2016. Heavy alcohol consumption among marginalised African refugee young people in Melbourne, Australia: Motivations for drinking, experiences of alcohol-related problems, and strategies for managing drinking, *Ethnicity and Health*, doi:10.1080/13557858.2015.1061105
7. Horyniak D, Dietze P, Degenhardt L, Agius P, **Higgs P**, Bruno R, Alati R, Burns L. 2016. Age-related differences in patterns of criminal activity among a large sample of polydrug injectors in Australia. *Journal of Substance Use*, 22 (1):48-56.
8. Horyniak, D., Reddell, S., Aigus, P., Aitken, C., **Higgs, P.**, Degenhardt, L., & Dietze, P. 2015. Patterns of, and factors associated with, illicit pharmaceutical opioid analgesic use in a prospective cohort of people who inject drugs in Melbourne, Australia, *Substance Use and Misuse*, 50 (13):1650-1659.
9. Noroozi, M., Mirzazadeh, A., Noroozi, A., Mehrabi, Y., Hajebi, A., Zamani, S., Sharifi, H., **Higgs, P.** and Soori, H. (2015). Client-Level Coverage of Needle and Syringe Program and High-Risk Injection Behaviors: A Case Study of People Who Inject Drugs in Kermanshah, Iran. *Addiction and Health*, 7, (3): 164-172.
10. Treloar, C., Baldry, E., **Higgs, P.**, Dietze, P., Stoove, M., Lloyd, A, 2015. Going tobacco free in Australian Prisons – increasing tattooing harm? *International Journal of Prisoner Health* [viewpoint], 11(4): doi: 10.1108/IJPH-04-2015-0011
11. **Higgs, P.**, Dwyer, R., Cogger, S., Hellard, M., & Maher, L. 2015. Behavioural research to inform our understanding of hepatitis C resistance, (letter) *Lancet Infectious Diseases* 15(11):1260-1261.
12. Bowring A., Pasomsouk N **Higgs, P.**, Sychareun, V., Hellard M., & Power. 2015. Factors Influencing Access to Sexual Health Care Among Behaviorally Bisexual Men in Vientiane, Laos: A Qualitative Exploration. *Asia-Pacific Journal of Public Health*, 27(8):820-834.
13. Olsen, A., **Higgs, P.** & Maher, L. 2015. A review of qualitative research in DAR, *Drug and Alcohol Review* [editorial], 34 (5):474-76.

14. Ferguson, C., **Higgs, P.**, Olsen, A. 2015. Jugular venipuncture and other innovative approaches to phlebotomy among people who inject drugs, *Nursing and Health Sciences*, 17(4):539-41.
15. Noroozi, M., Mirzazadeh, A., Noroozi, A., Mehrabi, Y., Hajebi, A., Zamani, S., Sharifi, H., **Higgs, P.** and Soori, H. (2015). Client-Level Coverage of Needle and Syringe Program and High-Risk Injection Behaviors: A Case Study of People Who Inject Drugs in Kermanshah, Iran. *Addiction and Health*, 7, (3): 164-72.
16. White, N., Flaherty, I., **Higgs, P.** Larance, B., Neilsen, S., Degenhardt, L., Ali, R., Lintzeris, N. 2015. Experiences of injecting buprenorphine-naloxone film: Findings from a qualitative study, *Drug and Alcohol Review*, 34 (6):623-29.
17. Mehrjerdi, Z.A., Abdollahi, M., **Higgs P.**, Dolan, K., 2015. Drug use treatment and harm reduction programs in Iran: a unique model of health in the most populated Persian Gulf country, *Asian Journal of Psychiatry*, 16:78-83.
18. **Higgs, P.**, Aitken, C., Sacks-Davis, R., & Hellard, M. 2015. How 'hidden' are unobserved networks in people who inject drugs? (letter) *American Journal of Public Health*, 105(6)e3 doi: 10.2105/AJPH.2015.302667
19. Hellard, M., McBryde, E., Sacks-Davis, R., Rolls, D., **Higgs, P.**, Aitken, C., Thompson, A., Doyle, J., Pattison, P., Robbins, G. 2015. Hepatitis C transmission and treatment as prevention – the role of the injecting network, *International Journal of Drug Policy*, 26 (10): 958-62
20. Truong, A., **Higgs, P.**, Cogger, S., Burns, L., Jamieson, L. & Dietze, P. 2015. Oral Health-Related Quality of Life among an Australian sample of people who inject drugs, *Journal of Public Health Dentistry*, 75(3):218-24.
21. Walker, S. Temple-Smith, M. **Higgs, P.** Sanci, L. 2015. "It's always just there in your face": Australian young people's views on porn, *Sexual Health*, 12 (3):200-206
22. **Higgs, P.** 2015. Field research contextualizes local risk behaviors in northern Vietnam, *AIDS Research and Human Retroviruses*, 31(2):173.4.
23. Truong, A., **Higgs, P.**, Cogger, S., & Dietze, P. 2014. Further research required to determine unique factors associated with dental care access among deprived populations, *Public Health*, 128 (12): 1131-1133.
24. Horyniak, D. **Higgs, P.** Cogger, S., Dietze, P., Tapuwa, B., Seid, G. 2014 Experiences of and attitudes towards injecting drug use among marginalised African migrant and refugee youth in Melbourne, *Australia Journal of Ethnicity in Substance Abuse*, 13 (4):405-429.
25. Horyniak D, Dietze P, Degenhardt L, Agius P, **Higgs P**, Bruno R, Alati R, Burns L. 2014. Age-related differences in patterns of criminal activity among a large sample of polydrug injectors in Australia. *Journal of Substance Use*, DOI:10.3109/14659891.2014.950700
26. Hellard, M., Rolls, D., Sacks-Davis, R., Robins, G., Pattison, P., **Higgs, P.**, Aitken, C., & McBryde, E. 2014. The impact of injecting networks on hepatitis C transmission and treatment in people who inject drugs, *Hepatology*, 60(6):1861-1870.
27. **Higgs, P.** Reddel, S., Pham, H. V., Dang, V.K. & Hellard, M 2014. Urbanisation and sexual health: Understanding bisexually active men in Hanoi, Vietnam, *Health Psychology and Behavioral Medicine*, 2 (1):613-622.
28. Reid, G., Sharma, M., & **Higgs, P.** 2014. The long winding road of opioid substitution therapy implementation in South-East Asia: challenges to scale up, *Journal of Public Health Research*, 3 e:204 DOI: org/10.4081/jphr.2014.204
29. Pedrana, A. Hellard, M. **Higgs, P.** Asselin, J. Batrouney, C. Stoové, M. 2014. No Drama: Key Elements to the Success of an HIV/STI-Prevention Mass-Media Campaign, *Qualitative Health Research*, 24(5):695-705.
30. Aspinall E., Weir, A., Sacks-Davis, R., Spelman T., Grebely J., **Higgs P.**, Hutchinson S., Hellard M. 2014. Does informing people who inject drugs of their hepatitis C status

- influence their injecting behavior? Analysis of the Networks II study, *International Journal of Drug Policy*, 25 (1):179-182.
31. Flynn JK, Sacks Davis R, **Higgs P**, Aitken C, Moneer S, Suppiah V, Tracy L, Ffrench R, Bowden S, Drummer H, George J, Bharadwaj M, Hellard M. 2014. Detection of HCV-specific IFN-gamma responses in HCV antibody and HCV RNA negative injecting drug users. *Hepatitis Monthly*, 14 (1):e14678. doi: 10.5812/hepatmon.14678
  32. Sacks-Davis R, Aitken C, **Higgs P**, Spelman, T. Pedrana, A. Bowden, S., Bharadwaj, M., Nivarthi, V., George, J., Grebeley, J., Drummer, H., & Hellard, M. 2013. High rates of hepatitis C virus reinfection and spontaneous clearance of reinfection in a cohort of people who inject drugs, *PLOS One*, 8(11): e80216. doi:10.1371/journal.pone.0080216
  33. Horyniak D, **Higgs P**, Jenkinson R, Degenhardt L. Stoové M, Kerr T, Hickman M, Aitken, C. Dietze P. 2013. Recruitment and retention of a sample of community-recruited injecting drug users: The Melbourne injecting drug user cohort study (MIX). *Harm Reduction Journal*, 10:11.
  34. Horyniak, D., Dietze, P., Degenhardt, L., **Higgs, P.**, Mcllwraith, F., Alati, R., Bruno, R., Lenton, S., Burns, L. 2013. The relationship between age and risky injecting behaviours among a sample of Australian people who inject drugs. *Drug and Alcohol Dependence*, 132(3):541-546.
  35. Lenton, E., White, B., Aitken, C., Hellard, C., & **Higgs, P.** 2013. Preventing hepatitis C virus transmission among young people in the justice system, *Children and Youth Services Review*, 35 (5):834-36
  36. O'Keefe, D., Aitken, C., **Higgs, P.**, & Dietze, P. 2013. Concordance between self-reported and actual hepatitis C virus infection status in a cohort of people who inject drugs, *Drug and Alcohol Review*, 32 (2):208-10
  37. O'Keefe, D., Aitken, C., **Higgs, P.**, & Dietze, P. 2013. A response to: Self-reported and actual hepatitis C virus status, *Drug and Alcohol Review*, [letter] 32 (1):107
  38. Aitken CK, Kerr T, Hickman M, Stoové M, **Higgs P**, Dietze PM. 2013. A cross sectional study of emergency department visits by people who inject drugs. *Emergency Medicine Journal*, 30(5):421-422.
  39. Horyniak D, **Higgs P**, Cogger S, Degenhardt L, Power R, Dietze P. 2012. A case series of people of East African ethnicity who inject drugs in Melbourne, Australia. *Australian & New Zealand Journal of Public Health* [letter] 36(6):586-87
  40. Sacks-Davis R, Daraganova G, Aitken C, **Higgs P**, Travy L, Bowden D, Robins G, Pattison P, Grebely J, Barry A, Hellard M. 2012. Hepatitis C Virus Phylogenetic Clustering Is Associated with the Social-Injecting Network in a Cohort of People Who Inject Drugs, *PLoS One*, 7 (10): e47335.
  41. Hellard M, Jenkinson R, **Higgs P**, Stooove M, Sacks-Davis R, Gold J, Hickman M, Vickerman P, Martin N. 2012. Modeling the utility of antiviral treatment for primary prevention of hepatitis C infection among people who inject drugs in Victoria, Australia. *Medical Journal of Australia*, 196(10):638-41.
  42. Feigin A, **Higgs P**. Hellard, M. & Dietze, P. 2012. Khat use among Africans living in Melbourne, *Drug and Alcohol Review*, 31(3):288-293.
  43. **Higgs P**, Sacks-Davis R, Gold J, Hellard M. 2011. Barriers to receiving hepatitis C treatment for people who inject drugs: Myths and evidence. *Hepatitis Monthly* 11:513-518.
  44. Reid, G & **Higgs, P.** 2011. Vietnam moves forward with harm reduction: an assessment of progress, *Global Public Health*, 6(2):168-180.
  45. O'Brien, A.P., Cross, W.M., **Higgs, P.**, Munro, I., Bloomer, M., and Chou, K. 2010, Australians living with and managing hepatitis C, *Issues in Mental Health Nursing*, 31(8):520-524.

46. Horyniak D, **Higgs P**, Winter R, Lewis J, Dietze P, Aitken C. 2010. An evaluation of a heroin overdose prevention and education campaign, *Drug and Alcohol Review*, 29(1):5-11.
47. **Higgs, P.** and Maher, L. 2010. Older injectors: An emerging and under-recognised public health issue [editorial], *Drug and Alcohol Review*, 29 (3):233-234.
48. Feigin, A., **Higgs, P.**, Hellard, M., & Dietze, P. 2010. Further research required to determine link between khat consumption and driver impairment, *Bulletin of the World Health Organization*, [letter] 88(6):480.
49. O'Brien, A., Cross, W., **Higgs, P.**, Munro, I., Bloomer, M. 2010. Nurse led CBT program for Indigenous people. *Australian Nursing Journal*, [letter] 17(8):35.
50. **Higgs, P.**, Yohannes, K., Hellard, M., & Maher L. 2009. Factors influencing a self-limiting HIV outbreak among ethnic Vietnamese injecting drug users in Melbourne, Australia, *Qualitative Health Research*, 19 (12):1690-1701.
51. Nguyen, O. **Higgs, P.** Hellard, M. 2009. Limits to relying on expert information: The Delphi technique in a study of ethnic-Vietnamese injecting drug users in Melbourne, Australia, *Social Work in Public Health*, 24(5):371-379.
52. **Higgs, P.** Jordens, J. Maher, L. & Dunlop, A. 2009. Ethnic Vietnamese heroin users' perspectives on the role of the family in drug treatment, Melbourne Australia, *Drugs: Education, Prevention and Policy*, 16 (5):409-421.
53. **Higgs, P.**, Dwyer, R., Duong, D., Thach, M.L., Hellard, M., Power, R., & Maher, L. 2009. Heroin-gel capsule cocktails and groin injecting practices among ethnic Vietnamese in Melbourne, Australia. *International Journal of Drug Policy*, 20 (4):340-346.
54. Ngo, D.A., Schmidt, L., **Higgs, P.**, Fischer, A. 2009. Qualitative evaluation of a peer-based needle and syringe program in Vietnam, *International Journal of Drug Policy*, 20(2) 179-182.
55. **Higgs, P.** Owada, K., Hellard, M., Power, R. & Maher, L. 2008. Gender, culture and harm: An exploratory study of female heroin users of Vietnamese ethnicity, *Culture, Health and Sexuality*, 10(7): 681-695
56. **Higgs, P.**, Kelsall, J., & Nguyen, Q.C. 2008. Transitions to injecting and risk of hepatitis C transmission among ethnic Vietnamese heroin smokers in Melbourne, Australia, *Hepatitis Monthly*, 8(2):115-120
57. Pedrana, A., Aitken, C., **Higgs, P.**, & Hellard, M. 2008. Risk behaviours and blood borne virus exposure for transient workers in rural Victoria, *Australian Journal Rural Health*, 16 (3):143-149.
58. Pankinon, C., **Higgs, P.**, Reid, G., & Aitken, C. 2008. Selling syringes to injecting drug users: a study of five pharmacies in Hanoi, Vietnam, *Journal of Infection in Developing Countries*, 2(1):51-58.
59. Aitken CK, **Higgs P**, Bowden S, 2008. Differences in the social networks of ethnic Vietnamese and non-Vietnamese injecting drug users and their implications for blood-borne virus transmission. *Epidemiology & Infection*, 136(3):410-416.
60. Winter, R., Nguyen, O., **Higgs, P.**, Armstrong, S., Duong, D., Thach, ML., Aitken, C., Hellard, M. 2008. Integrating enhanced Hepatitis C testing and counselling in research, *International Journal of Drug Policy*, 19(1):66-70.
61. Aitken, C., **Higgs, P.** & Hellard, M. 2008. Buprenorphine injection in Melbourne: An update, *Drug and Alcohol Review*, 27(2):197-199.
62. Walsh, N., Gibbie, T., & **Higgs, P.** 2008. The development of peer educator-based harm reduction in northern Vietnam, *Drug and Alcohol Review*, 27(2):200-203.
63. Horyniak, D., Armstrong, S., **Higgs, P.**, Wain, D., Aitken, C 2007. "Poor Man's Smack": A qualitative study of buprenorphine injecting in Melbourne, Australia, *Contemporary Drug Problems*, 34 (Fall):525-548.

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### Book Chapters

1. **Higgs, P.** 2003. 'Footpath traders in a Hanoi neighbourhood' IN Drummond, L. and Thomas, M (eds), *Consuming Urban Culture in Contemporary Vietnam*, Routledge, London, pp 75-88.
2. **Higgs, P.** 2002. 'Young traders in a Hanoi neighbourhood', IN Rainer Klump und Gerd Mutz (Eds.) *Doi Moi in Wirtschaft und Gesellschaft: Soziale und ökonomische Transformation in Vietnam*, Metropolis, Marburg, pp 187-206.

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#### **Published abstracts from conference proceedings**

1. Carrotte, E., Scott, N., **Higgs, P.**, Cogger, S., Stoové, M., Aitken, C., Dietze, P. 2015. Longitudinal predictors of change in self-reported personal wellbeing in a cohort of Australian people who inject drugs *Drug and Alcohol Review*, 34(s1):19
2. Peach, E., Francis, P., Cogger, S., Morris, M., Stoové, M., Hellard, M., Elmore, K. O'keefe, D., **Higgs, P.**, Dietze, P. 2015. Relational and contingent risk and harm reduction: blood-borne virus prevention and care in an urban, culturally diverse neighbourhood, *Drug and Alcohol Review*, 34(s1):50
3. Peach, E., Francis, P., Cogger, S., Morris, M., Stoové, M., Hellard, M., Elmore, K. O'keefe, D., **Higgs, P.**, Dietze, P. 2015. Hazardous alcohol use and concomitant blood-borne virus infection in a local urban population of people who inject drugs: implications for approaches to harm reduction, *Drug and Alcohol Review*, 34(s1):51
4. **Higgs, P.**, Hsieh, K., & Hellard, M. 2015. "You're better off waiting": Knowledge and awareness of hepatitis C direct-acting antivirals in a cohort of people who inject drugs, *Journal of Hepatology*, 62 (2), S864.
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6. White, N., Flaherty, I., **Higgs P** Ali, R., Lintzeris, N. 2013. Experiences of Injecting Buprenorphine-Naloxone Film in an Australian Cohort: A Qualitative Study *Drug and Alcohol Review*, 32 (Supp 1):73.
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#### **Other publications (first author only)**

1. **Higgs, P.** 2015. Primary health care and other social issues for older people who inject drugs [Opinion], *Drug and Alcohol Research Connections*, 10:7 December.
2. **Higgs, P.** 2014. Know the epidemic: responding to HIV in three key communities, *The Conversation*, <https://theconversation.com/know-the-epidemic-responding-to-hiv-in-three-key-communities-29216>
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5. **Higgs, P.** 2011. Repeat offender: the strange comings and goings of hepatitis **The Conversation**, <http://theconversation.edu.au/repeat-offender-the-strange-comings-and-goings-of-hepatitis-c-2547>
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12. **Higgs, P.** 2008. Rethinking vulnerability and gender relations: Women in relationships with HIV-positive men (review) *ASHM Journal Club* 17 (3):5-7.
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#### Research reports/monographs

1. Zhang, L., Maher, L., Pham, Q. D., **Higgs, P.**, Ngo, D. A., Bui, H.D. Do, M. H. Wilson, D.P. 2013. *Evaluation of a decade of DFID and World Bank supported HIV and AIDS programmes in Vietnam from 2003 to 2012*, Kirby Institute, UNSW, Sydney: June.

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2. Maher, L., **Higgs, P.**, Do, M.H., Tran, Q.A. 2013. *Evaluation of a decade of DFID and World Bank supported HIV and AIDS programmes in Vietnam 2003-2012*, (Focus group Component), Kirby Institute, UNSW, Sydney: June.
  3. Papanastasiou, C., **Higgs, P.**, & Dietze, P. 2012. *Save a Mate Evaluation for the Australian Red Cross: Centre for Population Health, Burnet Institute, Melbourne.*
  4. Papanastasiou, C., **Higgs, P.**, & Dietze, P. 2011. *Public Drinking and Drug Use in the Footscray Central Business District: Centre for Population Health, Burnet Institute, Melbourne.*
  5. Bathish, R & **Higgs, P.** 2011. *Streets as Homes: a study of street drinking and drug use in St Albans CBD*, Report to City of Brimbank: Burnet Institute and Victoria University, September.
  6. Reddel, S.E. Pham, H.V., Nguyen, V.T., **Higgs, P.**, Khoat, V.D., Jenkinson, R., Van Gemert, C., Hughes, C., Hellard, M., & Toole, M. 2011. *Exploring the sexual networks of men who have sex with men and women in Hanoi, Vietnam: Final Report.* Melbourne: Burnet Institute, September.
  7. Aitken, C. & **Higgs, P.** 2010. *An investigation of the environmental, behavioural and immunological factors that allow some injecting drug users to avoid hepatitis C virus exposure, final report* to the Department of Health, Victoria.
  8. Stoové, M., Winter, R., Fischer, A., **Higgs, P.**, Kelsall, J., Brogan, D., Gao, YL., & Power, R. 2009. *Evaluation of the Queensland Health Injecting Network's Mix Up Project*, Centre for Population Health and VIVAIDS, Melbourne.
  9. Winter, R., Jatkar, U., **Higgs, P.**, Armstrong, S., Duong, D. & C Aitken 2008. *Establishment of a secondary needle and syringe program at Western Region Health Centre's Braybrook site: final evaluation report.* Report to Western Region Health Centre, The Centre for Epidemiology & Population Health Research, Burnet Institute, Melbourne.
  10. Lenton, E., White, B., **Higgs, P.**, Aitken, C. & Hellard, M. 2007. *Supporting young people at risk of hepatitis C infection: A pilot of an individualised, structured intervention to reduce the negative health consequences for young people who have had contact with the criminal justice system*, Final Report to the Department of Human Services, The Centre for Epidemiology & Population Health Research, Burnet Institute, Melbourne.
  11. Dwyer, R., Horyniak, D., Aitken, C., **Higgs, P.**, & Dietze, P. 2007. *People who drink in public space in the Footscray CBD*, Centre for Population Health Research, Report for the City of Maribyrnong, Footscray, Victoria.
  12. **Higgs, P.** 2007. *Alcohol Prevention and Education Programs for young Cambodians and their Families in the Cities of Greater Dandenong, Kingston and Whitehorse*, Stage 2 evaluation prepared for the South East Area Drug & Alcohol Service, Springvale, August.
  13. **Higgs P.**, Lewis J., Winter R., Horyniak D., & Aitken C. 2007. *Evaluation of Heroin Overdose Prevention and Education Campaign*; Macfarlane Burnet Institute for Medical Research and Public Health, Melbourne.
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  15. Nguyen, O. & **Higgs, P.** 2003. *End of Project Review Participatory HIV/AIDS Prevention & Sexual Health Youth Peer Education Project, Hanoi and Annual Review of HIV/AIDS Project, Ho Chi Minh City*, Prepared for the Australian Red Cross, Melbourne, March.
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17. Dunlop, A., **Higgs, P.**, Jordens, J., Ritter, A., Bammer, G., Whelan, G., Maher, L., 2002. *Tro Choi Moi: Playing a New Game*, Report for the Victorian Department of Human Services, Turning Point Alcohol and Drug Centre, January.
18. Kelsall J, **Higgs P**, Hocking J, Aitken C, & Crofts N. 2001. *The Vietnamese Harm Reduction Project: Stage 2*, The Centre for Harm Reduction, Macfarlane Burnet Centre for Medical Research, Melbourne.
19. Maher L, Sargent P, **Higgs P**, Crofts N, Le T, Kelsall J, Kerger M. 2000. *Sharing knowledge to protect our community: Research, risk reduction and peer education with young Indo-Chinese IDU*. Sydney: Research and Development Monograph No. 1, The Centre for International and Multicultural Health, University of New South Wales.
20. Jenny Kelsall, **Peter Higgs**, Nick Crofts 1999. *The Vietnamese IDU & Harm Reduction Study*, Macfarlane Burnet Centre for Medical Research, Melbourne.
21. Cameron, J., **Higgs, P.**, Crofts, N., Jordens, J., & Lang, E. 1998. *Study of Southeast Asian young people and drug use in the City of Melbourne*, Centre for Harm Reduction, Macfarlane Burnet Centre, Fairfield, October.
22. **Peter Higgs**, Vi Nguyen & Nick Crofts 1997 *Drugs Management Best Practice Review*, Consultants Report for the City of Melbourne.

#### Invited Lectures

1. Frazer, I., Klenerman, P., **Higgs, P.**, Drummer, H., and Lloyd, A. 2013. Roundtable – Obstacles and opportunities for HCV vaccine discussion, **International Symposium on Hepatitis C Virus and Related Viruses**: October 6, Melbourne.
2. **Higgs, P.** 2013. Dead-Space Syringes and other injecting technologies that may assist in BBV prevention, **NUAA Wonders... Policy Forum**, No.3, Sydney, April 5.
3. **Higgs, P.** 2012. Treating injecting drug users for hepatitis C, *3<sup>rd</sup> NSW Addiction Medicine Training Day*, Westmead Hospital, Sydney, September 7.
4. **Higgs, P.** 2011. What can we do to increase needle syringe access to people from culturally diverse communities? **NSW NSP Workers Forum**, *We can build it but will anyone come?* [Plenary 4], Sydney, October 18.
5. **Higgs, P.** 2011. “Not everybody has a bad time with hep C”: Views of older opiate users in Melbourne, **AIVL Older Opiate Users and Hepatitis Forum**, AIVL, Canberra, July 29.
6. **Higgs, P.** 2011. Engagement, reciprocity and advocacy: Research with injecting drug users in Vietnam, **Qualitative Health Research in Difficult Contexts**, The Qualitative Health Research Collaboration, University of Sydney, June 3.
7. **Higgs, P.** 2010. Shifting the Hep C prevention paradigm to include people of diverse cultural backgrounds, **The culture of prevention: hepatitis C among people from culturally and linguistically diverse backgrounds**, National Centre in HIV Social Research Consortium Workshop 3, Sydney, December 8.
8. **Higgs, P.** 2010. Film and photos: Tools for reducing drug related harm, *8<sup>th</sup> Dangerous Consumptions Conference*, ANU, Canberra, December 2.
9. **Higgs, P.** 2010. Posters and Films at IHRA 2010, **Stories of the Next Generation: Australian Perspectives on Harm Reduction 2010**, Melbourne, May 25
10. **Higgs, P.** 2009. Drug user rationales for avoiding hepatitis C, **NCHECR/AMR research seminars**, Darlinghurst, July 15.
11. **Higgs, P.** 2009. Heroin use in the local Vietnamese community: Different perceptions of risk, **Turning Point Alcohol and Drug Centre Talking Point Seminar**, Fitzroy, 27 February.
12. **Higgs, P.** 2009. Traps and pitfalls for new scholars, presentation to Sidney Myer Public Health Fellows, Toorak, February.
13. **Higgs, P.** 2008. Working Together with Alcohol and Drug Issues in Culturally and Linguistically Diverse Communities **“What’s Happening Forum?”** Turning Point Alcohol & Drug Centre and the Multicultural Centre for Women’s Health, Melbourne, October

14. **Higgs, P** 2008. Stories of Barcelona: *Australian Perspectives on the 19<sup>th</sup> International Conference on the Reduction of Drug Related Harms*, Melbourne July 4.
15. **Higgs, P.** 2007. Qualitative research with ethnic Vietnamese heroin users: Links between culture and risk, **Qualitative Methods in Psychosocial Health Research Group (QMIPHR)**, University of Nottingham, 22 May.

**Oral Papers and Poster Presentations to conferences (last 5 years only)**

1. **Higgs, P.**, Cogger, S., Hsieh, K., & Hellard, M. 2015. What people know about hepatitis C direct-acting antivirals: narratives from a cohort of people who inject drugs in Melbourne, Call for Leadership: 24th International Harm Reduction Conference, Kuala Lumpur, October 18-21. [oral presentation]
2. **Higgs, P.** 2015. Understanding hepatitis C direct acting anti-virals in a cohort of PWID, Gilead Best Practice Sharing Symposium, Westin Sydney: August 28.
3. **Higgs, P.**, Hsieh, K., & Hellard, M. 2015. 'You're better off waiting': Knowledge and awareness of hepatitis C direct-acting antivirals in a cohort of people who inject drugs, European Association for the Study of the Liver (**EASL**), 50th International Liver Congress, Vienna, 22-26 April. [e-poster P1269]
4. Horyniak, D. Lim, M. **Higgs, P.** Dietze, P. 2015. News media reporting on substance use among people of African ethnicity in three Australian states, 2003-2013, First International Conference on Migration, Social Disadvantage and Health, Melbourne: 11-13 February.
5. Horyniak, D. **Higgs, P.** Cogger, S. Dietze, P. 2015. "Every time the law looks at them, they look at them the wrong way": Interactions with police among substance-using African refugee youth, First International Conference on Migration, Social Disadvantage and Health, Melbourne: 11-13 February.
6. **Higgs, P.** 2014. Experiences of Ageing: Perspectives from older drug users in Melbourne, *Best Practice Management of Alcohol and Other Drugs in Primary Care*, Melbourne: 8 November.
7. **Higgs, P.** Kelsall, J., & Cogger, S. 2014. Experiences of ageing and living with hepatitis C: Reflections from a cohort of people who inject drugs, *9th Australasian Viral Hepatitis Conference*, Alice Springs: 17-19 September.
8. **Higgs, P.** Chung, N., Cogger, S., Winter, R., Hellard, M., Dietze, P. 2014. Assertive outreach enhances hepatitis B vaccination for people who inject drugs in Melbourne, 6<sup>th</sup> Spotlight on Chronic Hepatitis B Forum, AMREP: Melbourne: August 14.
9. **Higgs, P** & Cogger, S. 2014. What is the role for HCV treatment in reducing the incidence and prevalence of HCV among people who inject drugs? *13th Social Research Conference on HIV, Viral Hepatitis & Related Diseases*, Centre for Social Research in Health, UNSW, Sydney February 21-22.
10. White, N., Flaherty, I., **Higgs P** Ali, R., Lintzeris, N. 2013. Experiences of Injecting Buprenorphine-Naloxone Film in an Australian Cohort: A Qualitative Study APSAD, Brisbane November.
11. Deylamizade, A., Mehrjerdi, Z., Rezaee, S., Noroozi, A., & **Higgs, P.**, 2013. Predictors of heroin use among opioid-dependent Afghan refugees in Iran, *The College on Problems of Drug Dependence*, 75th Annual Meeting, San Diego, California: June 16-20.
12. Mehrjerdi, Z., Jafari, S., Noroozi, A., Zarghami, M., & **Higgs, P.** 2013. Correlates of co-abuse of methamphetamine with opioids among Afghan refugees in Iran, *The College on Problems of Drug Dependence*, 75th Annual Meeting, San Diego, California: June 16-20.
13. Collins, D., Winter, R., Aspinall, E., Hellard, M. Dietze, P. **Higgs, P.**, 2013. Assertive outreach enhances hepatitis B vaccinations for people who inject drugs (PWID) in Melbourne, Australia, *23rd International Harm Reduction Conference: The Values of Harm Reduction*, Vilnius: June 9-12 [oral presentation]

14. **Higgs, P.**, Aitken, C., Cogger, S., Papanastasiou, C., & Dietze, P. 2012. Hepatitis C Incidence in the Melbourne Injecting Drug User Cohort Study (MIX): 2009-2012, *Culture of Change: APSAD 2012 Conference*, Melbourne: November (accepted oral presentation)
15. Horyniak D, Cogger S, Dietze P, **Higgs P.** 2012. Engaging migrant communities in illicit drug research: Experiences working with East African migrants and refugees in Melbourne's Western suburbs, Australasian Professional Society on Alcohol and Other Drugs Conference, 18-21 November, Melbourne, Australia [poster]
16. Horyniak D, Degenardt L, **Higgs P.**, Burns L, Dietze P. 2012. The role of drug market factors in shaping injecting initiation and current drug use, Population Health Congress, 9-12 September, Adelaide, Australia [oral presentation]
17. Collins, D., **Higgs, P.**, Winter, R., Aspinall, E., Hellard, M., and Dietze, P., 2012. The B- VAX Project: Providing hepatitis B vaccinations through assertive outreach to People Who Inject Drugs (PWID) in Melbourne, *Culture of Change: APSAD 2012 Conference*, Melbourne: November [accepted poster presentation]
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*Fair Work Act 2009*

s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards—Award stage**  
(AM2014/229 and AM2014/230)

**Consolidated NTEU Materials Regarding Research Institutes**

**Witness Statement of Roy Sneddon**  
**lodged 11 March 2016**



## Witness Statement

### Roy Sneddon

I am Roy Sneddon. My work address is \_\_\_\_\_, in the State of \_\_\_\_\_

. I declare as follows:

1. I have had a long career in Research Administration within both the public sector and Universities in South Australia.
2. I hold a Bachelors Degree in General Studies from Griffith University with minors in Commercial Law and Business Administration, with a focus on Asia and Pacific Studies, and a Masters in Health Administration from Flinders University.
3. My Masters thesis focussed on research administration, and was titled "*Resolving the impact of value differences between hospital-based Researchers and Administrators: a Lean Thinking process review of competitive grant administration*". It won both the Australasian College of Health Service Management SA Prize for best paper, and the SA Health - Health Administration Award. This research paper considered reconciling the value differences between researchers and administrators, with "value(s)" being determined as both the cultural values applicable to each vocation and the merit that each placed on research administrative process. The project, which I collaborated on with others, found that despite cultural differences researchers and administrators, the merit applied to specific processes was broadly similar. This research consolidated and added to what I have learnt about research and research administration over many years and confirmed my view of research administration as a highly specialised field.
4. I am currently the Convenor of the SA Chapter of the Australasian Research Management Society, a professional association for research managers in higher

education, medical research institutes, hospitals, government departments and research organisations, funding agencies, Cooperative Research Centres, business and not-for-profit organisations. I have held either the Convenor or the Secretary roles since 2009.

5. I was a member of the Australasian College of Health Service Management and have served on Advisory forums, panels and workgroups of both the National Health and Medical Research Council (NHMRC) and the Australian Research Council (ARC).

6. My Research management and administration career has given me a thorough understanding of:

- Research funding;
- Governance, rules and regulations around research funding, awards and post-graduate award management;
- Various job roles in research and research administration and management;
- Skills required in research and research administration and management;
- Processes involved in ethics, finance, IT, database management and contract review;
- Rewards and benefits of working in the public health, research institute and university sectors;
- The knowledge development and educational process involved, and
- Affiliations between Research Institutes and Universities.

7. From my experience I can conclude that each of the above factors are either similar or identical as between Research Institutes in the public sector, in hospitals and Universities.

## **Employment History**

8. My work in this field commenced in 1997 when I was employed as Manager, Corporate Services and Administration, by the Joanna Briggs Institute in Adelaide (part of SA Health). The Institute conducts international research into nursing and is based at Royal Adelaide Hospital and affiliated with the University of Adelaide.
9. I worked at the Institute for 13 years, until 2010.
10. I was originally employed at ASO 4 level but was re-classified to ASO 5.
11. My job was equivalent to that of a school manager at a University. I undertook a broad range of specialist administration, finance and management tasks. For example, managing databases, IT, finance and conducting contract reviews. This is where I learnt a broad range of skills connected to research grant processes and the general administration of research.
12. Contract review generally occurs after the awarding of research grant contracts and involves the management of funds related to the grant, ethics and general administration.
13. In 2010 I was redeployed within SA Health to the position of Research Administration Manager with the Hanson Institute – a Research Institute run jointly by the Royal Adelaide Hospital and SA Pathology. The Hanson Institute was registered as an Administering Institution with the NHMRC – both as Royal Adelaide Hospital and SA Pathology (with the names changing according to the changing governance of the Institute)
14. The Institute conducts medical and scientific research (on the Hospital campus) in many areas, including cancer, heart and spinal research. Employees (of SA Health) were affiliated with Universities as adjuncts or clinical title holders or both.

15. In this role, I was responsible for management of grants, including pre-award grant review and submission (often in association with our affiliate universities), grant awards and contract review, and post award grant maintenance and compliance and finance. I oversaw a high volume and variety of grants, including NHMRC, ARC, Leukaemia Foundation, Ramaciotti Foundation, HSCGB, BUPA, US Department of Defence, Channel 7 Children's Research Foundation, RAH Research Foundation, Women's and Children's Hospital Foundation, National Breast Cancer Foundation, Cancer Council/SAHMRI, Leukaemia and Lymphoma Society, National Heart Foundation, AICR and other Funding bodies.
16. I was also responsible for helping our researchers prepare their grants, offering advice and guidance with grant preparation (application specific, not scientific advice), overseeing the administration processes related to their research grants, and ensuring compliance with the funding conditions of the various awards.
17. The research was mostly conducted jointly with Universities. Grants were submitted to funding bodies through Universities and then an affiliate Agreement made between SA Health and the University. In turn the grant was awarded to the University and the funds flow through to SA Health via an Affiliation Agreement.
18. This is the research model within all Universities and Hospitals/Medical Research Institutes that I have been involved with.
19. The *Australian Code for the Responsible Conduct of Research*, which was developed jointly by the NHMRC, the ARC and Universities Australia, emphasises that legal agreements be in place so that research is conducted in accordance with the Code. Compliance with the code is a prerequisite for NHMRC funding. Similarly the NHMRC Funding Agreement defines the responsibilities of an administering institution. The research administration roles that I have held in both the government

and university sectors were governed by these documents. Given the high levels of integration in the application for and administration of research grants, research managers within Hospitals and Medical Research Institutes are constantly talking to their counterparts in Universities, and vice versa, to ensure code compliance.

20. From my 18 years of experience it is clear to me that the work and skills base of research administrators, the level of responsibility and funding arrangements are the same across Higher Education and Medical Research Institutes. The only difference is the pay and conditions of staff between the sectors.
21. In November 2013 I took a redundancy package from the South Australian public service. At this time it seemed that many scientists were moving from the public sector to Universities or the South Australian Health and Medical Research Institute. Under the Funding Rules, any grants move with the researcher so as there was a lesser demand for grant administration in the Government sector. I was offered and accepted a voluntary separation package. I took a short term contract with the Health Sciences team at Flinders University to work as a Research Administration Officer.
22. At Flinders University I was employed at a HEO 6 to conduct grant reviews (of grant applications before they are submitted to the funding body). I was only working on one small component of what I'd been doing in my job at the Hanson Institute (where I'd been employed at ASO 5 for a full management position).
23. When I left Flinders University I took another 3 month contract as a Grants and Funding Coordinator at the University of South Australia. Here I was working on pre-award grant review of mainly Australian Research Council (ARC) and National Health and Medical Research Council (NHMRC) grants. This was the same work I'd undertaken at Flinders University but here I was paid an HEO 8.

24. I was then engaged on a further short contract at the University of SA where I undertook post-award transfers. For example, The Centre for Cancer Biology, funded by grants awarded to researchers at SA Pathology/the Hanson Institute/Royal Adelaide Hospital and administered by the University of Adelaide moved to the University of South Australia. I assisted with the administration of these transfers on behalf of UniSA as the receiving administering institution. This process was only part of the responsibilities that I held at the Hanson Institute at an ASO 5. The process were practically identical between institutions. I continued to be classified and paid at HEO 8 while at UniSA.
25. I worked at University of SA until September 2014.
26. Between October 2014 and March 2015 I had a short-term contract as a Research Grants Officer at the University of Adelaide working on pre and post- award ARC grants. The nature of the work was similar to what I had performed at the Hanson Institute, but had none of the managerial responsibilities that I had as an ASO 5. At the University of Adelaide I was classified at HEO 6.
27. From March 2015-April 2016 I have been employed as a Senior Research Grants Officer (Health Sciences), classified at HEO 8, at the University of Adelaide undertaking pre- and post-award work on NHMRC and other health related grants. The additional managerial responsibilities of this role make it the equivalent in duties to what I was paid an ASO5 at the Hanson Institute.
28. Many of the projects, grants, researchers and research administrators that I have been involved with between the Hanson Institute/Royal Adelaide Hospital/SA Pathology and the three Universities where I have worked are the same. My roles as research administrator have varied only in the relative perspective of my employer at the time.

### **My experience of medical research work**

29. Notwithstanding differences in wages and conditions, from my experience I can conclude that there is a relatively ‘level playing field’ in medical research administration as between Research Institutes and Universities. The clerical and administrative work involved in research support is highly specialised and the workforce has the same skill base regardless of employer – be it in a Medical Research Institute, hospital or University. The workforce must follow the same rules and regulations and other compliance measures, regardless of workplace or employer. Both researchers and research administrators are bound by the same rule book.
30. Given the uniqueness of the skills set in research in Australia, I have known a number of research administrators who were formerly researchers and who hold doctoral qualifications. I have made this observation through my role as SA Convenor of the Australasian Research Management Society, from information I gleaned when completing my Masters degree and from my own career in research administration. The research administrative duties and pay rates of former researchers and those who have entered research administration from a clerical background, are the same.
31. I would characterise medical research in Australia as a ‘spider web’ of research occurring within and across Research institutes in the public and private sectors and Universities. This collaborative work is a large part of my work in research administration. Under the Australian Code of Conduct, the employer/employee relationship is emphasised, with all the associated responsibilities of research misconduct, work cover, material transfer, financial accountability, insurances intellectual property etc. It is the responsibility of each employer to therefore ensure that effective administrative processes and contracts are in place to ensure that the

employer meets all regulatory and contractual requirements pertinent to the research and the research funding.

32. A researching institute is often part of a larger organisation providing non-research services, e.g a hospital based institute also provides health or medical services. Some staff therefore have multiple roles (clinician/researcher) while others have dedicated roles (such as scientists and technicians). However the research component of any position, one that involves producing new knowledge, has a distinct skill base. Similarly the core functions of Research Administration require distinct skills and expertise as compared to general clerical staff.
33. At SA Pathology and Royal Adelaide Hospital a large proportion of research applicants were adjuncts/affiliates/title holders at Universities. They could then have chosen to use a University as the administrative body for their research. Indeed in order to be eligible for one type of funding – an NHMRC “Practitioner Fellowship” – a researcher must also be a clinical practitioner.
34. From my experience if a researcher at a Research Institute is also a University adjunct, they are also involved in teaching and supervising doctoral students.
35. Every scientific researcher I have personally worked with has had some adjunct affiliation with a University. The only exception is if they are very early career researchers, who after being awarded a grant, become affiliates, and often transfer their grant administration to a University.
36. Funding sources are the same or similar across Research Institutes and Universities, be they ARC or NHMRC or other grants.
37. Bequest and fund-raising funding is quite specific. Depending on the rules of the bequest or fund, University staff may also be eligible for some hospital-based

research funding. My experience of the administrative process for bequests is similar to normal grants but has specific nuances.

38. It is usually in the funding rules (eg NHMRC) that a researcher transfer any funds with them if they move employer, be it to a Research Institute or University. The relinquishing organisation must ensure that they have robust administrative processes in place to financially acquit funds and process the transfer (including all associated contracts), and for the receiving organisation to accept responsibility for the ongoing project.
39. Research Administration also involves ethics approvals. It is a rule in any funding body guidelines that research does not commence until appropriate ethics are in place, regardless of the employer. Ensuring that funds are not released for the project until there is evidence of ethics approval is one of the functions of a post-award research administrator and my role in this process was identical in both the public and university sectors (noting that the actual ethics approval process is a distinct and separate function)
40. Each institution I have been involved in, has its own Ethics Committee and traditionally each Committee of an institution involved in a research project must provide ethical clearance.
41. This process of ethics approval has changed slightly in the last few years via the Harmonisation of Multi-Centre Ethical Review (HoMER) program and then the National Approach to Single Ethical Review of Multi-centre Research (National Approach). Under HoMer and the National Approach, one Ethics Committee from a participating institution can have their ethics approval accepted and then a site specific assessment occurs for the rest of the participating institutions.

42. From my experience between the public sector and Universities, the latter have classifications within Awards and enterprise agreements which better cover the work of research support staff. The public sector awards/agreements by comparison are required to cover such a broad range of work that research administrators are simply lumped in with 'clerical' or 'administrative' work and hence the speciality is not recognised. Research administration is such a small part of the overall operation of the public sector.

Roy Sneddon

10 March 2016

Redacted for objections, 12 October 2016

*Fair Work Act 2009*

s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards—Award stage**  
(AM2014/229 and AM2014/230)

**Consolidated NTEU Materials Regarding Research Institutes**

**Witness Statement of David Trevaks**  
**lodged 11 March 2016**



**Witness Statement  
David Trevaks**

I **David Trevaks** of \_\_\_\_\_ declare as follows:

1. I am employed as a Senior Technical Officer and Laboratory Supervisor at the Florey Institute of Neuroscience and Mental Health, University of Melbourne; (“the Institute”).
2. I have worked at the Institute for 25 years in five different groups. These groups are the Large Animal Surgery (Core Animal Services), Adrenal Transplants (Endocrinology Group), Central Control of Cardiovascular Physiology (Systems Neurophysiology Group) and now the Autonomic Neuroscience (Systems Neurophysiology Group) and Laboratory Services (Administration Group).
3. My job classification is Higher Education Worker (HEW) Level 7-4 under the *Howard Florey Institute Union Enterprise Agreement 2014-2017*.
4. I am responsible for the on-going maintenance and budgeting for the Autonomic Neuroscience Division’s laboratories of the Systems Physiology Group at the Florey Institute. I also provide laboratory support service.
5. My other duties include:
  - writing computer programs to analyse experimental data and computer based graphic
  - manipulation;
  - training post-doctoral students in laboratory and analysis techniques;
  - maintaining and ordering electrophysiology equipment;
  - assisting in grant submissions;
  - fulfilling regulatory requirements; and
  - laboratory management services primarily at the Howard Florey Laboratories (Parkville Campus) and Melbourne Brain Centre (Austin Campus).
6. Given my years of experience and interaction with academics over a long period, I have taken on more and more work over time. Unlike most other technicians, I actually produce research outcomes and am the co-author of seven peer reviewed publications.

7. Prior coming to the Institute over 25 years ago, I worked in the hospital sector as a Theatre Technician. I received all of my training on the job on equipment and in laboratories.
8. I have never been employed by a University but I am situated on the University of Melbourne Parkville campus and the Melbourne Brain Centre Heidelberg campus and have closely collaborated with many University colleagues. The Institute is recognised as the Florey Department of Neuroscience and Mental Health as part of Melbourne University. We are pretty much integrated with the University; for example, we are on and fully integrated into the University of Melbourne computer and parts of the payroll systems.
9. My key project at present is a project which is funded for 4 years (2015-18), looking at the role of the nervous system in gut inflammation. My responsibilities are to assist in the experiments and conduct analysis of results. I will do some minimal writing up of results. I am also involved in another project which is funded for 3 years (2016-19) from the National Health and Medical Research Council (NHMRC).
10. A key part of my role at Florey Institute occurs in conjunction with the senior academic researchers. We train all new post-doctoral staff and students in our division. This involves testing and using scientific equipment, experimental technique and analysis, animal husbandry, result presentation and grant submissions. For example, I train PhD students and new staff members involved in the projects and I will be assisting them in using the equipment and the recording and analysis software. I am currently setting up a "Rig" for a new staff member; this is the term we use for the equipment needed and how it fits together. I purchase the equipment and make sure the staff member knows how to build his Rig and use it.
11. The Florey Institute has around 400 staff and 100 PHD students.
12. Since the second half of 2012 I have held the new position of President, Research Institutes' Branch at NTEU. I have slowly been trying to get data on the Research Institute workforce to help me connect with other NTEU members in Research Institutes.

13. It is difficult to isolate data on the workforce as from my experience, every employer likes to lay claim to everyone else. What I mean by this is that the amount of collaboration between Universities and Research Institutes means that someone may be funded via money to a University, but working in a Research Institute on a project. They could be a 'Visiting Fellow' of a Research Institute but be an academic in a University; there are many joint appointments. Then there are the number of students working in a Research Institute at any time, but not actually being paid.
14. The Institute and the University of Melbourne have recently integrated further and enabled us to benefit from University infrastructure and resources. For example, a PHD student at Florey Institute is now enrolled at the "Florey Department of Neuroscience, University of Melbourne"; we have in many ways become a fully integrated department of the University.
15. This just builds on what has always been an integrated relationship with the Institute; for example, Institute staff have full library rights at the University and University staff oversee our car park. We use a University of Melbourne parking permit and the University's tradespeople work in our department.
16. The Florey Institute Information Technology area is connected with and run from the larger University of Melbourne Information Technology department and network.
17. Over 25 years of working at the Florey Institute, I have collaborated with colleagues at other research institutes, universities and hospitals. Examples include as part of a human functional MRI (Magnetic Resonance Imaging) study at the Brain Research Institute (BRI) which involved setting up specialised equipment with BRI general staff, refining of imaging sequencing with BRI academic staff, and conducting all experiments at BRI. (The BRI was situated at Austin Hospital (Heidelberg) and it has now merged with the Florey but we had no formal ties when the study was conducted in 2004).
18. I was also responsible for conducting experiments a few years ago in the MRI at the Murdoch Children's Research Institute (MCRI), Royal Children's Hospital. I worked with hospital radiographers as well as MCRI staff.

19. Staff at the Florey Institute are constantly collaborating with University staff. Another project I've worked on involved a National Health and Medical Research Council grant divided between Chief Investigators at the Florey Institute, the Department of Anatomy at the University of Melbourne and James Cook University. The experiments occurred in the Florey laboratory and analysis in the Department of Anatomy at the University of Melbourne. The grant is to investigate how the brain controls infection. This is basic neuroscience work which can hopefully be applied in the health industry in future.
20. Another study I was involved in was looking at a virus which was imported by the University of Melbourne, but examined and used at the Florey Institute.
21. The Florey and the University of Melbourne share facilities at the Melbourne Brain Centre at the University of Melbourne's Parkville campus and the Austin Hospital site in Heidelberg. This includes Institute and Florey staff working side-by-side in laboratories and sharing equipment and building services.
22. Over the years I have regularly provided specialised IT support for a now Professor in the Physiology department at the University of Melbourne. This work has led me to interact with University technical staff and students and post-doctoral staff in his laboratory.
23. I have also assisted in providing animal samples to the University's Medical school to be used in undergraduate studies. This work required me to interact with non-research only technical staff in the Physiology department.
24. In the early 2000's a whole group including academics and general staff moved to the Florey from Monash Department of Pharmacology with a new NHMRC program grant. We did not have to create any 'new' position descriptions to accommodate the new staff as they all fitted in to the Florey descriptors of that time. In August last year the Howard Florey Institute merged with the Victorian Stroke Research Institute, the Brain Research Institute and the Mental Health Research Institute, and once again we have not had to come up with any new types of positions that did not already exist.
25. Staff at the Florey Institute are covered by the **Howard Florey Institute Union Enterprise Agreement 2014-2017**, (AG2011/1753); ("the Agreement").

26. Staff at the Institute are members of the UniSuper Superannuation fund – the Higher Education Industry Fund. Our job titles are the same or similar to those used by the University of Melbourne. General staff are classified in the HEW (Higher Education Worker) levels used by the University and Research staff at the equivalent academic levels. To my knowledge in order to hold a more senior Fellowship you must supervise and train students.
27. Attached at **Attachment 1** and marked **Schedule 2: Salary Scales 2014-2017** are salary rates from the Agreement. Research roles range from Research Assistant roles, Research Officer roles, Senior Research Officer roles to Senior Research Fellows, Principal Research Fellows (equivalent to Associate Professor) and Senior Principal Research Fellow which would be the equivalent of a Professor at Level E. Attached at **Attachment 2** are extracts from the Agreement at **Schedule 4 Research Personnel Position Descriptors**, - Descriptors at 5. Principal Research Fellow (Associate Professor), and at 6. Senior Principal Research Fellow (Professor).
28. The Higher Education Worker (“HEW”) level descriptors for general staff such as myself are the same as in the University of Melbourne Collective Agreement, however the University calls their ‘general’ staff “Professional staff” and the Institute has maintained the “Higher Education Worker” title that has long been used in Higher Education awards. These job descriptors apply to staff who support the work of research staff. Attached at **Attachment 3** are the descriptors for Levels 3 and 4 staff – “Higher Education Worker” staff under the Florey Agreement, and “Professional” staff at the University of Melbourne. These are identical. Common occupations in these categories at the Florey Institute include:
- Technical Assistant
  - Technical Officer
  - Senior Technical Officer
  - Chief Technical officer
  - Animal House manager
  - IT manager and IT support roles
  - Accounts
29. I do not see a distinction between research which occurs at a University and that which occurs at the Florey Institute. I would describe our output at the Institute as new knowledge and a

researcher in science as someone who discovers new knowledge. Researchers at the Florey Institute conduct original research and publish in peer reviewed journals, just as their colleagues do at a University.

30. My work is in research and education. We don't interact with health patients or provide a health service. We publish research outcomes in scientific journals, not health journals. Down the track we hope our research assists in the health industry, but we are not applying a health service.
31. Support roles at the Florey, such as my own, I would define as providing general infrastructure and technical skill to facilitate experimentation and research. At the Florey Institute, this ranges from animal husbandry to histology (analysing tissue) and microscopy.
32. The one difference I can identify in being a Technical Officer at the Florey Institute with equivalent work at the University of Melbourne is that the University seems to have a pool of general staff employed to set up laboratories. In the Institute, most of the funding comes from grants without equivalent infrastructure money so this doesn't happen.
33. From my experience and research as President of the NTEU Research Institutes Branch, I am aware in very general terms that most medical research institutes are funded in a similar manner. All medical Research Institutes apply for competitive grants and these are awarded based on submitted budgets and formulas for different staffing levels. They are not adjusted whether they are granted for a Research Institute, University or collaboration. Research Institutes have different access to infrastructure funding and philanthropic funds, depending on their circumstances.
34. The Florey Institute receives approximately 70% of its funding from Government and statutory bodies in the form of peer-reviewed research grants and infrastructure monies. The rest of the income is made up of other peer-reviewed grants, donations, commercial collaborations and investment returns. The total income for year ended 2014 was \$54.2m.
35. The Autonomic Neuroscience laboratories currently hold 3 peer-reviewed research grants (2 NHMRC and 1 DARPA), and have a staff of six research scientists and two PhD student. The grant monies are directly tied to specific research projects. Some of our senior scientists

currently hold fellowships which pay their salaries. Prior to 2000 we were on block funding and moved to this current competitive grants process following the “Wills review” in 1999. This was the *Health and Medical Research Strategic Review* set up by the then Federal Government in 1998.

36. Some medical research institutes have closer ties to industry or philanthropic organisations. There are many full-time research staff employed at universities that hold competitive peer-reviewed grants which are exactly the same as ours. As the grants are portable I have witnessed many groups who have moved from University departments to research institutes and vice-versa and staff are simply placed on the same HEW level.
37. The University of Melbourne post all currently funded projects on their website, even where funding has gone direct to the Florey Institute. The more research the University have via their Research office, the more infrastructure funding they will attract to support this research.
38. I also have experience of the ethics approval process for receiving grant funding and collaborating with a University. For example, there is a Howard Florey Animal Ethics Committee and there used to be a Human Ethics Committee. The Institute now uses the Royal Melbourne Hospital Ethics Committee for research projects involving humans.
39. For project approval, one application covers the whole project. The process is that an application is submitted, the Ethics Committee considers the project, and they interview the Chief Investigator and sometimes other relevant staff, suggest any amendments or approve the project. Approval for a 3 year period is standard but a project team can ask for a different period.
40. I am also involved in writing grant applications. The grant applications were in the past submitted via the University of Melbourne as the administering body as this ensures that we can attract infrastructure funds. I have experience in navigating government databases and processes to write funding applications.

David Trevaks

11 March 2016

Redacted for objections, 12 October 2016

# Attachment 1

**SCHEDULE 2**

**SALARY SCALES 2014 - 2017**

		1-Jan-14	1-Jan-15	1-Jan-16	1-Jan-17
		3%	3%	3%	3%
<b>Research Staff Classification Level</b>					
LEVEL E - SENIOR PRINCIPAL RESEARCH FELLOW	SPRF	154,563	159,199	163,975	168,895
LEVEL D - PRINCIPAL RESEARCH FELLOW 4	PRF4	132,186	136,152	140,236	144,443
LEVEL D - PRINCIPAL RESEARCH FELLOW 3	PRF3	128,121	131,964	135,923	140,001
LEVEL D - PRINCIPAL RESEARCH FELLOW 2	PRF2	124,053	127,775	131,608	135,556
LEVEL D - PRINCIPAL RESEARCH FELLOW 1	PRF1	119,987	123,586	127,294	131,113
LEVEL C - SENIOR RESEARCH FELLOW 6	SRF-6	114,903	118,350	121,900	125,557
LEVEL C - SENIOR RESEARCH FELLOW 5	SRF5	111,848	115,203	118,659	122,219
LEVEL C - SENIOR RESEARCH FELLOW 4	SRF4	108,804	112,068	115,430	118,893
LEVEL C - SENIOR RESEARCH FELLOW 3	SRF3	105,752	108,924	112,192	115,558
LEVEL C - SENIOR RESEARCH FELLOW 2	SRF2	102,701	105,783	108,956	112,225
LEVEL C - SENIOR RESEARCH FELLOW 1	SRF1	99,649	102,639	105,718	108,889
LEVEL B - SENIOR RESEARCH OFFICER 6	SRO6/RF3	96,601	99,499	102,484	105,559
LEVEL B - SENIOR RESEARCH OFFICER 5	SRO5/RF2	93,549	96,356	99,246	102,224
LEVEL B - SENIOR RESEARCH OFFICER 4	SRO4/RF1	90,500	93,215	96,012	98,892
LEVEL B - SENIOR RESEARCH OFFICER 3	SRO3	87,448	90,071	92,773	95,557
LEVEL B - SENIOR RESEARCH OFFICER 2	SRO2	84,399	86,931	89,539	92,225
LEVEL B - SENIOR RESEARCH OFFICER 1	SRO1	81,346	83,786	86,300	88,888
LEVEL A - RESEARCH ASSISTANT 8/RESEARCH OFFICER 3	RA8/RO3	77,280	79,599	81,987	84,446
LEVEL A - RESEARCH ASSISTANT 7/RESEARCH OFFICER 2	RA7/RO2	74,635	76,874	79,181	81,556
LEVEL A - RESEARCH ASSISTANT 6/RESEARCH OFFICER 1	RA6/RO1	71,992	74,151	76,376	78,667
LEVEL A - RESEARCH ASSISTANT 5	RA5	69,348	71,428	73,571	75,778
LEVEL A - RESEARCH ASSISTANT 4	RA4	66,704	68,705	70,766	72,889
LEVEL A - RESEARCH ASSISTANT 3	RA3	63,449	65,353	67,313	69,333
LEVEL A - RESEARCH ASSISTANT 2	RA2	60,194	62,000	63,860	65,776
LEVEL A - RESEARCH ASSISTANT 1	RA1	56,945	58,653	60,413	62,225

<b>General Staff Classification Level</b>		1-Jan-14	1-Jan-15	1-Jan-16	1-Jan-17
Higher Education Worker Level 1	HEW 1-1	39,985	41,185	42,420	43,693
Higher Education Worker Level 1	HEW 1-2	40,783	42,007	43,267	44,565
Higher Education Worker Level 1	HEW 1-3	41,601	42,849	44,135	45,459
Higher Education Worker Level 2	HEW 2-1	43,389	44,690	46,031	47,412
Higher Education Worker Level 2	HEW 2-2	44,257	45,584	46,952	48,360
Higher Education Worker Level 2	HEW 2-3	45,141	46,496	47,890	49,327
Higher Education Worker Level 3	HEW 3-1	45,386	46,748	48,150	49,595
Higher Education Worker Level 3	HEW 3-2	46,293	47,682	49,113	50,586
Higher Education Worker Level 3	HEW 3-3	47,219	48,635	50,094	51,597
Higher Education Worker Level 3	HEW 3-4	48,163	49,608	51,096	52,629
Higher Education Worker Level 3	HEW 3-5	49,127	50,601	52,119	53,683
Higher Education Worker Level 3	HEW 3-6	50,111	51,614	53,162	54,757
Higher Education Worker Level 4	HEW 4-1	52,465	54,039	55,660	57,330
Higher Education Worker Level 4	HEW 4-2	53,515	55,120	56,774	58,477

Higher Education Worker Level 4	HEW 4-3	54,585	56,223	57,910	59,647
Higher Education Worker Level 4	HEW 4-4	55,679	57,350	59,070	60,842
Higher Education Worker Level 5	HEW 5-1	56,733	58,435	60,188	61,993
Higher Education Worker Level 5	HEW 5-2	57,866	59,602	61,390	63,231
Higher Education Worker Level 5	HEW 5-3	59,021	60,792	62,615	64,494
Higher Education Worker Level 5	HEW 5-4	60,207	62,013	63,874	65,790
Higher Education Worker Level 5	HEW 5-5	61,409	63,251	65,149	67,103
Higher Education Worker Level 5	HEW 5-6	62,640	64,519	66,455	68,448
Higher Education Worker Level 5	HEW 5-7	63,890	65,806	67,780	69,814
Higher Education Worker Level 5	HEW 5-8	65,169	67,124	69,138	71,212
Higher Education Worker Level 6	HEW 6-1	65,808	67,782	69,815	71,910
Higher Education Worker Level 6	HEW 6-2	67,124	69,138	71,212	73,348
Higher Education Worker Level 6	HEW 6-3	68,467	70,521	72,637	74,816
Higher Education Worker Level 6	HEW 6-4	69,840	71,935	74,093	76,316
Higher Education Worker Level 6	HEW 6-5	71,235	73,372	75,573	77,841
Higher Education Worker Level 7	HEW 7-1	72,616	74,795	77,039	79,350
Higher Education Worker Level 7	HEW 7-2	74,068	76,290	78,579	80,936
Higher Education Worker Level 7	HEW 7-3	75,552	77,819	80,153	82,558
Higher Education Worker Level 7	HEW 7-4	77,063	79,375	81,756	84,209
Higher Education Worker Level 7	HEW 7-5	78,604	80,962	83,391	85,893
Higher Education Worker Level 8	HEW 8-1	81,691	84,142	86,666	89,266
Higher Education Worker Level 8	HEW 8-2	83,331	85,830	88,405	91,058
Higher Education Worker Level 8	HEW 8-3	84,997	87,547	90,174	92,879
Higher Education Worker Level 8	HEW 8-4	86,696	89,297	91,975	94,735
Higher Education Worker Level 8	HEW 8-5	88,427	91,080	93,812	96,627
Higher Education Worker Level 9	HEW 9-1	95,314	98,174	101,119	104,153
Higher Education Worker Level 9	HEW 9-2	97,218	100,134	103,138	106,232
Higher Education Worker Level 9	HEW 9-3	99,162	102,137	105,201	108,357
Higher Education Worker Level 10	HEW 10-1	103,630	106,739	109,941	113,239
Higher Education Worker Level 10	HEW 10-2	118,645	122,204	125,870	129,646
Higher Education Worker Level 10	HEW 10-3	129,837	133,732	137,744	141,877
Higher Education Worker Level 10	HEW 10-4	143,268	147,566	151,993	156,553
Higher Education Worker Level 10	HEW 10-5	154,460	159,093	163,866	168,782
Higher Education Worker Level 10	HEW 10-6	168,361	173,411	178,614	183,972

<b>Casual Hourly Rates</b>		<b>1-Jan-14</b>	<b>1-Jan-15</b>	<b>1-Jan-16</b>	<b>1-Jan-17</b>
HEW Level 1	CW 1	26.5160	27.3114	28.1308	28.9747
HEW Level 2	CW 2	28.7729	29.6361	30.5252	31.4409
HEW Level 3	CW 3	30.0977	31.0006	31.9306	32.8886
HEW Level 4	CW 4	34.7916	35.8353	36.9104	38.0177
HEW Level 5	CW 5	37.6219	38.7506	39.9131	41.1105
HEW Level 6	CW 6	43.6398	44.949	46.2975	47.6864
HEW Level 7	CW 7	48.1588	49.6036	51.1091	52.6245
HEW Level 8	CW 8	54.1731	55.7983	57.4723	59.1964
HEW Level 9	CW 9	63.2072	65.1035	67.056	69.0683
HEW Level 10	CW 10	68.7214	70.7831	72.9066	75.0938

# Attachment 2

- Contributions to the research culture of the Research Group through membership of relevant committees and contributions to the Group's research outputs.

## **5. PRINCIPAL RESEARCH FELLOW (ASSOCIATE PROFESSOR)**

Note: In general, appointments to any fellowship based research positions are normally made in accordance with NHMRC guidelines and only for the duration of the external fellowship and/or funding that supports the position. They will be offered on a fixed-term basis until the period of consecutive years of service with the Institute reaches five years duration. From this time onwards, they will be classed as ongoing Employees, although employment will continue to be tied to available fellowship funding.

### **5.1 General Standard**

A Principal Research Fellow is expected to make major original and innovative contributions to his or her field of research, which are recognised as outstanding nationally or internationally.

A PRF will play an outstanding role within both the Institute and his or her discipline and profession in fostering the research activities of others and in research training. He/she will demonstrate leadership qualities and the ability to supervise staff in accordance with the Institute's policies and procedures. Researchers at this level may be appointed in recognition of distinction in their area of research.

A researcher at this level will generally be supported by external funding granted to them which supports their position. Such external funding may provide for other support (eg technical, staff resources, consumables) to be given to the PRF

Progression through the Steps within the PRF classification, however, will only occur automatically after the passing of each full calendar year of service if this is provided for in the external grant. In any other case, the PRF's progression through the Steps is subject to both the HFI salary scales specified in this Enterprise agreement, and as specified with the EB, such incremental progression is subject to funding constraints and the performance of the PRF.

### **5.2 Qualifications**

A Principal Research Fellow will normally have the same skill base as a Senior Research Fellow, but with a greater level of experience. In addition there is a requirement for academic and research excellence which may be evidenced by an outstanding contribution to teaching and/or research and/or the profession.

The Senior Principal Research Fellow would normally possess at least 10 years of postdoctoral research with a requirement for academic results and a profile of international excellence in the relevant research field recognised by peers.

### **5.3 Specific Duties**

Specific duties required of a Principal Research Fellow would normally include:

- Adherence to the policies and procedures of the Institute, acting as a role model for others.

- The preparation and delivery of materials which promote the activities of the Research Group and their research findings eg lectures posters, talks and seminars, etc.
- Attendance and direction of Research Group meetings.
- A major role in all aspects of major research projects including management and/or leadership of large research projects or teams.
- Involvement in professional activities including, subject to availability of funds, attendance at conferences and seminars in the field of expertise; membership of disciplinary panels, mentoring of younger scientists, etc.
- Occasional contributions to the teaching program within the field of the employee's research.
- Supervision of postgraduate research projects.
- Higher level research-related administrative function.
- Significant contribution to the discipline in which the research efforts of the employee are undertaken.
- Conduct of independent research activities and a capacity for and performance of research team leadership of a large research team and the production of published works in refereed journals, books, conference and seminar papers, reports and publications from that research team and the production of creative works.
- Supervision of staff (research, administrative and technical) associated with relevant research programs.
- Financial and administrative management of research teams and responsibility for the oversight and financial management of grants.
- Responsibility for the maintenance and renewal of funding in the relevant research area.
- Promotion of research links which enhance the profile of the discipline in the scientific and general community and provide opportunities for the application of research findings.
- Supervision of postgraduate students and their programs (particularly PhD students), examination postgraduate theses and occasional contribution to the design of postgraduate teaching and research programs (where appropriate).
- Contribution to the research policy and management of the Institute.
- Contribution to the research culture of the Institute through membership and chairing of relevant committees and a major role in planning and committee work.

## **6. SENIOR PRINCIPAL RESEARCH FELLOW – PROFESSOR**

Note: In general, appointments to any fellowship based research positions are normally made in accordance with NHMRC guidelines and only for the duration of the external fellowship and/or funding that supports the position. They will be offered on a fixed-term basis until the period of consecutive years of service with the Institute reaches five years duration. From this time onwards, they will be classed as ongoing Employees, although employment will continue to be tied to available fellowship funding.

## **6.1 General Standards**

A Senior Principal Research Fellow will typically have achieved international recognition through original, innovative and distinguished contributions to his or her field of research, which is demonstrated by sustained and distinguished performance and has the capacity to promote research activities at this Level.

An SPRF will provide leadership in his or her field of research, within his or her institution, discipline and/or profession and within the scholarly and/or general community. He or she will foster excellence in research, research policy and research training in their research field within the Institute and within the community, both scholarly and general.

She or he will make a commensurate contribution to the work of the Institute and will demonstrate leadership qualities and the ability to supervise staff in accordance with the Institute's policies and procedures.

A researcher at this Level will generally be supported by external funding granted to them which supports their position. Such external funding may provide for other support (technical, consumables, support staff salaries) to be given to the Level E researcher.

## **6.2 Qualifications**

A Senior Principal Research Fellow will be recognised as a leading authority in the relevant field of research, normally at an international level.

A researcher at this level must have a position of international leadership in his or her field of expertise and a distinguished record of research and scholarly contributions as evaluated by peers.

## **6.3 Specific Duties**

Specific duties required of an SPRF may include:

- Management of all aspects of a research group or team within the Institute, including Oversight of staff and students, supervision and financial management of relevant research programs within the Research Group.
- The preparation and delivery of materials which promote the activities of the Research Group and their research findings eg lectures, posters, talks and seminars, etc.
- Developing policy and being involved in administrative matters within the Research Group/Team or other comparable organisational unit and within the Institute.
- Participating in and providing leadership in community affairs, particularly those related to the discipline, in professional, commercial and industrial sectors where appropriate.
- Provision of a continuing high level of personal commitment to, and distinguished achievement in, a particular area of research or scholarship.
- Fostering the research of other groups and individuals within the Research Group and, more broadly, within the Institute and the discipline.
- Preparation of research proposal submissions to external bodies and success in obtaining grant support.

- The conduct of independent research activities in which the employee may provide leadership within a team and the preparation of conference and seminar papers, reports and publications from that research.
- Participating in community and professional activities related to a particular disciplinary area, including involvement in commercial and industrial sectors where appropriate.
- Occasional contribution to the teaching program in the field of the employee's research.
- Attendance at meetings associated with research or the work of the Research Group to which the research is connected, and/or other relevant meetings, and a major role in planning and committee work.
- Development of research policy and contributions to the strategic planning of the Institute's research program.
- Establishment of research links between the Institute and external bodies, including eminent societies.
- Contribution to the research culture of the Institute through leadership of relevant committees, especially as they relate to research and teaching.

# Attachment 3

Organisational knowledge:	Following training, may provide general information/advice and assistance to members of the public, students and other staff which is based on a broad knowledge of the Employee's work area/responsibility, including knowledge of the functions carried out and the location and availability of particular personnel and services.
Judgement, independence and problem solving:	<p>Solve relatively simple problems with reference to established techniques and practices. Will sometimes choose between a range of straightforward alternatives.</p> <p>An Employee at this level will be expected to perform a combination of various routine tasks where the daily work routine will allow the latitude to rearrange some work sequences, provided the prearranged work priorities are achieved.</p>
Typical activities:	<p>Clerical positions at this level may include duties involving the inward and outward movement of mail, keeping, copying, maintaining and retrieving records, straightforward data entry and retrieval.</p> <p>Security officers may be involved in a range of patrol duties, including responding to alarms, following emergency procedures and preparing incident reports.</p>

### Higher Education Worker Level 3

Training level or qualifications:	<p>Persons employed at Level 3 shall typically perform duties at a skill level which assumes and requires knowledge or training in clerical/administrative, trades or technical functions equivalent to:</p> <ul style="list-style-type: none"> <li>• completion of a trades certificate; or</li> <li>• completion of Year 12, with relevant work experience; or</li> <li>• equivalent relevant work experience or combination of relevant experience and education/training.</li> </ul> <p>Persons advancing through this level may typically perform duties which require further on the job training or knowledge and training equivalent to progress toward completion of an advanced certificate or associate diploma.</p>
Occupation equivalent:	Tradesperson, technical assistant/technical trainees, clerical/secretarial.
Level of supervision:	In technical positions, routine supervision, moving to general direction with experience. In other positions, general direction. This is the first level where supervision of other staff may be required.
Task level:	Some complexity. Apply body of knowledge equivalent to trade certificate, including diagnostic skills and assessment of the best approach to a given task.
Organisational knowledge:	Perform tasks/assignments which require knowledge of the work area processes and an understanding of how they interact with other related areas and processes.

Judgement, independence and problem solving:

Exercise judgement on work methods and task sequence within specified timelines and standard practices and procedures.

Typical activities:

In trades positions, apply the skills taught in a trade certificate, including performance of a range of construction, maintenance and repair tasks, using precision hand and power tools and equipment. In some cases, this will involve familiarity with the work of other trades or require further training.

*In technical assistant positions:*

- assist a technical officer in operating a laboratory, including ordering supplies
- assist in setting up routine experiments
- monitor experiments for report to a technical officer
- assist with preparation of specimens
- assist with the feeding and care of animals.

Staff would be expected to perform a greater range and complexity of tasks as they progressed through the level and obtained further training.

*In clerical positions:*

Perform a range of clerical support tasks including:

- standard use of a word processing package (including store and retrieve documents, key and lay out correspondence and reports, merge, move and copy, use of columns, tables and basic graphics) or an established spreadsheet or database application • provide general clerical support to staff within a faculty, including work
- processing, setting up meetings, answering straightforward inquiries and directing others to the appropriate personnel
- process accounts for payment.

#### **Higher Education Worker Level 4**

Training level or qualifications:

Persons employed at Level 4 shall typically perform duties at a skill level which assumes and requires knowledge or training equivalent to:

- completion of an associate diploma level qualification with relevant work experience or a certificate level qualification with post-certificate relevant work experience;
- completion of a post-trades certificate or advanced certificate and extensive relevant experience and on the job training; or
- an equivalent combination of relevant experience and/or education/training.

Occupation equivalent:

Technical officer or technician, clerical/secretarial above Level 3, advanced tradespersons.

Level of supervision:	<p>In technical positions, routine supervision to general direction depending upon experience and the complexity of the tasks. In other positions, general direction.</p> <p>May supervise or co-ordinate others to achieve objectives, including liaison with staff at higher levels. May undertake stand-alone work.</p>
Task level:	<p>May undertake limited creative, planning or design functions to a varied range of different tasks.</p>
Organisational knowledge:	<p>Perform tasks/ assignments which require proficiency in the work area's rules, regulations, processes and techniques and how they interact with other related functions.</p>
Judgement, independence and problem solving:	<p>In trades positions, extensive diagnostic skills. In technical positions, apply theoretical knowledge and techniques to a range of procedures and tasks. In clerical/secretarial positions, provide factual advice which requires proficiency in the work area's rules and regulations, procedures requiring expertise in a specialist area or broad knowledge of a range of personnel and functions.</p>
Typical activities:	<p><i>In trades positions:</i></p> <ul style="list-style-type: none"> <li>• work on complex engineering or interconnected electrical circuits</li> <li>• exercise high precision trades skills using various materials and/or specialised techniques.</li> </ul> <p><i>In technical positions:</i></p> <ul style="list-style-type: none"> <li>• develop new equipment to criteria developed and specified by others</li> <li>• under routine direction, assist in the conduct of major experiments and research programs and/or in setting up complex or unusual equipment for a range of experiments and demonstrations</li> <li>• demonstrate the use of equipment and prepare reports of a technical nature as directed.</li> </ul> <p><i>In library technician positions:</i></p> <ul style="list-style-type: none"> <li>• undertake copy cataloguing</li> <li>• use a range of bibliographic databases</li> <li>• undertake acquisitions respond to reference inquiries.</li> </ul>



*Fair Work Act 2009*

s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards—Award stage**  
(AM2014/229 and AM2014/230)

**Consolidated NTEU Materials Regarding Research Institutes**

Witness Statement of Ken McAlpine

lodged 4 March 2013

and those Attachments upon which the NTEU  
continues to rely, being  
Attachments 1, 4, 5, 7, 22 and 23



FAIR WORK COMMISSION

*Fair Work (Transitional Provisions and Consequential Amendments) Act 2009*  
*Schedule 5, Item 6 – Review of all modern awards*

**National Tertiary Education Industry Union**

(AM2012/187, AM2012/190)

**Witness Statement of Ken McAlpine**

1. I Ken McAlpine of \_\_\_\_\_, Victoria, am employed by the National Tertiary Education Industry Union (“NTEU”) in its National Office in Melbourne. My current employment is as Education and Training Officer, since mid 2012. Prior to that I have worked in a variety of senior industrial roles for the NTEU and for its predecessor unions since 1988.
2. In those roles I was involved in national award-restructuring negotiations for the NTEU for the national higher education industry, and played a leading role in establishing the award descriptors for general staff in higher education, and in their revision in the early years of the last decade. I also have a good knowledge of the award modernisation process as I was closely involved in the making of the two modern awards applicable to higher education and to the award applicable to vocational and adult education.
3. I have a very good knowledge of the work performed by general staff and academic staff (and the sub-set of both groups who constitute research staff) in universities, and a good knowledge of the work which is performed in research institutes (by which I mean in this statement research institutes of the type contemplated by the NTEU’s applications in this matter). I should qualify the previous sentence by disclaiming anything but a lay knowledge of the scientific or academic knowledge produced by the work referred to. However, I have an expert knowledge of how such work relates to award categories generally in the workforce and to the concept of work value.
- 4.

5. There are a number of Annexures to this Statement, which are set out in the table below, as follows:

<b>Annexure Number</b>	<b>Title or Description</b>	<b>Author and/or source</b>	<b>Comment where applicable</b>
1	Certain Statutes of the University of Melbourne concerning Affiliation with the University and <i>Statute 10.1- Affiliation</i> , Monash University Council, 17 February 2012.	<i>Source: University websites</i>	
2	Various current Position Descriptions for vacancies at Florey Neuroscience Institutes	<i>Source: The Florey Institute of Neuroscience and Mental Health website.</i>	
3	<i>Future Fellowships: Selection Report for funding commencing in 2012</i> , Australian Research Council, Australian Government, 2012	<i>Source: Australian Research Council website</i>	
4	Research Institute Agreements with NTEU and other	<i>Source: Fair Work Commission website</i>	
5	Awards covering Research Institutes	<i>Source: Fair Work Commission website</i>	
6	<i>Response to Consultation Paper Summary</i> McKeon <i>Strategic Review of Health and Medical Research in Australia: Better Health Through</i>	<i>Author: Association of Australian Medical Research Institutes, (AAMRI). Source: AAMRI website</i>	

	<i>Research, Association of Australian Medical Research Institutes, (AAMRI), November 2012</i>		
7	<i>Research Australia: All Members and Supporters</i>	<i>Source: Research Australia website</i>	
8	Governing legislation for various two Research Institutes- Objects	<i>Source: Legislation, Australasian Legal Institute website</i>	
9	Annual Reports for all RIs listed	<i>Source: Research Institute websites</i>	
10	<i>Discovery Projects Selection Report for Funding Commencing in 2013</i> , Australian Research Council, Australian Government	<i>Source: Australian Research Council website</i>	
11	<i>Shaping Up: Trends and Statistics in Funding Health and Medical Research</i> , Occasional Paper Series, Research Australia, July 2011	<i>Author: Research Australia. Source: Research Australia website.</i>	
12	<i>Strategic Review of Health and Medical Research in Australia: Consultation Paper Summary – Issues and Proposed Recommendations</i> , Department of Health and Ageing, Australian Government, October 2012	<i>Author: Department of Health and Ageing, Australian Government. Source: DOHA website.</i>	
13	<i>NHMRC – Approved Administering Institutions</i> , National Health and Medical Research Council, Australian Government, 10 January 2013	<i>Author: National Health and Medical Research Council, (NHMRC), Australian Government. Source: NHMRC website</i>	
14	<i>NHMRC – Administering Institution Policy</i> , National Health and	<i>Author: National Health and Medical Research Council, (NHMRC), Australian Government. Source: NHMRC</i>	

	Medical Research Council, Australian Government, February 2011	<i>website</i>	
15	<i>NHMRC- Research Funding Facts Book 2011, National Health and Medical Research Council, Australian Government, 2011</i>	<i>Author: National Health and Medical Research Council, (NHMRC), Australian Government. Source: NHMRC website</i>	
16	<i>Research Skills for an Innovative Future: A Research Workforce Strategy to Cover the Decade to 2020 and Beyond, Department of Innovation, Industry, Science and Research, Australian Government, 2011</i>	<i>Author: Department of Innovation, Industry, Science and Research, Australian Government. Source: DIISR website</i>	
17	<i>Submission to the Strategic Review of Health and Medical Research in Australia, National Tertiary Education Union, 2012</i>	<i>Author: National Tertiary Education Union</i>	
18	<i>Transcripts of Proceedings, FAIR WORK COMMISSION, Fair Work (Transitional Provisions and Consequential Amendments) Act 2009, Schedule 5, Item 6 – Review of all modern awards, Applications of the <b>National Tertiary Education Industry Union</b>, (AM2012/187, AM2012/190); 27 September 2012; 18 October 2012; 23 November 2012</i>	<i>Source: Fair Work Commission website</i>	
19	Extracts of official higher education staff statistics – 2012 (non casual staff numbers ) and 2011 (actual casual EFT – not persons)	<i>Author: Department of Employment, Science and Training (DEST), Australian Government. Source: DEST website</i>	

20	<i>Research and Experimental Development, All Sector Summary, Australia, 2008-09, ABS Catalogue 8112.0, (2010)</i>	<i>Source: Australian Bureau of Statistics</i>	
21	<i>2007 Reported figures- Commonwealth Research-only staff, Department of Employment, Science and Training (DEST), Australian Government, 2007</i>	<i>Author: Department of Employment, Science and Training (DEST), Australian Government.</i>  <i>Source: DEST website</i>	This is a document prepared by me from a statistical package which was in 2007 available from the Commonwealth, which allows for the filtering of categories of staff using a pivot-table. The figures grouped under "A" are academic staff; those under "G" are general staff, and "FTE" means "full-time equivalent", which in my experience of higher education usually translates to a number of employees 10-20% higher than the number for "FTE". These figures exclude some additional hundreds of casual employees.
22	<i>UniSuper Trust Deed 2012- Extract</i>	<i>Author: UniSuper. Source: UniSuper website.</i>	This is an extract only of the UniSuper Trust Deed. The definitions section refers to "Eligible Institutions" which are the types of employer entitled to join the UniSuper Scheme.
23	<i>Conferral of academic titles on Principal Investigators and Directors of Research Centres - University of Western Australia</i>	<i>Author: University of Western Australia. Source: University of Western Australia website</i>	

6. Each of these Annexures is a true copy of a document which was downloaded from the website of the author, or from another reliable website. Having examined those documents with reasonable care, I have no reason to believe that insofar as they deal with questions of fact relevant to this application, they are not correct or substantially correct.

**STATUTE 9.60 – Affiliated Bodies**

**Enabling power**

- 9.60.1 Under section 29 of the Act, Council has power with the consent of the appropriate governing body to make statutes and regulations for the affiliation with the University of any educational, commercial, cultural, sporting or other institution, organisation or body, if the affiliation will assist in attaining any of the objects of the University.

**Affiliation of designated bodies with the University**

- 9.60.2 If in the opinion of Council it would assist in attaining any of the objects of the University, for any educational, commercial, cultural, sporting or other institution, organisation or body (not being an “affiliated college” as defined in the Act) to be affiliated with the University, the University may, subject to complying with this statute by regulation record that body as being affiliated with the University.

**Terms of affiliation**

- 9.60.3 The terms of each affiliation authorised under section 9.60.2 must be set out in an agreement between the University and the other party which must include those matters specified by regulation, and the affiliation ceases on the termination for any reason of that agreement.

**Transitional provision**

- 9.60.4 Notwithstanding section 9.60.2, any affiliation in place at the time this statute comes into existence may continue until the completion of its current term, subject to the conditions of any agreement then existing between the University and the other party.

[Enacted by Council 8/11/2010 – approved by the Minister 11/1/2011]

## **STATUTE 9.57 – CENTRE FOR EYE RESEARCH AUSTRALIA**

### **Recitals**

1. By section 18(3) of the **Melbourne University Act 1958** power is conferred on the University to make and alter statutes for the affiliation with the University of any commercial, cultural, educational, sporting or other institution or body if -
  - (a) the affiliation would assist in attaining any of the objects of the University; and
  - (b) the governing body of the institution, organisation or body has consented to the affiliation.
2. The Centre for Eye Research Australia (“CERA”) is a company limited by guarantee whose objects include:
  - (a) to conduct research into the causes, prevention or cure of visual impairment and blindness and to provide services for study, research and education in pursuit of this object; and
  - (b) to create and foster an awareness of the need for the promotion of eye health and the prevention and cure of visual impairment and blindness.
3. By the terms of an affiliation agreement dated 26 June 2007, the University and CERA have agreed to the affiliation of CERA to the University.
4. CERA has consented to the provisions of this statute.

### **Affiliation of CERA**

- (1) CERA is a research and educational establishment affiliated to the University for the purposes of –
  - (a) promoting and assisting the teaching and supervision of undergraduate and postgraduate students and students undertaking other courses of the University and providing facilities for these purposes;
  - (b) facilitating and encouraging the conduct of collaborative clinical research among students and the sharing of resources for these purposes;
  - (c) promoting a co-operative effort between members of staff of CERA and members of staff of the University towards teaching by the University and research in areas of common interest; and
  - (d) promoting and encouraging appropriate research between members of staff of CERA and members of staff of the University and providing facilities for these purposes.
- (2) Nothing in this statute requires either party to bear any part of the cost of the provision of facilities or resources for teaching, research or collaboration at the other party’s premises.
- (3) This affiliation ceases on the termination of the agreement referred to in Recital 3 or on revocation of this statute whichever is the later.

[Made by Council 14/7/08; Approved by the Minister 15/10/08]

## **STATUTE 9.56 – THE WALTER AND ELIZA HALL INSTITUTE OF MEDICAL RESEARCH**

### **Recitals**

1. By section 18(3) of the **Melbourne University Act 1958** power is conferred on the University to make and alter statutes for the affiliation to the University of any commercial, cultural, educational, sporting or other institution or body if -
  - (a) the affiliation would assist in attaining any of the objects of the University; and
  - (b) the governing body of the institution, organisation or body has consented to the affiliation.
2. Pursuant to the provisions of the **Corporations Act 2001** there is established in the State of Victoria a public company limited by guarantee by the name of The Walter and Eliza Hall Institute of Medical Research ('WEHI') the objects of which include the following:
  - (a) to seek to discover the nature, origin and causes of disease and bodily afflictions and to make the best use of knowledge so gained for the prevention or treatment of disease;
  - (b) to undertake, promote and subsidise such medical research programs in fields of global importance;
  - (c) to facilitate clinical translation of discoveries made by WEHI; and
  - (d) to seek financial support for WEHI.
3. The University established the research professorship in Medical Biology, to be held by the Director of WEHI, under the terms and conditions set out in Regulation 7.1.R2 and Regulation R7.20 of the University. In accordance with this legislation, Council of the University has discretion to appoint from time to time as the need arises, the Director of WEHI to be research professor in Medical Biology in the faculty of Medicine, Dentistry and Health Sciences. This professorial position was renewed for a term of 40 years in an agreement between the Trustees of The Walter and Eliza Hall Trust, The Walter and Eliza Hall Institute of Medical Research, Melbourne Health and The University of Melbourne, dated 30 September 2004.
4. By an agreement dated 18 February 2008, ('affiliation agreement') the University and WEHI have agreed to the affiliation of WEHI to the University.
5. WEHI has consented to the provisions of this statute.

### **Affiliation of WEHI**

- 9.56.1 (1) WEHI is an educational establishment affiliated to the University for the purposes of -
- (a) promoting and assisting the teaching and supervision of undergraduate and postgraduate students and students undertaking other courses of the University and providing facilities for these purposes;
  - (b) facilitating and encouraging the conduct of collaborative clinical research among students and the sharing of resources;
  - (c) promoting a co-operative effort between members of staff of WEHI and members of staff of the University towards teaching by the University and research in areas of common interest; and

- (d) promoting and encouraging appropriate research between members of staff of WEHI and members of staff of the University and providing facilities for this purpose.
- (2) Subject to the rights and obligations set out in the agreement dated 30 September 2004 between the Trustees of The Walter and Eliza Hall Trust, The Walter and Eliza Hall Institute of Medical Research, Melbourne Health and The University of Melbourne, nothing in this statute requires either party to bear any part of the cost of the provision of facilities or resources for teaching, research or collaboration at the other party's premises pursuant to the affiliation agreement.
- (3) This affiliation ceases on the termination of the affiliation agreement or on revocation of this statute, whichever is the later.

[Made by Council 14/7/08; Approved by the Minister 15/10/08]

## **STATUTE 9.40 - NATIONAL AGEING RESEARCH INSTITUTE INCORPORATED**

### **Recitals**

1. By section 18 of the **Melbourne University Act 1958** power is conferred on the University to make and alter statutes for the affiliation to or connection with the University of any college or educational establishment subject to certain conditions set out in that section.
2. The **National Ageing Research Institute Incorporated** ("the Institute") was incorporated on 21 June 1994 under the provisions of the **Associations Incorporation Act 1981** for the purposes of-
  - (a) conducting research into all aspects of the biology of ageing including, but not limited to, the cause, prevention and cure of disease and the relief of sickness and suffering associated with ageing;
  - (b) conducting and promoting research and inquiry into the provision and effectiveness of clinical care, health services and technologies provided to the aged;
  - (c) conducting and promoting research into the health status and health needs of the aged;
  - (d) developing the highest academic standards of study and practice in medicine as it relates to the aged;
  - (e) participating in the provision of clinical services for the aged as part of a regional geriatric service;
  - (f) providing and promoting education concerning ageing by the expansion, advancement and dissemination of knowledge concerning all aspects of ageing; and
  - (g) establishing a Research Fund to fund the research projects of the National Ageing Research Institute Incorporated.
3. By an Agreement dated 8 December 1994 the Institute and the University have agreed to the affiliation of the Institute to the University.
4. The Institute has consented to the provisions of this statute.

### **Affiliation of the Institute**

- 9.40.1 (1) The Institute is an educational establishment affiliated to the University for the purposes of-
- (a) promoting the teaching and supervision of undergraduate and postgraduate students of the University and providing facilities therefor;
  - (b) promoting and encouraging appropriate research amongst students and providing facilities therefor;
  - (c) promoting a co-operative effort between staff of the Institute and University staff towards teaching by the University and research in areas of common interest; and
  - (d) promoting and encouraging appropriate research between members of staff of the Institute and members of staff of the University and providing facilities therefor.

- (2) Nothing in this statute requires the University to bear any part of the cost of the provision of facilities for teaching or research work at any of the Institute's premises.
- (3) This affiliation ceases on the termination of the Agreement referred to in recital 3.

**STATUTE 9.32 – THE MACFARLANE BURNET INSTITUTE FOR MEDICAL RESEARCH AND PUBLIC HEALTH LTD**

**Recitals**

1. By section 18(3) of the *Melbourne University Act 1958* power is conferred on the University to make and alter statutes for the affiliation to or connection with the University of any commercial, cultural, educational, sporting or other institution or body if -
  - (a) the affiliation would assist in attaining any of the objects of the University; and
  - (b) the governing body of the institution, organisation or body has consented to the affiliation.
2. The Macfarlane Burnet Institute for Medical Research and Public Health Ltd (the ‘Institute’) is an Australian company limited by guarantee, the objects of which include, but are not limited to, the following:
  - (a) to further knowledge in the field of medicine, particularly human medicine, by
    - (i) conducting research to further knowledge of virus infections particularly virus infections of humans, including discovering improved methods of their diagnosis, treatment and control;
    - (ii) conducting research to further knowledge of the human immune system, particularly in viral and other infections and in cancers, including discovering improved methods for diagnosis, treatment and prevention of immune disorders, infections and cancers; and
    - (iii) conducting research to further knowledge of the functioning of the human body in health and in disease, including improved methods for the diagnosis, treatment and prevention of human diseases.
  - (b) to publish information on the results of such research;
  - (c) to provide opportunities for medical and scientific graduates seeking careers in medical research;
  - (d) to provide services and educational programs in the fields relevant to the work of the Institute; and
  - (e) to develop and promote on a commercial basis and bring to market industrial and intellectual property rights developed by or on behalf of the Institute.
3. By an agreement dated 18 January 2008, the University and the Institute have agreed to the affiliation of the Institute to the University.
4. The Institute has consented to the provisions of this statute.

**Affiliation of The Macfarlane Burnet Institute for Medical Research and Public Health Ltd**

- 9.32.1 (1) The Institute is a major research institute affiliated to the University for the purposes of –
- (a) promoting and assisting the teaching and supervision of undergraduate and postgraduate students and other students undertaking courses of the University and providing facilities for these purposes;
  - (b) facilitating and encouraging the conduct of collaborative clinical research among students and the sharing of resources for these purposes;

- (c) promoting a co-operative effort between members of staff of the Institute and members of staff of the University towards teaching by the University and research in areas of common interest; and
  - (d) promoting and encouraging appropriate research between members of staff of the Institute and members of staff of the University and providing facilities for these purposes.
- (2) Nothing in this statute requires the University to bear any part of the cost of the provision of facilities for teaching or research work at any of the Institute's premises.
- (3) This affiliation ceases on the termination or expiration of the agreement referred to in recital 3 or on revocation of this statute whichever is the later.

[remade 1/9/08 approved by Minister 10/11/08.]

## STATUTE 9.19 - ST. VINCENT'S INSTITUTE OF MEDICAL RESEARCH

### Recitals

1. By section 18 of the **Melbourne University Act 1958** power is conferred on the University to make and alter statutes for the affiliation to or connection with the University of any college or educational establishment subject to certain conditions set out in that section.
2. St. Vincent's School of Medical Research ("the School") was incorporated on 28 August 1967 in accordance with the provisions of the **Companies Act 1961** as a company limited by guarantee.
3. The School changed its name to St. Vincent's Institute of Medical Research ("the Institute") on 19 July 1984 in accordance with the provisions of the **Companies (Victoria) Code**.
4. The Institute has, among others, the following objects-

To undertake medical research of any kind at St. Vincent's Hospital and to encourage and advance investigation into the causes, prevention, diagnosis and treatment of all types of illness and disease, in all branches of science relevant thereto, and for such purposes to provide at St. Vincent's Hospital Melbourne or elsewhere (subject to compliance with the provisions of the John Holt will) facilities for-

  - (i) training persons in such research and investigation;
  - (ii) teaching for medical students engaged in or likely to engage in such research and investigation; and
  - (iii) postgraduate instruction for medical practitioners in the results and purpose of such research and investigation.
5. By an agreement dated 20 May 1987, the Institute and the University have agreed to the affiliation of the Institute to the University.
6. The Institute has consented to the provisions of this statute.

### Affiliation of the Institute

- 9.19.1 (1) The Institute is an educational establishment affiliated to the University for the purposes of-
- (a) the recognition by the University of the Institute as an appropriate institution for students to pursue higher degrees in conjunction with academic departments of the faculty of Medicine;
  - (b) promoting and encouraging appropriate training and research amongst higher degree students and providing facilities therefor; and
  - (c) promoting a co-operative effort between the staff of the Institute and University staff and higher degree students towards teaching and research in areas of common interest.
- (2) Nothing in this statute requires the University to bear any part of the cost of the provision of facilities for teaching or research work in the Institute.
- (3) This affiliation ceases on the termination for any reason of the agreement referred to in recital 5.

## **STATUTE 9.17 - MURDOCH CHILDRENS RESEARCH INSTITUTE**

### **Recitals**

1. By section 18 of the **Melbourne University Act 1958** power is conferred on the University to make and alter statutes for the affiliation to or connection with the University of any college or educational establishment subject to certain conditions set out in that section.
2. The Murdoch Institute for Research into Birth Defects Limited ('the Institute') a company limited by guarantee, was incorporated under the provisions of the Companies (Victoria) Code on 20 May 1986 and its objects are-
  - (a) to undertake and promote research into the incidence and causes of birth defects and bodily afflictions and diseases of all kinds and in particular of infants and to seek to discover methods of preventing reducing or curing the same;
  - (b) to undertake and promote medical and scientific research of all kinds and education in the methods and techniques of such research and the use and application of the results thereof;
  - (c) to provide premises laboratories equipment and apparatus for the purpose of undertaking such research;
  - (d) to promulgate and make use of the results of such research;
  - (e) to permit other persons to use any information or discovery resulting from such research; and
  - (f) subject to the Companies (Victoria) Code to do all such other things and exercise all such powers and privileges as a natural person may do or exercise.
3. By an agreement dated 15 July 1986, the Institute and the University agreed to the affiliation of the Institute to the University.
4. The Institute has consented to the provisions of the statute.
5. The Institute changed its name to 'The Murdoch Institute Limited' on 16 June 1998 and to 'The Murdoch Institute' on 26 June 1998 and to 'Murdoch Childrens Research Institute' on 15 June 2000 in compliance with requirements of the Australian Securities and Investments Commission and with due alterations to its Constitution.

### **Affiliation of the Institute**

- 9.17.1 (1) The Institute is an educational establishment affiliated to the University for the purposes of-
- (a) promoting the teaching and supervision of undergraduate and postgraduate students of the University and providing facilities therefor;
  - (b) promoting and encouraging appropriate research amongst such students and providing facilities therefor;
  - (c) providing a co-operative effort between the staff of the Institute and the staff of the University towards teaching and research in areas of common interest; and
  - (d) promoting and encouraging appropriate research between members of staff of the Institute and members of staff of the University and providing facilities therefor.
- (2) The University may, from time to time as the need arises, appoint the director of the Institute to be the David Danks professor of Child Health Research.
  - (3) Nothing in this statute requires the University to bear any part of the cost of the provision of facilities for teaching or research work in the Institute.
  - (4) This affiliation ceases on the termination of the agreement referred to in recital 3 and on revocation of this statute whichever is the later.

[Title am., Recital 5 en. 2/9/02, ss 9.17.1(2) and (4) subst. 5/9/05, approved by the Minister 30/12/05.]

**STATUTE 9.14 - THE HOWARD FLOREY INSTITUTE OF EXPERIMENTAL  
PHYSIOLOGY AND MEDICINE**

**Recitals-**

1. By section 18(3) of the **Melbourne University Act 1958** power is conferred on the University to make and alter statutes for the affiliation to or connection with the University of any commercial, cultural, educational, sporting or other institution or body if –
  - (a) the affiliated institution would assist in attaining any of the objects of the University; and
  - (b) the governing body of the institution, organisation or body has consented to the affiliation.
2. The Howard Florey Laboratories of Experimental Physiology were commissioned in 1963 for the purpose of the study within the University of integrative physiology by long term experiments.
3. The Howard Florey Institute of Experimental Physiology and Medicine ("the Institute") was incorporated by the **Howard Florey Institute of Experimental Physiology and Medicine Act 1971** ("the Institute Act") for the objects of that Act.
4. Under section 4(1)(c) of the Institute Act the Institute maintains a cooperation agreement and an agreement with the University to provide for occupancy and use of the Howard Florey Laboratories of Experimental Physiology by the Institute for its purposes.
5. Under section 4(2) of the Institute Act the Institute must carry out specified functions subject to and in accordance with the statutes and regulations of the University and in accordance with any agreement with the University.
6. The Institute has agreed to permit the appointment of officers of the Institute by the University and has requested the University to affiliate the Institute to the University on the terms specified in this statute.
7. The Institute has consented to the provisions of this statute.

**Affiliation of the Institute**

- 9.14.1 (1) The Institute is an educational establishment affiliated to the University in which research experience may be gained by candidates for the degrees of-
- (a) bachelor of Science with Honours;
  - (b) master of Science;
  - (c) doctor of Philosophy;
  - (d) bachelor of Medical Science; and
  - (e) such other degrees as may from time to time be agreed upon by the University and the Institute.
- (2) The University may from time to time as the need arises appoint the director of the Institute to be the research professor of Experimental Physiology and Medicine.
- (3) Nothing in this statute requires the University to bear any part of the cost of the provision of facilities or research work at any of the Institute's premises.
- (4) This affiliation ceases on the termination of the cooperation agreement referred to in recital 4 and on revocation of this statute whichever is the later.

[Ss. 1 and 9.14.1(3) and (4) subst., ss. 4 and 5 am., s. 7 en. 5/9/05, approved by the Minister 30/12/05.]



## Statute 10.1 - Affiliation

*Made by the Monash University Council*

*Version incorporating amendments as at 17 February 2012*

### PART I - GENERAL

- 1.1 Institutions may be affiliated to the university in accordance with and subject to the provisions of the parts of this statute which apply to such institutions and to the provisions of this part which shall apply to the affiliation of all institutions.
- 1.2 In this statute 'institution' means any educational, cultural, sporting or other institution, organisation or body
2. The rules of admission to any institution affiliated to the university shall not provide for any religious, racial or political test save that a residential institution sponsored by a religious or similar organisation may, when selecting entrants, give some preference to members of that organisation.
- 3.1 There shall be a standing committee of the Academic Board which shall consider all applications received for affiliation the continuance of any affiliation and all other matters related to affiliation and shall make recommendations thereon to the Academic Board.
- 3.2 A recommendation of the standing committee in relation to an application for affiliation must state which, if any, objects of the university the affiliation would assist in attaining.
4. Every application for affiliation shall contain such information in such form as the Academic Board may require. The governing body of any institution to be affiliated shall undertake that during its continued affiliation it shall supply such information and permit such inspection of its premises on behalf of the Academic Board as the Academic Board may from time to time require.
5. It shall be a condition of the affiliation or of the continued affiliation of any institution that its constitution shall be such as is approved by the Academic Board.
- 6.1 The Council, on the recommendation of the Academic Board, may -
  - 6.1.1 subject to subsection 6.2, grant an application for affiliation subject to any terms and conditions, not inconsistent with the provisions of this statute, the Council determines;
  - 6.1.2 refuse an application for affiliation; or
  - 6.1.3 terminate an existing affiliation subject to the conditions contained in the agreement for affiliation.

- 6.2 Before granting an application for affiliation the Council must be satisfied that the affiliation will assist in attaining one or more of the objects of the university.
7. The affiliation to the university of an institution shall be effected by an agreement for affiliation completed between the university and the institution or its governing body. Each such agreement shall provide that adequate notice of termination must be given by either party.

## **PART II - AFFILIATION OF RESIDENTIAL INSTITUTIONS**

8. The provisions of this part apply to the affiliation to the university of residential institutions which provide residence for members of the university.
- 9 Subject to section 10 it shall be a condition of the affiliation and continued affiliation of a residential institution that it:
- 9.1 shall not permit any person to become or continue to be a resident member unless that person is -
    - 9.1.1 enrolled for a course of study leading to a degree or a diploma of the university, or
    - 9.1.2 a member of the staff of the university, or
    - 9.1.3 engaged in research at the university, or
    - 9.1.4 a member of the staff of the institution;
  - 9.2 shall allow the institution to be used for residence only by -
    - 9.2.1 resident members,
    - 9.2.2 permanent or temporary members of the staff of the institution,
    - 9.2.3 distinguished visitors invited to reside temporarily at the institution, and
    - 9.2.4 members of the family of any such resident members, members of the staff and distinguished visitors;
  - 9.3 shall not permit any person to become or continue to be a non-resident member unless that person is -
    - 9.3.1 one of the persons referred to in paragraphs 9.1.1 to 9.1.4 of this section, or
    - 9.3.2 a graduate of the university, or
    - 9.3.3 a member of the governing body of the institution;
  - 9.4 has a substantial proportion of the members residing at the institution;

- 9.5 shall be wholly affiliated to the university and shall not reserve or exclude from affiliation any part or activity of the institution;
  - 9.6 shall not require any member, other than a member of its staff, to participate in any religious observance;
  - 9.7 shall inform the Academic Board of the rules or regulations for the maintenance of discipline within the institution which are from time to time in force;
  - 9.8 may establish and maintain a tutorial system for the benefit of resident and non-resident members who are students to complement the teaching of the university provided that the dean of the faculty or chairman of the department concerned, as the case may be, is consulted concerning the appointment of any member of the tutorial staff prior to the making of such an appointment;
  - 9.9 shall obtain the approval of the Academic Board to the facilities for and standards of accommodation, the facilities for study and the arrangements made for the maintenance of safety and health within the institution;
  - 9.10 shall keep the Academic Board informed of and obtain the approval of the Academic Board to any plans which the institution may prepare or propose for development from time to time to ensure that such plans are not inconsistent with the plans for the development of the university;
  - 9.11 shall, by its constitution, provide that one member of its governing body shall be a person representing the university and appointed from time to time by the Academic Board;
  - 9.12 shall not award any academic qualification of any kind whether by way of degree, diploma, licence, certificate or otherwise;
  - 9.13 shall not use the name of the university except as authorised by the Academic Board.
- 10.1 The Academic Board may at any time and from time to time if it thinks fit exempt a residential institution affiliated to the university from any of the provisions of section 9 to the extent, for the period or periods and subject to the conditions specified.
  - 10.2 Notwithstanding the provisions of this part a residential institution affiliated to the university may, during periods on which the university is on vacation, permit the premises of the institution to be used for purposes which are otherwise not authorised or permitted by this statute.

### **PART III - AFFILIATION OF HOSPITALS**

- 11. This part applies to the affiliation of hospitals to the university.
- 12. It shall be a condition of the affiliation or of the continued affiliation of a hospital that it shall, to the satisfaction of the Academic Board, provide suitable accommodation or facilities or both for the clinical instruction or clinical examination or both of

undergraduate students of the university or suitable facilities for undergraduate or graduate students or members of the staff of the university to carry out research.

13. Any affiliation agreement entered into by the university with a hospital which is to be or has been affiliated to the university may provide for –
- 13.1 accommodation of members of the staff of the university or of a university department within the hospital;
  - 13.2 the offering of hospital appointments to members of the staff of the university;
  - 13.3 arrangements for conjoint recommendations in regard to certain hospital appointments;
  - 13.4 the maintenance of student discipline within the hospital;
  - 13.5 the payment of fees by students attending the hospital;
  - 13.6 the minimum period of notification on either side to be given of intention to terminate the agreement.

#### **PART IV - AFFILIATION OF RESEARCH AND OTHER EDUCATIONAL INSTITUTIONS**

14. This part applies to the affiliation to the university of research or other educational institutions, not being residential institutions or hospitals.
15. It shall be a condition of the affiliation and of the continuation of the affiliation of any research or other educational institution that it shall, to the satisfaction of the Academic Board, provide suitable accommodation or facilities or both for the teaching of or the carrying out of research by persons who are students or former students or members of the staff of the university.

#### **PART V - REGULATIONS**

- 16.1 The Council may make regulations for or with respect to any matter or thing necessary, expedient or permitted to be prescribed for the purposes of this statute.
- 16.2 Without limiting subsection 16.1, the regulations may prescribe –
- 16.2.1 the constitution and appointment of the standing committee on affiliation;
  - 16.2.2 the procedure of the standing committee on affiliation;
  - 16.2.3 the form of application for affiliation to the university.

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**End Notes**

1. Table of amendments from 1 November 2011 (as incorporated into this version):

Amendment	Sections Amended	Commencement Date (Promulgation)
Statute 1.4 – University Regulations (No. 7 of 2011)	Section 16	17 February 2012

## **Attachment 4: Research Institute Agreements with NTEU and other**

Baker IDI Heart and Diabetes Institute Enterprise Agreement 2011  
<http://www.fwc.gov.au/documents/agreements/fwa/AE886378.pdf>

The Lowitja Institute Collective Agreement 2011-2014  
<http://www.fwc.gov.au/documents/agreements/fwa/AE888391.pdf>

The Ludwig Institute for Cancer Research Workplace Agreement 2011  
<http://www.fwc.gov.au/documents/agreements/fwa/AE883528.pdf>

Menzies School of Health Research, Its Staff and the National Tertiary Industry Education Union 2012  
Enterprise Agreement  
<http://www.fwc.gov.au/documents/agreements/fwa/AE898500.pdf>

Howard Florey Institute Union Enterprise Agreement 2011-2012  
<http://www.fwc.gov.au/documents/agreements/fwa/AE887278.pdf>

Turning Point Alcohol and Drug Centre Inc Certified Agreement 2005  
<http://www.fwc.gov.au/awards/tracee/agreements/pdf/AG846834.pdf>

<http://www.fwc.gov.au/awards/tracee/agreements/pdf/AG842228.pdf>

<http://www.fwc.gov.au/documents/agreements/fwa/AE895360.pdf>

<http://www.fwc.gov.au/documents/agreements/fwa/AE899865.pdf>

## Attachment 5: Research Institutes – link to Awards pre 2010 modern awards

- *Universities and Affiliated Institutions Academic Research Salaries (Victoria and Western Australia) Award 1989 – Transitional Award*

[http://www.fwc.gov.au/consolidated\\_awards/AP/AP801440/asframe.html](http://www.fwc.gov.au/consolidated_awards/AP/AP801440/asframe.html)

- *Higher Education Workers Victoria Award 2005*

[http://www.fwc.gov.au/consolidated\\_awards/AP/AP844616/asframe.html](http://www.fwc.gov.au/consolidated_awards/AP/AP844616/asframe.html)

- *Heart Research Centre (Research Employees) (Interim) Award 2005 – Transitional Award*

[http://www.fwc.gov.au/consolidated\\_awards/AT/AT846290/asframe.html](http://www.fwc.gov.au/consolidated_awards/AT/AT846290/asframe.html)

- *Mental Health Research Institute of Victoria Employees (Interim) Award 2004 – Transitional Award*

[http://www.fwc.gov.au/consolidated\\_awards/AT/AT839123/asframe.html](http://www.fwc.gov.au/consolidated_awards/AT/AT839123/asframe.html)

- *Walter and Eliza Hall Institute of Medical Research General Staff Conditions of Employment Award 1999 – Transitional Award*

[http://www.fwc.gov.au/consolidated\\_awards/AT/AT803037/asframe.html](http://www.fwc.gov.au/consolidated_awards/AT/AT803037/asframe.html)

## Attachment 7

### RESEARCH AUSTRALIA:

#### All Members and Supporters

- [Alzheimers Australia Dementia Research Foundation](#)
- [ANZAC Research Institute](#)
- [Arthritis Foundation of Australia](#)
- [ATP Innovations](#)
- [Audiology Australia](#)
- [AusBiotech Ltd](#)
- [Australian Centre For Arts and Health Ltd](#)
- [Australian National University](#)
  - [Australian Centre for Economic Research](#)
  - [Australian Primary Health Care Research](#)
  - [John Curtin School of Medical Research](#)
  - [National Centre for Epidemiology and Population Health](#)
- [Australasian Research Management Society \(ARMS\)](#)
- [The Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists \(ASCEPT\)](#)
- [Australian Cancer Research Foundation](#)
- [Australian Catholic University](#)
- [Australian Dental Research Foundation](#)
- [Australian Red Cross Blood Service](#)
- [Australian Rotary Health](#)
- [Australian Society for Medical Research](#)
- [Baker IDI Heart and Diabetes Institute](#)
  - [Nucleus Network](#)
- [Beyondblue Ltd](#)
- [Bio21 Cluster](#)
- [Biogen Idec Australia Pty Ltd](#)
- [BioMelbourne Network](#)
- [Bionics Institute](#)
- [Bioplatforms Australia](#)
- [Blackmores](#)
- [Bowel Cancer Australia](#)
- [Brain & Mind Research Institute–Sydney University](#)
- [Brooker Consulting](#)
- [BUPA Health Foundation](#)
- [Burnet Institute](#)
- [Burns Trauma & Critical Care Research Centre](#)
- [Cancer Australia](#)
- [Cancer Council Queensland](#)
- [Cancer Institute NSW](#)
- [Centenary Institute](#)
- [Centre for Eye Research](#)
- [Cerebral Palsy Alliance](#)
- [Charles Sturt University](#)
  - [CSU Faculty of Science](#)
  - [CSU Centre for Inland Health](#)
- [Children's Cancer Institute Australia](#)
- [Children's Medical Research Institute](#)
- [Children, Youth & Women's Health Service](#)
- [Clifford Craig Medical Research Trust](#)

- [Cochlear Foundation](#)
- [Cook Medical Australia](#)
- [CSL Limited](#)
- [CSIRO](#)
- [Cure Cancer Australia Foundation](#)
- [Cure4cf](#)
- [Curtin University of Technology](#)
- [Cystic Fibrosis Australia](#)
- [Deakin University](#)
- [Diabetes Australia Research Trust](#)
- [DLA Phillips Fox](#)
- [DrinkWise Australia](#)
- [Ear Science Institute Australia](#)
- [Edith Cowan University](#)
- [Flinders University](#)
- [Florey Neurosciences Institute](#)
  - [Brain Research Institute](#)
  - [National Ageing Research Institute](#)
  - [National Stroke Research Institute](#)
  - [Howard Florey Institute](#)
- [Garvan Institute of Medical Research](#)
- [George Institute for Global Health](#)
- [Global Philanthropic](#)
- [Griffith University](#)
- [Hanson Institute](#)
- [Heart Foundation](#)
- [Heart Research Institute](#)
- [Hunter Medical Research Institute](#)
- [IBM](#)
- [Illawarra Health & Medical Research Institute](#)
- [Ingham Institute](#)
- [Institute for Breathing and Sleep](#)
- [James Cook University](#)
- [Juvenile Diabetes Research Foundation](#)
- [Kids Research Institute at The Children's Hospital at Westmead](#)
- [Kolling Institute of Medical Research](#)
- [KPMG](#)
- [Leukaemia Foundation of Australia](#)
- [Life Sciences Queensland Limited](#)
- [The Lowitja Institute](#)
- [Ludwig Institute for Cancer Research](#)
- [Lung Institute of Western Australia Inc.](#)
- [Macquarie Group Foundation](#)
- [Macquarie University](#)
- [Macular Degeneration Foundation](#)
- [Mater Medical Research Institute](#)
- [Medical Technology Association of Australia Ltd.](#)
- [Medicines Australia](#)
- [Medicines for Malaria Venture](#)
- [Melanoma Institute Australia](#)
- [Menzies Foundation](#)
- [Menzies Research Institute](#)
- [Menzies School of Health Research](#)
- [Monash University](#)
- [Motor Neurone Disease Australia](#)
- [MS Research Australia](#)

- [Murdoch Children's Research Institute](#)
- [National Ageing Research Institute \(NARI\)](#)
- [National Breast Cancer Foundation](#)
- [National Institute of Complementary Medicine](#)
- [National Stroke Foundation](#)
- [Neuroscience Research Australia](#)
- [Novartis](#)
- [O'Brien Institute](#)
- [Ogilvy PR Health](#)
- [Oracle](#)
- [Orygen Research Centre](#)
- [Osteoporosis Australia](#)
- [Pacific Strategy Partners](#)
- [Parks Forum](#)
- [Peter MacCallum Cancer Centre](#)
- [Prostate Cancer Foundation Australia](#)
- [Queensland Centre for Mental Health Research](#)
- [Queensland Government Office of Health and Medical Research](#)
- [Queensland Institute of Medical Research](#)
- [Queensland University of Technology - Institute of Health and Biomedical Innovation](#)
- [RACP Foundation](#)
- [Research Canada](#)
- [Research!America](#)
- [ResMed Foundation Limited](#)
- [RMIT University](#)
- [Roche Products Pty Ltd](#)
- [SA Pathology](#)
- [Sax Institute](#)
- [Schizophrenia Research Institute](#)
- [SMILE Foundation](#)
- [South Australian Health & Medical Research Institute \(SAHMRI\)](#)
- [St Vincent's Health with affiliates](#)
  - [Mater Hospital](#)
  - [St. Vincent's Hospital Melbourne](#)
  - [St. Vincent's Hospital Sydney](#)
- [St Vincent's Institute of Medical Research](#)
- [Sydney Business Chamber](#)
- [The HEARing CRC & HearWorks Pty Ltd](#)
- [The Skin & Cancer Foundation, Victoria](#)
- [Unicorn Foundation](#)
- [University of Adelaide](#)
- [University of Canberra](#)
- [University of Melbourne](#)
- [University of Newcastle](#)
- [University of New South Wales](#)
- [University of Queensland](#)
  - [Australian Institute for Bioengineering and Nanotechnology](#)
  - [Institute for Molecular Bioscience](#)
  - [Queensland Brain Institute](#)
  - [UQ Diamantina Institute for Cancer, Immunology and Metabolic Medicine](#)
  - [Faculty of Health Sciences](#)
  - [Faculty of Biological and Chemical Sciences](#)
  - [School of Pharmacology](#)

- University of South Australia
- University of Sydney
  - Bosch Institute
  - Menzies Centre for Health Policy
  - The Medical Foundation
  - NHMRC Clinical Trials Centre
  - Sydney Cancer Centre/Sydney Cancer Institute
  - Sydney Bioinformatics
  - School of Molecular and Microbial Biosciences
  - School of Psychology
  - School of Biological Sciences
  - Save Sight Institute
- University of Tasmania
- University of Technology Sydney
- University of Wollongong
- Victor Chang Cardiac Research Institute
- Virginia Rigoni Consulting Pty Ltd
- Walter & Eliza Hall Institute of Medical Research
- Western Australian Institute for Medical Research
- Westmead Millennium Institute
- Women's and Children's Health Research Institute
- Woolcock Institute



## Consolidated Trust Deed

*Working copy of Trust Deed consolidated as at  
23 November 2012 (including amendments up to  
and including Deed of Amendment No. 37 which  
amend the Trust Deed with effect from 23  
November 2012)*

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By a Deed of Trust dated 24 December 1982 (which deed as amended is referred to as the Trust Deed), the University of Tasmania as the Initial Participating Institution established a superannuation scheme now known as UniSuper (the **Scheme**)

Recitals	
A	The Initial Participating Institution determined to establish a superannuation scheme originally called "the Superannuation Scheme for Australian Universities" and which is now known as "UniSuper" ( <b>UniSuper</b> ).
B	UniSuper was established for the purpose of providing individual personal benefits, pensions, retiring allowances and death and disability benefits for the Initial Participating Institution's present and future employees and their dependants. Other eligible institutions and their employees are now also permitted to participate in UniSuper and to become members.
C	The Initial Participating Institution caused the company formerly known as SSAU Nominees Pty Limited (now known as UniSuper Limited) to be formed to act as the first trustee of UniSuper and that company agreed to as the first trustee of UniSuper.

**Now this Deed witnesses** for the purpose of carrying such determination into effect the Initial Participating Institution **hereby establishes** the Scheme and **hereby declares and covenants** with the Trustee that it will execute and deliver to the Trustee a Deed in or to the effect of the form set out in the First Schedule hereto and the Trustee **hereby declares and covenants** that it will hold all moneys paid to it in accordance with the Scheme upon trust to apply the same in the manner following, that is to say:

## 1. Definitions and Interpretation

### 1.1 Definitions

The following definitions apply unless the context requires otherwise.

**ACF** or **Average Contribution Factor** means in relation to a Member who has elected to reduce their Member Contribution rate under Clause 32.9 the time weighted average of the Member's Contribution Factors.

**Accrued Benefit Index** means the actuarial value of accrued benefits ratio calculated by the Actuary for Division A and Division B in accordance with the Professional Standard.

**Actuarial Investigation and Valuation** means an annual investigation and valuation of UniSuper by the Actuary, or any other investigation and valuation of UniSuper by the

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Actuary as determined to be relevant for the purposes of Clause 34 by resolution of the Trustee.

**Actuary** means the actuary or acting actuary for UniSuper for the time being appointed pursuant to Clause 23.2.

**Administration Amount** means, in relation to an Employer, an amount determined by the Trustee having regard to:

- (a) the number of Members employed by the Employer; and
- (b) the administration services provided to UniSuper by the Employer.

**Appropriated Sum** has the meaning given in Clause 28.2.

**Approved Fund** means:

- (a) a superannuation fund;
- (b) a pension scheme;
- (c) an approved deposit fund;
- (d) a deferred annuity fund; or
- (e) another similar fund or scheme,

which has been approved by the Trustee for the purposes of UniSuper.

**ASF or Average Service Fraction** means the time weighted average of a Member's Service Fractions during their Contributing Service.

**Auditor** means the auditor of UniSuper appointed pursuant to Clause 7 for the time being.

**Benefit Amount** in relation to a Member means an amount equal to the lump sum benefit which would have been payable to the Member had the Member ceased to be in the Service of the Employer at the date of calculation. For the purposes of Clause 38.1, Benefit Amount does not include any defined benefit component with the meaning of Superannuation Law.

**Benefit Salary** means a Member's average annual Equivalent Full-Time Indexed Salary:

- (a) for the last 3 years of Service as a Contributing Member before the date of calculation; or
- (b) during the period of Service as a Contributing Member if that period is less than 3 years.

**Benefit Service** means the period of a Member's Contributing Service plus:

- (a) in the case of a Contributing Member who dies, the period from the date of their death to the Member's 60th birthday; and
- (b) in the case of a Contributing Member who suffers Disablement, the period from the date of their Disablement to the Member's 65th birthday, expressed in years and days.

**Binding Nomination** means a nomination which:

- (a) has been given to the Trustee by a Member;

- (b) is in a form acceptable to the Trustee;
- (c) requires the Trustee to pay the Member's benefits to persons nominated in the nomination if the Member dies (the nominees must be Dependants or legal personal representatives of the Member); and
- (d) complies with Superannuation Law and any conditions specified by the Trustee from time to time.

**Category I Member** means a person who first became a Member prior to 1 January 1990.

**Category II Member** means a person who first became a Member after 31 December 1989.

**Child** in relation to a Member includes a child, an adopted child, a foster child, a ward or child within the meaning of the Family Law Act 1975 of the Member or of the Spouse of the Member.

**Consultative Committee** means the committee constituted in accordance with Clause 9.

**Contributing Member** means a Member who is for the time being contributing to UniSuper under Clause 32 in respect of benefits under Divisions A, B or C or is relieved of that obligation under Clause 32.7 or Clause 32.9.

**Contributing Service** means the period of a Member's Service as a Contributing Member, plus any period to be counted as Contributing Service pursuant to the Deed, expressed in years and days.

**Contribution Factor** means at any particular time in relation to a Member who has selected a reduced Member contribution rate under Clause 32.9 at that time a factor determined in accordance with the following table:

- (a) where the Employer contribution rate to UniSuper in respect of the Member is 17%:

Member Contribution Rate (after tax)	Contribution Factor
0%	74.5%
1%	80.2%
2%	86.0%
3%	91.7%
4%	97.4%
4.45%	100.0%

- (b) where the Employer contribution rate to UniSuper in respect of the Member is 14%:

Member Contribution Rate (after tax)	Contribution Factor
2.55%	74.5%
3.55%	80.2%
4.55%	86.0%
5.55%	91.7%
6.55%	97.4%
7.00%	100%

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**CPI Index** means the all groups figure of the consumer price index for the weighted average of the eight capital cities published by the Australian Statistician unless:

- (a) such index ceases to be published; or
- (b) in the opinion of the Trustee, such index no longer appropriately reflects general price increases,

in which case **CPI Index** will mean such other index reflecting general price increases selected by the Trustee. The operative CPI Index at any date will be that last adopted by the Trustee. The Trustee will adopt the CPI Index at the expiration of two months after the end of the quarter to which it relates.

**Deed** means the Deed establishing UniSuper as amended from time to time and includes any Division.

**Deferred Benefit Amount** in relation to a Member on the date of calculation means the amount that would have been payable had the Member entitled to deferred benefits under Clause 35.2 ceased to be in the Service of the Employer on the date of calculation after

- (a) taking into account the matters referred to in Clause 35.2(b) in respect of the period during which the Member was not a Contributing Member; and
- (b) adjusting the Member's Benefit Salary for the purposes of calculation having regard to any increase in the CPI Index as specified in the Regulations.

**Dependent Child** means a Child who, in the opinion of the Trustee, is substantially dependent upon a deceased Member at the date of the Member's death and who is:

- (a) under school age;
- (b) genuinely pursuing a regular course of school, college or university education on a full time day attendance basis, such course being approved for this purpose by the Trustee; or
- (c) a Disabled Child.

**Dependants** means:

- (a) the Spouse or surviving Spouse and each child;
- (b) any person in an interdependent relationship (as defined under Superannuation Law) with the Member at the date of the Member's death; and
- (c) any other persons (irrespective of age) who in the opinion of the Trustee are or were in any way financially dependent upon the Member at the date of the Member's death.

**Directors** means the directors for the time being of the Trustee acting as a Board.

**Disabled Child** means a Child of a Member who, in the opinion of the Trustee, is substantially dependent on the Member and is handicapped or disabled either mentally or physically to such an extent that they are unable to adequately maintain themselves and who was so dependent and handicapped or disabled at the time the Member became entitled to a Disablement benefit or at the date of the Member's death as the case may require.

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**Disablement** means, in relation to Divisions A, B and C, a state of health which in the opinion of the Trustee renders a Member permanently incapable of performing duties or engaging in employment for which they are reasonably qualified by training and experience where:

- (a) the Member has been absent from employment through injury or illness for three months within a period of twelve consecutive months immediately prior to ceasing to be in the Service; and
- (b) the Trustee is satisfied that the state of health is not due to or induced by any wilful action on the part of the Member to obtain a benefit.

**Eligible Institution** means a body corporate or unincorporate which is:

- (a) a university or a university college;
- (b) a body which in the opinion of the Trustee is in any way associated with a body referred to in paragraph (a);
- (c) a body otherwise engaged in higher education (or any related or incidental purpose which is approved by the Trustee for participation in UniSuper); or
- (d) the Trustee or any related body corporate of the Trustee as an employer.

**Employee** means a person who, for the time being, is

- (a) regularly employed by an Eligible Institution; and
- (b) eligible to become a Member pursuant to Clause 29.

**Employer** means:

- (a) an Eligible Institution which has entered into a deed with the Trustee pursuant to Clause 27; and
- (b) in relation to a particular Employee, the Employer employing them for the time being.

**Equivalent Full-Time Indexed Salary** for any year means a Member's Equivalent Full-Time Salary for that year increased in proportion to any increase in the CPI Index from the last day of that year up to the date of calculation.

**Equivalent Full-Time Salary** means:

- (a) in relation to a Member who is not a Fractional Time Member, the Member's Salary; and
- (b) in relation to a Fractional Time Member, the Salary which the Member would have been receiving if they were not a Fractional Time Member,

excluding a Temporary Allowance which is included in the Member's Salary.

**Fractional Time Member** means a Member who for the time being is employed on a fractional time basis.

**Fractional Time Service** means a period of Contributing Service while in regular employment by an Employer which is deemed by that Employer to be fractional time employment.

## Human Resources

# Conferral of academic titles on Principal Investigators and Directors of Research Centres

The University has a policy on the conferral of academic titles on research fellows from the Australia Research Council (ARC) and the National Health and Medical Research Council (NHMRC).

The policy is set out in [ARC and NHMRC Fellows](#).

The policy below applies in certain circumstances in which a proposed principal investigator of a grant, or director of a centre, is not a full-time academic staff member at UWA, or an ARC or NHMRC research fellow, and is seeking a salary for the term of the grant.

## Principal Investigator of a research grant

### Titles

The title of lecturer, senior lecturer, associate professor or professor can be conferred on a principal investigator in circumstances where:

- the principal investigator is not, at the time of the appointment, a full-time academic staff member at UWA, and
- the principal investigator has been responsible for developing a research proposal for submission to a recognised national competitive grant scheme, and
- the principal investigator's proposed level of appointment and salary are explicitly stated in the proposal, and
- the proposed level of appointment is compatible and comparable with other academic and research-only appointments with similar responsibilities, and
- the grant proposal is successful and is funded at a level which enables the principal investigator to be appointed at the appropriate level

### Conferment of titles below Professor

Titles below Professor are conferred by the Vice-Chancellor on the recommendation of the head of school, the dean, and the Chair of the Promotions and Tenure Committee. The recommendation should be forwarded when the research proposal is submitted for approval by the University prior to being sent to the funding agency.

### Duration

The academic title would be awarded for the duration of the grant.

### Conferment of the title Professor

The title of Professor is conferred by Senate on the recommendation of the Vice-Chancellor, the Chair of Academic Board, the dean and the head of school. The recommendation of the head of school and dean should be forwarded when the research proposal is submitted for approval by the University prior to being sent to the funding agency.

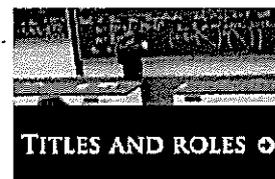
### Promotion

Staff with academic titles conferred under this policy are eligible for promotion under the University's promotion criteria for research-only staff.

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## Director of Research Centre

### FURTHER INFORMATION



### **Circumstances**

The title of associate professor or professor can be conferred on a director of a centre in circumstances where:

- the director is not, at the time of appointment, a full-time academic staff member at UWA, and
- the director has been responsible for developing a proposal for a centre for submission to a recognised national competitive research grant scheme for the establishment of centres, or to any other major peer-reviewed scheme for the establishment of centres approved by the Vice-Chancellor, and
- the director's proposed level of appointment and salary are explicitly stated in the proposal, and
- the proposed level of appointment is compatible and comparable with other academic and research-only appointments with similar responsibilities, and
- the proposal for the establishment of a centre is successful and is funded at a level which enables the director to be appointed at the appropriate level from grant funds, or a combination of grant and other funds

### **Conferment of the title Associate Professor**

The title of Associate Professor is conferred by the Vice-Chancellor on the recommendation of the head of school, the dean, and the Chair of the Promotions and Tenure Committee. The recommendation should be forwarded when the proposal for the establishment of the centre is submitted for approval by the University prior to being sent to the funding agency.

### **Promotion**

Staff with academic titles conferred under this policy are eligible for promotion under the University's promotion criteria for research-only staff.

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*Fair Work Act 2009*

s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards—Award stage**  
(AM2014/229 and AM2014/230)

**Consolidated NTEU Materials Regarding Research Institutes**

Witness Statement of Ken McAlpine

lodged 17 April 2013

and those Appendices upon which the NTEU  
continues to rely, being  
Appendices 4 and 5



FAIR WORK COMMISSION

*Fair Work (Transitional Provisions and Consequential Amendments) Act 2009*  
*Schedule 5, Item 6 – Review of all modern awards*

**National Tertiary Education Industry Union**

(AM2012/187, AM2012/190)

**Supplementary Witness Statement of Ken McAlpine**

1. I am Ken McAlpine of .
2. I have had the opportunity to read and comprehend the Outline of Submissions in Reply from AAMRI, AHEIA, the University of Melbourne, Monash University, the University of Western Australia, and the accompanying witness statements.
- 3.
- 4.
5. In response to comments from Professor Kay at paragraphs 26-29 regarding honorary appointments, attached at **Appendix 4** and **Appendix 5** are the University policies concerning honorary appointments for University of Melbourne and Monash University respectively.
6. I have attached to this witness statement (electronic version only) an “Excel” file taken from the NHMRC website. I have attached this in response to the claims made by Mr. David Lloyd at paragraph 23 of his Witness Statement submitted in these proceedings.
7. The Excel spreadsheet lists each of 13,295 grants made by the NHMRC during the years 2003-2012. It also shows the value of each grant and classified by listed criteria, including which sector the grant was made to; (Universities, Medical Research Institutes, Government, Hospital and ‘other’), and the type and purpose of research.
8. One of the categories of purpose of research is “Translational”, which is defined in the Notes to the Table as *“aiding the Translation of research results into policy and practice”*.

9. The Tables below show the relative share of Universities, MRIs and the other sectors, of the value of all NHMRC grants and of those classified as “Translational”.

**All Grants:**

Total grants for each sector		
		%
<i>Total Grants for all Government sector:</i>	<b>\$25,068,969</b>	0.347451481
<i>Total grants for all Hospital Sector:</i>	<b>\$56,585,338</b>	0.784262773
<i>Total grant for MRI Sector:</i>	<b>\$1,851,576,511</b>	25.66252285
<i>Total grant for Other Sector:</i>	<b>\$42,372,894</b>	0.587280811
<i>Total grant for University sector:</i>	<b>\$5,239,495,604</b>	72.61848208
<b>Total Grant</b>	<b>\$7,215,099,316</b>	<b>100</b>

Number of grants for each sector		
		%
<i>Total Grants for all Government sector:</i>	79	0.594208349
<i>Total grants for all Hospital Sector:</i>	331	2.489657766
<i>Total grant for MRI Sector:</i>	2970	22.33922527
<i>Total grant for Other Sector:</i>	99	0.744640842
<i>Total grant for University sector:</i>	9816	73.83226777
<b>Total Grant</b>	<b>13295</b>	<b>100</b>

**“Translational” Grants:**

Total value of translational grants and percentage for each sector		
Sector	Value	%
<i>Total grant for Government Sector:</i>	<b>\$1,899,510</b>	0.56
<i>Total grant for Hospital Sector:</i>	<b>\$4,764,158</b>	1.41
<i>Total grant for MRI sector:</i>	<b>\$52,257,480</b>	15.46
<i>Total grant for Other sector:</i>	<b>\$4,115,237</b>	1.22
<i>Total grant for University Sector:</i>	<b>\$274,944,914</b>	81.35
<b>Total Grant all sectors</b>	<b>\$337,981,299</b>	100.00

Translational grants count for each sector		
Sector	Number	%
<i>Government</i>	1	0.19
<i>Hospital</i>	17	3.26
<i>MRI</i>	100	19.19
<i>Other</i>	5	0.96
<i>University</i>	398	76.39
<b>Total Grant</b>	<b>521</b>	<b>100.00</b>

## Melbourne Policy Library

Honorary Appointments and University Visitors Procedure (MPF1156) [Sign in](#) [Browse Melbourne](#)  
[Policy Glossary](#)

# Honorary Appointments and University Visitors Procedure (MPF1156)

## GOVERNING POLICY

### SCOPE

### PROCEDURE

1. Categories of honorary fellows and University visitors
2. Professorial fellow
3. Clinical professor
4. Principal fellow, senior fellow and fellow
5. Visiting professor
6. Clinical associate professor, clinical senior lecturer, clinical lecturer and clinical tutor
7. Academic and non-academic visitor
8. Professors emeritus
9. Adjunct professor
10. Offers and acceptances
11. Periods of appointment and termination
12. Appointing honorary fellows as supervisors
13. Privileges, rights and obligations of honorary fellows and University visitors
14. Use of academic title
15. Payments to honorary fellows, clinical fellows and University visitors
16. University obligations

### SCHEDULES

### RELATED DOCUMENTS

### RESPONSIBLE OFFICER

### IMPLEMENTATION OFFICER

### REVIEW

### VERSION HISTORY

## About this document

Category: [Working at the University](#)

Audience: [Professional staff](#), [Researchers](#), [Academics](#)

Review due by: February 28, 2015

Keywords: Academic visitor, categories, clinical associate professor, clinical appointment, clinical lecturer, clinical senior lecturer

Version: 1

Responsible Officer: Executive Director, Human Resources

Approved on: August 21, 2012

Implementation Officer: Director, HR Specialist Services

Effective date: August 21, 2012

Approval Authority: Senior Vice-Principal

Status: Published

## GOVERNING POLICY

This procedure is made under the Recruitment and Appointment Policy.

## SCOPE

This procedure applies to all staff at the University, honorary appointees and University visitors.

## PROCEDURE

### 1. Categories of honorary fellows and University visitors

1.1 The categories of honorary fellow and honorary clinical fellow to which an individual may be appointed, and the equivalent academic level, are set out in Table 1.

1.2 A person may only be appointed an honorary clinical fellow in the Faculty of Medicine, Dentistry and Health Sciences, based on current or anticipated links between the person, a department or school of the faculty and a hospital.

**Table 1 Categories of honorary fellow and honorary clinical fellow**

Honorary fellow	Honorary clinical fellow	Equivalent academic level
Professorial fellow	Clinical professor	E
Principal fellow	Clinical associate professor	D
Senior fellow	Clinical senior lecturer	C
Fellow	Clinical lecturer	B
	Clinical tutor	A

1.3 A person who is to be appointed as a University visitor may be appointed as an:

- academic visitor
- non-academic visitor.

1.4 A person may be appointed as an academic visitor if they have a substantive academic appointment at another institution and will make a direct contribution to the academic programs of the University.

1.5 A person may be appointed as a non-academic visitor who will contribute to the teaching and learning program of the University, or to other programs which aid the general betterment of the University.

### 2. Professorial fellow

2.1 The criteria for appointment of an individual who is either a full professor of a Group of Eight, Universitas 21 or an Asia Pacific Rim university or recognised as a level E equivalent by the

NHMRC or ARC, follows University norms for salaried academic staff at the equivalent rank. See Table 1.

2.2 The appointment and approval process is:

- the head of department forwards a written recommendation (including reasons for the recommendation) to the dean
- the dean approves
- the dean advises local Human Resources of the approval
- local Human Resources prepares the necessary documentation.

2.3 The dean approves and reports a re-appointment to the Senior Appointments and Promotions Committee.

2.4 The criteria for appointment of an individual who is not either a full professor of a Group of Eight or Universitas 21 university or recognised as a senior principal research fellow or senior research fellow by the NHMRC or ARC, follows University norms for salaried academic staff at the equivalent rank. See Table 1.

2.5 The appointment and approval process is:

- the head of department forwards a written recommendation (including reasons for the recommendation) to the dean
- the dean forwards a recommendation to the Senior Appointments and Promotions Committee (including three independent referee reports)
- Senior Appointments and Promotions Committee approves
- HR Specialist Services advises local Human Resources of the approval
- local Human Resources prepares the documentation.

2.6 The dean approves and reports a re-appointment to Senior Appointments and Promotions Committee.

### 3. Clinical professor

3.1 The criteria for appointment, the appointment, approval and reappointment process is as per section 2.4, 2.5 and 2.6.

### 4. Principal fellow, senior fellow and fellow

4.1 The criteria for appointment in the three honorary fellow categories follows University norms for salaried academic staff at the equivalent rank. See Table 1.

4.2 The appointment and approval process is:

- the head of department approves
- the head of department advises local Human Resources by submitting an Honorary Appointments form and a brief version of the nominee's curriculum vitae
- local Human Resources prepares the documentation.

4.3 The dean approves a re-appointment and reports to Senior Appointments and Promotions Committee.

### 5. Visiting professor

5.1 Subject to a committee of Council established for that purpose, the Vice-Chancellor may appoint as a visiting professor a senior visitor.

5.2 The committee shall comprise the Chancellor (as Chair), the Provost, the President of the Academic Board (or nominee) and a Deputy Vice-Chancellor

5.3 The committee established by Council shall decide on the term and conditions of any such appointment.

5.4 In exceptional circumstances where the Vice-Chancellor believes it to be imperative that such an appointment be made immediately, the Vice-Chancellor may make such an offer without reference to the committee. The term of appointment and the applicable conditions are to be decided by the Vice-Chancellor in such circumstances.

## **6. Clinical associate professor, clinical senior lecturer, clinical lecturer and clinical tutor**

6.1 The criteria for appointment are listed in Schedule A to this procedure.

6.2 The appointment and approval process is:

- applications are made to the appropriate school panel on an Honorary Clinical Appointment form
- the chair of the school panel approves
- the dean (or nominee) endorses the application
- the dean (or nominee) advises local Human Resources by submitting the Honorary Clinical Appointment form and the nominee's curriculum vitae
- local Human Resources prepares the necessary documentation.

6.3 The head of department approves a re-appointment.

## **7. Academic and non-academic visitor**

7.1 The appointment of an academic visitor is at the same level as their substantive appointment at the home institution.

7.2 Where the stay at the University is longer than two weeks and/or a visa is required the appointment and approval process is:

- the level 2 delegate approves
- the head of department advises local Human Resources by submitting an Honorary Appointment form and a brief version of the nominee's curriculum vitae
- local Human Resources prepares the necessary documentation.

7.3 Where the stay at the University is less than two weeks and no visa is required the appointment and approval process is:

- the level 2 delegate approves
- the relevant department issues a letter of invitation
- the relevant department receives and stores confirmation of acceptance of the invitation from the person.

7.4 Where an employment or independent contractor or honorary relationship will arise between the individual and the University, this must be established by a means other than a University visitor appointment.

7.5 The level 2 delegate approves a re-appointment.

## **8. Professors emeritus**

8.1 The Senior Appointments and Promotions Committee (SAPC) may award the title of professor emeritus to recognise "distinguished service" to the University of retired professors.

8.2 A person who has not held an appointment as a professor of the University is not eligible for appointment as professor emeritus.

8.3 In considering a professor for appointment as professor emeritus, SAPC will take into account:

- the professor's distinction of service to the University by reference to intellectual and scholarly contributions and to other services
- the length of such service, in all ranks, to the University
- the future professional activities of the professor and
- any other factor relevant to the professor's service to the University which affects a recommendation that the service concerned should be recognised as distinguished academic service.

8.4 The appointment and approval process is:

- the head of department forwards a written recommendation (including reasons for the recommendation) to the dean
- the dean forwards a recommendation to the Senior Appointments and Promotions Committee
- Senior Appointments and Promotions Committee approves the appointment
- after approval, HR Specialist Services advises local Human Resources of the approval
- local Human Resources prepares the documentation

8.5 Senior Appointments and Promotions Committee approves a re-appointment.

## 9. Adjunct professor

9.1 A member of staff who over a number of years makes a substantial contribution to the teaching, research or professional programs of a department other than their own may be awarded an adjunct appointment in that department.

9.2 The names of all adjunct staff may be added to the University Calendar within the appropriate department as adjunct professor, adjunct senior lecturer etc. according to the rank of their substantive appointment.

9.3 The Dean may approve an adjunct appointment below professorial level.

9.4 The Provost on advice of Senior Appointments and Promotions Committee (on recommendation from the relevant faculty committee) may approve an adjunct appointment at the professorial level.

9.5 Local Human Resources prepares the documentation.

## 10. Offers and acceptances

10.1 An honorary appointment will be made by a letter of invitation issued by local Human Resources which stipulates the terms and conditions of the appointment.

10.2 An appointee must accept these terms and conditions in writing.

10.3 A University visitor who is to stay at the University for more than two weeks will be issued a letter of invitation by local Human Resources.

10.4 A University visitor must formally accept that invitation before commencing their service to the University.

## 11. Periods of appointment and termination

11.1 Honorary and clinical appointments will continue to have effect:

- in the case of honorary professorial fellows, for a period of up to five years
- in any other case, while the appointee continues to have an ongoing association with the University, as determined by the University Council or the head of department or dean on behalf of the University Council.

11.2 Honorary appointments may be terminated at any time by the head of department or head of budget division (dependant on level of appointment) and the appointee will be advised in writing that he or she no longer has honorary status.

11.3 Honorary clinical appointments will cease if the clinician no longer holds their clinical position or is not appropriately registered.

11.4 An honorary or clinical appointment may be withdrawn by the head of department or head of budget division where the title is misused.

11.5 A University visitor will be appointed for up to one year.

11.6 A University visitor may have his or her appointments renewed for up to one year by the delegated authority. There is no limit on the number of times an appointment may be renewed.

11.7 The appointment will cease when the University visitor ceases making a significant contribution to the University or at the end of the agreed term of appointment, whichever is sooner.

11.8 The Provost may withdraw a University visitor appointment before the end of term on the recommendation of a dean.

## 12. Appointing honorary fellows as supervisors

12.1 A head of department who wishes to have an honorary fellow appointed as a supervisor of University staff may provide a case to the dean, accompanied by an Advice of Changes to Supervisor form.

12.2 Where the dean approves the appointment, local Human Resources will provide formal notification to the honorary fellow of their supervisor status and they will be required to sign acceptance of the conditions required of all supervisors.

## 13. Privileges, rights and obligations of honorary fellows and University visitors

13.1 Honorary fellows, clinical fellows and University visitors:

- are not members of the Academic Board or any faculty
- may obtain a visitors card and have access to the University's information facilities, including its electronic communication network
- may be provided with office accommodation at the discretion of the head of department
- will report to the head of department (or alternative supervisor as approved by the dean or head of budget division)
- will acknowledge the University in publications and grant applications arising from research involving University collaborations
- will comply with University statutes, regulations and policies as they relate to their activities.

13.2 Honorary fellows, clinical fellows and University visitors may not:

- commit or authorise expenditure of University funds (variations to this item require authorisation of the level 2 delegate)

- carry out performance appraisals for University staff without a co-supervisor who is a University employee (unless specific arrangements are in place for honorary fellows)
- be directed to undertake an activity on a regular or recurring basis.

#### **14. Use of academic title**

14.1 An honorary fellow, including an honorary clinical fellow, may use their honorary title during the term of their appointment when carrying out any activity which forms part of their contribution to the University. Honorary clinical appointments will use the term clinical as part of the title description.

14.2 An honorary fellow, when carrying out activities which are outside his or her contribution to the University, in circumstances where it can be reasonably construed that there is an association between the University and the honorary fellow, may use his or her honorary title during the term of the appointment where:

- there is no conflict of interest between the person's work and his or her contribution to the University as an honorary fellow
- appropriate insurance and indemnification arrangements are in place.

14.3 The responsibility lies with the honorary fellow to ensure that these requirements are satisfied. Honorary fellows should seek advice from the head of department, school or dean if further clarification or advice is sought in relation to this item.

14.4 On ceremonial occasions an honorary fellow may use the title of the equivalent academic rank:

- professorial fellow - professor
- principal fellow - associate professor
- senior fellow - senior lecturer
- fellow – lecturer.

14.5 A University visitor is not awarded an academic title by the University during the period of their contribution.

14.6 An academic visitor may use the academic title they use at their home institution during their appointment as an academic visitor at the University.

#### **15. Payments to honorary fellows, clinical fellows and University visitors**

15.1 An honorary fellow, clinical fellow or University visitor may be eligible for reimbursement of reasonable payments to cover expenses associated with the provision of his or her contribution to the University, such as travel, accommodation, meals and incidentals.

15.2 Reimbursement of expenses will be administered through Accounts Payable in accordance with the Payments Procedure.

15.3 Payments to international fellows and visitors will be in accordance with any visa conditions.

#### **16. University obligations**

16.1 The University will ensure that its insurance provisions provide honorary fellows and academic visitors with the same level of cover as academic staff receive when honorary fellows or academic visitors are undertaking activities directly related to their appointment for the University.

16.2 As coverage for workers compensation may not be extended under the applicable legislation, honorary fellows and academic visitors are encouraged to arrange separate insurance coverage for sickness and personal accident.

16.3 The insurance provisions provided by the University to non-academic visitors will be determined by the Manager, Insurance Office on a case by case basis.

16.4 The University will ensure a safe work environment free of unlawful discrimination while the honorary fellow or University visitor is undertaking activities on behalf of the University.

## SCHEDULES

- [Schedule A – Criteria for Appointment of Clinical Honorary Fellows](#)
- [Schedule B – Distinguishing Between Honorary Appointments and Academic Visitors](#)

## RELATED DOCUMENTS

- [Accident Compensation Act 1985](#)
- [Occupational Health and Safety Act 2004](#)
- [Occupational Health and Safety Regulations 2007](#)
- [Statute 14.1 Intellectual Property](#)
- [Regulation 17.1.R8 - Code of Conduct for Research](#)
- [Recruitment and Appointment Policy](#)
- [Recruitment, Selection and Appointment Procedure](#)
- [Delegations Policy](#)
- [Human Resources Delegations](#)
- [Honorary Clinical Appointment form](#)
- [Honorary Appointment form](#)
- [Advice of Changes to Supervisor form](#)
- [Human Resources website](#)
- [Senior Appointments and Promotions Committee](#)

## RESPONSIBLE OFFICER

The Executive Director, Human Resources is responsible for the development, compliance monitoring and review of this procedure and any associated guidelines.

## IMPLEMENTATION OFFICER

The Director, HR Specialist Services is responsible for the promulgation and implementation of this procedure in accordance with the scope outlined above. Enquiries about interpretation of this procedure should be directed to the Implementation Officer.

## REVIEW

This procedure is to be reviewed by 28 February 2015.

## VERSION HISTORY

Version	Authorised by	Approval Date	Effective Date	Sections modified
1	Senior Vice Principal	21 August 2012	21 August 2012	New version arising from the Policy Simplification Project. Loaded into MPL as Version 1.

[Back to top](#)

Date created: July 3, 2009

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CRICOS Provider Code: 00116K (visa information)

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[Monash University](#) > [HR](#) > [Workplace-policy](#) > [Recruitment](#) > [Other-appointments](#) > Honorary

## **Recruitment, Selection and Appointment Procedures – Honorary Appointments (professional staff activities)**

### **Parent Policy**

Recruitment, Selection and Appointment

### **Preamble**

The University occasionally offers honorary appointments (and an appropriate title) to persons who are not employed staff members of the University but who the University seeks to engage to contribute to the professional staff activities of the University. Honorary appointments are normally unpaid and may be made for persons of significant standing in the community and/or persons who contribute to the vision of Monash Directions 2025.

This procedure applies to the appointment of all honoraries to the University (excluding adjunct appointments).

### **Definitions**

**Dean or Divisional Director:** means the dean of the faculty or director of the division (or equivalent) or his or her nominee in any case where the dean or director has formally nominated a person to act as his or her nominee for the purpose.

**Faculty of Divisional Cluster:** refers to a cluster of faculties and/or administrative divisions that is serviced by a particular HR Service Hub.

**Head of unit:** is head of an academic or organisational work unit, for example head of school, head of department or where applicable, a person acting as his or her nominee.

**Honorary appointee:** is a person of significant standing in the community or someone who is contributing to the strategic vision of the University and with whom the University seeks to establish a recognised relationship. Honorary appointees may include:

- professional practitioners of standing who can share their expertise and provide related professional services to students and staff of the University;
- persons able to provide auxiliary services of value to students and staff of the University such as chaplaincy or in association with, for example, art or music;

- qualified persons wishing to gain experience, often, but not always, as part of a requirement for professional certification and registration, and who, in return, contribute to the activities of students and staff; and
- in any other circumstances as recommended by the head of unit and referred to the Dean or Divisional Director for approval.

**HR Business Partner:** is a member of the Monash HR community who operates as a strategic partner responsible for providing a range of human resources services for an assigned Faculty or administrative Division. HR Business Partners are located within a HR Service Hub.

**HR Service Hub:** is the centre for human resources services and activities within a Faculty or Divisional Cluster.

**Job Request:** is the screen in Rex where all information relating to the specific position that is being requisitioned is recorded.

**Rex:** is the University's online recruitment system, which administers requests to advertise, selections and appointments and generates appointment contracts.

**Unit:** refers to an academic or organisational work unit within a Faculty and includes schools and departments.

## **Honorary appointments**

Honorary appointments are typically offered for a period of one year but may be up to a maximum term of three years. The length of the appointment will depend on the nature of the contribution and the anticipated time commitment.

Honorary appointees may be conferred a title that is appropriate to denote the honorary appointment and status.

No salary attaches to an honorary appointment. However, honorary appointees may be reimbursed for reasonable out-of-pocket expenses with prior approval by the head of unit. These expenses will normally be agreed at the time of the honorary appointment being offered. Any additional expenses incurred later in the appointment term must be endorsed by the head of unit and approved by the Dean (for honorary appointees in a faculty) or the Executive Director, Monash HR (for honorary appointees in an administrative division). The associated financial liability shall be borne by the budget of the unit concerned.

The unit will arrange and fund:

- any required office accommodation (including secretarial support, where necessary);

- an identity card for the purposes of security access, identification and library access; and
- (where necessary) a car parking permit.

Honorary appointees are not covered by WorkCover provisions and are required to carry appropriate personal professional indemnity insurance or to specify how they are covered in the event of professional indemnity claims. The University's public risk indemnity insurance policies provide cover for the general aspects of honorary appointments.

Honorary appointments may be terminated by the:

- Dean where the appointment is in the Dean's Faculty; or
- the Executive Director, Monash HR where the appointment is in an administrative division

when it is considered by the Dean or Executive Director, Monash HR (as applicable) to be in the University's interests to do so.

## **Appointment process**

### **Step 1: The head of unit proposes an honorary appointment**

The head of unit will prepare a recommendation for an honorary appointment. The recommendation will:

- specify the principal accountabilities of the honorary position;
- contain details of the nature of the professional commitments and contribution expected to complement the work of the University; and
- outline any anticipated expenses associated with the position and the campus location/s of the incumbent.

The head of unit will then:

- arrange for the basic information regarding the requirements for the position to be included in the Job Request in Rex; and
- upload the recommendation for the honorary appointment to the Job Request.

### **Step 2: Monash HR completes all detailed information in Rex**

The HR Business Partner will complete any outstanding detailed information in the Job Request in Rex and ensure that all necessary documentation is attached.

### **Step 3: The delegated authority approves the honorary appointment proposal**

The completed Job Request will then be forwarded electronically via Rex to the relevant approvers. The relevant approvers are:

- for honorary appointments in the faculties, the Dean; and
- for honorary appointments not in a faculty, the Executive Director, Monash HR.

In determining whether to approve an honorary appointment, the approver must consider whether the association is in the best interests of the University.

#### **Step 4: Monash HR issues the formal offer of appointment**

The HR Business Partner will:

- complete the appointment information in Rex to generate the letter of offer;
- forward the letter of offer and associated documentation to the incumbent through Rex; and, where the offer of appointment is accepted;
- manage the appointment process through to induction and onboarding.

### **Responsibilities**

#### **Honorary appointee**

The honorary appointee is responsible for ensuring that s/he has adequate professional indemnity insurance.

#### **Head of unit**

The head of unit is responsible for:

- preparing the recommendation for an honorary appointment;
- completing information relating to the honorary appointment in the Job Request in Rex;
- uploading the recommendation for an honorary appointment to Rex;
- endorsing the payment for any expenses incurred by the honorary appointee; and
- arranging all accommodation, security access and parking permits for the honorary appointee.

#### **Dean**

The Dean is responsible for:

- considering and approving appointment proposals in Rex for honorary appointments in the faculty; and
- approving the payment of any additional expenses incurred by the honorary appointee.

## Executive Director, Monash HR

The Executive Director, Monash HR is responsible for:

- considering and approving appointment proposals in Rex for honorary appointments not in a faculty ; and
- approving the payment of any additional expenses incurred by the honorary appointee.

## HR Business Partner

The HR Business Partner is responsible for:

- ensuring that all detailed information is completed in the Job Request in Rex and all required documentation is attached;
- ensuring that honorary appointments are approved within the requirements of this procedure; and
- generating the letters of appointment.

## Related Procedures

- [Recruitment, Selection and Appointment Procedure - Adjunct appointments](#)
- [Recruitment, Selection and Appointment Procedure - Recruitment of fixed-term and continuing staff](#)

Version number:	1.0
Effective date:	17 February 2012
Procedure author:	Director Workplace Relations
Procedure owner:	Executive Director Monash HR
Contact:	<ul style="list-style-type: none"> <li>• <a href="mailto:ask.monash">ask.monash</a></li> <li>• or phone Monash HR on 990 20400</li> </ul>

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*Fair Work Act 2009*

s.156 - 4 yearly review of modern awards

**4 yearly review of modern awards—Award stage**  
(AM2014/229 and AM2014/230)

**Consolidated NTEU Materials Regarding Research Institutes**

Transcript of:

29 April 2013

30 April 2013

1 May 2013



TRANSCRIPT OF PROCEEDINGS  
*Fair Work Act 2009*

1047922-1

**DEPUTY PRESIDENT SMITH**

**AM2012/187 AM2012/190**

**Sch. 5, Item 6 - Review of all modern awards (other than modern enterprise and State PS awards) after first 2 years**

**Application by National Tertiary Education Industry Union  
(AM2012/190)  
Higher Education Industry-Academic Staff-Award 2010**

**(ODN AM2008/3)  
[MA000006 Print PR985116]]**

**Melbourne**

**10.07AM, MONDAY, 29 APRIL 2013**

**Continued from 23/11/2012**

PN282

THE DEPUTY PRESIDENT: Can I take appearances please from the applicant?

PN283

MS S. KENNA: If the Commission pleases, I appear for the National Tertiary Education Industry Union and appearing with me is Mr K. McAlpine and Mr W. Cupido.

PN284

THE DEPUTY PRESIDENT: Thank you.

PN285

MR N. RUSKIN: May it please the Commission, I seek leave to appear in these proceedings, Mr N. Ruskin with Ms K. Sweatman. I think my predecessor representative of AAMRI got leave so I don't know that there's any (indistinct) thank you.

PN286

THE DEPUTY PRESIDENT: Thank you.

PN287

MS C. PUGSLEY: If it please the Commission, Ms C. Pugsley for the Australian Higher Education Industrial Association.

PN288

THE DEPUTY PRESIDENT: Thank you.

PN289

MR L. HOWARD: If the Commission pleases, Mr L. Howard, I appear on behalf of Melbourne University, Monash University and the University of Western Australia, I do seek leave which was granted previously.

PN290

THE DEPUTY PRESIDENT: Thank you. Do we have any view about whether or not there needs to be additional application for leave?

PN291

MS KENNA: Your Honour, we don't object to any of the parties appearing.

PN292

THE DEPUTY PRESIDENT: To the extent it's necessary leave is granted all round. Who wishes to go first?

PN293

MS KENNA: I would like to, your Honour, for the NTEU.

PN294

THE DEPUTY PRESIDENT: There was a preliminary issue I thought that was sought to be raised. How do you want to deal with that, Mr Ruskin?

PN295

MR RUSKIN: Thank you, your Honour. I wanted to make an application and I thought I could do that via a very short submission on why we seek this and you could then decide whether you want to entertain considering it.

PN296

THE DEPUTY PRESIDENT: I will consider it of course.

PN297

MR RUSKIN: Your Honour, I wish to apply to have the threshold issue dealt with now. This is a matter that I think appears in the AHEIA submissions and they may have a view about the application as well. I do it for these reasons. The reasons are that when you determine the directions in this matter on 26 November you said - sorry, 23 November, you said at the end of the transcript, "So I will deal with the matter - " - this is not all of what you say, "So I will deal with the matter as a whole." Now that brings about a question of timing, blah, blah, blah, and then you say, "That doesn't mean to say that arguments can't be raised at the beginning." So I am raising an argument at the beginning.

PN298

THE DEPUTY PRESIDENT: Thank you.

PN299

MR RUSKIN: The application before you represents one of the most extensive variations to a modern award of any of the applications in the transitional review process, that is to say it wishes to change the coverage of the award and insert classifications and that is not something that we know has occurred except perhaps the Legal Services Award which the application was dismissed and in that case it wasn't changing the scope of the industry, it was merely adding classifications to the industry. We say, your Honour, that the NTEU evidence is in. You made orders that witness statements be produced and we have got three witness statements, we have got three supplementary witness statements. We have got a vast amount of material that has been attached to those which has information in it and it is there for all of us to see.

PN300

The case of the NTEU is before you, the scope of it is before you. Forgetting the material that we AAMRI have filed, just looking at the union case which has extensive material, we say this, the union has put its best case forward, put lots of evidence and the evidence on its face raises two issues. Firstly, as you know, your Honour, the first issue in these proceedings is one of necessity to vary an award, necessity, not arguably desirable adjustment but necessity. We say one can judge from that material which we have all before us right now whether there is an arguable case that meets the test of necessity. Secondly, your Honour, in the June 2012 decision of the full bench as you will recall it said that if one was to depart from prior full bench decisions you need cogent reasons - such as cogent reasons to depart, and - no, I'm sorry, your Honour, you need cogent reasons to depart such as changed circumstances.

PN301

The two applications to vary the award and the attached material are in almost the same form as the application were during the part 10A process. There were two attempts by the union at that time to insert certain definition of research institutes into two awards - three awards, the higher education academic, the higher education general and the education services award. The applications were filed, there were submissions and the Commission - either those applications failed or they were withdrawn on two occasions. So there is no doubt that they were dealt with by prior full benches. It is true there is no evidence because as other full

bench decisions have said in this process, which I can take you to, there wasn't a question of evidence and you don't need evidence. You don't have to say, well there was no evidence therefore evidence should now be put. These matters were dealt with by the full bench and they are - therefore the union must demonstrate cogent reasons such as changed circumstances.

PN302

All the evidence, your Honour, shows no changed circumstances. There is nothing in the evidence other than the fact there might be a 2011 report rather than a 2009 report, there is nothing in the evidence that shows changed circumstances. The reasons why the union seeks to put these institutions into a federal award, into this federal award are exactly the same reasons as before and the evidence doesn't show that something has happened to the industry since 2009. There is absolutely nothing, your Honour, or should I say nothing new that is of any material kind. There are no changed circumstances, that is evident from the material. One other piece of argument I want to put, your Honour, before I swiftly sit down is I don't believe, your Honour, and I'll take you to it that there is probative evidence. There is statements of annual reports, there are material from reports on the industry.

PN303

There are statements from one staff member of one institute, another staff member of an institute who is a president of the local branch and Mr McAlpine, the industrial officer of the union. It is not probative evidence and finally, your Honour, the definition on its face shows you and from the material that it's not a definition that seeks to insert a clear, new industry into the award. The definition of industry that is proposed to be put into the award of what is a research institute is uncertain. If one looks at the - as you would be more familiar than anyone of the scope of the definition of industry awards of the 122 awards - of those awards which are industry awards it is a very uncertain definition. So, your Honour, rather than putting the parties through - that is the employer and to an extent the union into an evidence case, we say let's deal with the issue now. Our evidence, your Honour, isn't the union's evidence.

PN304

Our evidence as you will know seeks to put a different position on the institutions but that's won't add to the question of whether necessity and cogency is met, that's our case. The union case is clear and we ask that this matter be dealt with to save the time and cost associated with evidence proceedings. Thank you.

PN305

THE DEPUTY PRESIDENT: Thank you, Mr Ruskin. Yes, Ms Pugsley.

PN306

MS PUGSLEY: Thank you, your Honour. We support the position that has been put by Mr Ruskin that the matter be dealt with as a threshold issue for exactly those reasons that Mr Ruskin have set out. (Indistinct) cost and on (indistinct) to paragraph 3 (indistinct) submissions that we filed, that we see this as an expedient and possibly (indistinct) way of dealing with the threshold (indistinct). You have our written submissions before you. In those submissions we raised one other issue which will become relevant depending on your Honour's ruling in relation to the threshold issue and that is that we see that there is a problem associated with

the definition of research institutes. I think we have set it out fairly succinctly as to what we see those two particular problems being. One is that the evidence here deals only with the evidence before you only with medical research institutes but if the application were granted it would go beyond medical institutes in scope and the second issue is the proposed definition in the way that it refers to affiliation or formal association with the university or the holding of academic titles associated with higher education. That is a matter of interest for our members as of course they are universities. I will leave my submissions there, your Honour.

PN307

THE DEPUTY PRESIDENT: Thank you. Mr Howard.

PN308

MR HOWARD: Melbourne University, Monash and the University of West Australia join with (indistinct) in regards to threshold point. We rely upon our submissions also filed on 3 April. Does your Honour have a copy of those? We rely upon paragraphs 5 to 7 in those submissions in relation to this point. Our submission is the context (indistinct) the Commission should not consider the application, this is because the applicant needs to bring cogent reasons for doing so, as my friend has said and in the context of where the matter has already been considered in the award modernisation project.

PN309

THE DEPUTY PRESIDENT: Thank you. Ms Kenna.

PN310

MS KENNA: Thank you, your Honour. In response to the employers we have a couple of things to say. The first in response to Mr Ruskin's note about your comments during the directions on 23 November. You also noted at paragraph 281 of that that some of the coverage issues that have been raised so that this sector - "We need to clarify some of the coverage issues that have been raised so that this sector can clearly know what it is covered by and if it's not covered why it's not covered." That actually goes to the core of our argument in relation to threshold, your Honour. We have heard submissions from Mr Kollmorgen in October last year for AAMRI at the time saying that research institute staff were award free. We heard submissions from Mr Kollmorgen last year saying that research institute staff were award free.

PN311

We have heard other submissions that cling at various modern awards for coverage for some of these people and the fact is we just don't know. We know what they are not and NTEU say what we know what these staff are not covered by, and we say that considering the threshold issue is inextricably linked to our evidence and the merit of our application around which awards should cover these research institute staff. Further to that we say that these staff are still covered by an award which is unequivocal and that is the Victorian Universities and Affiliated Institutions Academic Research Salaries Victorian and WA Award 1999. As you have seen from our outline of submissions we contend there's a number of other awards which are unclear in terms of their coverage.

PN312

Finally we say, your Honour, which of those matters that I've just touched on were actually determined by the full bench in the making of the Higher Education

General Staff and Higher Education Academic Awards in 2010. We have no such determination. We have no knowledge of what evidence was considered and therefore there is still a lack of clarity as you said back in November around what covers this staff and we think we can therefore not disassociate the merit of the application from these threshold issues. If it pleases the Commission.

PN313

THE DEPUTY PRESIDENT: Thank you.

PN314

MR RUSKIN: Can I just make a point in reply, your Honour? One point?

PN315

THE DEPUTY PRESIDENT: Yes, of course.

PN316

MR RUSKIN: Just one point and that is, your Honour, the question of award coverage is a legal issue. This hearing is not going to make decisions about who is covered by what award. If there's an issue about what award covers what people that can be determined in another way or at another place. But this process of producing evidence is not going to provide evidence about who is covered by an award or not. If it please the Commission.

PN317

THE DEPUTY PRESIDENT: But if I grant the application that decides the coverage doesn't it?

PN318

MR RUSKIN: If you grant the application it will undoubtedly decide the application, and that's true, your Honour, but the evidence won't help you in determining who is covered at the moment. That's a matter of argument, that's a matter of legal coverage. If there is uncertainty it can be addressed but that doesn't - that's not a matter of calling witnesses.

PN319

THE DEPUTY PRESIDENT: Yes, I follow. Even though there is some attraction dealing with the matter at the beginning, I think I should hear the whole of the case.

PN320

MR RUSKIN: If it please your Honour.

PN321

THE DEPUTY PRESIDENT: Thank you. Ms Kenna.

PN322

MS KENNA: Thank you, your Honour.

PN323

THE DEPUTY PRESIDENT: Let me do some housekeeping. Let's identify some documents. Those people that are sought to be called and those where there's no - I think there's been some indication there is no desire to cross-examine, they don't need to deal with a couple of your witnesses. We can mark some of those documents now if you wish so you can help me out on those.

PN324

MS KENNA: Yes, your Honour.

PN325

THE DEPUTY PRESIDENT: Firstly we've got - - -

PN326

MS KENNA: Your Honour, just for your information I have some further documents to both tender and for you to mark for identification also.

PN327

THE DEPUTY PRESIDENT: Very well, more paper?

PN328

MS KENNA: More paper unfortunately.

PN329

THE DEPUTY PRESIDENT: What have you got?

PN330

MS KENNA: First of all we wish to formally tender our submissions which you received with three witness statements and attachments on 22 February 2013.

PN331

THE DEPUTY PRESIDENT: So you have got your submissions which are 31 paragraphs, witness statement of Mr Higgs, a witness statement of Mr David Trevack and a witness statement of Mr McAlpine, are those the ones?

PN332

MS KENNA: That's correct, your Honour.

PN333

THE DEPUTY PRESIDENT: Are any of those witnesses sought to be cross-examined?

PN334

MS KENNA: I understand Dr Higgs will be cross-examined and the others are not required, your Honour.

**EXHIBIT #NTEU1 SUBMISSIONS**

**EXHIBIT #NTEU2 WITNESS STATEMENT OF DAVID  
TREVACK**

**EXHIBIT #NTEU3 WITNESS STATEMENT OF MR MCALPINE**

PN335

THE DEPUTY PRESIDENT: I won't mark the statement of Mr Higgs just yet. We'll wait until he's required.

PN336

MS KENNA: Your Honour, then our submission in reply, that was submitted on 2 April 2013.

PN337

THE DEPUTY PRESIDENT: There were some suppletory witness statements too.

PN338

MS KENNA: There were, yes, your Honour.

PN339

THE DEPUTY PRESIDENT: I will simply note that the supplementary witness statements will be covered by the exhibit numbers that I've now given to those witness statements.

**EXHIBIT #NTEU4 SUBMISSION IN REPLY**

PN340

THE DEPUTY PRESIDENT: That's a document of 17 paragraphs is it?

PN341

MS KENNA: Yes, your Honour.

PN342

THE DEPUTY PRESIDENT: Thank you.

PN343

MS KENNA: Your Honour, we also have some matters for your identification to make things easier for the Commission. The first is the Commission's own document, six 2010 modern awards.

PN344

THE DEPUTY PRESIDENT: All the modern awards?

PN345

MS KENNA: Yes, they are modern awards, they're six of them, there's the clerks private sector award - - -

PN346

THE DEPUTY PRESIDENT: Yes, they're not all, they're not the 120 - - -

PN347

MS KENNA: No, I apologise, I couldn't hear you, your Honour. No. I don't think you require them.

PN348

THE DEPUTY PRESIDENT: Thank you.

PN349

MS KENNA: Just for ease of identification, your Honour, they're the awards cited by the employers in their reply in submissions last year.

PN350

THE DEPUTY PRESIDENT: I see.

PN351

MS KENNA: Secondly, your Honour, we have a set of seven pre-modern awards that are the subject of argument as to whether or not they cover staff in research institutes currently, we know that at least one does and we wish to tender those as well.

PN352

THE DEPUTY PRESIDENT: They are contained in - I see, yes, I follow. I was doing my best to forget that chapter of my life.

PN353

MS KENNA: Sorry to have to remind you, your Honour. We have two further documents, the first is a letter from the CFMEU saying that they were happy for the NTEU to represent them in this matter and that they support our submissions. I'm not sure if the other parties received copies of those.

**EXHIBIT #NTEU5 LETTER FROM CFMEU**

PN354

MS KENNA: Finally, your Honour, a letter that was sent from Mr Kollmorgen who was formerly representing AAMRI in this matter to Senior Deputy President Drake cc'd to the NTEU on 19 October 2012. This was a time where he sought to clarify some threshold issues in relation to this matter.

PN355

THE DEPUTY PRESIDENT: Have you seen these, Mr Ruskin?

PN356

MR RUSKIN: Yes, I believe so, your Honour. Yes, your Honour, I have.

**EXHIBIT #NTEU6 LETTER FROM STUART KOLLMORGEN**

PN357

MS KENNA: Thank you, your Honour. We have one more matter, your Honour, which is the NTEU wishes to notify yourself and the parties that we seek to narrow the scope of our application in respect to that draft definition.

PN358

THE DEPUTY PRESIDENT: Yes.

PN359

MS KENNA: This goes to sub-section 3.1 of both the general staff and the academics awards.

PN360

THE DEPUTY PRESIDENT: Have you got a document which shows what you are now seeking?

PN361

MS KENNA: I don't actually, your Honour, I was - if I can just refer you to sub-section 3.1 and dot point 3 - - -

PN362

THE DEPUTY PRESIDENT: In the application?

PN363

MS KENNA: It's in the application, yes.

PN364

THE DEPUTY PRESIDENT: Just a moment. Yes, so the application - - -

PN365

MS KENNA: The variation sought at 2 - there is the industry definition at 4.1, then we ask that the following be added to the definitions listed in sub-section 3.1. Research institute means a corporate entity, and then dot point 3 currently says, "Which is either affiliated to or has a like formal association with a university or

where employees hold academic titles associated with higher education." Having pursued all of our evidence and in the research for this case, your Honour, we propose to delete those words "or has a like formal association with" to narrow the scope of the application in that respect to just be those that are affiliated to or where employees hold academic titles associated with higher education, plus the other dot points that are in that section.

PN366

THE DEPUTY PRESIDENT: Any objection to the application?

PN367

MR RUSKIN: Can I just get instructions?

PN368

THE DEPUTY PRESIDENT: Of course.

PN369

MR RUSKIN: Your Honour, I wondered if there could be some clarity about what is meant by affiliation. I presume it's a matter that seeks to establish the relationship has to be something more than a formal association but it will have implications for coverage and maybe we would be helped if the union could tell us what the implications of that change is in terms of discovering the application.

PN370

MS KENNA: Your Honour, the evidence well and truly discloses what we mean by that. There is evidence from both parties in respect to formal affiliation with a university. If it pleases the Commission.

PN371

THE DEPUTY PRESIDENT: Anybody else want to say anything about the application for leave to amend? No? Yes?

PN372

MS PUGSLEY: Your Honour, we don't oppose the application for leave to amend but - - -

PN373

THE DEPUTY PRESIDENT: But join with Mr Ruskin.

PN374

MS PUGSLEY: Join with Mr Ruskin in - I also note it doesn't address the issues that we have identified.

PN375

THE DEPUTY PRESIDENT: Yes, of course. Yes?

PN376

MR HOWARD: The same for us, your Honour.

PN377

THE DEPUTY PRESIDENT: I will grant leave to amend and you have been put on notice the sort of concern that is held by the other sides, you will need to address that.

PN378

MS KENNA: Thank you, your Honour.

PN379

THE DEPUTY PRESIDENT: You don't need to read your submission.

PN380

MS KENNA: Don't I? Okay. I wasn't planning on doing that, your Honour. If it pleases the Commission that's all I have for now. Thank you.

PN381

THE DEPUTY PRESIDENT: Do you want to call you witnesses?  
Mr McAlpine.

PN382

MR MCALPINE: Thank you, your Honour, I would like to call Dr Peter Higgs.

PN383

MR RUSKIN: Just before you do that, your Honour, just a matter of housekeeping. One of our witnesses Dr Denelzen is in the room, she is our instructor and she is also a witness, I just wanted to alert you to that.

PN384

THE DEPUTY PRESIDENT: Thank you. You don't have any difficulty with that, do you Mr McAlpine?

PN385

MR MCALPINE: No, no.

PN386

THE DEPUTY PRESIDENT: Thank you, Mr Ruskin.

PN387

MR MCALPINE: I would like to call Dr Higgs to the witness stand.

**<PETER HIGGS, AFFIRMED**

**[10.37AM]**

PN388

THE DEPUTY PRESIDENT: Thank you, Dr Higgs, please sit down. Do you have your witness statement with you?---I don't, I have it over here.

PN389

Go and get it?---Sorry, I've got the supplementary witness statement.

PN390

That's all right, makes it easier when we're referring to it.

**<EXAMINATION-IN-CHIEF BY MR MCALPINE**

**[10.37AM]**

PN391

MR MCALPINE: Dr Higgs, could you state your full name, address and occupation for his Honour?---Peter Higgs, 52 The Ridgeway and I'm a senior research fellow at the Burnett Institute and I hold a research fellow position at Curtin University.

PN392

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

PN393

Those are two witness statements?---That's right.

PN394

Do you have those with you?---Yes.

PN395

Have you recently re-read those witness statements?---Yes, I have.

PN396

Do you have any corrections or alterations or anything that you feel needs to be added or subtracted for either of them?---Sure. There's just a slight missed thing on number 3 on the first witness statement where it says - - -

PN397

Is that on the first page?---Yes, first page, "Prior to 2008," and it's actually got my job after 2008 there as the first dot point, so that should actually not be prior to 2008. Sorry.

PN398

You are deleting the words, "Prior to 2008"?---Well, if you look at that first dot point on number 3 that was something I did after 2008 so it's not something prior to 2008. Those other dot points are all prior to 2008.

PN399

I see, yes?---That's the first job I had after I finished my PhD basically.

PN400

THE DEPUTY PRESIDENT: I note the sequencing?---Yes, thanks.

PN401

MR MCALPINE: Are there any other changes?---No, there aren't.

PN402

\*\*\*\* PETER HIGGS

XN MR MCALPINE

Do you adopt these two statements as your evidence and the attachments to those as your evidence in these proceedings?---Yes, I do.

PN403

Your Honour, we were - our position or our preference in these proceedings is that the evidence-in-chief should be limited to the statements, so I wasn't proposing to ask Dr Higgs any further questions. The parties have had a long time but I suppose I am seeking a direction as to how we are actually going to proceed on that point.

PN404

THE DEPUTY PRESIDENT: The usual practice is if the parties have put in witness statements, then unless they want to bring something out that may have arisen in replies or other matters, then I am content to have the witness statements. It's a matter for you and it will be a matter for the parties, but given that you have spent a lot of time and effort putting in witness statements, then unless there are issues you want to highlight or identify I don't ask you to take the witness through them, I've read them.

PN405

MR MCALPINE: Thank you, your Honour.

PN406

THE DEPUTY PRESIDENT: Do you have any objection to those statements?

PN407

MR RUSKIN: Yes, no I don't. I will take you, your Honour, through - there are witness statements that we are not going to cross-examine on but about which we will take you as to issues of weight.

PN408

THE DEPUTY PRESIDENT: Yes. I can mark these. There aren't objectionable matters? It's a question of weight is it?

PN409

MR RUSKIN: Yes.

**EXHIBIT #NTEU6 WITNESS STATEMENT OF PETER HIGGS,  
INCLUDING SUPPLEMENTARY WITNESS STATEMENT**

PN410

\*\*\*\* PETER HIGGS

XN MR MCALPINE

MR RUSKIN: Your Honour, we don't necessarily take the same position as Mr McAlpine about our witness given that there were supplementary witness statements put in after our statements were put in.

PN411

THE DEPUTY PRESIDENT: My comment covered that didn't it? Yes. Do you wish to cross-examine?

PN412

MR RUSKIN: Yes, your Honour.

**<CROSS-EXAMINATION BY MR RUSKIN**

**[10.41AM]**

PN413

MR RUSKIN: Dr Higgs, can you just clarify the break up of your work with Burnett, are you a day a week at Burnett at the moment?---That's right.

PN414

The rest of the time?---I'm at Curtin University, the National Drug Research Institute.

PN415

Four days a week?---Yes.

PN416

Burnett doesn't award degrees does it?---No, it doesn't.

PN417

Your role at Burnett a day a week, do you have a management function?---Yes, I do.

PN418

Are you responsible for the finances of Burnett?---No, I'm not.

PN419

THE DEPUTY PRESIDENT: I'm sorry, what was that answer?---No. I'm not responsible for finances.

PN420

Thank you.

\*\*\*\* PETER HIGGS

XXN MR RUSKIN

PN421

MR RUSKIN: So you are not involved in the day to day finances of the organisation?---No, I'm not.

PN422

You can't supervise PhD students at Burnett without having another appointment with a university, is that right?---That's right.

PN423

Who enrolls a PhD student into a PhD, is it Burnett or is it a university that authorises the enrolment?---It is the university that authorises the enrolment.

PN424

In your statement, Dr Higgs, you refer to your - I think you talk about your extensive experience with - how many research institutes have you worked with, is it Burnett?---Burnett is the only medical research institute.

PN425

Is the only one?---Yes.

PN426

The Kirby Institute, what is that?---It is part of the medical faculty at the University of New South Wales in a similar role to what I've got in our national drug research, it's like a sub-centre.

PN427

You say that fundamentally they're the same, the research institute?---My role is exactly the same in the work, the work that I do is no different to Burnett or at Curtin or at the Kirby.

PN428

But it's not the same as what the rest of the university does is it? The Burnett as I understand is a medical research institute that is dealing with matters of medical research, is that correct?---That's right.

PN429

The university isn't limited to medical research is that right, the UNSW did you say?---UNSW, yes.

\*\*\*\* PETER HIGGS

XXN MR RUSKIN

PN430

It does other things doesn't it?---It does.

PN431

It's got an arts faculty?---Yes.

PN432

Law faculty?---Sure.

PN433

Business school?---Yes. Social work where I did my original degree.

PN434

The mission statement of Burnett.

PN435

THE DEPUTY PRESIDENT: It's in one of these folders isn't it?

PN436

MR RUSKIN: Yes, I don't know where, your Honour?---Medical research practical action.

PN437

I don't know your Honour if the Burnett Year In Review is in the materials or not. In the union's materials?

PN438

MS SWEATMAN: It is, it forms part of NTEU3.

PN439

MR RUSKIN: NTEU3.

PN440

THE DEPUTY PRESIDENT: Thank you.

PN441

MS SWEATMAN: Your Honour, it may be easier if we just pass you up the relevant document.

PN442

MR RUSKIN: Yes.

PN443

\*\*\*\* PETER HIGGS

XXN MR RUSKIN

THE DEPUTY PRESIDENT: You say it's in NTEU3. Yes, in folder 3, sorry, thank you.

PN444

MR RUSKIN: Your Honour, the front page of that document which you might have.

PN445

THE DEPUTY PRESIDENT: Yes.

PN446

MR RUSKIN: Does say, "Medical research practical action."

PN447

THE DEPUTY PRESIDENT: Yes.

PN448

MR RUSKIN: Dr Higgs, the mission statement of the institute is on the second page I believe. Is that the mission statement?---Yes.

PN449

It says, "To achieve better health for poor or vulnerable communities in Australia and internationally through research, education and public health."?---That's right.

PN450

Do you think that's like the mission statement of the UNSW or a university, are university mission statements about better health for poor and vulnerable communities and internationally through research, education and public health? ---Not specifically, they would be through research, education, yes.

PN451

But the institution itself isn't really - the university as a whole, you wouldn't think that's a mission statement of the University of New South Wales?---This mission statement? No.

PN452

This sort of mission statement about public health, about poor and vulnerable communities?---Not of the whole university, it would be of particular parts of the university.

\*\*\*\* PETER HIGGS

XXN MR RUSKIN

PN453

When you see the word education that doesn't mean higher education for awards, that means education in terms of raising awareness, isn't that what education is about?---I think it's broad, it could mean both of those.

PN454

I put it to you that it doesn't - to rely on the word "education" and to suggest that the Burnett is like a higher education institution is stretching the meaning of the word education, and I put to you that the word education means broadening awareness of - educating the public about health for poor and vulnerable communities and educating those communities in their health, do you agree with that?---No, I think it's meant both. It's meant in a vague kind of way so it can mean both, like so I did a PhD at the Burnett through Monash, so I think it does mean both.

PN455

Burnett is located at the Alfred Hospital?---That's right, yes. The medical research precinct that the state government purpose-built down there.

PN456

It's located on the grounds of Alfred Hospital?---It owns its own building actually, so yes.

PN457

It's on Crown land I think?---Okay.

PN458

But Burnett welcomes students doesn't it?---It does, it depends on them.

PN459

It wants their contribution?---Yes.

PN460

You don't - the students are not taught by employees at Burnett in their capacity as employees of Burnett are they?---Well, they are paid by Burnett, they have - and it depends on which course you're doing to be honest. For example the course that I teach as part of the Masters of Public Health, it's a Burnett subject that goes through the Monash Masters of Public Health course, so Burnett basically have a - you can do an international health component of the Masters of Public Health, and not all of the people who teach in that will necessarily have an appointment at a university, they will be employees of the Burnett while they're teaching there. Some of them will have both.

\*\*\*\* PETER HIGGS

XXN MR RUSKIN

PN461

They can't teach an award course without - you said earlier - without having an honorary appointment or an appointment with a university, isn't that right?---Yes, I mean - yes, I'm not 100 per cent sure of that because there will be some people who teach without necessarily having honorary appointments, but yes. They won't be necessarily responsible for the teaching of that subject, they will come in as guest lecturers or that sort of thing.

PN462

There is a statement that I think you must have read because I think you commented on it which was a statement by Professor Kay, Tom Kay?---Yes.

PN463

I don't know if you have his witness statement - - - ?---No, I don't.

PN464

- - - which hasn't been marked yet. But perhaps if I could take you - do you have a copy of it?---No, I don't.

PN465

Perhaps I should hand a copy to the witness. It's a statement of Professor Kay which hasn't been marked yet.

PN466

THE DEPUTY PRESIDENT: I'll just hand a copy - - -

PN467

MR RUSKIN: He's got one, your Honour.

PN468

THE DEPUTY PRESIDENT: Good.

PN469

MR RUSKIN: If I can take you, Dr Higgs, to paragraph 32, 33 and 34 of that statement. Perhaps I can ask you just to read it?---Yes.

PN470

Do you agree with that?---I do.

PN471

\*\*\*\* PETER HIGGS

XXN MR RUSKIN

Apprentices, I don't know if you're familiar with apprentices, the apprentice schemes?---No.

PN472

Apprentices do placements as part of their TAFE course at workplaces for which they get 100 hours of credit or the like or 1,000 hours a week, places like - I don't know if there is a motor vehicle apprentice at a Honda or some other vehicle manufacturer but you don't see those institutions like Honda as an educational institution, do you?---I hadn't actually thought about it but no, I'd probably - yes, I don't know that I would call them an educational institution, it's - yes.

PN473

Paragraph 23 of the statement by Professor Kay, did you get a chance to read that?---Yes.

PN474

So do you agree that whereas you talk about moveability of employees from the research institute to a university or the other way around, there is also movement in research institutes between hospital staff, between employment at hospitals and employment at research institutes, do you agree with that?---Yes.

PN475

You say in your statement at paragraph 4 that you have two business cards?  
---Yes.

PN476

Because they are separate institutions. Are you at Curtin actually?---Yes, I am.

PN477

(Indistinct) UNSW?---No, I finished my job at UNSW in October last year and got a new fellowship that started in February this year.

PN478

Research assistants and technical officers are people that are employed by research institutes at Burnett?---Yes.

PN479

A technical officer is an occupation would you say?---Yes, sure, a scientist.

\*\*\*\* PETER HIGGS

XXN MR RUSKIN

PN480

Other organisations employ research assistants and technical officers, don't they, like CSIRO, CSL?---Yes.

PN481

Pharmaceutical companies, they produce - that they employ such classifications of people?---Yes. NGO's.

PN482

NGO's, yes. Human resources and other clerical administrative positions are of course positions in many organisations, not limited to research institutes and universities, you agree with that?---Yes.

PN483

Why is the Burnett not eligible for ARC funding, which I think you make that - - - ?---This is not a university so that's a ruling that's been made.

PN484

For ethics, am I right in saying that ethics approval Burnett needs approval of the Alfred Hospital and Monash Uni, is that right?---It depends on where the student is, like my own research at Burnett only needs to have the Alfred as its research ethics committee, but if I have a student from Monash attached to me at Burnett then they will require both. Like my own did.

PN485

Sorry?---As my own did when I did mine.

PN486

Yes. In paragraph 20 you describe yourself as unusual?---Yes.

PN487

For the purpose of the transcript - - -

PN488

THE DEPUTY PRESIDENT: Perhaps you should read on.

PN489

MR RUSKIN: Yes, I was going to say for the purpose of the transcript we should make it clear why you say you're unusual?---This is my original statement is it?

\*\*\*\* PETER HIGGS

XXN MR RUSKIN

PN490

Yes, your original statement?---Thanks.

PN491

It goes on to say, "In that the work I've done over many years also involves some health service delivery."?---That's right, yes.

PN492

You say that that is unusual, but Baker does health service delivery, doesn't it? ---They do, yes.

PN493

You say you're in uni super which is a superannuation scheme?---That's right.

PN494

You don't have to be, do you, you have a choice of funds?---Exactly, yes.

PN495

I think that's all my questions.

PN496

THE DEPUTY PRESIDENT: Thank you. Ms Pugsley, do you have any questions?

PN497

MS PUGSLEY: No questions, thank you.

PN498

THE DEPUTY PRESIDENT: Mr Howard?

PN499

MR HOWARD: No cross-examination.

**<RE-EXAMINATION BY MR MCALPINE**

**[10.57AM]**

PN500

MR MCALPINE: Do you still have a copy of the Burnett report with you?  
---Yes, I do.

PN501

Would you go to page 54. Do you see the heading, "Education at Burnett."?

\*\*\*\* PETER HIGGS

RXN MR MCALPINE

---Yes.

PN502

Below a bar on the left hand side there is a longish paragraph which starts, "The Burnett Institute is - " - do you see that?---Yes, I do.

PN503

Does that accord to your understanding?---Yes, it does.

PN504

You mentioned I think in answer to a question from Mr Ruskin that the university - I think it was put to you the university authorises the enrolment?---Yes.

PN505

Does that mean that the university also recruits the student for Burnett?---No, it doesn't.

PN506

Who recruits the student?---Often the supervisor, so a student will come - I'll just use myself as an example. So started as an RA, had a supervisor at Burnett, enrolled in a PhD and the supervisor worked at Burnett so I kind of went with her as a student. We recruit honour students, one of the photos is actually two of my honour students and one of my PhD students in that photo.

PN507

How would these potential students know about this process?---They would come and talk to scientists or researchers at the Burnett and negotiate their way through the paperwork. It's essentially an administrative requirement that you have to have your PhD registered with the university.

PN508

Just to assist his Honour, I don't know how much he knows about it, perhaps you could just speak - - -

PN509

THE DEPUTY PRESIDENT: Assume nothing.

PN510

MR MCALPINE: What is involved in the supervision of a PhD?---Again it depends on the project but regular meetings with your student, looking at the work they are producing, sitting on the committees that go through as they work their way through the various hurdles. At 12 months there is a requirement that you produce a piece of work and you present a paper in front of a panel and then regular supervision and I guess personal and spiritual guidance through the whole exercise.

\*\*\*\* PETER HIGGS

RXN MR MCALPINE

PN511

You said you look at the work that they've done, what do you mean by that?---So it would be sitting down and helping them with analysis perhaps or reading over work that they're writing as part of a chapter for a thesis or as a paper that they're presenting at a conference or those kind of things, so yes, you know, yes.

PN512

In the case of a PhD who would tell the student - and I don't know the answer to this question or what exactly the right question is - what do you - is it correct to say, is it not, that a student needs in a sense permission to submit?---That's right, yes, definitely.

PN513

Who gives that permission?---The supervisor.

PN514

So is there another supervisor at the university?---Not always, not at - no, not always, depends on who you're enrolled through but they would have to have an appointment at the university, whether it's an honorary or - - -

PN515

In relation to honours broadly speaking is the description you've just given as well similar in relation to an honours student?---Yes, and often you might only have one supervisor as opposed to two for a PhD but yes.

PN516

I have no further questions.

PN517

THE DEPUTY PRESIDENT: Thank you. Thank you very much for your evidence, you are free to go?---Thank you.

\*\*\*\* PETER HIGGS

RXN MR MCALPINE

<THE WITNESS WITHDREW

[11.02AM]

PN518

THE DEPUTY PRESIDENT: Is that the evidence?

PN519

MS KENNA: That's our evidence, your Honour.

PN520

THE DEPUTY PRESIDENT: Thank you. Mr Ruskin, do you want to deal with you evidence now as well and we'll get all the evidence out? Do you have a view about that?

PN521

MR RUSKIN: I thought, your Honour, that we might have the union dispose of its case before we put our evidence, that is to finalise it's case before we commence ours.

PN522

THE DEPUTY PRESIDENT: I think I would like to have all the evidence in. Does that present a problem for you in terms of timing?

PN523

MR RUSKIN: If we could just get a short adjournment I'm sure we can manage that.

PN524

THE DEPUTY PRESIDENT: Of course. Would half past 11 be convenient?

PN525

MR RUSKIN: It might be, your Honour, that - - -

PN526

THE DEPUTY PRESIDENT: I'll send my Associate back in 10 minutes - - -

PN527

MR RUSKIN: I think that would be a good idea and we will know the position.

PN528

THE DEPUTY PRESIDENT: And let me know. The matter is adjourned.

**<SHORT ADJOURNMENT** [11.04AM]

**<RESUMED** [12.11PM]

PN529

THE DEPUTY PRESIDENT: Mr Ruskin.

PN530

MR RUSKIN: Thank you, your Honour. I would like to call our first witness Professor Thomas W.H. Kay.

**<PROFESSOR THOMAS W.H. KAY, SWORN** [12.12PM]

**<EXAMINATION-IN-CHIEF BY MR RUSKIN** [12.12PM]

PN531

MR RUSKIN: Can you please state your full name and work address for this Tribunal?---Yes, my name is Thomas William Hales Kay and my place of work St Vincent's Institute, I'm the director of St Vincent's Institute, a position that is more or less equivalent to the CEO of the institute in Fitzroy.

PN532

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

PN533

Do you have a copy with you?---I do.

PN534

Do you stand by the content of that statement or are there any changes you want to make about it?---No, I stand by the content of it.

PN535

Your adopt it?---Yes.

**EXHIBIT #R1 WITNESS STATEMENT OF PROFESSOR  
THOMAS W.H. KAY**

PN536

MR RUSKIN: Professor Kay, we won't go through your statement exhaustively, but in these proceedings a supplementary witness statement was prepared by a Peter Higgs from the Burnett Institute and I would like to take you to part of that statement and ask you some questions and we will hand up a copy.

PN537

THE DEPUTY PRESIDENT: Yes, of course.

PN538

MR RUSKIN: If you go to paragraph 8 of that statement it quotes from your statement at paragraph 17 in which you say, "SVI does not have teaching or education as any of its aims, goals or mission." This statement of Dr Higgs goes on to describe the content in the next paragraph of the St Vincent's Institute annual report which talks about training and medical research as presented as a necessary investment in the future of medical research. Can you comment on your statement and the fact that the annual report talks about training of medical researchers?---Sure. So we like many similar organisations have worked pretty hard on mission statements, something that encapsulates what we are trying to do and that mission statement is very focussed on common diseases in the community, particularly improved prevention and better treatment of common diseases in the community, with the aim of reducing premature mortality and improving quality of life. And really what we're trying to do, what we're involved in as a medical research institute is to think about how medicine will look in the future. Most of us are familiar with the idea that if you were treated for let's say heart attack in the 1960s or 1970s the treatment of that in that time and the treatment now is really completely different. For example, coronary artery bypass graft surgery was not invented until the late 1960s and stents came and - angioplasty was developed in the late 70s, et cetera. So in most important areas of medicine change is happening all the time and that's the mission of our organisation and the way we go about tackling that is through three main ways of approaching that. One is to get the very best possible people we can to do research, provide them with the very best possible technology, up to date instrumentation and up to date technology of all sorts and then try and promote collaboration between our researchers and other people, for example clinicians would be a very important part of a collaborative effort, collaboration with industry, biotech pharma, that would also be very important. So that's the focus of

what we do. Now, in the annual report - in the annual report the particular annual report that's referred to, there's a sort of lifespan of a researcher outlined over a series of pages starting from junior people and I think ending up with someone very senior, sort of someone who is in their mid-70s, has had a very long career in medical research. It's really - I mean every year what we're trying to do with our annual report is explain to the community what we do, we're primarily taxpayer dollar, well we're almost entirely taxpayer dollar funded so we're trying to explain to the community what we do with their money and every year we look for some graphic way of illustrating that. Now, we are certainly interested in having the very best possible people do our work and we have project teams within the institute tackling particular medical problems and those project teams include people of various seniorities, including people many years post-university training. Some of those university education - some in the middle of - some who are graduates with a bachelor's degree who are called research assistants primarily and ones who have got PhD's awarded called post-docs and within those project teams there are people with PhD's who are studying for - who are enrolled as PhD students. But those people are part of a project team and everyone in that project team is trying to become better qualified, better equipped for future - their future activities. There's not a specific teaching component to what we do in those project teams, they're working as researchers.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XN MR RUSKIN

PN539

In paragraph 11 of the supplementary witness statement of Mr Higgs, he says that you downplay your honorary appointment as a professor of the University of Melbourne, can you comment on that in terms of your appointment as a professor and professors who are university employed who are professors?---Yes, so I guess when I think of my professional life I see myself as a medical practitioner and I've got qualifications as a medical practitioner and I also have specialist qualifications, the College of Physicians, the College of Pathologists to enable me to work as a specialist medical practitioner. And I see myself very much as an expert in medicine. I don't conceive of myself as a professor at a university. I do have a professorial title, I'm called I think a professorial fellow of the university, it's an honorary appointment. I don't have a formal employment contract with the university although the appointment is renewed with a letter and so on. The way these appointments come about and the purpose of these appointments is that throughout our career, as I mentioned before, one of the aspects of having a project team is to have a series of people at different levels of skills and one of the people in those teams are graduate students and in order to have graduate students the university requires us to have an honorary appointment with the university to carry out supervision of students. Now, operationally we do not function as professors of a university. We are not members - for example in my case I'm not a member of the Faculty of Medicine, Dentistry and Health Sciences, I do not sit on university committees, appointment committees, the senate or other parts - it's a wholly honorary appointment I think that most university staff members wouldn't see me as a proper professor at a university.

PN540

How does that compare to staff - what you've described about your appointment and what you do, how does that compare with research staff at St Vincent's

Institute?---I guess it's (indistinct) as you go down our organisational chart that once people - typically what happens in people's career structures is that they are working - we recruit people primarily - the source of the people we recruit as scientists is primarily young Australians working often as post-doctoral fellows overseas and they will come back to Australia and they will establish their own laboratory. So they move from a period of being under supervision in various - by senior people to having their own operation and the first thing that they will do is try and get a grant from the National Health and Medical Research Council. They will typically hire a graduate research assistant and they will try and look for a graduate student to flesh out their mini team to get started with. In order to do that, to have a graduate student they will get a junior one of these honorary appointments and then over time, over their career those appointments will typically become a little bit more senior every couple of years. But the reason they get that appointment is to get to the stage of being able to supervise - being able to build a team to be able to supervise a student.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XN MR RUSKIN

PN541

In paragraph 18 of Dr Higgs' supplementary statement he says that, "My extensive experience leads me to conclude that there is little difference in the research aims of medical researchers within universities and those within research institutes." Do you have a view about that statement?---Yes, I think there is a substantial difference in the research aims of researchers in institutes and universities, and perhaps the primary way is that always medical researchers working in a medical research institute will be focussed on - will be highly disease focussed. There will always be greater focus on - most of the research institutes are co-located with hospitals, you know at least a majority of them and the focus of that activity in medical research institutes is to do with disease or health, you know the flipside of disease. The emphasis in a university will never be - on a university campus the emphasis will always be somewhat less on disease and somewhat more on the advancement of knowledge, the sort of more abstract aspects of - the less applied if you like aspects of medical research. So if you came into our institute, if you had a walk around our institute like many of our supporters do, every one you go to and talk to, every single place you go will focus on the clinical problem that they're dealing with, not on the fundamental aspects and I think that's a very important difference in focus and it's actually one of our key competitive advantages because quite a lot of scientists will want to work in this more applied space, closer to clinical problems, closer to working with clinicians, closer to seeing science in the clinic than they do work in the more abstract area. I think also there may be some overlap with some researchers in the university, of course there will be, but I think there are a vast amount of research at the university that is quite distinct, you know research in history or politics or whatever, in law, all sorts of other fields which is very different from medical research. So I think medical research, these are professional workplaces working on specific problems, trying to solve particular applied problems. They're really not places for people doing blue sky research or in a sort of more academic sense. They are not really academic in that sense, they are much more focussed on the application to health and to disease. And you know that's one of our key competitive advantages in fundraising also, if you look at the history of funding through the

NH&MRC, the national health and medical research council which is our main source of funding competitive grants through that organisation, that's done quite well over the years compared with say funding for very fundamental research or funding for ballet or opera or whatever. The focus of medical research and medical research institutes is to do with common diseases in the community which are of really critical importance to the community.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XN MR RUSKIN

PN542

On paragraph 20 of your statement you talk about benchmarking salaries against those paid at universities. Is that the limit of your benchmark?---We benchmark through a - in a pretty informal way through the craft group of the human resources managers of the major research institutes in Melbourne. Our HR manager belongs to a craft group, they talk about salaries. We do look at uni salaries, we probably mainly look - well, we do mainly look at our competitor colleagues. You know we have a complex relationship with other research institutes where we are trying to collaborate with them but we're also in a global competition to get the best talent. So we mainly look at what's being offered in other research institutes. We would keep an eye on what's involved in people working in hospitals, particularly people with clinical backgrounds and clinical skills, we would benchmark with what they would be paid in the hospital system. We would also look for that matter some of our groups are very hooked up with biotech, we would look at the sorts of things people are being offered to work in the industry, so we would benchmark across a variety of organisations, primarily with the major research institutes.

PN543

In paragraph 42 of your statement at your conclusion you say, "SVI is affiliated with the University of Melbourne." That has been an issue about affiliation in this case and I wondered if you could tell us what does it mean in your case to be affiliated with the University of Melbourne, what is an affiliation, how does it come about?---Our institute was started in the 1950s by a bequest from a racehorse trainer who gave money to the Sisters of Charity to establish a research institute. He actually specifically in his will I think specified that it should be something like the Walter and Eliza Hall Institute which is really the gold standard for medical research institutes in Australia. So he left money to the Sisters of Charity, the proprietors of St Vincent's Hospital to establish a medical research centre on the campus of the hospital. I don't know exactly what the process was but clearly the hospital campuses, the big hospital campuses, they have input from primarily the hospital but there's been a university presence on the St Vincent's campus for over 100 years. So as part of that and as part of the expectation that the institute would have students at the institute who were enrolled under the auspices, who are enrolled at the University of Melbourne, that affiliation was set out. So our affiliation really geographically and organisationally is primarily with St Vincent's Health Australia which is the umbrella term for the health care organisations run by the Sisters of Charity which is now under a corporate structure but essentially it's the Sisters of Charity, we are part of their organisational charter but we do have a link with the University of Melbourne.

PN544

So what does that affiliation agreement, what does it do or what does it mean?  
---It's basically a - I don't have it in front of me and it's a document that's quite old now, I can't remember exactly when it dates from but it hasn't been updated in recent years. It means a general intent to work together when appropriate. There is no highly specific aspects of that, I mean we have links with the university, we have - for example we often have a university staff member on our board as one of the directors of the institute, we also have multiple people from the hospital on our board and a majority of independent directors. We currently have the head of the school of medicine, Professor Jim Best is a member of (indistinct).

PN545

Just lastly, when you talk about the affiliation agreement what impact does that have on what you were talking about in terms of honorary appointments at the university in order to supervise students, are the two linked?---Are the two linked?

PN546

Let me ask you again, does the affiliation agreement have anything to do with having an honorary appointment at the university, do you get that automatically because you've got an affiliation?---You don't get - I'm not - I guess I'm not exactly sure how to answer that. I don't think the two are linked because the affiliation agreement is very much a background document to do at a sort of institutional level. We actually do supervise some students not from the University of Melbourne, but I think the key thing here is that in order to supervise students who are enrolled at the University of Melbourne, they're carrying out their degree under the auspices of the University of Melbourne. In order to do that we need an appointment with them. Because we are in a list of organisations with which they have an affiliation, I think that makes it straightforward for that to happen.

**<CROSS-EXAMINATION BY MR MCALPINE****[12.33PM]**

PN547

MR MCALPINE: Are you aware that AAMRI has suggested that people are covered - people who work at St Vincent's Institute are covered by the medical practitioners award?---I'm not specifically aware that AAMRI has said that but I know that within St Vincent's Institute we do have a number of occupational awards that people are working under, so I don't think that would be surprising if that was the case.

PN548

I am not going to ask you about legal questions about coverage of awards?---Yes.

PN549

But I did want to ask you one more question which is a question of fact about the content of the medical practitioners award and that's in the documents your Honour that were - - -

PN550

THE DEPUTY PRESIDENT: Do you want me to hand a copy down to Professor Kay?

PN551

MR MCALPINE: If I take you - do you have a copy of that in front of you? ---Yes.

PN552

If I take you to the fourth page of that award?---Yes.

PN553

There is a list of definitions, mercifully I'm only going to look at one, it says, "Medical practitioner," do you see that down the bottom?---Yes.

PN554

I just want you to look at the list of types of workplaces if you like or employers listed there and I put it to you that a medical research institute is not any of those list of things?---I'll just have a read through.

PN555

Yes, sure?---Yes.

PN556

You'd agree with that?---The medical research institutes are not - - -

PN557

Are not on that list?---They're not on that list.

PN558

They're not covered by that list?---No, I guess the thought would occur to me there is that many of the medical practitioners working in research institutes of which there are a substantial numbers would have sessional appointments at co-located hospitals but I also would point out that when - and when they're working in the institute. For example in our institute there are no patients in our institute, so when we are working as a medical practitioner in a research institute you're really putting on a scientist's hat in the institute.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN559

I was looking at your report and it makes very interesting - the annual report? ---Yes, thank you.

PN560

It does make interesting reading?---Good, I'll pass that on.

PN561

I was looking at the 2011 report and it lists the staff of the institute and amongst those are listed quite a number of senior research fellows, research fellows and principal research fellows?---Yes.

PN562

I really wanted to say you would also find those as common titles in a university, in a research institute, in a research arm of a university?---Yes, I'm not sure, I'm not familiar with the research report of the university, I would imagine that they

are usually - in a university research report they would usually be listed by their academic title. That is they would be listed professor, associate professor or reader, senior lecturer, et cetera, that would be the primary way of listing things at a university in that report.

PN563

A person who would otherwise - you would accept a person who was otherwise employed as a senior lecturer to teach and do research, if they were working in the Monash Medical Research Institute for example as an employee of Monash University they would most likely be called a senior research fellow, not a senior lecturer?---I don't know. Monash - the research institute at Monash Medical Centre, MMRI is a complicated organisation. I can't speak for them specifically, it's actually part of the university, it's part of Monash University, it's not an independent medical research institute. It would be unusual, just to pick up one of the things that you mentioned, it would be unusual for people in the staff list for a medical research institute to have a significant descriptor as a teacher. I think you mentioned - - -

PN564

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

No, I am asking in reverse. I am saying a research only staff member who works on a NH&MRC grant in a university as a medical research, the title senior research fellow would be a common title for such a person?---I don't know, I don't know that that's true. If you go to the find an expert page - the University of Melbourne's find an expert page and if you put me into that, you would find a lot of things which told you I was not a university staff member. For a start we don't actually have a - - -

PN565

Sorry, I'm asking - - - ?---That's right, and if you put in a research only staff member you would find their academic title primarily, you would find Professor William Heath and you know department of microbiology and immunology and then under that somewhere it might well say Australia Fellow or something. But my feeling is that if you went to a university staff list page you would primarily see academic titles, rather than NHMRC titles.

PN566

So you're saying that the term senior research fellow is not commonly used in universities?---I would say that it would be that Professor Tony Purcell, professor in the department of biochemistry. It would say in his mini-bio that he was a research fellow of the NHMRC, I don't think the primary title for researcher - I don't work in a university so I can't really comment and I don't - although I read my own annual report I don't really read other annual reports in that much detail. I think it would be unlikely for them to be primarily listed as research fellows.

PN567

Even if they weren't a professor or an associate professor, that's really what I'm talking about. For example, a senior research fellow is a person whose appointment corresponds if you like they were teaching to a senior lecturer, but if they're research only they're a senior research fellow?---I would doubt it. Most senior research fellows of the NHMRC in universities, almost all of them would

be associate professors and I think you would - I don't know, I'm not quite sure what the - I don't know that I'm exactly clear what the point is but I don't - I think that you would find university staff lists still are you in this classification, professor et cetera, rather than focusing on an extra award from - like the NHMRC but I could be wrong about that.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN568

You accept that the term professor and associate professor is commonly found at the university?---Yes.

PN569

The documents that - on the question of affiliation and I'm not going to ask you any questions - I'm not asking you about what the affiliation means, I'm asking a simple question. There is no doubt that the institute is affiliated to the University of Melbourne?---Correct.

PN570

Is it fair to say that there is a document that one can point to that shows that that is the case?---There is. Yes, of course we also have affiliation documents with multiple other organisations, most prominently with St Vincent's Hospital which is our primary affiliation. But also for example we have affiliations with biotech companies like for example Biota. But yes, we definitely have an affiliation agreement with the University of Melbourne.

PN571

Is it fair to say, you will understand this much better than me so perhaps you can explain to his Honour, is it correct to say there are two large types of grants from the NH&MRC, there are project grants and there are grants to support researchers, is that a fair description?---Your Honour, there are many, many, many grant mechanisms from the NH&MRC, I don't know how many there are, I think there might be 30 or something, a large number. The NH&MRC does however divide funding into people support which is for salaries and for salaries of a certain subset of high flyers really, because a lot of salaries also paid out of the project grant or the grant money, and the grant money is divided up into multiple things. In fact I thought I was going to be asked about the difference between projects and program grants, so there are many different dividers within the grant scheme. Within grants the benchmark of those is project grants, these are three year grants, highly competitive this year, a success rate of about 16 per cent and those grants still primarily cover salaries actually, even though they're not in people support. Therefore the grants are to do research and they pay the salaries of people who are doing the research in a hands on kind of way as well as chemicals, reagents and other funding needs of the research. In our organisation the main kind of grants that we have, we are about - these grants from the NH&MRC are our primary source of income, we do not get any income as a - - -

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN572

Sorry, my question really was about simply that broadly speaking is it fair to say there are grants that support researchers and there are grants that support

programs, projects or whatever, is that (indistinct)?---Broadly speaking but I just make the point again that the projects and programs, they are also a major source of salaries.

PN573

Yes, no, no, I understand that?---Yes.

PN574

I put it to you that in fact the universities, there are some others, there are hospitals as well, but the universities and the research institute compete in effect for that money, their researchers compete for the pool of money that's available under both of those?---Yes, I'm not sure about the specific we compete with the universities thing, but researchers nationally compete for peer review funds.

PN575

THE DEPUTY PRESIDENT: Could I just ask a question. You say that there are grants that are identified towards salaries, can you indicate do you know that basis upon which applications are made for salaries, what benchmarks are used? For example can you say look, we've got a Nobel laureate that we want to engage for not less than \$250,000 to engage such a person?---Yes.

PN576

Do they accept that sort of application or do they identify it in some other way? ---Yes, there are a series of - there is a series of career levels that the NH&MRC provides a salary support for. The top level unfortunately plateaus well before \$250,000. So it's broken up into different career stages. There are people who go overseas, post-doctoral fellows, there are certain awards for them. There are awards for people called career development fellowships which are really after the immediate post-doctoral phase and before people have completely got their own set up, their own lab, and then there is this research fellowship scheme which I think is probably foremost in people's mind which are very senior awards, people really are typically in their mid-40s before they get to the bottom rung of those awards unless they are extraordinary high-flyers and then there are four levels of those awards now. There used to be a fifth level, the Australia Fellowship which was the top level which for a Nobel Laureate would be a good candidate for the Australia Fellowship and there are a couple of other very senior awards within the NH&MRC with very small numbers of them awarded, but there are different levels. The way those things - you asked about how they were awarded, so they're awarded on the basis of peer review through specific committees set up to review the applications. Typically the success rate - the criteria?

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN577

I was more interested in how do they fix such a salary, what do they use as benchmarks? Do they use university salaries as benchmarks, do they use private sector salaries as benchmarks, how do they arrive at what they think is fair for salary provision in those grants?---I'm not sure I can specifically answer that. I think that the way the NH&MRC budget is organised is very much along the idea of a finite pie of national funding where semi almost political decisions are made about how much will go into this sort of mechanism versus that sort of mechanism and then I assume some sort of discussion takes place about how much money

we've got, how many people we need to support and some benchmarks, but they don't exactly correspond with university and other benchmarks and in fact in many cases because of funding restrictions they have sort of in some parts of the scale have slipped well behind what would be part paid in other sectors.

PN578

Sorry, Mr McAlpine.

PN579

MR MCALPINE: That leads on to a question I have in a minute. The researchers therefore who are employees of universities and research institutes, they apply to the NH&MRC for in effect they compete for the same pools of money, I know there are some small exceptions, but they compete for the same pools of money according to the same criteria?---Yes, I mean it's a complicated questions. Traditionally scientists working in medical research institutes and in the university did not compete for the same pool of money in fact, and there are differences even now in the pools that are competed for. I guess historically and traditionally one of the attractive aspects of working for the university was to become an employee of the university, become a reader in the Department of Medicine or a professor in the Department of Medicine and to be salaried and to be spared the pain of continual re-application for a highly competitive fellowship?---

PN580

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

THE DEPUTY PRESIDENT: Or historically to be tendered?---To at least to have continuing employment. Now, as times have changed some universities have tried to make more research - have made it part of their system that people who are high research active and potentially competitive to these very sought after fellowships might compete for those but that's not been - that's really a minority activity and I don't really think it's how most university academics would see themselves as being funded and if they - - -

PN581

MR MCALPINE: No, sorry, my question was not about how the university academics see themselves as being funded, I'm just talking about the applications for the grants, they are either granted or they're not. They're judged by the same criteria whether or not you are from a university or from a research institute? ---Not entirely you know, because on these research fellowship panels, if you apply for a research fellowship and you are a professor at a university, an employee of a university, there is a lot of justification that has to go into that about why you are applying for this fellowship when you are an employee of the university. So I don't think it's quite the same. Then the flipside is the issue of the Australian Research Council which is an alternative mechanism of funding for senior (indistinct) scientists - - -

PN582

No, no, my question was limited to the NH&MRC. What I am asking is are the NH&MRC's criteria for these competitive grants the same depending on whether you are at a university or a MRI?---I think it's too complicated to give a yes or no

answer. For example, NH&MRC fellowships talk about relative to opportunity very much. So there is - - -

PN583

Does that criteria apply equally in universities and MRI's?---Yes, but if someone came through the university system there would be discussion - - -

PN584

No, I'm not asking about the effect of the application of the criteria, I'm asking about whether the criteria are the same? The criteria are reduced to writing aren't they?---The criteria, there's a big document about the - you know many, many pages about the criteria for fellowships. So yes, those are then interpreted in individual circumstances which could be different of university and medical research institute researchers.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN585

I would like to take Professor Kay to attachment 2 of David Trevack's statement in reply in NTEU2, yes.

PN586

THE DEPUTY PRESIDENT: Appendix B is it? Attachment 2, yes.

PN587

MR MCALPINE: Attachment 2.

PN588

THE DEPUTY PRESIDENT: Hopefully I've handed up the right one?---Thank you.

PN589

MR MCALPINE: That attachment 2 has the heading, "Appendix B," just so we're completely confused. Appendix B research fellow scoring descriptors. This is an extract of the sort of thing that you're talking about for the criteria, isn't it? ---Yes, it is.

PN590

There is no distinction in these pages at least, there is no distinction between medical research institutes and universities, the criteria are the same, is that correct?---Yes.

PN591

There are similar criteria for senior research fellowships, principal research fellowships, there is in a sense a structure which determines how much grant goes to the employer to support that particular position?---Yes.

PN592

As you say the grants have fallen behind the actual salaries and that's a common problem across the sector is that the NH&MRC isn't Santa Claus when it comes to these things. So there is in fact in this sense for these positions you use those primarily - sorry, you use the level of the grant, that is the classification by the NH&MRC of the grant supporting the employee as an important determiner of what you are actually paying?---I think that would depend a lot institute to

institute. Quite a lot of institutes run their own appointments and promotions program independent of the NH&MRC, so I don't think that that would be across the board the case.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN593

But people who were being supported as a research fellow at your institute for example overwhelmingly would be getting paid less than somebody who was being employed as a senior research fellow?---Yes, we don't have a - research fellows historically - I don't think there is a research fellow classification but as you go up the - if there is in here it's out of date, I mean the NH&MRC no longer awards a level called research fellow as far as I know.

PN594

If it was a principal research fellow getting more than a senior research fellow? ---They would - they might be, I don't know, people - I mean it's a confusing question. People are not on the whole saying - most of the medical research institutes are saying we have a degree of independence from the grants that are being awarded. These grants are prohibitively competitive and impossible - very, very difficult to get. I think I mentioned that people are frequently in their mid-40s by the time they get on the bottom rung of the scale, they are extremely competitive processes. There would be quite a lot of people who are being paid out of step with their exact NH&MRC because these are independent organisations, they have got the discretion to work out - they would be frequently paying people more than the NH&MRC level.

PN595

THE DEPUTY PRESIDENT: Do you have a lot of questions for the witness Mr McAlpine?

PN596

MR MCALPINE: I do.

PN597

THE DEPUTY PRESIDENT: We might adjourn until two o'clock I think. Thank you for that, we will adjourn until two o'clock.

**<LUNCHEON ADJOURNMENT** [12.58PM]

**<RESUMED** [2.03PM]

PN598

THE DEPUTY PRESIDENT: Yes, Mr McAlpine.

**<PROFESSOR THOMAS W.H. KAY, RECALLED** [2.03PM]

PN599

MR MCALPINE: Yes, Professor Kay. I just have one brief question for you which is you state in paragraph 27 of your statement about honorary university appointments. You say, "These are not genuine university titles," amongst other things you say that. I was wondering if you think they're not genuine university titles, do you think it's appropriate it should actually use them?---Yes, I mean I'm

not sure about the exact use of words. They're not genuine university positions certainly and I think most people would accept that they're not really the real thing, that they're adjunct, they're honorary, they're not a bona fide. Now, in our - because I guess "doctor" is a sort of universal honorific for people who have completed medicine or PhD or whatever that people seek these sort of terms of seniority and I'd say it varies a lot the extent to which people seek them or not. I think it's - you know I guess the nature of the award that's provided by the university comes with the acceptance that they can be used as a title. So I think it is appropriate that they're used because that's probably part of the condition of the award and I do think people to a greater or lesser extent are interested in indicating their status and that's sort of what they're doing.

PN600

Yes, fair enough, but it is an earned title, isn't it, I couldn't ring up the Dean of Melbourne University and ask to be a - well, I suppose I could?---You could.

PN601

With very little prospect of success with my Arts degree and graduate diplomas I suspect I couldn't get one?---You might well be able to in law, I'm in medicine. I think that's right, they are to some extent - there is a process for appointing people at certain levels and - but that's not quite the same as applying to be the professor of medicine at the Royal Melbourne Hospital, that's a different process. For example there's no interview, it's sort of a paperwork process by which you submit to the university and they say yes, we're happy to give you this title. Primarily related to the supervision of (indistinct) students.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN602

But there are people who are senior research fellows for example who are supervising PhD students and there are others who are professors. The term professor and associate professor is a proper recognition of your status and the status of the work you do?---Similarly in a hospital that would be similar to - so the head of cardiothoracic surgery at a hospital yes, because they've got a certain seniority and they meet certain criteria. You know they would be given the title of some sort of fellow - they're not actually called a professor at the university you're called a fellow with title (indistinct) professor or principal fellow of the title associate professor, et cetera. There's no doubt that it relates to seniority but equally there is no doubt that the university draws a distinction between these awards and the awards to their own employees.

PN603

But it is a recognition of your status and the status of the work you perform?---I think that you have to meet their criteria.

PN604

I'll ask it again, it is a recognition that your status and the status of the work you perform, is it?---Yes.

PN605

Thank you. Supervision of a PhD, I put to you that the supervision of a PhD is involvement in education, would you agree with that, it's post-graduate

education?---No, I guess I thought a lot about this in the course of you know talking to people about these hearings and I've thought quite a lot about this. I think it's very distinct from teaching and very distinct from - you would have to think of education in an extremely broad way to see it as straightforward education. I think that it's not teaching. So the best parallel I can draw is when I - earlier in my career I used to teach medical students and when you teach medical students you do that in a tutorial style, you know, you write things on the board, you ask them questions the purpose of the thing, it's between a certain time and a certain time and the purpose of meeting up with them is to impart knowledge to teach. When you supervise graduate doctors on the wards, residents and registrars, which is a big part of what people who work in a hospital as doctors do, you are doing the work of the hospital, you are seeing sick people, you are examining sick people, you are talking about their treatment and you are supervising and the people who are in charge of delivering most of that are the residents and registrars and you are providing some sort - you are asking a few pointed questions, you are taking some responsibility, et cetera, et cetera. But there is no sense in which this is - the ward round, there is no sense in which that is a - that's not a teaching - that's work, it's not teaching, that's professional work, it's what hospitals do to look after sick people and I would see a very close analogy with that and graduate - supervision of graduate students, these are people who are university graduates, they're not undergraduates, they've completed their degrees. They've come to us to join in with our professional activity, our work, our work of doing research and they work alongside other people who are not students. They are part of a team. When we meet up we talk about the work, we're talking about my work, we're talking about the productivity of the group, we're talking about the impact on the health and the disease problem. I see it as being very clearly distinct from teaching and education. I guess it does seem it's an important theme and I do think it's - you know almost any professional workplace has training as part of it, I think accountants have this PY thing and so on and lawyers have various roles as associates or reading or articled clerks or something. I guess I see that sort of professional training as being very distinct from the process of giving a lecture or a tutorial.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN606

Yes, I don't think anyone would dispute any of that but my question was that the supervision of a PhD and I will ask a slightly different question. Do you think that when a university lecturer is supervising a PhD student they are involved in the higher education process?---But they're already involved in the higher education process.

PN607

No, no, I'm asking about the question, when they are supervising - I'm not asking you about their whole job, I'm asking is the supervision of a PhD student by a university lecturer part of the higher education process?---I think it's a little bit context dependent, we're talking about in our case we're not an organisation that's engaged primarily in teaching.

PN608

No, no, really professor, sorry. I am not asking you a question about teaching. I'm asking you about whether the supervision of a PhD which let me say for the sake of making a concession, I am not suggesting it is teaching in the sense that a lecturer or a tutorial is teaching?---Okay, let's go back to my analogy about the hospital, so if a university employer, the university department of medicine, a professor in the university department of medicine and they do a ward round with their resident registrar, no that's not higher education, that's work, that's work of the hospital.

PN609

I'll concede that. Now, if I go back to my question. Maybe I'll ask it in another way. The supervision of a PhD involves the preparation of a written body of work to be submitted for approval to admission to the degree of Doctor of Philosophy, is that true?---Absolutely.

PN610

When one is supervising - the supervisor of a PhD may well do a lot of things. They may set up a lab, they may provide experiences, they may send the student to a conference and suggest they should attend this conference and present a paper. But when they are supervising the PhD they are supervising the preparation of that body of work which is to be submitted for the degree of doctor of philosophy, is that fair?---I'm not sure. Operating what happens - and I guess you know I've had a long period of experience at this so operationally what you're dealing with is a research team, in a research institute you're dealing with people engaged in doing research, the vast majority of that activity - the vast majority of meetings with PhD students and the team that they're involved with has got nothing to do with the preparation of the thesis, although it eventually leads to the - although it eventually will lead to the preparation of a thesis.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN611

Does the supervisor have to read the chapters, the draft chapters?---We read all the output, we read all the output in the same way that anyone in a law firm would read the output of people preparing work, of course. We read publications, we read the annual report. A big part of our job is reading material, but the purpose of - when someone comes and does a PhD they are there for you know usually about four years and we would meet usually on average once a week in informal meetings at other times and the content of that is all to do with the progress of the research and understanding the research. Right at the end there comes a point where either on the basis of other things that they've written or de novo they put together a thesis which you read, but I would say that accounts for a tiny, tiny fraction of the mentoring of supervising process which is all about designing experiments, all about interpreting experiments, all about looking at data and thinking about the next place to go with the experiments. Of course the thesis is affidavit formal requirement for the degree but it's kind of separate to - and it's a requirement of the university to complete the PhD. It's not really what my interaction with the student is primarily about.

PN612

THE DEPUTY PRESIDENT: Can I ask it some other way, just to test that a bit if I may. A person who wants to enter into a PhD would look around for someone to supervise him. If you had a choice of Professor X at Latrobe University or Sir Gustav you would find it enormously beneficial to get Sir Gustav to be your supervisor?---You would, I can speak from personal experience.

PN613

Indeed, I saw - and it appears to me that you would do that because of the learnings you would get from that person and the input you would get from that person, so you would want to pick the best person so that you could be seen to have the best opportunity of getting information from?---Yes, but I mean I don't know - when I worked for Gus it was not a teaching process, it was about research and to me, you know to turn the thing back is if you were a young aspiring barrister would you go to someone who would - would look - think about someone in the high court, you know it would depend what you wanted to do, and there the eminence of the person would be an attractive thing. In our case the eminence is partly related to what you'd learned from the environment you would be exposed to, the cache of working for someone of that seniority which has ramifications throughout your career. There are all sorts of reasons why. I don't think you would - because Gus would never have sat down and told me about the biology of the (indistinct) in the way that someone at a university would. It's not about that, it's about a - these are - and I guess it takes me back to that time, it was very striking at that time. Having been - I'd been at university for three or four years and then I did this year in a lab and it's chalk and cheese the different between working in the Walter and Eliza Hall Institute, a highly focussed professional research environment compared with the environment of a university department and the functions of being a university student, they are genuinely and very much in my experience very different environments. In those research institutes there are people making their living from doing research, their job is on the line. The issue of the final thesis is a kind of accepted, understood thing, the hurdle we have to - the job is about productivity, research, thinking about health, et cetera. It's not about - primarily thinking about writing a thesis.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN614

MR MCALPINE: So is it your position that when you are supervising a PhD you are not involved in the education process at all?---I think it comes back to - - -

PN615

Can I concede, you are involved in research?---I'm in health, I'm a doctor.

PN616

If I can ask you a question about your research?---Yes.

PN617

Research, what is sometimes called the research education nexus, you are clearly involved in research, you are clearly involved in education?---No, I don't accept I'm clearly involved in education. I give occasional lectures at the uni, I give one a year in my capacity as an expert on type 1 diabetes. I see myself as a doctor and I see myself as an expert in type 1 diabetes whose career has moved from a

mixture of research and medical practice to a mixture of research and administration. I sort of moved out a little bit of medical practice when I took on my current role. I have never seen myself as an educator and it would be pretty fraudulent to do so because I just don't do that.

PN618

Do you think a student who is studying for a PhD is involved in the higher education process?---Yes, I think through their enrolment at the university of course they are involved in the research process because they are an enrolled student and I'm their supervisor.

PN619

Is their supervisor responsible for their progress towards achieving their PhD? ---Yes, and that's done under the auspices of the university through our honorary appointments we go to sessions conducted by the university that tells us about our responsibilities with regard to that supervision of students. That is not a function of the medical research institute and in reality our - the students that we have in - you know those functions for example the pastoral care of the students, their confirmation hearings and those sorts of things, they're run actually in our case by the department of medicine at St Vincent's Hospital. We don't run that, we don't run that education program.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN620

It is true though that you're actually involved in the - that students don't just go to Melbourne University and get assigned to SVI, they are attracted to SVI in the first instance and then they enrol as a student for a PhD, is that right?---Yes.

PN621

In fact you promote your role to potential students?---Absolutely, we are looking for students, part of the idea of having - I think I mentioned this morning that getting the best possible people in your team is one of our absolute strategic imperatives. We live and die by getting the best possible people in our research groups so we will definitely look for excellent students by advertising through the university and they will come sometimes for information nights and so on, again conducted by the university department. So we are looking for a good students and actually the Department of Medicine, the University of Melbourne Department of Medicine on our campus it contributes to that by running a good program. For example, there's a University of Melbourne student society on our campus which our students belong to and so on, so that sort of activity a bit like being full on - going to the union or whatever, you know going to parties and social activity, that really is a function, we don't really do that, that's a function of the Department of Medicine, the university

PN622

You would accept that the great majority, irrespective of where they work, the great majority of researchers in Australia who are on employment funded by NH&MRC grants are on fixed term contracts?---I can't - is that right? I don't know. I mean in our institute we only have people employed on fixed term grants because we are wholly on the grant cycle, that we do not have the resources to support people outside the three or five year or whatever it is of the grant cycle.

Therefore we - and one of the main differences in people choosing to work at an institute, they're trading off things compared with other choices, hospitals and so on, they are trading that off, they're saying we accept that you'll employ us on a fixed term contract, that's something that we do and it's because it's a very tough environment that's wholly dependent on being able to support yourself through the getting of grants.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN623

That is essentially inevitable in an environment where the employment is funded by NH&MRC grants?---That's right, we don't have any annuity income, we don't have any stream of income from teaching for example which of course the university does. The usual thing as I mentioned before, most people when they go to a university to be employed as a senior researcher will be expecting continuing employment and a lot of that is driven by the income - the year on year income derived from teaching.

PN624

But you are not suggesting that the NH&MRC funded employees of universities to any significant degree are on continuing employment are you?---I've got absolutely no idea. Absolutely no idea, but - - -

PN625

You have been an employee of a university?---Have I?

PN626

Haven't you?---I don't know. Well, in 1986 I was for - for one year I was - in the first year of my PhD I was at the University of Melbourne Department of Medicine but I think at that time I was on a Cancer Council of Victoria grant and I'm not really sure - I can't remember who my employer was, it may have been the university, it's a long time ago. I haven't been employed by the university since that time.

PN627

But I put it to you that the use of fixed term contracts is essentially dictated by the limited term of the NH&MRC grants?---And other grants.

PN628

Yes?---I think it's a little bit - we're not - the NH&MRC is not our sole source of funding.

PN629

No?---But it is - yes, I think that it's true that the reason we have fixed term grants relates to an issue of funding.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN630

And that certainly people involved in research are much more likely to be on a fixed term contract than people who are involved in teaching?---Yes, we don't have anyone, we don't employ (indistinct).

PN631

No, I'm not asking about SVI?---Yes, that's right so I don't know, I've not been in an administrative role in somewhere that employs people involved with teaching.

PN632

You actually have no knowledge of the employment patterns in universities?  
---I've always found - I'll tell you I think the understanding of the finances and employment arrangements of universities is quite complicated and I don't personally understand them, no. I don't know enough about them to comment.

PN633

So you can't - - -

PN634

THE DEPUTY PRESIDENT: Should we be concerned about that?---I try not to be, no.

PN635

MR MCALPINE: So if that's correct you actually can't compare the employment relationships at research institutes with those at universities because you don't have any knowledge of the employment relationship?---Yes, that's fine, that's only to say that I think that in general terms there is more continuing it, because when we try and recruit people - - -

PN636

No, no, I'm putting a sharper proposition. You have said you've got no idea about the employment relations at universities, so if that's true you can't compare the employment relations at universities with research institutes, is that right?---Yes, I can't give you specific - I can't specifically answer questions about whether a teacher would be more likely to be on a continuing education, I don't know. I guess I know what I read in the paper and I think that there have been a lot of teachers employed on short term contracts in - - -

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN637

Yes?---But I don't know enough about the detail.

PN638

You say at paragraph 38 of your statement, "The St Vincent's Institute does not receive any recurrent income such as that received by a university or a hospital," and this is the case for other MRI's, I'm not disputing that at all. You wouldn't disagree that universities don't receive any recurrent income for their research grant funded staff either do they?---I think that's splitting hairs, I think both universities and hospitals do have recurrent income.

PN639

No, but that's not my question. Nobody is disputing that. Hospitals and universities have lots of recurrent income?---Okay, so let me put it this way, I think there's - we have almost no ability to cross-subsidise shortfalls in research expenditure because we do not have other sources of income.

PN640

Yes, so my question was - - - ?---Whereas there is the ability (indistinct) - - -

PN641

My question was whether universities receive any recurrent income to support their grant funded staff, their research grant funded staff?---I think they clearly have the ability to cross-subsidize from teaching, that is distinct from the situation we are in.

PN642

Does that mean that you don't know?---No, I think that they clearly do. They have enormous - the income for a university from teaching enormously outweighs the income from research and there's clearly an ability to fund research out of teaching. In fact I think all universities would be doing that to some extent because universities are primarily chasing international rankings and to do that they need to bolster research and so they need to spend some of the money that perhaps should be driven, should be dedicated to teaching at times on research staff. So I think there is a big difference in the way we're funded.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN643

Okay, I will try - - - ?---Because we are really on the edge every single year and a hospital for example might complain about having its income cut by a few per cent a year but they are still getting hundreds of millions of dollars from the government. We are in the position where if we don't get grants there is no money.

PN644

I will ask a slightly different question and come back to that one. There is grants of various types and there is infrastructure funding. Could you explain to his Honour what the infrastructure funding is?---Yes, I'll try.

PN645

And isn't as well?---yes, I'll try. So I think that we all understand that in any organisation there is a need to keep the lights on, to run sort of - to run parts of the organisation which are not directly in our case doing research but required for the research activity to take place, and the research grants, what are called direct costs is very tightly budgeted down to the last dollar for every bit of plastic ware and so on and is usually cut back somewhat, so it's very, very lean and it's actually primarily held by the grant holder, even though the grant is made to the institute, the grant holder holds those funds really, operationally. So over the last 15 to 20 years there has been an acceptance by government in Australia that other sources of money need to be found to provide satisfactory facilities and working environment and the sources of that money are basically for us both state and federal government and they're delivered to us on the basis of a certain number of cents in the dollar of competitive research grants. So even though it doesn't come with the grant it's very closely timed to our ability to win grants, and so we - almost all of our income is hooked up to our ability to get competitive grants because these infrastructure dollars come with that too. The money comes from in the case of Victorian Independent Medical Research Institutes comes from the Victorian Department of Business and Innovation which I guess indicates to you that the Victorian government sees us as being part of the broad biotech industry in Victoria and in the case of the federal government comes from a scheme within the National Health and Medical Research Council.

PN646

You get NH&MRC infrastructure funding as well don't you?---We do, we get 20 cents in the dollar for NH&MRC from the federal government and 10 cents in the dollar typically from the state.

PN647

In that sense the universities accept that they get a higher level of infrastructure funding are in the same position, aren't they in relation to their grant funded activities?---I don't think they are. My understanding is that the Iris scheme from the National Health and Medical Research Council is specifically for medical research institutes but Nicole Denelzen might be able to comment on that more specifically. The indirect cost funding for the universities comes specifically from the federal department of science, technology, education et cetera, whatever the current acronym is, DSRTE or whatever. We do not receive infrastructure funds from that. We receive infrastructure funds from the Department of Health through the NH&MRC and from the state government, we are not eligible to receive those funds from DSRTE.

PN648

I'm not talking about the sources, I'm saying that there is a combination of grant funding which is if you like and there is infrastructure funding that supports the infrastructure necessary. So in that sense university based research is in the same position. That's how it's funded in both cases, there is a combination of grant funding and infrastructure funding?---I guess I don't contest that but I'm not sure, both - there are other sources of funding too.

PN649

Yes, there are other sources of funding, but I suppose I'm going to try again, universities don't receive any recurrent funding for their grant funded research activities, they may - - - ?---I think (indistinct) - - -

PN650

They may divert money?---They may (indistinct).

PN651

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

If I can finish my question?---Yes, sorry.

PN652

I'm putting a proposition to you?---Yes.

PN653

They may divert funding from other activities like teaching to support research but they don't receive funding on a recurrent basis for their research activities? ---Yes, I'm not sure, you might be right. The infrastructure scheme at the federal level is very complicated. It's got a whole series of different pots of money from which the money comes. I could not tell you whether any of those have got a recurrent aspect to them, some of them might. You know it's not as straightforward as 20 cents in the dollar if you're a NH&MRC grant, it's not as straightforward as that. They will have these complex acronyms, most people I

don't think really understand how the schemes are derived. I guess my sense is that universities receive very large recurrent funding from the federal department and that that - the idea of them splitting off this research only activity which is a very minor portion of the broad university, compared with the teaching or the teaching research mix which are much more dominant parts of the university, I'm not sure whether - - -

PN654

THE DEPUTY PRESIDENT: You shouldn't let the Vice Chancellor of ANU say that he might have a different view?---Yes, he might have a different view, he might but from a financial point of view it's a smaller activity than teaching undergraduates and so on.

PN655

I am not asking you because you've used the word in a general sense, you have tried to define what staff in medical research institutes are, you have used the word "scientists". Would you agree that some scientists are researchers and some scientists are not researchers?---I think the question is very broad. Some scientists are researchers. In medical research institutes or do you mean - - -

PN656

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

No, no, I'm asking you - you use the word "we are not researchers, we are scientists" or some similar expressions?---No, I don't think I said that.

PN657

You say they are scientists. You are saying they are scientists?---I would use - in our institutes I would use the word scientist and researcher, I would use them synonymously in our environment. There would be - I mean a science teacher at school they've sort of got a science education but they're not a researcher clearly but in our institute I don't think I did draw a distinction between scientist and researchers.

PN658

Okay, fair enough. The - - - ?---We're not teachers I think is the point I was making.

PN659

No, no, I'm not talking about that. What I'm really saying is - for example a person could be a highly skilled professional scientific officer who does diagnostic tests by putting an explosion under the ground and working out whether there's oil in the ground, that person could properly be described as a scientist, is that correct, would you agree with that?---Yes.

PN660

But they wouldn't necessarily be a researcher, they would be a scientist but they wouldn't be a researcher?---I'm not sure - I think this is splitting hairs. I don't know where scientists and researchers - you know I'm not sure.

PN661

I agree but a simple proposition I'm putting to you is it's possible to be a scientist without being a researcher, is that true?---I don't know, I don't think there is an exact definition of researcher, I'm not sure where you're headed but I (indistinct).

PN662

(Indistinct)?---No, I know that's - but I'm just not sure what the - if you then went on to say to me well, what's your definition of researcher and so on, I'd find that - you know, I mean we have people in our institute with very mixed roles where they will be participating in health related activities like where they might be contributing to some - to some form of service delivery, we don't have many of those but they usually would have a research role as well. I'm not sure - I just don't know that categorising people as wholly scientists or wholly researchers, I'm not sure how useful it is.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN663

No, well that wasn't my question. My question wasn't about SVI, my question was whether it was possible to be a scientist without being a researcher, as a question of definition?---Possibly.

PN664

But you say that all your scientists are researchers?---Yes. I guess I point out that you couldn't - because we are wholly funded by research dollars you couldn't get by unless you were a researcher.

PN665

Yes?---I mean we have people who wash up and we have people who you know - we have a - - -

PN666

And they're neither, are they, they're neither scientist nor researchers?---That's right. We have scientists who are commercialisation managers for example. We have a diverse work force, it's not homogenous.

PN667

A scientist who is a commercialisation manager doesn't need to be a researcher? ---Currently he's not, he has been.

PN668

So would you - and I agree that there are lots of - and tell me if you've got another definition, but is it a reasonable definition to say that research is about the production of new knowledge or the novel application of new knowledge to new products, techniques or policies, is that a reasonable - - - ?---Sounds fine.

PN669

Everybody has their own definition but you would agree with that broadly. Would you agree that in respect of your researchers that is the nub of what their work is about, that the research - that is what makes SVI and the other research institutes such great and important places, is they're actually about the development - not just the basic science but the application of knowledge to develop new techniques, new methods of improving human health, is that a

fair - - - ?---I would say the medical research institutes are very much about application of knowledge to disease, thinking about better treatments for disease and increasingly we're being held to account for that. On the health report last week there was discussion, in (Indistinct) report and from which Ian Fraser from Queensland, the developer of the human papilloma virus vaccine, he was asked by Norman Swan a provocative question about whether it was all just about publications and things and he really stopped Norman Swan and said no, it's not about publications, it's about impact on health and we're increasingly being judged on our ability to have an impact on health and disease rather than sort of curating a sort of pile of publications or - it's not really about (indistinct) it's really about think about application.

PN670

But in thinking about applications if I am trying to develop a new drug to cure or alleviate some disease, probably a disease I can't even pronounce, I am going to go and read the publications in the field, aren't I?---Definitely, that would be part of the process.

PN671

So the purpose of those publications is to disseminate the knowledge nationally and internationally so that the research community is not reinventing the wheel and is building on the work of other researchers, is that fair?---I think it's very fair that it's not knowledge for its own sake. We're if you like that R&D part of the health system where thinking about how to improve the health system and of course the way that that's communicated in part is via publication, not the only way but one of the ways.

PN672

You would accept that many research institutes get grants for what is called basic science?---No, I wouldn't really accept that. I think it's a very minor activity for most research institutes.

PN673

THE DEPUTY PRESIDENT: Are you saying that the funding bodies are now more focussed on outcome rather than discussion?---Rather than discussion, definitely, they're focussed on outcome, that's right and I think that's been there for a long time but it's really in the forefront now. We are not - most research institutes would be - I think most research institutes worry about what's happening with basic research but it's not their job to do it and it's really the job of universities primarily to do basic research. An example of this is most research institutes would be wary of going to very basic model organisms like fruit flies and worms, we're mainly focussed on mammals, you know humans to the extent it's possible, rats and mice to (indistinct) so it's all about health. I mean I think that maybe I shouldn't use the term "learned" from Gus Nossal but one of the things I saw him sort of talk about - and this is a long time ago, this is in the 70s, is to emphasise the unique aspect of medical research institutes as being about human health, that we will not get funded adequately from the government if we are about basic knowledge. They're not going to give us \$800 million for basic research, they're going to give us money they think will improve the health of our community.

PN674

MR MCALPINE: That's essentially the charter of the NH&MRC isn't it?---I think it is.

PN675

To that extent it's clear that the majority of the NH&MRC's money goes to universities?---I don't think that - well, I'm not sure, those sort of numbers they are so complicated that whatever numbers you saw it may or may not be true, I don't know. I know that graphs and probably the majority of it is, but I think the data is very poor.

PN676

The NH&MRC produce a report showing its research funding over the period of 2003 to 2012?---Yes.

PN677

It suggests that 5.2 billion out of 7.2 billion, the total grant for the university sector was 5.2 billion and the total grant for the - the total of grants was 7.2 billion - - - ?---Is this over - - -

PN678

Over the 10 year period?---Right.

PN679

You wouldn't doubt that would you?---No, it's roughly right, now there's about 800 million a year distributed.

PN680

Those figures if they're anywhere near right would suggest that a majority of the NH&MRC's money which you have already said is constrained by those considerations went to the university sector?---Look, probably the majority is but it's quite complicated because for example people working in hospitals, they can't get - you know there's a lot of factors in those numbers. If you work in a hospital you're not eligible for infrastructure support, indirect cost support, so most people in hospitals do not put their grants in through hospitals, they put them in through universities. That would be an example of why those data are not reliable. But you're probably right, that universities just by their number and size are significant recipients of NH&MRC funds.

PN681

You have been a director since 2002, is that correct?---Yes.

PN682

You would agree for most of that period at least until 2010, at least, an academic research salaries award applied at your institute?---I'm not across the detail of all the awards that are in place - - -

PN683

No, I'm not asking you what - because there was only one that covered your research staff?---I think there are multiple awards.

PN684

No, sorry, I'll ask the question again. I might not have made myself clear?---You have - - -

PN685

Before 2010 there was an award in place called the Universities and Affiliated Institutions Academic Research Salaries Victorian WA Award, is that correct?---I think it is correct.

PN686

That reproduced the academic salary scales with the addition of a research assistant scale at the bottom of the scale, is that correct? You had research assistants and then you had A, B, C, D and E?---Look, I'm sorry and I know perhaps as the CEO I should be able to - - -

PN687

THE DEPUTY PRESIDENT: But if you don't know?---I don't really know the detail of that. I know the work was covered by several awards and I know that we in general terms exceed the requirements of those awards significantly, so on the whole that is not a discussion - we are interested in the salaries and so on but we don't on a day to day basis examine the awards very closely, the HR manager is obviously across that detail.

PN688

MR MCALPINE: Fair enough, but I suppose that answers my next question which is that during that period 2002 to 2010 as CEO did you ever have drawn to your attention that that classification structure was inappropriate?---Which classification is that?

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN689

The research assistant level A, B, C, D and E?---Yes.

PN690

I am putting to you - - -

PN691

THE DEPUTY PRESIDENT: I'll hand it down so that Professor Kay can see.

PN692

MR MCALPINE: Yes?---Yes. Yes, I'm not aware that we've thought that the levels are inappropriate but like I say we have a HR manager and we have a senior research - - -

PN693

My only question was whether it was drawn to you attention?---Not that I can recall.

PN694

Thank you. I'm just trying to tease out in the sense of - I'll ask another question. Do you accept in broad terms or do you understand in broad terms the principle of work value in the sense that you might say that a teacher's job is at a higher work value than a cleaner and a professor's work value perhaps is at a higher work

value than a teacher and a cleaner?---Yes, I don't know any technical specifics of that but it sounds like it might be (indistinct).

PN695

But I'm going to ask you in the sense that it affects that sort of a consideration how do you say that being a full time researcher at for example the Monash Medical Research Institute and a full time researcher at SVI is different in that sense or would you say that although the work might be different they are roughly the same level?---You mean across the board? You are asking about whether they - I mean I don't know a lot - I mean I don't know a huge amount about Monash but it sounds like - you know if you took another example of a medical research institute, Prince Henry's Institute which is an independent institute on the same campus or Walter and Eliza Hall Institute, if you say do I think the researchers in these different research institutes have similar value, is that what you're asking?

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN696

I'm asking you about - - - ?---I think it's a very broad question but I think yes.

PN697

Let's get specific and say that there is a research project that involves collaboration between Monash researchers and Prince Henry or maybe Prince Henry and SVI. There's a collaborative research project and there are senior research fellows from all three places working on the project. Do you have any reason to believe that the work value of those people is different because they are working in a different institution?---I don't have any reason to believe it.

PN698

It is true I know because our - well, I'm putting the proposition to you that's certainly come to my attention over the years that grant funds - most grant funds from the NH&MRC are portable and in some cases people have moved from one employer to another with their grant?---Yes.

PN699

That happens from unis to research institutes and vice versa from time to time? ---Yes, I don't think that - I guess I've had a bit of a think about that. We in recent years have not had anyone move to SVI from a university but - and actually - but in principle what you're saying is right, the NH&MRC funds are in principle portable.

PN700

I put another thing to you which is probably a peculiarity of research work, one in a sense you've alluded to which is that a research team can involve collaboration between employees of different employers, that's true isn't it?---Sure.

PN701

That's not uncommon?---No, hospitals for example.

PN702

Probably an odd thing about that research sector, I'll try and use a neutral word, is that the chief investigator can be at one place, for example at SVI, whereas some of the staff who were working on the project for the chief investigator are actually

employed by other employers but the team straddles several employers?---I'd have to think - I don't think that's generally the case. Most people would - I'd have to think about that. Most researchers - so when you collaborate with someone at a different organisation that collaboration is normally brokered at a number of possible different levels. It might be brokered at a very junior level but then the chief investigator, the person that person works for, I think it's uncommon for someone to have a research group in an institute and a research group in a university, I don't think that's common.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN703

No, no, I'm saying a collaborative research team that straddles employers may nevertheless have a chief investigator who in a sense - at one employer who is directly the general chain of research?---No, I don't think it makes sense in how research is done because I think there would be a chief investigator at the other employing organisation. There would be a series of chief - a collaboration if you like between chief investigators, it wouldn't be the idea of a chief investigator in an institute directing traffic in a university, that would be a very unusual arrangement. But I mean there might be examples of it, I don't think that's what - - -

PN704

No, fair enough. I put it to you, and this is certainly not a criticism, quite the opposite, that SVI is - of the research institutes SVI is probably more at the clinical end of the scale compared to some others?---I actually - I'm not sure, I think the medical research institutes as a group they're diverse, they're quite varied but some of them are more clinical than us and some of them are quite much bigger than us, but you know if you take the Murdoch's Children's, if you take Fiona Stanley's Institute, the (indistinct) Institute, the WA, they would be quite clinical. It would be quite diverse, and we have got quite clinical programs, we have got disease related programs people would think of. I mean this whole idea of (indistinct) our group works on diabetes, even though they are very focussed on how diabetes works, they're very interested in the biochemistry of that, they're not particularly clinical. But we do have clinical programs, I'd say it's diverse.

PN705

Your organisation is a member of Research Australia, is that right?---We are.

PN706

Along with a number of other organisations you subscribe to it as an organisation and support its activities?---We do.

PN707

Do you think it does effective work?---I think it's - it's an advocacy group. It was primarily set up - Research Australia is a pretty new organisation, it was set up I think after the Wills Review in 1999 as part of the outcome of the Wills Review. I think one of the things and maybe you could ask Nicole more about this too but one of the outcomes I think of the Wills Review was concern about whether research had an adequate advocacy voice in Australia and my recollection is Research Australia was set up to do that to combine the biotech sector research institutes and other interested - probably universities, I'm not sure exactly who all

the members are and to provide a more senior advocacy voice. Before that advocacy for Australian medical research mainly existed through the Australian Society for Medical Research which was very much a junior people's society, so Research Australia was set up for advocacy. Now I would say that advocacy for medical research is much more widespread and Research Australia is one organisation in that mix and to my mind it mainly plays a behind the scenes role, it's a point of reference but it's not a very - probably the most effective advocacy group in Australia now is the Discoveries Need Dollars campaign which is a grassroots social media based campaign. So I think Research Australia it may be doing a good job, it's probably too early in its evolution as an organisation to know.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN708

You wouldn't doubt that the great majority of both medical research institutes and universities are members?---I wouldn't doubt it, but I tell you I think that it's gone through a - it's in a phase where very much it's uncertain how effective it will be into the future and I know that they themselves would be concerned about their membership and their ability to hang onto members because it's not a peak body, it's not - I mean AAMRI for us is a much more - is really much more the focus of where our advocacy efforts are.

PN709

Do you employ people who are qualified in the Allied Health professions?---You know we could but I'm not sure, let's see by that you mean - - -

PN710

Physiotherapists, podiatrists, occupational therapists, radiographers?  
---Pharmacists.

PN711

Pharmacists?---Yes. Quite a lot of these like with medicine and veterinary science, quite a lot of people do undergraduate degrees in these areas or graduate degrees in some of these areas and decide that they are not going to become clinical practitioners, so we definitely have people who are pharmacists working as researchers for example.

PN712

In fact they are not engaged - when they progress in their career it's fair to say they are not engaged in the business of being a pharmacist, they are a scientific researcher with a pharmacy qualification?---We're a single purpose - we're really an organisation that primarily does research, so when they're working with us they're working in research.

PN713

You made some remarks about the balance between teaching and research in universities. You wouldn't doubt that there are approximately 16,000 university research staff who don't teach? You don't doubt - I could show you the government figures but I just wanted to expedite matters, we put them in in evidence, we are suggesting the government figures show there are 16,000

research only staff in universities?---Can you give me a bit of an idea of what the total university staff numbers would be.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN714

I will show you the document, it's easier. Could we come back to that, your Honour, I apologise for that. No. Attachment 19 to my original statement?---Are you meaning that those people, that they do research - you don't mean people who have got other functions in the university.

PN715

I'll take you to the document?---Of administration, Vice Chancellor (indistinct).

PN716

My Vice Chancellor taught one lecture a week, Professor (Indistinct) biochemistry?---I know his son very well, a diabetes specialist, it's a shame he died.

PN717

Yes. Do you have that in front of you?

PN718

THE DEPUTY PRESIDENT: Just a second, I'm tracking it down.

PN719

MR MCALPINE: There is a document which has got attachment 19 at the top? ---Yes.

PN720

These are the figures provided by universities to whatever the department was called that week, the Commonwealth Department of Education and they show employees as teaching only, research only teaching and research or other. Other being overwhelmingly general staff. But the figures there show that in fact there are 15,985 in 2011?---Okay, where's that number, sorry?

PN721

It's on the second page?---15,000 - - -

PN722

In the middle under, "Research Only," there is persons, there is males? --- (Indistinct).

PN723

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

That's the one?---Yes, 14.6 per cent.

PN724

Yes, and you don't have any reason to doubt the accuracy of that figure do you? ---I don't know, I don't have any reason to doubt the accuracy of the figures.

PN725

If that figure is correct then what that shows is the great majority of research only staff are as between research institutes and universities are in fact employed in

universities. This is people who don't teach but research?---I'm not sure about the comment, I guess it comes back to these absolute numbers versus percentages. I guess if AAMRI produced this sort of data I assume that you know over 90 per cent or some number like that of employees would be research only.

PN726

In the Research Institutes you're saying?---Yes.

PN727

Something like 90 per cent?---Yes, so the restrictions are dominated, completely dominated by research only staff. They are a single purpose organisation to do with research, here we're seeing that nearly 90 per cent, 85 per cent of the staff are not research only.

PN728

Yes, and the comparison I'm not - and you can make the percentage - you make the point that I wouldn't dispute that 90 per cent of the employees of the research institutes are research only staff, whereas in a university setting it's only 15 per cent?---Because you know as you can see the main job of the university is to teach.

PN729

In fact it says half as many research only staff as teaching and research staff? ---You know the other thing I think to remember is that here you're talking about research across the board, you know astronomy, et cetera, et cetera, et cetera. So I think if you look at the medical research workforce in Australia and looked at research only staff in medical research, quite a significant fraction (indistinct) research institutes.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN730

There is no question - I'm not disputing that, I'm not disputing that. The proposition I put to you is simply that you said 90 per cent of staff in medical research institutes are research only?---Yes.

PN731

I think Ms Denelzen has said in her statement that something in the order of 8,000 employees of medical research institutes, and I am not going to quibble about those figures, we don't have any problem with those figures. But what I am suggesting therefore is it's a simple question of arithmetic that a majority of research only - as between medical research institutes and universities taken as a group together the majority of research only staff are in with your qualifications about medical research?---Yes.

PN732

That a majority of research only staff are employed in universities?---Yes, I don't understand that. I'm not even sure I agree with it because you've not counted the number in all sorts of other organisations, you've not counted the number in hospitals, for example.

PN733

No, that's true, I haven't counted the number in hospitals?---Or you haven't counted the number in industry, CSL, et cetera, so the contention that the - I mean I don't want to look as if I'm disagreeing with everything you say, but I think the contention that the majority of them are in universities, I don't think we have that data because I don't think we know. You're comparing universities versus MRI's but what about all the other organisations?

PN734

Professor Kay, I'm asking the questions so I can construct the set however I like? ---Yes.

PN735

Mr Ruskin and others can ask you questions in re-examination?---Yes.

PN736

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

And they can ask you and you can make whatever points you want to make, but I'm asking you the question that considering the two groups together, medical research institutes and universities, and that's the set we're talking about, the significant majority of research only staff are employed in universities?---No, I would say there are more research only staff in universities than in research institutes, is that okay?

PN737

I think that's the same thing?---I think it just as a direct comparison you're saying the majority of research only staff are in universities but we don't know what the denominator is, we don't know what - - -

PN738

I told you the denominator, I said the set is research institutes and universities, so looking at that group?---Then there are more in the universities.

PN739

Which when I meant to school that meant a majority?---I'm not sure.

PN740

You might remember Mr Ruskin asked you some questions about the mission of universities?---Yes.

PN741

I suspect it's common ground that universities and research institutes have different missions, would you agree with that?---Definitely. I mean I saw the Monash one actually, the faculty was in one of the documents you gave me before puts education I think in its first line.

PN742

I would like you to have a look at attachment to my - - -

PN743

THE DEPUTY PRESIDENT: Which one? An attachment to your witness statement, if so which attachment?

PN744

MS KENNA: Attachment to (Indistinct) McAlpine (indistinct).

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN745

MR RUSKIN: Which one?

PN746

MR MCALPINE: It's the attachment which is appendix 1 Monash Institute of Medical Research.

PN747

THE DEPUTY PRESIDENT: All right.

PN748

MR MCALPINE: Supplementary statement. It's a glossy - sorry I shouldn't say glossy, it's a colourful report of Monash Institute of Medical Research.

PN749

THE DEPUTY PRESIDENT: Sorry, Mr McAlpine, which attachment? In the response is it?

PN750

MR MCALPINE: Yes, attachment 1 to the response.

PN751

THE DEPUTY PRESIDENT: Yes, thank you.

PN752

MR MCALPINE: I'm sorry.

PN753

THE DEPUTY PRESIDENT: That's all right.

PN754

MR MCALPINE: My simple question is this is the vision of - - - ?---Where are we?

PN755

Sorry, I'm on page 4 under a heading, "Vision."?---Yes.

PN756

I put it to you simply that that is the sort of statement that an independent medical research institute could also state as its vision?---Absolutely. I mean Monash Institute is a kind of a hybrid. It's on the campus of Monash Medical Centre, it's part of Monash University but it's functioning operationally as a medical research institute.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN757

The university employs hundreds of people who work there?---That's right, that's right, I mean it was set up by Monash by David De Kretzer to really mimic the structure of a medical research institute.

PN758

The very next document you have which is appendix 2 which is after about 25 pages I think which is also from a medical research institute, the Western Australian Institute of Medical Research?---Yes.

PN759

The writing goes - again I would ask you to look at page 3 of that document and have a look at the mission as its described there. Again I put it to you that that could be the mission of an independent medical research institute?---Yes, I mean the Weymar which is again like Monash Institute, if you weren't - for example you showed me before a document with the faculty of medicine at Monash's vision and that is about education and that I would suggest is what university's vision is about. These are Weymar and Monash Institute are things that have been set up in a slightly different way to many other either medical research institutes which are you know independent organisations or university faculties, so this Weymar looks like a medical research institute and it's got a vision that matches that but obviously the vast majority of University WA is not Weymar.

PN760

No, no, that's not the contention I am putting to you. Similarly the split at I think ANU between the John Curtin School of Medical Research and the actual faculty is a similar arrangement, that there is the research arm if you like and there is the teaching arm, the primarily teaching arm?---Which is this of - - -

PN761

At ANU where you've got the John Curtin School of Medical Research and then you've got the faculty that teaches the students?---No, I mean there's only recently been a faculty of - they've only recently had a medical - I don't know the structure exactly.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN762

At the Australian National University?---Yes, there's only been a medical course there very recently, so I can't tell you about that but the John Curtin School is part of the university as far as I know.

PN763

Yes, yes, that's the point I'm making. Within the university there is the school of medical research and there is the teaching department of the university that teaches medicine. Yes?---I don't know enough about it.

PN764

That's fine. So in fact at least in relation to - I see from the statement of Dr Denelzen that the Western Australia Institute of Medical Research is actually a member of AAMRI?---Yes.

PN765

That in effect means the University of Western Australia is a member of AAMRI does it?---Does it? I'm not sure. Does that mean - I don't know. I would doubt it, I would have thought Weymar was the member of (indistinct).

PN766

You're not suggesting that Weymar is an independent corporate entity are you?

---I've got no idea about Weymar's constitution.

PN767

Have you attended any meetings about - did you attend any meetings of medical research institute staff to talk about what to do after the commencement or about the commencement of the modern awards that came in in 2010?---I have not attended any meetings about the modern awards.

PN768

You haven't attended any meetings about these proceedings?---I have not attended any meetings about those proceedings, no.

PN769

Have you had it put to you that there is anything disadvantageous to - and I'll limit it - to SVI's efficiency or effectiveness as an employer in relation to this application?---That's not been part of the discussions I've had. I know that AAMRI have considered the application and have for various reasons decided that they've got issues with the applications. My understanding with those issues primarily related to whether we are a good fit with the university sector or whether given the diverse nature of research institutes and given their close relationship to other organisations, for example hospitals, biotech industry and so on whether it is better to stay under some other system. I'm not an expert but for example occupational awards and so on. That's my understanding of the - I mean we already function under awards, I think that in all honesty we are trying to do absolutely the best by our staff and we wouldn't do anything that jeopardised that and we actually try and provide a highly competitive work environment for our staff and its certainly not come up to me that it would be inappropriate to have - somehow it would be bad for us and the employer.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN770

Specifically you would be aware whether there are any university or in the research institute, the research staff don't have fixed hours of work do they? ---They do not. Actually they do. Actually one of the big - I guess in reality the - what's happened over a period of time. I mean just like lawyers at times will work extraordinary hours, so will researchers for sure that they will be there at all hours of the day and night. Sometimes you can - you know when I was a PhD student at the (indistinct) there was another student's car parked outside day and night. But in recent years there has been a strong institutional emphasis on safe work practices, including regular hours of work and ensuring that other people are around. So even though you will find people still working funny hours and things, because it's a professional workplace we expect students and others to primarily work between - in regular working hours and we do not - people are not comfortable with people being in the building unsupervised late at night. It's hard to stop that occurring. There are multiple things that are put in place to try and make that as safe as possible. Yes, sorry.

PN771

No, no, that's fine and it's probably my fault, I wasn't really asking about your management practices which sound commendable, I was asking you about the question it's not like there is a tradition of there being some legal instrument that

limits hours of work?---I think traditionally people have tried to work to get the work done kind of thing rather than to clock on - there's certainly not a mentality of clocking on and clocking off.

PN772

Or recording time?---No, or of recording time, in fact you know not only in a way is working hours be very long but in other circumstances they can be quite short too. I mean there's a lot of flexibility and in some ways that flexibility is one of the things that people - there's a limit amount of bureaucracy making people work in a particular pattern, there's quite a lot of flexibility.

PN773

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

Would you be concerned if an award was introduced that introduced that level of inflexibility?---I am sceptical - - -

PN774

MR RUSKIN: Sorry, your Honour, I am not sure that I understand the question about the level of inflexibility.

PN775

MR MCALPINE: All right, I'll be more (indistinct). Sorry, no, no, if an award was introduced or an enterprise agreement was introduced that said it was a 38 hour week and you had to receive additional payment for example for extra hours and that the hours had to be performed between six and six for example? ---Yes.

PN776

I put it to you that wouldn't be in the interests of the effective work of the institute?---You know we're trying to make the most of very scarce taxpayer funds and I guess we are trying to provide the best possible environment for our scientists as well as working with very scarce funds. So if someone said there was going to be an impost of a large amount of money to do with overtime I guess we would change our work practices to avoid that, we would try and avoid a large amount of overtime because we don't have the money to do that. I guess we would have to - I'm not saying that we would oppose such a thing, I think we would have to think very carefully about how to handle something like that. I think in reality you know most of the people who work in our institute are not working 18 hour days. Quite a lot of science work is to do with reading and you know many people would do it at home, at night, at the weekends. There would be no expectation of overtime I would think for that. The sort of people who might work more inflexible hours like research assistants and so on, they're not doing so much of that, it's more the senior people are doing that extensive reading and so on. I tell you that I think that we would potentially adjust to whatever we were required to do. I'm confident that the way we currently look after staff exceeds the requirements of the awards that cover the institute and I am confident that we would continue to do that whatever the circumstance was.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

XXN MR MCALPINE

PN777

But I put it to you - I think that's a yes?---I can't remember the question.

PN778

I put it to you that in fact you value that flexibility, that if somebody has to stay back on Thursday night because there is a problem with the experiment or the process that they - - - ?---I think any workplace would - any professional workplace would value the ability to do that if required.

PN779

Thank you. That's all, your Honour.

**<RE-EXAMINATION BY MR RUSKIN**

**[3.23PM]**

PN780

MR RUSKIN: Professor Kay, what may seem a long time ago you were shown a document which was attached to the supplementary witness statement of David Trevack. I don't know if you've still got that. It was as table about research fellowship, scoring descriptions?---I don't think I have got that. It was in a folder I think.

PN781

Attachment 2 of Trevack. Got it?---Yes.

PN782

As I recall a discussion you had with Mr McAlpine he was asking you questions about fixed criteria, this is the criteria that applies to all of those who are judged for the purposes of NH&MRC fellowships or grants. If you go to the middle of that appendix which says between the boxes, "The following category descriptors."?---Yes.

PN783

It says, and you can read out the first sentence there and the second sentence and the third sentence?---Do you want me to read it, sorry?

PN784

No, I think we've all got it. Has his Honour got it?

\*\*\*\* PROFESSOR THOMAS W.H. KAY

RXN MR RUSKIN

PN785

THE DEPUTY PRESIDENT: Yes, that's right.

PN786

MR RUSKIN: I will read it out perhaps, "The following category descriptors are to be used as a guide to score an application against each of the selection criteria. The descriptors are indicative rather than exhaustive. A valuation of performance will take into account opportunity, research, discipline and an overall summation of research contribution." Can you comment on that and what you believe that means?---Yes, I think it's an important couple of sentences. In assessing any one candidate not all - people are not sort of rigorously judged on all of these many, many criteria. They don't get a score and then the score is all added up and averaged or anything like that, people are - people's careers are weighed by peer review panels who produce - develop an idea of the suitability of the candidate for

the fellowship that's applied for based on some of these criteria and in any one person not all criteria will be considered but certain will be and the criteria that are considered will be different for different people. For example someone very involved in clinical research will be assessed more about their direct impact on medicine or whatever, whereas other people might be - who are not so directly clinically involved might be scored on for example publication output or whatever. They will vary. Some of the criteria and perhaps supervision which is mentioned here, research supervision mentoring, some of those criteria to me are almost starting gate criteria that unless you have done some of those things you're not really going to get to square one of being sort of quantitatively measured against other applicants. So they are more like something that if you can't tick that box you are probably not going to get to the stage of being rigorously compared.

PN787

I think when Mr McAlpine was asking you these questions you were giving answers where you were - as I understand it - saying that - you were describing outcome as opposed to the criteria. I think you were saying well, these words may be similar but the outcome is different and you made comparisons between MRIs and universities, can you take that any further?---I'm not sure how much further I can take it, except to say that having been involved in this process, including recently, that if someone's employment background, where they are, the environment they're in and so on will be taken into account in - so one of the things that actually quite frequently comes up in this process and has been - people have tried to specifically address it is the idea of people who have come from an environment where you would think that they would have continuing employment for example as the head of a university department. If those people apply for a NH&MRC research fellowship there will be a different discussion from someone who has been in the research fellowship scheme previously for example.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

RXN MR RUSKIN

PN788

Thank you for that, I don't need to look at that document further. You were asked questions at some length about the supervision of PhD students?---Yes.

PN789

You also have answered questions about being an honorary appointee of a university in order to supervise students I think is what you said. When a staff member of your institute is formally supervising a PhD student of a university, are they doing that work in their capacity as an honorary appointee of the university or as part of their duties as a staff member of the institute?---I think that when they're doing the university part, preparing the stuff for a thesis and so on, doing that, that part of it I think that is being conducted under the auspices of the university rather than as a staff member of the institute.

PN790

There was talk about the research work done at your institute and other institutes which is medical research. Universities do medical research, do they do other research as well?---Yes, well of course they do research in many, many different disciplines.

PN791

What about other organisations in Victoria, Australia, do they conduct research?  
---Certainly.

PN792

Like whom?---Government organisations like the CSIRO for example, hospitals definitely, biotech sector, pharma, many, many organisations. Treasury.

PN793

Fair Work Commission. We have found that MRIs use again appointed - some of the staff of those institutes are appointed with honorary titles, are given honorary titles. Other organisations who do research are given honorary titles as well of which you are aware?---Well, in the area that I am involved in yes, certainly, I mean the one I am most familiar with is the hospitals, clinicians are given honorary titles and researchers in hospitals also.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

RXN MR RUSKIN

PN794

You were asked questions about work value I think and I think the particular question which I have - I think it was a question in which you said you don't disagree that the work value of researchers at universities, you agree that they are the same as the work value that was of researchers at MRI?---No, I think I was asked are the researchers at one MRI equivalent - have equivalent work value to another MRI and the example I was given was that Monash Institute of Medical Research which is a MRI where the staff are employed by the university.

PN795

You were asked that, but I think there was a question about professional work value in which I think it was said there are researchers at - I understood the question to be and I might be wrong at a university and a MRI, is the work that they do any different in the work value sense?---Yes, well maybe I was asked that, I don't really remember being asked that. I guess I would gravitate back there to saying that I do see a difference between the work value to the community, to the taxpayer of for example and maybe this is a very specific example of understanding Plato's treatment of women for example as opposed to understanding an influenza epidemic, I do see a difference in work value there but that's possibly my view as a medical researcher.

PN796

I'm sure you'd give law a very high value, Professor.

PN797

THE DEPUTY PRESIDENT: The witness didn't answer, so - - -

PN798

MR RUSKIN: Hold him for contempt?---Certainly.

PN799

You mention the biotech, CSL, CSIRO?---Yes.

PN800

There are researchers there you say, what do you say about their work value, is their work the same or different from the research that's done at a MRI or at a university or at a hospital?

\*\*\*\* PROFESSOR THOMAS W.H. KAY

RXN MR RUSKIN

PN801

MR MCALPINE: No, I think I'll object to that question on the grounds it's actually two quite separate questions.

PN802

MR RUSKIN: I don't know that there is but I'll ask it again, perhaps for the peace and good governance. The work that is done at an MRI, the work that is done at a university in terms of medical research, the work that is done at biotech, CSL, CSIRO, is that of a similar work value do you say to each other?---Look, it's not something that I've thought about a lot. I guess I am someone who believes strongly that benefit to the community is what we're after here and part of that would be economic benefit and the closer you get to that. You know if you said to me is the work of a neurosurgeon, is that - yes, I would regard that as having a higher work value than what I do because I think what you're looking at there - I mean I'm not really sure that I understand exactly but I'm just trying to answer, that I think the more you see community benefit in a tangible sense, I'm afraid I do believe that that is of greater work value and I do see some sort of difference between medical research and some other sorts, poetry and so on. I think they're admirable but they're different.

PN803

Can I ask it perhaps this way. The work that a researcher does at CSIRO or CSL, is that research work similar to the research work and research output of a researcher at a MRI?---I think similar.

PN804

THE DEPUTY PRESIDENT: Can I tease this out. Work value is a term of art and it really is without giving you some background it's probably a bit unfair to ask you the questions. But one way of looking at it is whether or not you could take a researcher in one of those universities, say Monash, at a particular level and transfer it into your establishment and say well, are those two people - can they transfer effectively with a bit of familiarisation and a certain level of local knowledge, can you take one of those researchers and say good, come and work for me and you can have a level of interchangeability about them, is that the sort of thing that can happen?---Yes, I think the particular discipline we operate on - under is the ability to entirely function from competitive grants, and while it's been put that there are bits of universities that do that, that's not the dominant culture - that's not the main thing. So we would have to consider - the things that we consider when someone new comes to our institute is how - their degree of complementarity with our existing staff, certainly and how excellent they are but certainly we would consider whether they can make it in this very constrained environment and mostly we do not recruit, mostly we do not recruit from universities. But we mainly recruit from other MRIs from overseas and so on. If it's said could one of our employees go and work at CSL and I think that we would be something of a halfway house, if CSL would be probably looking for

people who were a little bit different to the people that we have, they would possibly be more commercially focused, they would be more prepared to work under a top down kind of instruction kind of industry based model rather than a sort of self-starter, find your own problem kind of way and I do think the medical research institute environment is quite special and quite unique - or different from the atmosphere of a university and has got elements of - has got a little bit of the element of a hospital in it but it's primarily a research focused organisation that has to depend on competitive grant to get by.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

RXN MR RUSKIN

PN805

I follow.

PN806

MR RUSKIN: You were asked some questions about pharmacists and other allied health professionals to which you gave some answers and I wanted to show you what is called a modern award that this Tribunal has made, I wanted to hand this up to you and ask you some questions about it in relation to the particular pharmacist or allied professionals at your institute if I may?---Yes.

PN807

That's the Professional Employees Award which I think you've all got?---Yes.

PN808

If I can take you to page 8 of that award and perhaps I'll take you to page 7, 3.4 says, "Scientist stream."?---Yes.

PN809

Then if I can take you to the bottom of page 8 - no, let me take you to the middle of page 8. There is a definition of professional scientist, "Means a person qualified to carry out professional scientific duties as defined."?---Yes.

PN810

"It would embrace and include qualified scientists, experienced scientists as defined."?---M'm.

PN811

Then says, "Professional scientific duties, means duties carried out by a person in any particular employment. The adequate discharge of any proportion of which duties requires academic qualifications of the employee as specified in the academic schedule below."

PN812

If you look at G for instance under the academic scale, "Academic qualifications acceptable to a pharmacy board or council provided the award doesn't apply to pharmacists at a retail pharmacy shop."?---Yes.

PN813

\*\*\*\* PROFESSOR THOMAS W.H. KAY

RXN MR RUSKIN

With respect to the allied health professionals you mentioned that I think you said did research?---Yes.

PN814

What do you say about whether in carrying out their research duties the adequate - and you go back to that definition of professional scientific duties, what do you say about whether they need to have the academic qualifications set out in G below in the case of the pharmacist in order to perform their research?---I'm not sure - can you repeat the question?

PN815

Yes, I'll repeat the question. Let me put it another way. In the case of the pharmacist, would the pharmacist do you say apply or not apply their pharmacy training to their work?---Well, I'll answer as best as I can and then you can maybe come back - I'm thinking of a particular person who was a pharmacist originally. They work - he works as a scientist in a way that's not dissimilar to the way that any of the other scientists in the institute would work and has gone through, apart from the fact that his original qualification is in pharmacy, he's gone through a sort of training and development program that's very similar to other people in the institute, but probably as a pharmacist he does bring a particular sort of skill as someone interested in drugs and drug development, he probably does bring some of his pharmacy background with him.

PN816

Thank you for that. Let me ask this final question on this subject. The scientist who are doing research at your institute, in performing their duties does an adequate proportion of their duties require them to have academic qualifications in science?---I think it does, yes.

PN817

You compete for - you say that you compete for institutions, universities for instance in NH&MRC funding, do you compete for universities in ARC funding? ---Well, the Australian Research Council which provides research funding for most Australian research through - across a wide variety of disciplines, the Australian Research Council has largely eliminated medical research institutes from application for funding because we are not - according to their definition we are not part of the higher education sector, they see their funds as being for the purpose of supporting the university sector and so we have increasingly over the last decade been prevented from applying for funds. I mean our scientists will apply for anything that they think they could possibly be eligible for, so they are not really discerning (indistinct) and so on, but increasingly the ARC has made it clear that they don't want applications from medical research institutes and have tried to close as many loopholes as they can. Every time someone thinks of a way of applying there is some way where we're prevented from doing so in some way.

\*\*\*\* PROFESSOR THOMAS W.H. KAY

RXN MR RUSKIN

PN818

Who do you compete against for NH&MRC funding?---We compete against - I guess we compete against everybody in the medical research sector. So as opposed to the ARC, the NH&MRC is pretty agnostic about the address from which the research application comes from, the idea is its peer reviewed, the best possible - a line is drawn and the applications that are considered most highly ranked are funded independent of where those applications come from. So a very diverse range of organisations apply. There are restrictions the NH&MRC places

on who can be the administering institution of grants, but that is quite broad too and particularly I guess the hospital sector, the university sector, the medical research institute sector are a very broad group of organisations.

PN819

No further questions, your Honour.

PN820

THE DEPUTY PRESIDENT: Thank you for your time, thank you for your evidence?---Thank you, your Honour, I'm sorry I'm not dressed appropriately, I thought I was doing it tomorrow.

PN821

No, it's all right.

**<THE WITNESS WITHDREW**

**[3.46PM]**

PN822

MR RUSKIN: Your Honour, do you want us to start with a fresh witness or shall we call it a day? It's a completely open question.

PN823

THE DEPUTY PRESIDENT: That's what's often referred to as an interrogative directive.

PN824

MR RUSKIN: I'm happy to start if you like, your Honour.

PN825

THE DEPUTY PRESIDENT: Who were you calling?

PN826

MR RUSKIN: Dr Nicole Denelzen.

PN827

THE DEPUTY PRESIDENT: How long would you be cross-examining?

PN828

MR MCALPINE: My last estimate was wildly inaccurate but I would find it hard to imagine that I wouldn't be cross-examining her for between an hour and an hour and a half.

PN829

THE DEPUTY PRESIDENT: All right. There is one other witness statement you've got.

PN830

MR RUSKIN: Yes.

PN831

THE DEPUTY PRESIDENT: Is that person giving evidence?

PN832

MR RUSKIN: Yes, Mr David Lloyd is giving evidence, he can give evidence tomorrow.

PN833

THE DEPUTY PRESIDENT: All right. I reduced it from five days to three days as you saw, as long as everybody is content?

PN834

MR RUSKIN: We didn't see that.

PN835

THE DEPUTY PRESIDENT: I'm sorry. Let me make an announcement. I've had to list some other matters on Thursday and Friday but I thought on reviewing the material we should finish within three days.

PN836

MR RUSKIN: Easily.

PN837

THE DEPUTY PRESIDENT: If you are content that we still finish within three days we'll call it a day.

PN838

MR RUSKIN: It's only partly up to me, your Honour.

PN839

THE DEPUTY PRESIDENT: Yes, I'm sure Mr McAlpine is content.

PN840

MR MCALPINE: I suppose I can inquire of your Honour. Are you planning - is it your intention that we move straight from evidence to essentially final submissions or written submissions?

PN841

THE DEPUTY PRESIDENT: I had had that in mind but I am flexible if people would want to write something in addition having heard the evidence, I am relaxed about that as well.

PN842

MR MCALPINE: Maybe we'll discuss it, but I would have thought if you were minded to take the submissions straight after I would have thought that we would still finish on Wednesday.

PN843

THE DEPUTY PRESIDENT: Yes.

PN844

MR MCALPINE: Subject to how long Mr Ruskin would take with his final submissions, I would have thought there is no way we're not going to get through the evidence tomorrow and that leaves Wednesday.

PN845

THE DEPUTY PRESIDENT: We'll see where we are.

PN846

MR MCALPINE: Famous last words.

PN847

THE DEPUTY PRESIDENT: 10 o'clock be convenient?

PN848

MR RUSKIN: Yes.

PN849

THE DEPUTY PRESIDENT: We will adjourn until 10 o'clock.

**<ADJOURNED UNTIL TUESDAY 30 APRIL 2013**

**[3.49PM]**

**LIST OF WITNESSES, EXHIBITS AND MFIs**

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**EXHIBIT #NTEU2 WITNESS STATEMENT OF DAVID TREVACK ..... PN334**

**EXHIBIT #NTEU3 WITNESS STATEMENT OF MR MCALPINE..... PN334**

**EXHIBIT #NTEU4 SUBMISSION IN REPLY ..... PN339**

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TRANSCRIPT OF PROCEEDINGS  
*Fair Work Act 2009*

1047930-1

**DEPUTY PRESIDENT SMITH**

**AM2012/187 AM2012/190**

**Sch. 5, Item 6 - Review of all modern awards (other than modern enterprise and State PS awards) after first 2 years**

**Application by National Tertiary Education Industry Union  
(AM2012/190)  
Higher Education Industry-Academic Staff-Award 2010**

**(ODN AM2008/3)  
[MA000006 Print PR985116]]**

**Melbourne**

**10.07AM, TUESDAY, 30 APRIL 2013**

**Continued from 29/04/2013**

PN850

THE DEPUTY PRESIDENT: Mr Ruskin.

PN851

MR RUSKIN: Thank you, your Honour. I would now like to call David Lloyd, please.

**<DAVID LLOYD, AFFIRMED [10.08AM]**

**<EXAMINATION-IN-CHIEF BY MR RUSKIN [10.08AM]**

PN852

MR RUSKIN: For the record can you please state your name, professional address and position?---My name is David Lloyd. My professional address is 75 Commercial Road, Prahran, and I'm deputy director and chief operating officer of Baker IDI Heart and Diabetes Institute.

PN853

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

PN854

Do you have a copy of it?---I've got it here, yes.

PN855

Do you adopt what's contained within the witness statement or is there any content that you wish to change or alter?---No, I've read it again this morning and I'm happy with it.

PN856

Can we have that marked, your Honour?

**EXHIBIT #R2 WITNESS STATEMENT OF DAVID LLOYD**

PN857

MR RUSKIN: In these proceedings Dr Peter Hicks has prepared a supplementary witness statement which you may well have seen but which I can – I probably don't need to hand it to you?---I don't have a copy of that here.

PN858

I can just read out one part of it and then I might ask you to comment. He says in his witness statement, the supplementary one, about your witness statement, "I agree with Mr Lloyd" – if you'd like me to hand up – perhaps we've got a spare - - -?---No, I'll give it a go.

PN859

You're all right?---I'll see if I can remember.

PN860

\*\*\*\* DAVID LLOYD

XN MR RUSKIN

"I agree with Mr Lloyd," he says at paragraph 5, "as he states at paragraph 18 of his statement that this provides a more clinical focus than other MRIs," meaning, I think, your institute. "However, from my experience this does not" – he goes on

to talk about “the core work of our institutions” which he says in the case of Burnett is – and he sets out certain things. He talks about “the core work of our institutions” and appears to differ from you in that, as I read his statement, he says the focus of MRIs is on education. I wonder in the light of that whether you could comment on, in your view, the reasons for the existence of universities and the reason for existence of MRIs, medical research institutes?---Sure. Well, MRIs are all, so far as I’m aware, based around – they’re driven by – I’m sorry?

PN861

Just talk to the microphone?---I’m sorry, yes. They’re driven by a theme, and that theme usually focuses on either a disease set – where heart and diabetes there’s cancer, immunology, whatever – or a population, children, Aboriginal people, whatever. So you’re focused and everything you do, really, is aimed at producing the output of – it’s expressed in different ways by different MRIs but it’s to produce the output of the cure, prevention and treatment of disease. Whilst we adduce a lot of different metrics to show whether or not we’ve done well at the end of each year or when we’re presenting to our board or our donors or stakeholders, the thing they’re most interested in is the success that we’ve had in producing new drugs, in causing new devices to be developed, in causing therapies to be delivered more efficiently. Universities, from my experience of them, having worked in two, University of Tasmania and University of Melbourne, the focal point is the production of high quality graduates. There’s lots of other things that universities do but usually they’re explained and justified and managed in the context of that core purpose, and that is the production of graduates, the production of high quality graduates and the production of the next generation of doctors, lawyers, accountants, scholars, whatever. So really from that I’ve drawn from my experience the conclusion that they’re different organisations, different kinds of organisations, driven by different purposes and explained, therefore, to their stakeholders in different ways because of the different missions that drive them.

\*\*\*\* DAVID LLOYD

XN MR RUSKIN

PN862

So having referred to paragraph 5 of your statement which Mr Hicks did – sorry, he refers to, in fact, paragraph 18. In paragraph 4 of your statement you talk about that your work at Baker and at the University of Tasmania and Melbourne has given you a broad understanding of the governance, management, regulatory and funding environments within which both universities and MRIs operate. How do those institutions operate?---Well, I suppose I expected them to be a bit more similar when I first started working at an MRI. You’re all aware of this, I know, but universities are effectively regulated by the state and it’s the state government that decides whether you are a university and gives you permission to run certain courses, this kind of thing. It’s the Commonwealth Government through the Department of Education – it changes its name a lot but whatever the Department of Education is this week - - -

PN863

We’re all agreed on that?---That’s how they’re funded for their work and that’s the way they’re governed. MRIs – I always have this pie chart which I show to donors and government people to show where we get our money from and where

it goes. A very, very surprisingly large proportion of it comes from the philanthropic sector. For us it's about 15 per cent. It's probably about 40 per cent commercial, and that's the pharmaceutical industry, the biotech industry, hospitals, whatever, having work done for them in the environment that we provide of a medical research institute. It's NH&MRC grants. It's grants from other bodies that fund medical research from around the world, and we always try and expand that. The reason I always explain where we get our money from is that the way we run the place is a reflection of where we get our money from. What all those people have in common is that they're looking to us for clinically relevant outputs. They always love it when we say we've published in a journal or somebody or other did something good in the academic world but what they really want is for us to show that we caused progress to be made in the cure, prevention and treatment of disease. The way we run things and the way we're funded is a reflection of that. I'm sorry, I hope that's an answer to your question.

\*\*\*\* DAVID LLOYD

XN MR RUSKIN

PN864

Thank you. My last question is Baker IDI has – I think you mention in your witness statement, you refer to the diabetics program. You have nurse educators in the indigenous health outreach at Baker. I think that's well known. Can you tell us about how that operates and what it does?---Well, we have a diabetes clinic which came to us through the merger of the old Baker Institute with the former international diabetes institute. IDI, as we called it – that's the IDI part of our name – was a research institute based in Caulfield and probably 60 per cent of its activity was the treatment of patients with diabetes. The rationale for the treatment of patients was both that it was a good thing to do because we like to look after – we employ clinicians and we facilitate their work with patients, but also that if you have reasonably well characterised group of patients then they're useful, if I can use that word, as a group to form the basis for research. In the case of Aboriginal health workers you mentioned we have a campus in Alice. We have a site in the Alice Springs Hospital campus. It's a research institute, obviously. That's what we are. But a great deal of our work is in the remote communities of the Northern Territory. We send diabetes nurse educators out into those communities. Sorry, I should say that for our patients in Prahran we employ a team of about 10 diabetes nurse educators whose job it is to help people understand their disease better. When they've seen the doctor they go to the diabetes nurse educator to be told about how to manage their insulin pump or the right things to do with their diet, this kind of thing. We send those people into the Northern Territory as well and we send doctors into the Northern Territory as well, but in order to work effectively in the remote communities of the Northern Territory usually you have to employ and use the services of Aboriginal health workers. Their job is to stop us making mistakes, essentially, in the very culturally specific and challenging context of the very remote communities of the Northern Territory.

**<CROSS-EXAMINATION BY MR McALPINE**

**[10.19AM]**

PN865

MR McALPINE: Thank you. Mr Lloyd, I'll start with a question that follows up from the follow-up questions of Mr Ruskin. You've talked about the important

role of universities in producing graduates in law and medicine and other professions?---Sure.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN866

What's the purpose of medical research in universities conducted by researchers who don't teach?---I think that within a university context the purpose of research is to provide an environment in which effective education can be delivered. The reason I say that is that the university sector has made quite a merit of what's called the teaching-research nexus, the relationship between the research that's done in the educational environment and the education that's delivered. Even for people in universities who only teach and even for people in universities who only do research, the reason that the university as an institution co-locates them is that they feed off each other. They provide the environment in which the other can be done most effectively. That's the way I'd see it.

PN867

So you don't think that medical research conducted in universities is aimed at improving human health and combating disease?---I think everybody who does health and medical research in universities, in hospitals, in pharmaceutical companies, biotech and in MRIs has, as one of the things that motivates them most fundamentally the hope that one day one of their discoveries is going to be helpful in treating disease. It would be disingenuous to say otherwise. It's not what their institutions focus on but it is what motivates the individuals.

PN868

To the extent that the NH&MRS, say over the last decade, has given billions of dollars in grants to universities for that research, they're doing that in order to improve human health, aren't they? The NH&MRC, the reason they're giving all that money to the universities to conduct research in human health is to improve human health and combat disease?---I think when the money comes out of the NH&MRC door then, yes, that would be the case. I'm not as convinced that it's how it's received by the universities, frankly, but that's a different - - -

PN869

If a university said, "We want a grant to improve the quality of our tutorials in first-year anatomy," you wouldn't get a grant for that, would you?---No, but I have to say the character of the research that's done, so far as I understand it, in universities does tend to be much more of a thing in itself. It's kind of for its own sake. It feeds on academic metrics. When a university explains how well it has done with NH&MRC funding in its grants it will usually say, "We published this many papers. We produced this much impact and our papers are cited this much." We use that language sometimes but it's not our primary language. As I said before, ours is more what our board always asks us for, which is who got better as a result of the work you did this week, you know.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN870

Your comments about universities, does that apply, for example, to the Monash Medical Research Institute?---I don't know much about the Monash Medical Research Institute, I'm afraid.

PN871

What about the Western Australian Institute of Medical Research?---Again, these aren't institutions I've had a close look at. I apologise.

PN872

That's all right. You say that the relationship with – sorry, at paragraph 17 of your statement. I should draw you to that. At paragraph 17 you say that the relationship with the hospital is very important?---Sure.

PN873

That's correct?---Absolutely.

PN874

But in terms of industrial regulation you've not sought over the years to mimic the award or agreement structures of hospitals, have you?---I've desperately tried not to mimic any other industry, to tell you the truth. However, I remember in our last enterprise bargain – I forget their name. The ANF, is it?

PN875

Yes?---Who were present at our enterprise bargaining table gave us actually quite helpful categorisations of nursing and clinical staff which we did adopt. So where it's useful we've taken it on but we've not - - -

PN876

But you certainly haven't sought to use the classification structures - - -?---Yes, we've used - - -

PN877

- - - in hospitals to define the classification structures that you've used?---For some categories of staff we've explicitly cut and pasted. As I said, the nursing staff use the - - -

PN878

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

Yes, but not for the researchers?---For clinical researchers we've reflected the terms and conditions – I think I'm right in saying this – of our clinical staff who are employed just as clinicians. No, I'm sorry, because we don't employ them any more. They're contractors. So no, I'll have to take that back. But when we did employ them they were employed on the basis that they were clinicians, and I'm sure we looked at a number of different clinical environments to find out what best practice was in terms of employing clinicians and rewarding them, remunerating them, whatever.

PN879

So just returning to that question about the nature of the research at medical research institutes, the NH&MRC, as part of its general grant process, requires that you publically disseminate the knowledge that you develop?---Yes. Most organisations that give us money require that. The Victoria government does too.

PN880

Yes. So you are in fact required to publish so that the international research community builds off each other's results. Would that be a fair - - -?---Yes, and frankly, even if we weren't, people who do research in whichever industry they're employed speak to their peers through the peer review process. So yes, that's - - -

PN881

But you would agree some research, for example within pharmaceutical companies, is not done in that way. It's done more on a commercial in confidence basis. It might eventually come out but it would – I'm not talking about your research?---No, but – sorry, if I may. There are both of those kinds of research in many different institutions. We have research which absolutely can't be published because we're hoping to use the intellectual property for a deal with a pharmaceutical company, so do universities, so do pharmaceutical companies. Similarly, pharmaceutical company staff, particularly in Europe, will publish because they want to show how good they are. They probably want to get a job with a different pharmaceutical company. I don't know.

PN882

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

Okay, good. You say at paragraph 22, "Universities exist primarily to teach the next generation of medical specialists and scientists and to undertake research." So you would agree there are many, many staff in universities who undertake research who do not teach?---I'm not sure there are many, many, to tell you the truth. The arrival of specialist academic staff in universities – I'm not an expert on this, forgive me, but the arrival of specialist academic staff in universities who just teach or just research is a relatively new phenomenon. Traditionally universities as employers have required them to do both because of this teaching-research nexus business.

PN883

If you don't know, you don't know, but in fact the increase in the proportion of funding which is from competitive research grants has increased that proportion of research-only staff. Would you agree with that, within universities?---As a proportion of total university staff, I'm sorry, I genuinely don't know.

PN884

So would you agree that in relation to the NH&MRC you and the universities compete in respect of most of the fund sources, the great majority of the fund sources? You're competing for the same pool of money?---There are three major competitors for NH&MRC funding. That's hospitals, universities and MRIs. We're the three groups.

PN885

My question was do you agree that they're essentially competing for the same pools of money?---Yes.

PN886

The NH&MRC applies the same criteria to the grant applications, broadly?---I would have thought so, yes. I've not been involved in a peer review process personally but I imagine. You'd like to think so.

PN887

I think you said in your supplementary that 28 per cent of your funding – I’m sorry, I shouldn’t put words in your mouth. You said that 28 per cent comes from – is that correct – the NH&MRC?---I’m sorry, I should have that number in my head. I think last year it was about 23 million of our \$72 million group turnover.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN888

Came from the NH&MRC?---Came from NH&MRC grants.

PN889

Is that the competitive grants or also the top-up grant?---I’ll say it includes the top-up grant. No, sorry, it doesn’t include the top-up grant. The 73 would be project and program, fellowship, all those other grants, and there would be about another four which would – I’m sorry, forgive me if I have those figures slightly wrong. They’re roughly right.

PN890

But the figures in your annual report would be correct?---Yes. That’s much more reliable than me.

PN891

At paragraph 25 you’ve said that representations have been made in the past to federal authorities for equity in funding for educational purposes. Can you expand on that?---I can give it a go. Universities enroll PhD students, students of all kinds, and they’re paid for that through a labyrinth of different funding programs by the Commonwealth government regardless of where the physical work of doing the supervision takes place. When that happens in a medical research institute, essentially the university is using us and our facilities as a place to do their work and earn their money and, you know, it’s my job to try and get more money into MRIs and it irritates me a bit. So they give our staff honorary appointments and their students come into our labs and the Commonwealth funds the university for the, frankly, not very onerous task of enrolling them and graduating them. The university then passes on, I estimate, although universities disagree with me on this, understandably, about 10 per cent of that funding to the place where their honorary appointee and their student is doing the work. I’ve tried, and impressively failed actually, to get anyone to see this as a subversion of Commonwealth funds for other purposes, because obviously the funding is used for something else but it certainly used for the work of supervising the students as very little of it ends up at the institute.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN892

In the attachment to your supplementary statement, R2, there’s an article from The Australian?---Sure.

PN893

You’ve seen that recently?---I have, yes. It sent shivers down my spine.

PN894

Timothy Dugan, the chief operating officer at Victor Chang Cardiac Research Institute, said, "It's really an issue for the education minister to grapple with." That's the issue we've just been discussing. "We've got 18 students at the moment and we estimate it costs about \$75,000 per year to maintain a PhD student." Now, that's from 2006. What do you think of that estimate?---I think we were probably over-egging it a bit because we wanted to get more focus on it. It was a media article, not a submission to a court.

PN895

I promise I won't pass that on to the - - -?---Find the money in the university. It's a challenge.

PN896

Yes, but it is a significant amount?---Yes.

PN897

It is a significant amount. So would it be fair to say – let's just pick a figure, and I'm not asking you to agree with it but let's say it was \$50,000. What you're saying is you're actually spending \$50,000 a year on the education of each PhD student and that the university whose student it technically is should be stumping up for that?---The university whose student it is and the supervisor who is staff of the university should between them be able to get the university that's enrolling the student and collecting that funding to contribute to it, yes. I've felt that for a while.

PN898

Because the real work of preparing the PhD is actually being done at the research institute?---It's being done by a university staff member physically at the research institute. Sorry if I sound like I'm splitting hairs but I do think that's an important point. Our staff have no right to supervise PhD students because we don't offer PhDs. Unless they have the honorary appointment with the university that enrolls them, they're not allowed to do anything. So it's basically the university grabbing hold of our facilities and our staff and using them for their own ends.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN899

But you want your staff to supervise PhD students. That's why you go and recruit PhD students?---They want to supervise PhD students often because it's helpful to them in their labs, yes.

PN900

But Baker itself tries to recruit PhD students, doesn't it?---We can't.

PN901

Well, you try to have the PhD students come and work there, don't you?---We do, yes. We want them to work there.

PN902

You want to have PhD students at the institute?---We want Monash, Melbourne, RMIT, the universities that enroll them to place their students in our labs, yes.

PN903

But in many cases the student actually comes to Baker, don't they, and then they're enrolled?---They'll usually approach the individual, to tell you the truth. That's where you get most traction. It's where somebody is doing a piece of research and they're interested in atrial fibrillation and they've read Karlheinz Peter's work and they want to work with him, yes. It's the individual, not really the university or the MRI, that's the attraction.

PN904

But you wouldn't deny that when that person is supervising that student they're also an employee of Baker?---No, absolutely not. Of course, yes, they are.

PN905

Following up this point, you've said that representations have been made to people in authority for equity and access to funding for educational purposes but this has been refused on the basis that MRIs are not higher education providers. Now, you'd understand from your previous employment that there are some higher education providers listed in the Higher Education Support Act?---Higher Education Support Act, yes.

PN906

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

Then there are other higher education providers that – you can become a higher education provider by meeting certain criteria and getting approved, can't you? ---I think that system has changed since I was really close to the Higher Education Support Act because I think there are new schedules to it of different kinds of institution, but certainly in order to gain any of the advantages that you get from being a higher education provider, like access to ARC grants and access to the ability to enroll and be paid to enroll PhD students, as I understand it you still need to be on one of those schedules. I could be wrong but that was certainly the case when it was big for me.

PN907

Well, the article in The Australian says, "Medical research institutes have warned universities they will move to issue their own degrees unless they get a fairer share of money to train the next generation of scientists"?---Yes, I enjoy saying that.

PN908

You're not denying that the medical research institutes could become higher education providers?---Yes, actually, I am now because I have to tell you the response I had to that, whilst it was visceral from the university sector which didn't want us to compete, it was strongest from our own staff. I was really surprised by this. The institutions themselves desperately didn't want to become higher education providers and it was our own staff that said, "For goodness sake, David, back off on this," which I subsequently did.

PN909

But my question was about your eligibility to be a higher education provider, not what your policy was or what your staff's attitude was?---Right.

PN910

I put it to you that actually the basis of that suggestion in The Australian is that there's actually nothing to stop you becoming – there's no eligibility block to you becoming a higher education provider, is there?---I don't know, actually, because no medical research institute has ever become a higher education provider. So you'd have to say the evidence is strongly weighed against it, just like no hospital has yet become a higher education provider but they're more than capable because they carry the number of staff and they have the environment to do it in.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN911

Are you sure that no medical research institute is a higher education provider, provides post-graduate course work?---Where it's their own qualification?

PN912

Yes. That's what a higher education provider is?---I'm pretty sure. I'm sorry, I haven't surveyed all 41 of them particularly with that purpose but I'd be pretty confident in saying that there aren't any MRIs that offer higher education qualifications which are granted by the MRI. My apologies if I'm wrong but I can't think of any.

PN913

That's fine. Now, at paragraph 26 of your statement you make a statement that I'm not going to dispute but I'm just going to suggest that it's perhaps not the whole story. You say, "The placement of a Monash PhD student at Baker IDI is similar in this respect to the placement of an RMIT aeronautical engineering student at Boeing." Now, I put it to you that given what evidence you've already given this morning, it may be that in the respect you refer to in the first paragraph of 26, if you have it there with you, that's true, but it isn't the same thing in that a supervisor, the person who actually has to sign off, for example, that the PhD thesis is ready to be submitted, in the case of an MRI is an employee of the MRI, aren't they?---Yes. I'm sorry, if I may, I think they are. I would still stand by that very strongly. I think they are identical because in order for a, let's say, Boeing, member of staff who has sufficient academic credentials to supervise a student in the physical environment of Boeing, they would need an honorary appointment with the university enrolling the student. In order to be able to take the qualification, the student would need to be enrolled with the university. What Boeing would do is exactly what we do, which is provide the environment within which that interaction can take place. I honestly don't see the difference.

PN914

So you'd qualify, then, your statement by saying that provided that the person who was placed at Boeing had an honorary appointment at the university?---Yes. I'm sorry, that was what I meant.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN915

Okay. Because an aeronautical engineering student could be placed at Boeing but not have their supervisor at Boeing, could they not?---I guess so. The point I was making was that if you want the supervision to take place in a particular

environment, which is essentially what we're offering the student and the supervisor, then both of them need to have the appointments with the university. One is a student, one is an honorary academic.

PN916

You have an affiliation agreement with the university, with one or more?---With several universities, yes.

PN917

That's a document. There's a document you can point to and say, "That shows we're affiliated"?---That's a contentious question. It certainly is with Flinders University. The one with Monash is probably well out of date and it's probably kind of an understanding with the -- no, actually, more recently it was with the University of Melbourne because they wanted to do more honorary appointments. So yes, they're documents.

PN918

I'm going to ask you about the difference between the work performed by research medical staff in universities and that performed by research medical staff in medical research institutes. What do you see as the difference in terms of -- there's a difference of type which you've put to his Honour. Without conceding that, for the sake of this question I'll accept that there's a difference of type and there's a difference of emphasis. In an industrial sense, what would you say the difference was in terms of work value, complexity, responsibility, qualifications?--I'm not sure what you mean by "in an industrial sense". You mean in terms of how we employ them, how we - - -

No, I'm not asking you what documents you employ them under. I'm asking you in terms of things like -- you've been involved in industrial negotiations for quite a number of years?---Yes.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN919

So you'd understand in broad terms the concept of work value?---I see what you mean, yes.

PN920

Now, what I'm putting to you is that in an industrial sense, although you contend there's a difference of type between the functions of the organisations which, for the sake of this question I'm conceding -- what I'm asking you is whether or not you see a difference of industrial work value between, for example, a senior research fellow at your institute and a senior research fellow at the University of Melbourne doing medical research?---I think there's a fundamental difference in the expectations and requirements of the employer. I've seen that find expression in the enterprise bargain agreements that we've ended up with. Obviously when you have people who are doing research work, wherever they work, as I've said before, in a pharmaceutical company, in a hospital, in an MRI, in a university, in all of those environments you've got similarities in the various indices of success that you'll use. You've got your publication metrics and you've got the numbers of patients that you might see and you've got how well you get on with staff and all this kind of stuff. But I think, as I said before, in a university, from what I've

seen, the academic metrics are an end in themselves and the employment conditions and the requirements – I see them not so much in employment conditions but in performance indicators and in things that you require of people and how you tell people whether or not they've had a good year. Those indices in a university largely go to academic metrics. They go to where you published, how often you were cited, what the impact factor was of the journal that you published in and this kind of thing. Those, for an MRI and for a hospital and probably even more so for pharmaceutical companies, are subsidiary indicators because they're not the main product. They're an indicator that you might be on your way but they're not required in the same way as they are for, for example, promotion in a university. If you want to get from level E to level D in a university environment and you've seen a lot of patients and you've had a lot of patent put through to national phase and you've got a device that's going into phase 1, you probably won't get promoted, from what I've seen, because they want to see that you've published. In an MRI and hospital context it's the other way around. Sure, it's nice that you're published in Nature but they want to know who got better. As I said before, they want to know who got better as a result of your work. That certainly finds expression in contracts, in the way we employ and try to motivate people, and I would have thought also in the agreements that we have which describe what kind of an employment environment we try to offer those people, because we're expecting fundamentally different things of them.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN921

I'll ask you another follow-up question. I would put it to you that in fact the thing that really gives the value to the researcher's job is in fact their research activity and their requirement to make contributions to the improvement of human health and the combating of disease through their work. That's what makes the job what it is. Is that correct?---There are many things that people doing research in different environments produce. As I said before, everybody, I would like to think, who's involved in anything even close to health and medical research likes to think that people are going to get better as a result. Everybody who has been involved in research past post-doc level likes to think that one day they're going to get an Nature paper. Everybody likes to think they're going to have a patent to their name. Everybody likes to think they look after their patients well. But depending on who you work for, you're pushed in a different direction and your employer requires different things of you.

PN922

Sorry, my question was – I'll put it in another way. My question was, I mean, we all have to stand at the photocopier sometimes, we all have to attend – I suspect even Deputy Presidents sometimes have to stand at the photocopier.

PN923

THE DEPUTY PRESIDENT: I can vouch for that.

PN924

MR McALPINE: And we all have to go to the meeting to plan the Christmas Party and we all have to make sure that our credit accounts reconcile. There's a whole range of duties people perform. What I'm suggesting is, to put it in vernacular terms, the reason people get paid a decent salary as researchers is

because of their research outputs. That's the high value duty. That's what justifies their status and their salary, the research work and their outputs. That might be – you've quoted three or four different types of person but in all those cases that's what justifies their salary and their status?---My difficulty with that is that you're conflating a lot of things with the word "outputs" there, research outputs.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN925

All the research outputs, whether it's finding a new medicine, whether it's discovering something about the epidemiology of diabetes in Indigenous communities. If you're working in research it's the research that constitutes the thing that gives you your status and justifies your salary, not the other things you do?---What do you mean by the other things?

PN926

Well, I've given you some examples - - -?---Well, you mean the photocopier and all that kind of stuff.

PN927

- - - which admittedly were flippant but the thing about your job that justifies your salary and your status is your research output?---If you're a researcher then your output is research, whoever you work for, yes.

PN928

Yes. That's the thing you'll stand and fall on?---As I said, I think we're using very generic terms here to describe a vast variety of things because research in a hospital, research in a pharmaceutical company, research in a biotech, research in a university or an MRI, they're all actually pretty different things and I don't think it's helpful to say that they're all producing research outputs. I mean, they're all employees. Yes, they all stand by the photocopier.

PN929

But they all have that in common. If I'm a historian, if I'm a research historian or if I'm a research epidemiologist, the thing that justifies my salary and my status is my research work and whatever my research outputs are. That's what I stand and fall on, isn't it?---If you're employed as a researcher then whoever employs you, I imagine, is going to want to make sure that you're doing good research, yes.

PN930

But my question was your status and your salary is justified by your research activities, not by whatever the other ancillary components - - -?---Well, no, not by your activities but by your output. That's what I'm saying is different because the output of the different organisations is different. A hospital will look at the research activity and require different output to the output of the same activity that a pharmaceutical company will require, and it's different again with MRIs and again with universities.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN931

But in the medical profession an epidemiologist or surgeon?---Yes, I guess that's right.

PN932

Yes, that's right.

PN933

THE DEPUTY PRESIDENT: I'm trying to grapple as best I can with the distinction you draw between university researchers and your researchers. I want to take a bit of an extreme to see whether or not I'm understanding what you put. With universities are you saying that the syndrome of publish or perish is an imperative? They do interesting work but not necessarily helpful whereas at an MRI it's helpful work?---Helpful in the sense that it leads to therapeutic outcomes?

PN934

Yes?---The therapeutic outcomes of the main mission of the MRI is the employer. If we're publishing in Nature and doing a lot of other good work in the community and even if Monash puts some of its students in the institute but we're not driving towards therapeutic outcomes then it's not good work and it's not judged as such by our ultimate governing body because, as I said before, they're always looking at us and saying, "What have you done that has led to the cure, prevention and treatment of disease? Who's better as a result of the work?" They get much more excited about a new device or the different use of an existing drug or something like that than they do out of a paper. In a university, from what I've seen, the purpose of the organisation really, the thing that makes it a higher education provider, is that it has students and it tries to produce the highest quality graduates it possibly can. It's very easily arguable that the best environment to do that in is one in which you're doing research. That's the reason for the research. What I'm trying to do is draw the distinction between institutional purpose and what motivates individuals, because the people at the highest level who are doing health and medical research, they would like to and, and, and, and all these things. They would like to help produce the next generation of scholars, they'd love to have a good patent, they'd love to publish in Nature, they'd love to think that they were making people better. Of course they'd like to do all those things. What's different is the - - -

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN935

Research in a university, unless I'm misunderstanding, to the extent that they can demonstrate good application they get more money. They bring money into the faculty and that enables them to get PhD students, graduate students working for them. There's a whole range of - - -?---I'm sorry but I'm not clear that that's the case. The way I see money generated by excellent research in universities – this may be a cynical view but it's the way I see it – is that a high academic research output enables you to lift your rankings and the international rankings, the Shanghai Jiao Tong and all these things, and that then enables you to put your fees up for international students, because you've got a good research environment in to which to bring students and that's how you make money out of research in a university. That's how I'd try and make money out of research in a university.

PN936

But is the product of that research interesting but not useful?---Well, I'd have difficulty drawing the distinction because if it's interesting it's one day going to lead to an outcome. What I think is in the university sector, you have the academic output pretty much as an end in itself. We would write from a university to a politician and say, "Look, our impact factors are up 5 per cent and we published three articles in Nature last year." We would never say that as our primary boast to one of our stakeholders. We would say, "We're getting this new molecule into phase 1 trials. We've got some IP which is becoming the basis of a new device. We've found a way of treating people and delivering services in the Aboriginal communities of the Northern Territory which make sure that people get early onset kidney disease less" – so that's really - - -

PN937

Right. I'm starting to - - -

PN938

MR McALPINE: Earlier you said, Mr Lloyd, that you didn't know much about the Monash Institute of Medical Research but now you're telling us in detail what the difference is between what's done there and what's done at the independent medical research institutes?---No, I'm sorry forgive me if you might have misunderstood. I said I didn't know much about that specific institute. You asked me also about WAIMR. I don't think I've ever been to WAIMR. So I don't know those specific institutions.

\*\*\*\* DAVID LLOYD

XXN MR McALPINE

PN939

You certainly know they're two of the biggest undertakers of medical research in universities?---Honestly, the faculty of medicine that I know best is the one at the University of Melbourne because that's where I used to work.

PN940

Can I take the witness to NTEU3, please?

PN941

THE DEPUTY PRESIDENT: Of course. What part of it?

PN942

MR McALPINE: Sorry, there's a report which is attached called the – and I right? Is it commonly known as the Lek report of the - - -?---LEK report.

PN943

LEK report?---There are two LEK reports, one for the state government and one for the Commonwealth. You'd need to be clear which we're talking about.

PN944

THE DEPUTY PRESIDENT: Which attachment is it of yours?

PN945

MR McALPINE: It's the supplementary statement, I'm sorry, your Honour.

PN946

THE DEPUTY PRESIDENT: That's all right.

PN947

MR McALPINE: There's a big thick report with lots of tables headed LEK.

PN948

THE DEPUTY PRESIDENT: Yes, I've found it.

PN949

MR McALPINE: Can I take you to page 38 of that report. Have you got that in front of you?---Yes.

PN950

You were involved in some way with the commissioning or otherwise of this report?---Yes, I was.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN951

I'm asking you to look at the patents per million dollars of funding received by universities and MRIs?---Yes.

PN952

Whatever those figures indicate, you would agree that the rate of patents developed is comparable?---It looks like it.

PN953

The invention disclosures per million dollars of funding received, they look to me like again they are comparable between the group of eight universities and the AMRI members?---Yes.

PN954

That doesn't seem to bear out – at least on its face it doesn't seem to bear out this sharp distinction between academic publication or knowledge for its own sake or however you want to put it between universities and at least the Go8 universities?--Well, I think there what you're doing – and, forgive me, a mistake that's often made by state governments in reviewing our performance as well – is that you're mistaking lodging a patent and disclosing information prior to lodging a patent with the creation of something new by way of a drug, a therapy or a device or whatever. When I was working at the University of Melbourne I had responsibility, amongst other things, for overseeing what was called there commercialisation office. I remember once there we had to deal with a member of academic staff who single-handedly had over 250 patents to his name. We used them vanity patents. Usually you would do them, have them registered very cheap for the first year at least before you get to national phase, if you weren't publishing much. It was to show that you were at least active. There is almost no connection, in my experience, between disclosure and the early lodgment of patents and the propensity to get to phase 1 with a new molecule or to get a device into the market or to get a new policy adopted. It's an indicator of being busy, if you like, not actually being productive.

PN955

If you had presumably given the purpose of that report – the purpose of that report essentially was to present a particular case?---Yes, to get money out of the federal government.

PN956

Yes, it was to present a case. If you'd had figures that actually indicated the difference you're now talking about, which is the actual translation, you would have included those, wouldn't you?---Yes, absolutely. One of the great frustrations in our sector is the benchmarking between MRIs is almost impossible because we're so different from one another and we do such different things and we measure it in different ways. We're almost incomparable to one another, I'm afraid.

PN957

THE DEPUTY PRESIDENT: It might be more possible if you told each other what you were doing?---Well, even when we do that, honestly – sorry, if I may, as an example.

PN958

Yes, please?---We're right next door to the Burnett Institute. You might look at the two and you'd say gosh, look, there's two medical research institutes. Architecturally you look the same. You're both members of AMRI and you both had a beef with the federal government that you couldn't get enough money out of them here. The Burnett employs more people offshore than it does within Australia. It's an NGO. It employs health workers in Mozambique and Nepal and Tibet and this kind of thing and its purpose is largely expressed through its character as an NGO in terms of social outcomes. It does a lot of safe drug delivery kind of exercises in developing countries, this kind of stuff. You walk into us and we're full of clinicians, we're full of people who – day in and day out they walk across the link bridge to the hospital because with us they're researcher and, in fact, they walk across the bridge and magically turn into the cardiology department of the Alfred Hospital because that's what they are. Yesterday I was at the WiHi and it, frankly, looks like a pharmaceutical company. It's a wall of laboratories. That's all you can see as you walk in. It's so hard to compare us. We've tried but it's a great frustration. We can't benchmark. I've given up.

PN959

I suppose the comparison I was trying to make was between – you've quoted the patents in there?---Yes.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN960

You haven't quoted a comparison between universities and MRIs for translation of patents into actual outcomes?---No, because we all have different outcomes that we're aiming for.

PN961

You did a comparison of two sectors for patents. You did a comparison of Go8 universities and the MRIs?---Yes.

PN962

But there's no actual data about the translation of those patents into actual - - -?  
---No. It was a device for the purposes of this document.

PN963

Yes, okay. Attached to your statement there is a copy of the enterprise agreement?---I'm sorry, I've only got my statement. I don't have the agreement but I will try to remember it.

PN964

THE DEPUTY PRESIDENT: I'll hand it down.

PN965

MR McALPINE: Which is quite a long document, in the nature of these things. Have you got that in front of you?---I've got the – yes.

The EBA?---EBA, yes, I think so.

PN966

Turning to page 51 of that document. The pages are numbered at the bottom? ---Yes.

PN967

Now, I put it to you on the basis of your previous experience in the university sector, you'd be aware that these classification descriptors are broadly similar to those used in universities?---Yes.

PN968

In fact, under – I won't take you through each of them but, for example, technical level 3, you have occupational equivalent HEW level 4?---Sorry, if I may, as I understand it we've these for a number of years. We sort of inherited them from previous agreements that were put into place before I joined the institute.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN969

But you renegotiated this – this was the first enterprise agreement?---Gosh no. We've had several. Because of the merger we had one per institution before the merger and then we had a new one afterwards. So yes, we've - - -

PN970

Sorry, I should say this is the first for the combined institutions? If you don't know - - ?---Yes, it probably is. Sorry, I'll just - - -

PN971

But you renegotiated that in 2011, didn't you?---Yes, we did.

PN972

You didn't seek to change those classification structures in relation to technical positions, did you?---No.

PN973

Similarly, the administrative classification structures which I think start on page 58, those very closely mirror those that apply in universities?---Well, there's the HUE balance there, so yes.

PN974

But the descriptors themselves – as, for my sins, one of the authors of these, I always recognise them. They're very similar. The actual wording is very similar too, isn't it?---Yes. Look, I imagine so. I mean, we - - -

PN975

Well, don't say if you don't know?---Well, I imagine so because we quote HUE level 4 and I know what used to be HEO and is now HUE is university terminology, and I can tell you that in putting what used to be a 15-page document and is now an 80-page one together we did a lot of, frankly, pretty clumsy cut and paste because we got the whole thing done in 10 weeks, because otherwise people in MRIs lose focus on stuff like this.

PN976

But these are documents that determine what classification people are in?---Sure.

PN977

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

THE DEPUTY PRESIDENT: It must have been pretty good. Senior Deputy President Kaufman approved it.

PN978

MR McALPINE: If I take you to page 71?---Yes.

PN979

Under researchers, scientists, the occupational equivalent there – under Occupational Equivalent there is listed under senior lecturer?---Under dieticians, research fellows, health professionals, yes, there's senior lecturer.

PN980

I put it to you that for grants that support researchers the NH&MRC has a system of peer review of applications to see which is the appropriate classification? ---Classification for - - -

PN981

Classification of a grant, whether you're supported as a senior research fellow or a principal research fellow?---Of a fellowship?

PN982

Yes?---Yes, whether you work in a hospital or an MRI or a university you've got classifications that are given to you by the NH&MRC. In fact, our senior – it irritates me but our senior position categories are actually those given by the NH&MRC because if they're promoted by the NH&MRC to senior principal research fellow, it's kind of hard for us not to reflect that in what we call them.

PN983

THE DEPUTY PRESIDENT: I think we'll take a short break, Mr McAlpine.

<SHORT ADJOURNMENT

[11.12AM]

<RESUMED

[11.27AM]

PN984

MR McALPINE: I'd like to - - -

PN985

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

THE DEPUTY PRESIDENT: Have you finished with the agreement?

PN986

MR McALPINE: Yes, sorry.

PN987

THE DEPUTY PRESIDENT: Thank you. I'll have that folder back now, thanks.

PN988

MR McALPINE: I'd like the witness to identify a document. The other parties have a copy of it.

PN989

MR RUSKIN: Your Honour, can I at this point raise a point about that document?

PN990

THE DEPUTY PRESIDENT: Yes, of course.

PN991

MR RUSKIN: This document is an email which says 25 September and this case has been going on for some time. It's an exchange between a union official and Mr Lloyd. We have been presented with it this morning as a tactical manoeuvre and we somewhat object to the manner in which it's being deployed. I expect your Honour will say, "Well, let's hear what it's all about," but it's - - -

PN992

THE DEPUTY PRESIDENT: You object to it?

PN993

MR RUSKIN: I do object to it.

PN994

THE DEPUTY PRESIDENT: On what basis?

PN995

MR RUSKIN: On the basis that – I don't object to it on relevance. I admit that. But I object to it in the timing of it. We haven't had an opportunity to get instructions on it and one would have got instructions from Mr Lloyd if one had been given the opportunity to know about it. The timing of it is such that we cannot get instructions and I somewhat object to the tactic.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN996

THE DEPUTY PRESIDENT: Well, I'm happy to adjourn for another few minutes so that you can actually have a discussion with Mr Lloyd about it.

PN997

MR RUSKIN: Yes, all right. Thank you, your Honour.

PN998

THE DEPUTY PRESIDENT: I'll adjourn briefly.

<THE WITNESS WITHDREW

[11.29AM]

<SHORT ADJOURNMENT

[11.29AM]

<RESUMED

[12.01PM]

PN999

MR RUSKIN: Thank you, your Honour, for that opportunity.

PN1000

THE DEPUTY PRESIDENT: Yes. Now, you've got the letter.

<DAVID LLOYD, ON FORMER AFFIRMATION

[12.01PM]

PN1001

MR McALPINE: I'd like the witness to be shown a document.

PN1002

THE DEPUTY PRESIDENT: Yes, of course. You've got it, have you?---Is that the same one? Yes, I've got it.

PN1003

MR McALPINE: Can you identify that as a document setting out an exchange of emails between yourself and Rhidian Thomas on 24 and 25 September 2012?  
---Yes, absolutely.

PN1004

Rhidian Thomas is an industrial officer with the NTEU Victorian division?---So far as I'm aware, yes.

PN1005

I don't need to take you through it in great detail. I just wanted to ask you - - -

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN1006

THE DEPUTY PRESIDENT: Do you want it marked?

PN1007

MR McALPINE: Yes, sorry.

**EXHIBIT #NTEU8 EMAIL EXCHANGE BETWEEN  
MR THOMAS AND MR LLOYD**

PN1008

MR McALPINE: I want to ask you a question about the fourth line of the email that's the last email but at the top. You talk about the threat of HSU – I assume that's number 4 – and it's equivalent awards being the alternative. What did you have in mind there?---I've struggled to remember this. I'll be honest with you, I struggle to remember this exchange. So forgive me if I sound vague. I remember dealing with Rhidian. We've known each other for many years. What I remember from this was the HR department in Baker saying there are various

unions that interest over medical research institutes as employers and some of them will be, frankly, easier to deal with in our enterprise bargaining process than others. If you're going to have one at the table or the other, on balance, although this hasn't always been my experience of them, I'd have to say, we'd go for the NTEU. So probably that was – I'm trying to retrofit the rationale here because I can't fully remember what was going on, but that's probably what was going on in my mind at the time.

PN1009

But what was the threat of the HSU's awards?---The threat of any awards, I think, or the threat of any organisation coming in and trying to regulate the way we employ and interact with our staff is that they won't understand the environment that we're in. I've yet to find anybody in any union or hospital or university or whatever that really got what kind of an employment environment MRIs are. So the threat I'd be talking about there would be the threat of somebody coming into our enterprise negotiations, which are normally pretty good. They take about 10 weeks and staff nominate their own nominees and we negotiate and we end up with an EBA and we've done it several times. But there would be somebody else at the table to whom we would have to explain everything about our employment environment and what we do and how we work and who we are and who funds us and all this kind of stuff. The NTEU, to their credit, actually did in the process of the last enterprise bargain take some interest in that. I mean, I had meetings with some members of their policy staff to talk about the funding in equity and they were interested. I'd always tell this story to anybody and I don't think the HSU were, to tell you the – well, it was the ANF we ended up dealing with but they were absolutely uninterested in how we were managed or funded. The NTEU at least showed some interest.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN1010

But there's two threats identified there. There's the threat of the HSU 4 and there's the threat of its equivalent awards. Now, what was the threat posed by the awards?---Because I'm not the kind of person who can possibly read a whole award from beginning to end and I've never done it, I can't imagine that I was saying that with an understanding of specifically what was in awards that I might – the threat – again, I'm trying to remember what I meant here. But the threat that I'm talking about is, I'm sure, that there will be somebody at our enterprise bargaining table who is neither staff nor management and just doesn't understand our organisation. That's what I would think of as the threat. I'm probably being clumsy with my language there by referring to awards.

PN1011

That's fine. But you contrast this with the statement, "The upshot of the discussion is that I think most will end up feeling broadly comfortable with it"? ---Yes.

PN1012

"It" is the application that's before the commission today, isn't it?---As it turns out, I now understand that I was completely wrong in that.

PN1013

No, I'm merely asking you to identify what the pronoun was?---Well, I'll have to read it again.

PN1014

It says "most will end up feeling broadly comfortable with it"?---Well, I would have been referring to it, being what Rhidian was talking about which is what he says the oversight in the creation of the modern awards and the inadvertent non-mentioning of MRIs. It was characterised as inadvertent and an oversight. I guess that's the "it" that I'm saying nobody much objected to. As I said, as it turned out I wasn't right in that.

PN1015

Do you have any objections to the actual content of the awards that apply to universities applying to Baker? Leaving aside whether the awards should, the actual content of the award, is there anything in those awards that you're aware of that would actually be a problem for the efficient operation of the Baker Institute?---I don't know enough about every detail in the awards to give you a yes or no on that, I'm afraid. I do know that when we were doing our enterprise bargain discussions there were vast swads of stuff which was put on the table and all of us said, "Actually, no, that doesn't apply to us." So they were put on the table and taken off and put on the table and taken off and there were bits that were used where are actually quite helpful. I think you quoted some of them before. There were bits that the ANF put on the table which were quite helpful and we cut and pasted stuff, frankly, because it was easier and quicker than writing it ourselves. The NTEU came up with a whole lot of stuff on different forms of leave, I think, and we looked at it and said, "Yes, all right. That's fine," and we used it, but whole swads of stuff which we didn't. So on that basis, from memory, I'd have to say probably a lot of it didn't apply or was thought to be irrelevant at least but I can't tell you which parts of an award would be good or bad for us as an employer because I just don't know the awards well enough.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN1016

Just to be clear, you're not aware of any of the content of the actual awards that is a problem for Baker?---Well, I'm not aware of the contents of the awards, full stop. So yes, that would have to be the case.

PN1017

Okay, that's fine. If you don't have an objection – you're appearing as a witness, not as an advocate. So I'm not asking you - - ?---No, I understand.

PN1018

So do you have any objection to the coverage of those awards?---I don't know enough about the awards to say. If I read the awards I'd be able to give you an answer to that but until I have I wouldn't be able to say yes or no.

PN1019

Okay. But you do have a general knowledge of the function of industrial instruments?---Yes. It would be very general.

PN1020

You'd agree that their purpose is to regulate the basic terms and conditions of employment?---Yes, but please, I'm a manager, not an industrial relations specialist. When I go to these discussions I want to talk about what kind of an employment environment we provide for our staff and there's lots of different specialist areas that then give us all advice as to what we should and shouldn't do, can and can't do. But I'm not an industrial specialist. I'm a manager. I just try to make sure we're a good employer. That's all.

PN1021

But you'd be aware that, for example, the Academic Research Salaries Award applied at Baker at least until 2010, that there has been an Academic Salaries Award applying at Baker for many years?---I understand that's the case, yes, but I had to be told it.

PN1022

I suppose it follows that if you had to be told that you can't cite any particular difficulties that arose from the application of that award?---No. I can tell you that when we were having our various enterprise negotiations over the last few years, certainly with the last one where both the ANF and the NTEU represented themselves at those meetings, I can tell you that each party – I can't tell you specifically which bits but each party brought things to the table which were found to be helpful and useful and constructive and we used, and other things to the table which were found to be either irrelevant or unhelpful and not descriptive of the kind of employment environment we are. We accepted and rejected bits together as management and staff on that basis. I can't for the life of me remember which bits we objected to and didn't accept and which bits we thought were great and we used.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN1023

Just to close this off, there's no point me asking you questions about the content or appropriateness of the awards which AMRI says should apply to employees at Baker?---I'm sorry, no, because I really – I should know more about them but I don't.

PN1024

How many allied health professionals – and I'll leave nurses out. Are you aware of the concept of allied health professionals?---Well, to be sure we're talking about the same thing can you describe it to me, please? What is an allied health professional?

PN1025

The group which includes radiographers, physiotherapists, occupational therapists - - -?---But not nurses, you're saying.

PN1026

But not nurses. The allied health professionals group?---Right, okay.

PN1027

Do you employ many of those?---I wouldn't have thought so, no.

PN1028

Do you employ any?---I imagine we do. There will be some employed in labs, I imagine. We have a physical activity lab, for example. We call it our Healthy Lifestyle Research Centre and probably they employ physiotherapists. In fact, I remember they were advertising for one recently. But no, I'm not sure of – it wouldn't be many. It would be very few.

PN1029

In that physical activity research lab, did you say?---Laboratory. It's called the Healthy Lifestyle Research Centre.

PN1030

Yes?---It tells that we need to stand up every 15 minutes to stay healthy.

PN1031

Yes, I've heard them on the health report, I think. So the physiotherapists who work there, are they engaged in the research process?---Yes, I imagine, inasmuch as everybody in the institute one way or another is engaged in the research process.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN1032

You'd understand either to your joy or your grief in some occasions that a lot of types of grant funds are actually portable and follow the researcher who can move from employer to the other?---Yes, I'm familiar with that one. It works both ways, though.

PN1033

Yes. So people can move with the grant from a university to a research institute or vice-versa?---And between universities and between MRIs and between hospitals, yes.

PN1034

Would there be research projects that the Baker Institute was involved in where there was a team of researchers which included employees of Baker and employees of other bodies?---Yes, definitely. We have an extensive number of collaborations across all our projects, yes.

PN1035

That would be people working on a common project but having separate employers?---Yes, absolutely.

PN1036

Now, could you describe how people progress through the classifications of research fellow, senior research fellow, principal research fellow at the Baker? ---Well, they are judged – this is an ideal description of it, I'm afraid. They are judged by a panel of their peers within the institute. They tell people what they've done for the year and how they contributed to the lab's research and its output and then a recommendation is made by their lab head, generally, to be promoted or incremented and then promoted. I think from memory you've got to be above a certain level to justify your increment – that was included in our last EBA – and you've got to show that you're doing something a bit different if you're to move from one classification to the other.

PN1037

You did allude to this but perhaps you could just elaborate. To what extent does the NH&MRC grading or funding affect that?---Well, if somebody has moved from, say, a PRF to an SPRF with the NH&MRC it's pretty hard for us not to then reflect that in the – I mean, the honorific that they'll use is usually the honorific that the NH&MRC gives them. They'll describe themselves first as NH&MRC principal research fellow and secondly as anything else because that's the thing in that world that gives the most status.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN1038

That system, not your classification system, excluding that, but that system of principal research fellow, senior principal research fellow, also applies to the NH&MRC's funding of fellowships within universities as well, doesn't it?---Yes, it does. And, look, the same is true of, say, the National Heart Foundation which is the other big set of criteria that we're given. If you're promoted through the National Heart Foundation ranks, either at a hospital, university or MRI, then usually the employer would be under an enormous amount of pressure to reflect that in the recognition that they provide them.

PN1039

Perhaps you could just explain to his Honour, why do you think it's unfair that the medical research institutes don't get the same level of infrastructure funding from the NH&MRC as universities?---Because if you're in a research project an NH&MRC project grant is a specific piece of work which generally – well, an NH&MRC grant gives you close to 100 per cent of the direct costs that you'll incur in doing the research – the consumables, the cost of your animals or whatever. The indirect costs of research are about 60 cents in the dollar. It's an internationally acknowledged benchmark, that of 60 cents in the dollar, wherever you work, whether you're doing it in the US or the UK or Australia, whether you're doing it in a hospital, a medical research institute or an MRI. Now, if you work at a university you get some of that 60 cents in the dollar, up to about 50 cents now, I think it is, through what I mentioned before, a labyrinth of different funds which the universities alone can apply for. They are a function of the number of successful graduates you've put through, the publication output, the impact of your publications, this kind of thing. If that same piece of work is being done at an MRI by a researcher employed by an MRI then none of those funding sources are available to that person. They'll have to go to the NH&MRC who'll give them 20 cents in the dollar if it's an NH&MRC grant and nothing if it isn't. And they'll have to go to their state government to get what they usually call infrastructure funding, which is a mixture of a proportion of the revenue and whatever else the state government thinks is important – clinical output, innovation, whatever – and that varies from state to state. Probably my biggest beef with that is that it's a stupid system and it wastes an enormous amount of time and energy in the – to get \$3 million a year from the Victoria state government we put in an application that thick and they employ three full-time PhDs to run it for the entire year. It's madness. So yes, I get cranky about that because I think it's a stupid system and the result is inequitable.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN1040

What I was asking you to do was to talk about why you thought it was unfair that universities and MRIs - - -?---Because a piece of research - - -

PN1041

- - - (indistinct) funding?---Because a project grant is a project. It's a piece of work. It's to take knowledge from here to here. If you're doing it in a hospital you get no support; well, very, very little support for doing it. If you work in the university you get about 50 cents in the dollar for it. If you work in a large MRI in New South Wales you get 40 cents in the dollar for it. If you work in a small MRI in New South Wales you get 20 cents in the dollar. If you work in Victoria in an MRI you get 14 cents in the dollar. But it's the same piece of work. Project grants, I should say, are very, very restrictive things. It's the description of a piece of work.

PN1042

Yes. It's fair to say, isn't it, that the project grant is virtually the marginal cost and is not a contribution to, for example, the bricks and mortar, the underlying cost?---Yes, that's true but it does depend on the mix of funding that you have. In a university faculty, as I understand it, most of your research funding is going to come either from the NH&MRC or the ARC or one of the big government granting bodies. As you saw from our figures, it's a much smaller proportion for us. So, for example, we'll be given funding by donors to do a particular piece of research that they're interested in for family reasons or by a trust and foundation in the US for a piece of research that the Juvenile Diabetes Research Foundation finds important or whatever. So the mix is various.

PN1043

Thank you. I am sorry, I apologise, can I take you back to NTEU8 which is the exchange of emails?---Yes.

PN1044

Now, you say in the fifth line of the email we've mostly discussed, you say there, "We are, as you say" – as Mr Thomas says – "much closer to higher ed than to health service delivery." That was your opinion?---Yes. I think, to be clear, that the context of the exchange there is important, if I may.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN1045

Yes?---I think what I'm being asked to do here, from having read it now a couple of times for the first time in eight or nine months, is effectively choose between saying we're a bit like a hospital or we're a bit like a university and looking at the advocacy environments, if you like, behind each of those. If I was asked that question in the context of this I would say we're kind of like neither, to be clear. We're a medical research institute. We deal with both but we're not either. In the context of this I'm saying yes, we're more like a higher education provider than a hospital but the truth is we're not really very much like either.

PN1046

But you initiated this email exchange?---Yes, I did. Well, the first – I don't know whether there was prior emails before that.

PN1047

My instructions are that you initiated this email exchange?---I can't say. I don't know whether there were emails before this or not.

PN1048

Perhaps my question, I suppose, is when you say "in the context of it", these emails are in the context of this. These emails are in the context of these proceedings?---Well, they are now. They certainly weren't sent in that context.

PN1049

Well, the documents will show the answer to that?---Yes, okay.

PN1050

Are you aware of the activities of Research Australia?---Very vaguely.

PN1051

You haven't been active in it?---No. I've probably been to one or two of their meetings but I delete their emails when they arrive.

PN1052

Well, I won't take you any further with that. I'd like to show the witness another document which is a commission document?---Thank you.

PN1053

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

THE DEPUTY PRESIDENT: Have I written an email?

PN1054

MR McALPINE: None that have come to light. Now, this is a document – a declaration by Baker IDI made to Fair Work Australia, as it was then called, and a statutory declaration.

**EXHIBIT #NTEU9 FORM F17 EMPLOYER'S DECLARATION  
IN SUPPORT OF APPLICATION FOR APPROVAL OF  
ENTERPRISE AGREEMENT BY BAKER IDI HEART AND  
DIABETES INSTITUTE HOLDINGS LIMITED.**

PN1055

MR McALPINE: I'm sorry the pages aren't numbered but I'd like to take you to part 3.1 which I think is on about the fifth or sixth page. I assume you weren't directly involved in the preparation of this document?---Not that I recall, no.

PN1056

Can you tell me who from the institute would have been involved in - - -?---It would have been Julie Morris, I imagine, our human resources general manager.

PN1057

In section 3.1 you've listed a number of awards. You acknowledge, therefore, that at that time Baker Institute thought those were the modern awards which applied?---I assume so if this is a document given by Baker. Is that right? Is that what's it's saying, that this is Baker IDI's view of the application of awards? Sorry, I'm - - -

PN1058

Well, don't answer the question unless you're sure?---I'm not, I'm sorry. I'm not a specialist in this stuff. I don't even know what this document is for, I'm sorry.

PN1059

This is a declaration of certain facts that are needed to support the now commission's approval of your enterprise agreement?---So we put this in as a declaration when we submitted our concluded EBA?

PN1060

Yes, at the time, around the time of that?---I'm sorry, yes, I see.

PN1061

And 3.1 says, "List the modern awards" – and forget all the gobbledygook in between. "List the modern awards, if any, that cover or apply to the employer and the whole or any portion of the employees to whom the agreement will apply"?--- And we're then saying that – well, that would be Julie's view, I imagine, that those were the awards that apply, yes.

\*\*\*\* DAVID LLOYD

XXN MR MCALPINE

PN1062

That's all, your Honour.

**<RE-EXAMINATION BY MR RUSKIN**

**[12.29PM]**

PN1063

MR RUSKIN: Mr Lloyd, during the cross-examination, I think early in the cross-examination, you were asked questions about the funding you got from the university for PhD students that are located at your institution. Do you recall that?---Yes.

PN1064

What is that money or that funding used for at the Baker?---It contributes towards but doesn't cover the things that we do to provide the environment for the supervisor and student to do their work – lab consumables, the cost of being in the laboratory. We also put money into taking the students off all together for a week, kind of thing – sorry, for a day, I should say.

PN1065

Is it segmented in that way?---No. It just goes into the pool, frankly. I'm sorry, no, if I may.

PN1066

Yes?---A proportion of it may now go to the lab. We get about \$4000 to \$6000 per student from the university and I think a proportion of that may now find its way directly to the lab.

PN1067

What does that mean?---It means that it would be contributed directly to the - - -

PN1068

THE DEPUTY PRESIDENT: Particular project?---To the particular laboratory because they're the ones who are paying for the consumables as such.

PN1069

MR RUSKIN: Do you employ students at MRI as staff who are not doing an academic award, do you know?---Do we employ students?

PN1070

\*\*\*\* DAVID LLOYD

RXN MR RUSKIN

As part-time employees or full-time employees or any other - - -?---People who are doing their post-graduate study with the university, we sometimes also employ them as researchers, yes.

PN1071

What about students who aren't doing research in relation to your - - -?---No. They're there to do research.

PN1072

Page 71 of your EBA, if I could take you to that?---I don't have it here.

PN1073

That's attached to your statement?---I only have the statement. I don't have the attachments. My apologies.

PN1074

You don't have the EBA.

PN1075

THE DEPUTY PRESIDENT: I'll pass it down to you?---Thank you. Page 71?

PN1076

MR RUSKIN: Page 71 of the EBA. It was a section that Mr McAlpine took you to. It says, I think, in the middle Occupational Equivalent. Do you see that? ---Yes.

PN1077

I think he took you to senior lecturer?---Yes.

PN1078

What does it mean that it says Occupational Equivalent and it lists those words there? What is it trying to do?---We take people from a vast number of backgrounds into the research activity in our laboratories. You'll have people, like you were saying before, who are allied health professionals, you'll have people coming from the pharmaceutical industry, people coming from universities, from academic institutions, from all over the place. It has been really hard for us to find one way of categorising all the various people that you'll have in a laboratory or in a group of researchers doing a particular piece of work. Forgive me. As I said, I don't read these things from cover to cover very often but I know that, for example, we would have included dieticians in there because a number of our laboratories and clinical groups employ them and they probably wouldn't have been spoken to or for by any other description, by any categorisation of hospital employees or university employees or private sector employees or whatever. So there's a vast number of professional backgrounds that find themselves all thrown together in an environment, like - - -

\*\*\*\* DAVID LLOYD

RXN MR RUSKIN

PN1079

Do you know where those words come from?---No, I don't.

PN1080

You were asked a question by Mr McAlpine about whether you object – I think the question was whether you had any objection to the content of the higher education awards, words to that effect, and I think you said, “Well, I don't know about them.” Do you have any objection to awards generally covering your MRI or not?---No, I don't think so.

PN1081

Do you have an objection to MRIs being in an award which is called a Higher Education Award?---I resist the idea – and I guess this is the fundamental point that I make in my witness statement. I resist the categorisation of medical research institutes as anything other than what they are, which is a particular kind of organisation which isn't part of another sector. I'd resist us being called hospitals or part of the health service sector, even though, as you know, we have thousands of patients and employ a number of doctors and a number of nurses. I'd resist the characterisation of us as – because what has happened in these EBAs that we've had is that what we try to do at those discussions with the representative group of our staff and me and our HR director responding for management is to work out what kind of employment environment we want. We're pretty good at that, actually. Over the years we've become pretty good at it. There are bits of things that we find from all over the shop which become useful in that. As I said before, the ANF gave us some really good bits for employment of our nurses. The NTEU has given us some bits that were useful. But if you were to take the whole of another sector and say, “There you go. That's now what you are,” then it just couldn't possibly be helpful because there would be such a large number of our staff who would look at it and say, “But that's not me. That's not what I do. That's not the environment I work in.”

PN1082

You were asked a question about whether at Baker there are projects where there are teams of employees or researchers who are employed by other employers on a common project. Do you recall those questions?---Yes, I do.

\*\*\*\* DAVID LLOYD

RXN MR RUSKIN

PN1083

What would be the type of other employers that would have employees working in those projects?---The pharmaceutical industry, biotech, organisations who are further along the drug discovery and drug creation pipeline than we are. We're more the basic and pre-clinical testing end. We have partnerships – we had a big one with Roche a few years ago where the collaboration is with people who are employed in that industry. Often in the Northern Territory it's Aboriginal-controlled health service providers like Congress in Alice Springs or members of what's called AMSANT, the Medical Service Alliance of the Northern Territory; collaborations where it's Baker IDI staff and the people we're working with are nurses, clinicians, doctors, social workers, whatever, who are involved in those communities. It's very various, to be clear.

PN1084

What is the future of such collaborations for your MRIs or for Baker? What's the direction?---The direction is that they're getting more diverse. They're done more and more where the research needs to happen. You tend to need to move to the population of interest to do your research now. So that's why more and more we're working in and with hospitals. Our work in Singapore, for example, is in Singapore General Hospital because that's where the multi-ethnic populations that we have interest in doing our research are registered as patients. Clearly, because there sadly seems to be bipartisan support for not increasing government funding into health and medical research, they're less and less a function of government funding. They're much more from other people who are interested in the outcomes of health and medical research, which is largely the people who make drugs, devices, governments that improve policies for delivery of health services, that kind of thing. Those are our partners in the work that we do.

PN1085

Can I take you to NTEU9 which was the employer's declaration that was just handed to you earlier?---Yes, I've got it here.

PN1086

\*\*\*\* DAVID LLOYD

RXN MR RUSKIN

3.1 was the section of it that Mr McAlpine took you to. Do you know if it's accurate to say that the Higher Education Industry – Academic Staff – Award 2010 and the Higher Education Industry – General Staff – Award 2010 cover or apply to the Baker? Do you know if that's an accurate statement?---I'm only going on what I'm reading here. If you asked me that question without reference to this document I would have absolutely no idea, I'm afraid.

PN1087

Can I take you to NTEU8, the document that is an email exchange between you and Mr Rhidian Thomas. It's obvious from the 24 September email from you to him at 10.50 you ask that question at the second paragraph, "Can you let me know what the policy view of the NTEU on this is and what you're trying to achieve with it? To be honest, on face value I'd oppose it but there may be more to it than I understand. This is often the case." What were you driving at there? Why did you ask the question, if you can recall?---Well, I know the kind of interaction. When somebody, particularly Rhidian who I think I've known for over a decade now, asks me a question I assume that there's an awful lot behind the question that I don't understand. I think I've always been right in that. So I was asking him, "Why are you asking me this? What's it for?" His response was, "Don't worry yourself about it. It's just an oversight."

PN1088

He responds at 11.39 – he says here in his second paragraph of his email, he says, "Prior to the creation of the modern awards many MRIs were respondents to the old Research and Academic Staff Salaries Award and/or the Higher Education Workers (Vic) Award General/Professional Staff. These awards were set aside in the making of the modern awards. The main difference between reducing the number and scope of conditions was to no longer list the named respondents but to find the sector industry that the award was to cover. In doing this the definitions contained in the modern awards inadvertently failed to mention MRIs.

Our application is directed at rectifying this.” Did you take that to be correct or did you have a view on that? Do you know if it’s correct?---I don’t recall but I imagine I just took it at face value.

\*\*\*\* DAVID LLOYD

RXN MR RUSKIN

PN1089

You took it at face value that these modern awards inadvertently failed to mention MRIs?---Well, yes. Rhidian is a specialist in this and I’m not. So I just took it on face value.

PN1090

Yes, okay. What about the second-last paragraph of his email? “One other aspect of our application is more political, and that is to maintain our presence in the sector as the union of choice, so to speak. Bluntly, as many MRIs straddle the higher ed research hospital sectors, we want to ensure that some of the health sector unions don’t take advantage of the vacuum to pursue coverage within the institutes.” What did you take by his statement to mean “as many MRIs straddle the higher ed research hospital sectors”, if you can recall?---I’m probably telling you what I take now rather than what I took at the time because I don’t remember what I thought at the time, but what I take from it now is that, like me, he’s looking at what we are and thinking, “There they are. They are affiliated with and work with universities, they’re affiliated and work with hospitals, they’re affiliated and work with industry. They’re kind of in the middle there. They’re none of those things but they work with all of them. We want more members. So we’re going to try and expand the NTEU’s interest over this and we’re a lot less scary than HSU number 4. So do a deal with us.” I mean, I’m, assuming that’s what it was all about.

PN1091

So in your response to that, the 7.54 am, 25 September response, you say, “This is helpful,” and there’s other bits, you know, “in light of the threat” and, “We are, as you say, much closer to higher ed than to health service delivery.” In what way was his response helpful and why did you say that we are much closer to higher ed than health service delivery? Why did you say that to Mr Thomas?---I think I’m - - -

PN1092

If you can recall?---Well, genuinely I can’t but, again, what I can do is I can look at it now and I can try and imagine what was going on in my mind nine months ago at 7.54 in the morning. That’s all I can do, I’m afraid. Generally, what’s going on in my mind – I’m sorry, this isn’t meant to sound flippant; it’s the truth. What’s going on in my mind when Rhidian sends me an email or gives me a call is, “How can I get rid of Rhidian,” because he’s a pain. He’s an absolute pain in the neck. I imagine that what I was doing was saying whatever I needed to say in order to make Rhidian broadly helpful and pleasant and just go away. I’m sorry but that’s absolutely the truth.

\*\*\*\* DAVID LLOYD

RXN MR RUSKIN

PN1093

This talks about a meeting, “We had the MRI HR directors meeting en masse here yesterday by chance. So we discussed it at some length”?---Yes.

PN1094

Do you recall that meeting?---No. What I remember from that meeting is that I had to give a presentation about the Baker. The bit I remember most about the meeting is trying to prepare for that and do my slides properly for it. I don't recall but I think there would have been something about my usual beef about funding and how we – I think there was an introduction to how we handle various aspects of MRI management within the institute. And 98 per cent of my memory of that meeting – it's a bit self-engrossed – I remember giving that presentation. The discussion after it I'm really not all that - - -

PN1095

Do you know if you attended the whole meeting?---I didn't, no.

PN1096

You didn't?---No, because I went in, gave the presentation and I think there were some other people there, maybe from AHEIA, I'm not sure. I would have stayed for a bit and then gone. I certainly wouldn't have attended the whole meeting, no.

PN1097

You say in that email in the last paragraph, the one that you sent at 7.54, “Would NTEU support give us a couple of weeks to look at it?” What did that mean? ---I'm trying to – I don't understand these things well and I know that I always have to ask for professional advice, for specialist advice on them. So what I'm saying to Rhidian here, clearly, is, “Go away and let me think about it and take advice.”

PN1098

Thank you?---Which is why I've copied it to Nicole, come to think of it, getting her to – because she does know these things better than me.

PN1099

THE DEPUTY PRESIDENT: Thank you very much for your evidence. You're free to go?---Excellent. Thank you.

\*\*\*\* DAVID LLOYD

RXN MR RUSKIN

PN1100

Don't take anything that's mine?---No, I won't.

<THE WITNESS WITHDREW

[12.49PM]

PN1101

MR RUSKIN: Is that an appropriate time for us to have a break?

PN1102

THE DEPUTY PRESIDENT: Yes, it will be. I just wanted to mention, if I haven't given an opportunity to Ms Pugsley or Mr Howard to ask any questions, please say so because there might be certain conclusions I draw from you not cross-examining these witnesses in relation to the evidence that they give and the way in which you view research at universities. We'll adjourn till 2.15.

**<LUNCHEON ADJOURNMENT** [12.49PM]

**<RESUMED** [2.23PM]

PN1103

THE DEPUTY PRESIDENT: Yes?

PN1104

MS SWEATMAN: Thank you, Deputy President. I would like to call our next witness, Dr Nicole Den Elzen.

PN1105

THE DEPUTY PRESIDENT: All right, thank you.

**<NICOLE DEN ELZEN, AFFIRMED** [2.24PM]

**<EXAMINATION-IN-CHIEF BY MS SWEATMAN** [2.24PM]

PN1106

MS SWEATMAN: Dr Den Elzen, for the purposes of the transcript can you please state your name and professional address?---My name is Nicole Den Elzen. I am at the Association of Medical Research Institute which resides at 1G Royal Parade in Parkville in Melbourne.

PN1107

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

PN1108

Do you have a copy of your witness statement before you?---I do.

PN1109

Do you wish to make any amendments or alterations to anything in your statement?---No I don't.

PN1110

So you wish to adopt that as your evidence in these proceedings?---Yes.

PN1111

I'd like to tender the witness statement of Dr Nicole Den Elzen.

PN1112

THE DEPUTY PRESIDENT: Yes, R3.

**EXHIBIT #R3 WITNESS STATEMENT OF DR NICOLE DEN ELZEN**

PN1113

MS SWEATMAN: Without rehashing big aspects of your witness statement I think it's important just to tie up some of the themes that have been discussed in these proceedings, just to talk about who AAMRI is and why it was established? ---Okay, so AAMRI is the peak body for independent medical research institutes. So we were established in 1993, 20 years ago, and the main reason we were established at that time was because of an issue with indirect costs funding. I'm guessing when I say indirect costs funding we know what that means now. So at the time independent medical research institutes weren't receiving any indirect costs funding for overheads and other costs that are not directly related to a

research project. So AAMRI was formed to try and lobby and advocate for that, which they were partly successful in. But since then our aims have probably changed, broadened quite a bit. We - I think our objectives are in my statement I think, and basically that's to represent independent medical research institutes both to the government, in terms of doing government policy and government consultation and doing submissions to those, to the general public about the importance of medical research institutes, and also to industry and anything that affects from an industry perspective.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1114

So in terms of medical research institutes able to be members of AAMRI, what are the common characteristics; what do they have in common?---Okay, so with independent medical research institutes they are all separate legal entities, although I - as I said in my submission there were four cases where that wasn't the case. But in going forward I'll just exclude those. So they are independent legal entities and they're all charities, the majority of which are health promotion charities but they're all charities, that being that they're not for profit. The main purpose of - they all have an independent board, so that's a very key characteristic. Apart from them being independent legal entities they all have an independent board and it's that board that really governs this separate entity and is involved in its objectives and aims in governing that. They all have at their core the objective of medical research, so research to improve health and medicine, and also the translation of that research into outcomes which might be of the nature of improving government policy with regret - with regard to health. It might be involved in better treatments in the hospital. It might be to do with community education with - to do with health. There's a range of different outcomes depending on the institute, but it's all about medical research and its translation to have outcomes on the community. I suppose the other thing that's common to them is they're all mission based. So they all have very different histories about how they came about, but they all are based on a type of mission. So either you have, for example, we've talked about Baker IDI which is heart diabetes, and a range of other different - some are cancer related, some are child health related. But in general they all have a mission and that tends to be around a disease type or community type.

PN1115

So that's some of the things that they've got in common. What are some of the differences between the medical research institutes?---Okay, yes. Having been in this position I can tell you that they're quite diverse. I mean, it can be hard to get on top of that diversity. So first of all, as I talked about, the missions are different in the types of missions that they have and so - and the objectives in that. They're very different in size. I think that was obvious also in my statement that they range from 1000 people in terms of head count for some to - down to I think almost less than 20 for some others. So in the - our 41 members there's a massive difference in size and therefore in I suppose - yes, just in size. But while their funding sources are similar in terms of being NHMRC and government, state government, philanthropy, industry, the relative level of funding they get from those sources varies greatly. So we already heard from St Vincent's Institute that they are very reliant on NHMRC funding for example. Whereas I know for the

Heart Research Institute they are very reliant on philanthropy, and the Baker, as you heard today, Baker IDI, it's quite - it has quite a significant amount of commercial and philanthropy and a real mix. So it's - while they all have similar sources, the reliance on those different sources does vary as well. I'm trying to think how else - they're also different in their outcomes. So when I say they have different missions, so some of them are really - there are alignment and links and other sectors. So a good example - I know for example the Telethon Institute in WA is very much about trying to inform community and about linking to government policy, and that is while they do all the other stuff as well, the amount that - the outcomes of - the importance of - in terms of affecting government policy and in terms of health and affecting community education, some are more focussed on that, some are less focussed on that. Some are more focussed on clinical outcomes and some are - for example the Burnet's a very good example that's quite different because it's the only one of our members that's an NGO, and AusAID funded as well. We do have several members that have overseas branches but probably Burnet's the most extensive in terms of their aims are about global health. So they're very much about going overseas and that AusAID, that aid type link. They're also I would have to say unusual - and we talked a little bit about the - some of the training programs and the masters programs in terms of I think what they would say is improving best practice amongst practitioners, which they do in collaboration with I think the Monash as far as I'm aware. I don't actually know any other MRI that has a similar sort of scheme, complete - I honestly just don't know any others that do that. They - I think the vast majority of them do have some PhD students, some more, some less, but I think that is - I think I just want to make it clear that that is quite unique. They are also very different in their level of affiliation, I think, with different organisations. So some are very closely related to hospitals and examples of that would be the likes of the Wesley Research Institute where AAMRI was based until the start of this year. The Queensland Children's Medical Research Institute, and a range of others where they're actually located within the hospital. And in case - so the Wesley Research Institute, they are located within the hospital, they've got very close links there. The same with Queensland Children's Medical Research Institute. Their purpose of being was that there was lots of research happening in the hospital but it wasn't strategic. So the whole point of having that separate legal entity was that they made their research in the hospital, related to the hospital, much more strategic and brought together as one. And for example they get a lot of their funding - not a lot. I don't know how much they get, but they get their philanthropic funding through the foundation of the hospital. So that's quite common that they have those close links. So that's one extreme. Then you've got everything in the middle, and I think St Vincent's would be an example that's in the middle. And then you've got ones that are a bit more closely aligned probably with universities, and then others. So you know there is a real spectrum there and I suppose that's one of the key things I think's really important, that having been in this job I really can - have seen the spectrum that there is, having visited quite a few of them, having worked in one of them. I know that there's a real diversity in their links with other parts, but including industry. Like the Centre for Eye Research Australia, for example, does - when I went there it's a very small organisation, or relatively small organisation. It too is located within a hospital within the eye and ear hospital that's here in Melbourne. But the vast majority of what they're doing seems to be revolving around clinical trials, so they're really

focussed around clinical trials and getting patients from the hospital and linking that with research. They have been involved for example in the recent bionic eye transplant. A few of our groups were involved in that. But that's another example where that's along a very close hospital alignment. I'm just trying to think where else they're different. I think that's probably mainly it.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1116

That's all right. I think that's a pretty good overview. So in terms of understanding that spectrum how many of the MRIs in Australia would be members of AAMRI, round about?---Sorry how many members?

PN1117

So what proportion of all MRIs would be members of AAMRI?---Okay, so we have 41 members and as far as I'm aware there are probably about 50 independent MRIs. We have a few that are smaller. We sort of have a criteria to get into AAMRI that you have to have a certain - not quality but number of publications and things. It's - so if they're very small it's unlikely we would accept them as a member.

PN1118

Yes.

PN1119

THE DEPUTY PRESIDENT: Sorry, would you excuse me for a moment? I've just got to adjourn for five minutes. I won't be long. The matter is adjourned.

**<SHORT ADJOURNMENT**

**[2.34PM]**

**<RESUMED**

**[2.50PM]**

PN1120

THE DEPUTY PRESIDENT: My apologies.

PN1121

MS SWEATMAN: The Deputy President is in quite demand.

PN1122

So just to go back a step, just before we broke for the adjournment I just asked the question I just wanted to clarify around how many of the MRIs across Australia would be represented by AAMRI?---Yes, so there's 41 members in AAMRI and I would estimate there would probably be 50 MRIs across Australia, approximately.

PN1123

Out of the members of AAMRI about which you've got your detailed knowledge how many of those do you understand would be caught by the proposed definition of retail institute under the NTEU's application?---So those that would be affected by this application?

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1124

Those who would be bound by the higher education awards - - -?---Right. Yes.

PN1125

In the current form of the application?---Okay, so on that I contacted MRIs about that and who they - I had a HR contact, a human resources contact in each one of those and asked who thought they were affected by this application. Of the 41 members I got 40 responses and 31 said they felt it affected them.

PN1126

So when you say affected them what do you mean?---Sorry, that they would - that the definition used in this application covered them.

PN1127

Yes?---Yes.

PN1128

And so in your discussions with members - actually no, I apologise, I'll go back a moment. So when the application was first made AAMRI took some initial steps to respond to the application, which were dealt with by the Commission in around November 2012. There have been some points raised about a certain change in position in terms of award coverage and matters such as those. Are you able to talk about what the events were - - -?---Sure.

PN1129

- - - what happened around 2012 and what happened subsequently to today?  
---Sure. So I found about the application from a member, the Murdoch Children's Research Institute. I think it was around that time of that meeting that we talked about earlier on, around the 24th, 25th. I think it might have been on the same day or the day before.

PN1130

So the 25th of?---Sorry, September, and we had approximately 48 or 72 hours before the directional hearing was going to take place. So we very rapidly got medical - went to medical research institutes, got - tried to get some idea of whether they were worried about this, whether it affected them, whether they were opposed to it or not, in the course of sort of 48 hours. And in that basically went to the directional hearing and asked for more time so that we could form a view on whether we were opposed to it or not on behalf of our members. I then think we had about three weeks to prepare for the next directional hearing. At that point we had to get a solicitor, engage a solicitor et cetera. So it was a bit rushed at the time. We engaged a solicitor that also works for the Murdoch Children's Research Institute. So at that time we didn't have time to really get a lot of information from our members other than whether or not this application - they thought this application applied to them, like they were fall - fell into the definition and whether they were opposed to it or not. That's pretty much all we could get in that period of time, and we based a lot of what we did in that first directional hearing on the Murdoch Children's Research Institute who were the first ones to alert us to it so - and opposed it, and so they were - helped us along with the solicitor at the time that we had. So when we went to that directional hearing the information that we were going on was that of - from the Murdoch Children's Research Institute and that solicitor at the time. And then following that - the directional hearings in January of this year I then was able to go out more - we had several teleconferences and I - with the whole range of medical research institutes and I went out to them and then tried to understand exactly what the situation was, who - the different types of employees that they had, the awards that applied to them,

and then I got a much more comprehensive view, probably around February, March this year about what was - so I think - what was the actual situation across the sector rather than really - whereas initially, because of the limited time, we just didn't have that information. We were basing a lot of it on the information we got from the Murdoch Children's. Yes.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1131

So in the subsequent discussions that you had with the MRIs earlier this year what were some of the concerns that they raised around the proposed application - around the application?---Around the application. So there are a range of issues. So some of the things in the higher education awards, General Staff Award and Academic Awards, that they were concerned about included - keeping in mind that some of these organisations are pretty small and we're talking in the tens of people and some of them don't have full-time HR person - were things like for example some of them currently do a review of their staff once a year but it's always at the same time of the year. Whereas according to this award that would have to be staggered so in some cases in large institutes that would be quite onerous in terms of having to do that more often. The main - there was also different allowances in this than some of the occupational awards that cover their staff at the moment. The main thing I think they were concerned about were the fixed term contracts. Because many of our members are very much reliant - more so than universities - on - definitely more so than universities - on NHMRC funding, which is three yearly funding, they - many of them employ their personnel on fixed term contracts, and if that funding was to - which the NHMRC has the right to do at a moment's notice, as we currently know because they have recently changed their funding agreements with two days' notice - that if all of that money was to cease, that funding source was to cease, then they would the higher education awards I think have terms in that which are more onerous. And they would have trouble meeting - because basically salaries come from funding from people like the NHMRC and other things. I think there's a - there was also some problems from some institutes about the classification. So depending on the institute, the classification might be a problem. For some of them I think maybe it's not so much of a problem, but for others where they do provide health services, for example the Lions Eye is a good example where they do provide health services as well as providing research - doing research, and where they have a real range of different types of staff and positions. Some of them felt that the classifications in the Higher Education Award weren't appropriate for them, and it wasn't - it didn't fit. It wasn't a good fit for all of their staff, whereas now on the occupational awards that wasn't a problem. I suppose for - they also would have to change contracts and just the general things that they would have to do at the outset, should they be under that.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1132

THE DEPUTY PRESIDENT: Did your members examine the occupational awards?---Sorry, did they examine?

PN1133

Did they examine the occupational awards?---In terms of comparing?

PN1134

Yes?---Yes, they did. We actually - - -

PN1135

Hours of work, allowances?---Yes. So we actually had - - -

PN1136

All those sorts of issues?---Yes, so we had someone, a very good HR person, one of the institutes who actually looks after the network of HR managers in MRIs - they have a network - she did some direct comparisons of several of the awards with the Higher Education Award to help them, the HR managers in all the institutes to better understand what the implications were.

PN1137

Was it assumed that the awards - what is it, the manufacturing, clerks, health professionals, nurses, and professional employees and medical practitioners - was it assumed that those instruments covered all of the staff?---So I think it depended on the institute. So when I say they did comparisons they didn't compare all of the awards with the Higher Education Award. They compared probably the awards that are - cover the most of their staff. So for example they compared the Professional Employees Award versus the Higher Education Award versus contracts - - -

PN1138

And did they take the view that the Professional Employees Award covered their research staff?---Yes. So in - at the moment in many of the institutes the Professional Employees Award does cover staff, research staff, as well as IT staff, depending if they have a degree, a range of staff. That's not the case in all of the institutes but in - some of them have an EBA as well and some of them at the time thought they were award-free. They've actually got different - several of them had - one had got advice from the Ombudsman that they - that researchers fall under the Professional Employees Award. That was the Women and Children's Health Research Institute. Another one, the Murdoch Children's Research Institute, which we based all our stuff on at the start before we went out to all our members, had got advice from the Ombudsman that researchers were award-free. Several of the institutes had legal advice that the Professional Employees Award covered their researchers. So there was some variability. Some of that might be due to the type of work researchers do. Some of it I think is just to different advice from the Ombudsman and legal advice.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1139

Was there any view taken on whether or not fixed term employment could be properly offered under the Professional Employees Award?---I'm sorry, I don't know. I don't know that. But in - sorry, I'm going from what information they gave me.

PN1140

Yes?---I don't have - - -

PN1141

No, no, look, I understand - - -?---I haven't asked them that.

PN1142

And part of the reason I'm asking these questions is it's not difficult to look at various awards and say, "Well for this class of person they can be exempt from Z, Y and Z" for example, or you know, something could happen. What always concerns me is sometimes if you get what you wish for and whether or not the awards that are referenced here - - -?---Yes.

PN1143

- - - are the best fit?---Yes.

PN1144

And if you're successful in the application suddenly you've got the attention of everybody who's interested in these awards and they might come and visit and say - - -?---But I would say that - - -

PN1145

- - - "This is what's now going to happen" and that's - - -?---Yes.

PN1146

I just wanted to make sure that all of this is an eyes open - - -?---Yes. No, of course. So they - the Professional Employees Award is being applied in institutes and the other awards are being applied in some of the institutes. So it's - for them it's not like something will change for them. For the ones that are award-free they have been - it has been the advice of our previous solicitor and our current solicitor - - -

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1147

Well, you don't have to tell me what the advice is?---Okay. But - sorry, but going on what - they are aware that we - that the Professional Employees Award is the advice that we have, as AAMRI obtained as the appropriate award for researchers, and then all of the others already apply those occupational awards, and quite a few of them already apply the Professional Employees Award. So the health services and support - sorry, the Health Award, that's applied. They're already applied so it's not something new for them. The one thing that concerns me - so they gave me all their input about why they had - were concerned about the Higher Education Award. The thing that really concerns me as being their representative in policy and government is that we don't have a voice in the higher education sector. So when things change in the higher education sector from a government perspective in terms of policy, regulation, funding, we cannot have a voice in that. We can't make submissions. We can't lobby government because they - we - we're not seen as part of the higher education sector by the government. So consequently when those do - those things do change in time and that might affect things like - and that ultimately affects researchers' employment conditions, like it affects the environment and that can result in changes in awards, that we're powerless to that because we're not part of that debate and we're not part of that voice in the sector.

PN1148

But if you're in the award you have a voice?---No but - well, we won't have a voice for the sector. I can't go and - - -

PN1149

No?---- - - do a submission to the federal government about changes in funding to schemes that we're not involved in and we're not going to have rights to.

PN1150

I see?---So - and that will affect the conditions of employees, the funding that goes through higher education - to your higher education providers. But I can't - the government - I can't make a submission on that. We're not part of the higher education provider sector according to the government. So when they're changing things like the research infrastructure, for example, funding or a whole range of other schemes that - the funding that they get for students and for post graduate students and for a whole range of things that then affect the conditions they can give or - to their employees and a whole range of other things, we don't have a voice in that and we can't have a voice in that because we're not recognised as a higher education - part of the higher education provider sector. So from a policy point of view in my role I find that a real - a potential very important issue because, you know, the award can change over time and is likely to change over time.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1151

Thank you. I can change its name.

PN1152

MS SWEATMAN: You could, Deputy President Smith, and we might have a couple of things to say about that, and I think this is an opportune moment to just talk about how the government treats MRIs and I just wanted to just hand up a document that has been provided to the applicants. There's one for Nicole and one for his Honour. So this document, it's not a complete document and so I was wondering if - so I think we should tender that.

PN1153

THE DEPUTY PRESIDENT: Yes, that will be R4.

#### **EXHIBIT #R4 EXTRACT OF AN ANZSIC DOCUMENT**

PN1154

MS SWEATMAN: So that document, it's not a complete copy of that entire report. We've extracted the table of contents so that the applicants and your Honour can see which aspects we've not bored you with.

PN1155

THE DEPUTY PRESIDENT: Yes.

PN1156

MS SWEATMAN: Dr Den Elzen, I was just wondering if you could explain what that document is and how it treats MRIs, how it treats - - -

PN1157

THE DEPUTY PRESIDENT: I'm familiar with the document but - - -

PN1158

MS SWEATMAN: Yes.

PN1159

THE DEPUTY PRESIDENT: - - - I'm happy to hear the second part - - -

PN1160

THE WITNESS: Sure. Sorry.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1161

MS SWEATMAN: So - - -?---So I suppose there's two points - sorry, did you want to finish - - -

PN1162

Yes?---Okay.

PN1163

So just the second point?---Okay, so there's - I suppose there's two points I was being quite involved in this sort of data in a previous job I was involved in, in government, in terms of research and the Australian Bureau of Statistics. So this refers to the different types of the classifications of industry that they use to classify research for Australian Government purposes, and what you find - I think I'll first take a step back. So in terms of Australian Bureau of Statistics it releases several reports about research across Australia. It divides those reports and the classifications of research into several sectors. It's the business sector, the government sector, which includes state and federal government, it doesn't tend to - it doesn't actually include local government - the not for profit sector and the higher education sector. And that's how it collects all its data and reports on research in Australia. So MRIs apart from perhaps QMIR which technically actually reports to a health minister so is in the government section, all other independent MRIs are in the not for profit sector, and all of universities are in the higher education sector. So that's the first sort of classification they use. And then based on that then they look at the type of research that you do, and there's a range of different categories, and the one that this is by field of research, socio-economic objective and then also by industry. So in terms of industry that's what we're talking about here and when you look at the ABS documents that they do for all research across Australia you'll find that the not for profit sector, which includes MRIs, almost all of the research comes against professional, scientific and technical services which is division M on page 3. And you'll find the higher education sector almost all of their research is classified under the industry of education and training which is division P. Sorry, is that what you were asking?

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1164

Yes. So just talking about the relationship between MRIs and other organisations, one of the annexures to NTEU3, being the witness statement of Ken McAlpine was a submission that AAMRI made to the McKeon strategic review of health

and medical research in Australia, and in that response AAMRI submitted that, "It's essential that MRIs continue to be strongly linked with teaching hospitals and also to universities but also to retain their identity and agility". Can you talk about that and just say what you mean' explain the nature of the linkage and what you mean by MRIs retaining their identity and agility?---Okay, so in terms of retaining their agility what we're talking about there is that with MRIs they are governed by a board, and that's usually a board of volunteers from business, the community sector. And ultimately their governance and the way that - where they drive their objectives of the organisation is determined by the board, and I think that's something that they hold on to very fiercely. That ability to, when there's a change in priorities in terms of say, if you're a diabetes and heart research, where you want to steer your research so that you feel that you are addressing the outcome of improving heart disease and diabetes is governed by that board and very much about getting health outcomes. That's where that comes from. So that's - - -

PN1165

THE DEPUTY PRESIDENT: And how does award coverage interfere with that?---It doesn't. No, it's more of a case that they are independent so that they're not governed by a university who says who then - who ultimately governs an academic board, for example, of a university governs what their strategic direction is. It is an independent board that does that.

PN1166

Yes?---And that - and that's what's - that's what we were referring to there, that that's important.

PN1167

I see?---They are linked to university and hospitals as well as government agencies, CSIRO, a whole range of different organisations. But the importance of that link with universities, for example, is the nature of that link is that, as we've talked about often PhD students will choose to do their research-based PhD in a medical research institute because either - well, I know from choosing to be at an MRI when I was a post doc. because it's a vibrant atmosphere and they - and there's some very, very high calibre researchers in medical research institutes. So they provide that research environment for PhD training but also the case is that sometimes, for example, medical research institutes can use a library of the university, for example, rather than having them separately, and things like that. There's a mutual benefit in that arrangement - - -

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1168

I'm sorry, I'm going to interrupt you. I'm sorry, but I am interested in finding out where the differences is.

PN1169

MS SWEATMAN: Yes.

PN1170

THE DEPUTY PRESIDENT: If we didn't say that higher education was synonymous with universities why isn't that sort of environment a higher

education environment for a PhD student?---Sorry, can - I don't quite understand what you're saying.

PN1171

Well, you're linking the term higher education in the award - - -?---Yes.

PN1172

- - - with universities?---Yes.

PN1173

Now if we didn't link it with universities - - -?---And just higher education.

PN1174

- - - and we said higher education?---Yes.

PN1175

Why isn't that environment, where you've got a PhD student - - -?---Yes.

PN1176

- - - doing a lot of work, they've picked out who they want to be their supervisor - - -?---Yes. Yes.

PN1177

- - - because of their specialty - - -?---Yes.

PN1178

- - - because of their world renowned standing - - -?---Yes.

PN1179

Why isn't that higher education in a pure sense?---Higher education. So the thing is it's post - it is a post graduate course, a PhD, and that course is run through the university and conferred by the university. Similarly you can do a PhD at CSIRO, you can do a PhD in a state government department, and in fact that happens a lot. You can do a PhD in industry. They all - all providing that research environment for that person.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1180

No, but in industry they're not supervisors of the PhD?---They can be.

PN1181

Can they?---Yes. Yes.

PN1182

The university can - - -?---Yes.

PN1183

- - - accredit - - -?---Yes.

PN1184

- - - somebody as - - -?---Yes.

PN1185

- - - give them the title "Professor"?---So in - so when - sorry, in terms of a PhD you can do your PhD with a university in collaboration with an industry partner, and do your PhD in industry.

PN1186

Yes?---As far as I'm aware.

PN1187

Yes, but your supervisor will be a university person, won't they?---Actually I don't know. Yes, I don't know.

PN1188

It's not likely to be the personnel manager?---No, no, it won't be a personnel manager. But there are professors as well in industry and there are professors - - -

PN1189

Yes?---- - - in CSIRO and so they could have a - - -

PN1190

A lot of university professors have more than one job?---Yes. Yes. Yes. So they could have a honorary appointment and I - sorry, I don't know enough about industry to know whether the person within an industry is the supervisor. I don't know. But definitely within CSIRO and state government departments that is certainly the case, and of course I worked for a professor when I was in the Queensland Government who was doing nothing related to education. So I suppose for me what I understand it - and the objective of the MRI - and I'm trying to see it from an industry point of view because this is an industry award, and we've talked a lot about researchers but I suppose from the industry point of view, and from the supervisors' point of view, what the PhD student is for them is contributing to research. So they're not unlike a research assistant in that they help training them up because they're a junior person in their lab, to be better at doing the research, like you would for a research assistant. And they're providing a piece of research that contributes to their research. So from a point of the supervisor or a laboratory head, the purpose of them is - of the post graduate student is to contribute to research and you're providing that environment to do that. And I suppose that's how I see it. I don't - I see your PhD as that's when you're choosing your career. That's when you say, "Okay, I want to work in diabetes. I'm going to find the right place to do that", whether it be in a hospital, whether it be in a uni, whether it be in an MRI, choose the best person and go there and do research. You're contributing to research.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1191

Yes but it's - and I'm sorry, I've gone inquisitorial.

PN1192

MS SWEATMAN: Please.

PN1193

THE DEPUTY PRESIDENT: But it's not structured in the sense that a PhD is structured?---Yes.

PN1194

You can go and work in an environment - - -?---Yes.

PN1195

- - - and through a lot of experience you can suddenly graduate, you can do your science course and you can be the head of Telecom?---Yes.

PN1196

If I remember Ziggy Switkovski was a nuclear scientist, if my recollection is correct. You can be the head of Telecom. But obtaining a PhD gives you, to use a colloquial, street cred - - -?---Yes.

PN1197

- - - in the area of activity that you want to work in?---Yes.

PN1198

Or in other areas, to demonstrate one, that you've been able to achieve a fairly significant - - -?---Yes.

PN1199

- - - qualification?---Yes.

PN1200

A lot of hard work, a lot of dedication - I'm not telling you anything?---Yes.

PN1201

You've done it?---Yes.

PN1202

So in my own mind I'm just wondering why that isn't conceptually in an educative environment. I do understand the difference you seek to draw between the industry and universities?---Yes.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1203

I do understand what you seek to draw?---Yes.

PN1204

And we'll hear argument about - - -?---Yes.

PN1205

- - - the relevance of that or otherwise, and there are ways of dealing with differences. But I'm just wondering why in that area it's not regarded as educative?---Well I - it's a post graduate degree but it is a post graduate - - -

PN1206

It's still education, isn't it?---Well it's a degree and you are getting training. I think I see it as training.

PN1207

You see it as training?---It depends but like, education - do we have a definition for education? So there's teaching and education.

PN1208

Well a university is - - -?---And then there's learning skills.

PN1209

General staff are trained - - -?---And in this - yes.

PN1210

Academic staff are professionally developed?---But we have talked about education as also about being community education and things like that. So there's teaching education and then there's training, and I see this as training because you are being skilled up to - and yes, you get a degree and that's conferred but I - but it's also the case that this can happen in a whole range of industries, in the hospital sector, in the government sector. So I don't see them as the higher education provider.

PN1211

Yes, I see?---But they are providing the environment - - -

PN1212

Yes?---- - - to give you a great environment to learning because you are being trained and skilled up so that - and you can think inquisitively and you can do the experiments. And so, yes, I see that as training. I think education - maybe it's semantics but I suppose I just feel that you can do that in a whole range of environments and I don't quite understand why MRIs are being singled out compared to a hospital versus government, where the same arrangement can be the case. But ultimately it's the university that confers the degree, and also that sort of regulates it in terms of what the requirements are for the course and also if there are issues it's the role of the university to be involved in that. So - yes.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1213

I'm going to hand back to you now.

PN1214

THE WITNESS: Sorry.

PN1215

MS SWEATMAN: Thank you, your Honour.

PN1216

THE DEPUTY PRESIDENT: No, no, don't you be sorry.

PN1217

MS SWEATMAN: Thank you, your Honour.

PN1218

I think just to continue on that theme that his Honour was raising, I just wanted to ask what proportion of an MRI's activities would be in supervising PhD students to the best of your sort of guesstimation?---So again I think this is probably diverse.

PN1219

MR McALPINE: Your Honour, these proceedings were by the way of witness statements. This is evidence that could easily have been included. We don't have any opportunity to prepare cross-examination on that point. It was a question that occurred to me but there was no evidence about it so I didn't follow that up. So I must say - - -

PN1220

THE DEPUTY PRESIDENT: Well probably to be fair, it arises out of something that I asked and it would be a bit hard if I shut that down, if it's something that I've opened up. But to the extent that you need time or anything like that, you're more than welcome to check those sorts of things.

PN1221

MR McALPINE: Thank you, your Honour.

PN1222

THE WITNESS: So I can't give you an answer across the whole sector, and I think it will be variable. But I was given that specific information for one example which was the Prince Henry's Institute where they said - I think it was less than 15 per cent of staff are involved in supervision of students. So that's one example but I can't give you across the board. But that I suppose is the example I have.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1223

MS SWEATMAN: Well how important is the supervision of PhD students to the work that the - - -

PN1224

MR.....: (Indistinct).

PN1225

MS SWEATMAN: How important is the supervision of students to the work that the MRIs do?---Okay, so how important is the, sorry, the?

PN1226

The supervision of students?---Okay.

PN1227

The recruitment and supervision of students; how does that form part of the work that the MRIs do; how important is it?---Okay, so for MRIs their objective is to have - to do medical research and have outcomes from that to help the community. So the role of PhD students, again that is not something that any research in an MRI is obligated to do. That is their choice in forming an appointment - having a co-appointment or honorary appointment with the university. And in terms of the research institute and also in terms of the supervisor the main purpose of that is that contributes to their research of course.

PN1228

THE DEPUTY PRESIDENT: Well it's concurrent with getting the best and the brightest?---Yes. Yes, and get - so basically it's about having the best people doing the research. So that - for them that's the point. Sorry, did that answer your question?

PN1229

MS SWEATMAN: Yes. Thank you. There was a question raised this morning in respect of Excellence in Research for Australia and I'm not aware that there has been evidence given other than the question that was raised. I was just wondering

if you could talk about what Excellence in Research for Australia is and what it has got to do with MRIs?---Sorry, yes, just to clarify it wasn't. It was about - - -

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1230

MR McALPINE: Your Honour - - -

PN1231

THE WITNESS: - - - outputs.

PN1232

THE DEPUTY PRESIDENT: That one is new, is it?

PN1233

MR McALPINE: Your Honour I don't remember a question about Excellence in Research for Australia.

PN1234

THE WITNESS: No, it was about outputs.

PN1235

MS SWEATMAN: My apologies.

PN1236

MR McALPINE: No I don't remember any such question.

PN1237

MS SWEATMAN: But it comes - so that leaves me with one last question that I wish to raise which is we've spoken a lot about the interaction between universities and people who are doing academic and MRIs, and I just wanted to ask you just quickly the relationship of medical practitioners and MRIs. So clinicians working in MRIs, the type of work that they do?---Okay, so some MRIs have a handful of clinicians who are also doing research in the MRI. There's a range of arrangements depending. So it's generally not, you know, a huge number of their research staff. Often it's more - probably the more senior lab heads that are doing that, and the arrangements often are - is that they might do work in a hospital as a clinician and then they'll do some research with the MRI. There's a range of arrangements with that. Sometimes what happens - and this is the case in quite a few - that the clinician is actually employed through the hospital full-time and they do some of their work within the MRI but the employment's actually not through the MRI itself. And then there's other cases where they do a significant amount of clinician work and then they do a little bit of research work as well, and that portion might be through employment of their MRI.

\*\*\*\* NICOLE DEN ELZEN

XN MS SWEATMAN

PN1238

Thank you. No further questions.

<CROSS-EXAMINATION BY MR McALPINE

[3.24PM]

PN1239

MR McALPINE: Thank you. Dr Den Elzen you say that about 15 per cent - I don't want to hold you to a figure - but about - - -?---Yes.

PN1240

- - - 15 per cent of staff are involved in supervising PhDs. I put it to you that's not that different to a university?---Sorry, that's at Prince Henry's Institute. Yes.

PN1241

Yes, that's not that different to a university, is it?---I'd be surprised.

PN1242

Fifteen per cent of all staff?---That are involved in supervision?

PN1243

Of a PhD?---I don't know. Do you have that number?

PN1244

Well, about more than half are general staff and they don't generally supervise - - -?---I was talk - sorry - - -

PN1245

- - - PhDs?---I was talking about research staff.

PN1246

Right, so of research staff 15 per cent?---Less than 15 per cent at Prince Henry's Institute are involved in supervising students.

PN1247

Okay, and Professor Kay gave evidence that at his institute 90 per cent of staff were research staff?---Yes, that's what - - -

PN1248

Do you agree with that?---That's what he says. I don't know if that's true. You'd probably have to ask the HR manager. My feeling is that a high proportion of staff generally at medical research institutes are research staff.

\*\*\*\* NICOLE DEN ELZEN

XX MR McALPINE

PN1249

Okay, thank you. Now AAMRI maintains a website doesn't it?---Yes it does.

PN1250

It does? And in terms of the content of the website do you have any function in relation to the content of the website - I don't mean putting - I don't mean the technical side. I mean the content?---Yes.

PN1251

Yes, you do? I'd like to show the witness a document. It's a web - is it fair to say this is a web page? Sorry, I'll just show it to you.

PN1252

MR RUSKIN: Can I just at this point, your Honour, say we don't object to this. This has been given to us at the beginning of this afternoon's proceedings but thanks to your short adjournment we did what we did with Mr Lloyd and obtained instructions. So that's why we're not going to object.

PN1253

THE DEPUTY PRESIDENT: All right. I think this is in - I understand it's in a slightly different position from the earlier one.

PN1254

MR McALPINE: It is. It is.

PN1255

THE DEPUTY PRESIDENT: You know, the reason why I gave you time - just so that people understand - is that proceedings such as this should be as open as possible.

PN1256

MR McALPINE: Yes.

PN1257

THE DEPUTY PRESIDENT: There shouldn't be any smoking guns. If there are they should've been dealt with early. But websites are fair game, like annual reports to shareholders in wage negotiations are fair game.

PN1258

MR RUSKIN: Well, your Honour, this is not the only document that we will come to.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1259

THE DEPUTY PRESIDENT: Good. Thank you.

PN1260

MR McALPINE: I'd also like to show the doctor - the two go together - a document which is a Federal Budget submission by AAMRI from 2011?---So can I just comment when you're talking about my role in this, I wasn't involved in that document. It's before my time. It's several years old.

PN1261

THE DEPUTY PRESIDENT: Now do you want these marked Mr McAlpine?

PN1262

MR McALPINE: Yes, I would.

PN1263

THE DEPUTY PRESIDENT: Separately or together?

PN1264

MR McALPINE: I think together. It's really one very simple set of - - -

PN1265

THE DEPUTY PRESIDENT: All right, now I think I'm up to NTEU 10.

**EXHIBIT #NTEU10 COPY OF AAMRI WEBPAGE TOGETHER  
WITH FEDERAL BUDGET SUBMISSION BY AAMRI DATED  
2011**

PN1266

MR McALPINE: Okay, I'll just give you a little bit of background. I went and looked at your website in December last year and I went to this page?---Mm'hm.

PN1267

So I went to look at this page in December last year and I found - because I took a note at the time - the following words which I'll now refer you to the second page of the submission under the heading Association of Australian Medical Research Institutes?---Yes.

PN1268

My note indicated that in December the words, going to the third paragraph, "Medical research institutes are a key component of Australia's health and education systems". Those words were on your website in December?---Yes they were.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1269

And they're not there now?---No. Would you like me to give you background?

PN1270

I'm going to suggest to you that that has something to do with these proceedings? ---No it doesn't. Can I tell you why?

PN1271

Yes?---Okay, so just recently, in fact yesterday, we employed a communications manager. So in the last month I was recruiting a communications manager. We went and put an ad out on Seek. I went and re - went over our website. I updated a range of pages. That's not the only thing that I changed on this page. I changed quite a bit, a few - quite a few sentences on this page to reflect what I thought was - what I thought were more appropriate words because previously it had been written by someone else. So I changed this page. I also updated several other pages in relation to this because I was recruiting communications managers. I wanted to look like we had a site that I was not embarrassed about in terms of hiring a communications person, because each applicant that we did an interview had of course been to our website. So I actually overhauled the whole website and made it more current, because a lot of the website weren't my words, and then I made it more my words.

PN1272

Now in my experience working for the NTEU when we make a submission we usually have a section like this at the beginning - - -?---Yes.

PN1273

- - - that says who we are and what we do?---Yes. Yes, and this was done by a previous person.

PN1274

Yes?---But yes.

PN1275

Yes, so certainly AAMRI thought in 2011 in this standard description of itself, "Medical research institutes are a key component of Australia's health and

education systems" didn't it?---That is what the executive officer at the time wrote, yes.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1276

Right, and that at least in terms of the public face - - -?---Yes.

PN1277

- - - that has changed since this application was made?---This one has not changed at all.

PN1278

No, those words have changed on your website since this application was made? ---Along with a range of other words, yes.

PN1279

Okay?---I think if you were to compare the two documents you'll see quite - apart from the goals which have not changed because they're in our governing documents, quite a lot of that has changed along with other pages.

PN1280

And similarly the words nearer to the end of that text, it says, "AAMRI members are affiliated with leading universities which provide a cohesive teaching and research environment"?---Sorry, which one are we looking at?

PN1281

I'm talking going to the third-last line on that same page?---Of this - or the page or this one?

PN1282

On the submission, I'm sorry?---On the submission, right. Sorry, where were we looking?

PN1283

Under the heading Association of Australian Medical Research Institutes?---Yes. Yes.

PN1284

There are three paragraphs?---Yes. Yes, sure. The last at - - -

PN1285

Right at the end - - -?---Yes.

PN1286

- - - it says - and that was certainly AAMRI's view then, wasn't it?---Yes, and I think you'll notice in the next sentence that it refers to it in a quite slightly different way in that, "We attract many of Australia's best graduates and train the next generation".

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1287

Yes?---So again in my view this is somewhat semantics about what you refer to as education.

PN1288

And in your view undergraduate education is education and doing a PhD is training?---Again it depends what you - what - if you gave me a definition of education - it's a degree. So it's a degree. It's a post graduate degree. So I - what I am trying to express is that we provide a research environment in the form which then to get research skills as part of obtaining a PhD.

PN1289

Okay?---So.

PN1290

Now you made a few comments about a voice in the sector. Now you do understand that these proceedings are about award coverage, they're not about political - - -?---I do - - -

PN1291

- - - lobbying?---I do understand that but I do think that when you are talking about an industry, when you are talking about conditions of employees, that that is going to be affected by the funding and by policies that affect that industry. It's all interlinked.

PN1292

Yes?---Directly or indirectly.

PN1293

Yes, but the minimum award conditions safety net is established by - - -?---Yes.

PN1294

- - - this Commission not by the government, isn't it?---I understand that. Yes.

PN1295

Yes, so when this Commission is setting minimum award conditions - - -?---Yes.

PN1296

- - - it will have regard to obviously the people who are covered by the award. Would you say that's correct?---Yes, it would have regard to the people covered by the award and the capacity of the employers to meet certain conditions.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1297

Yes?---Yes.

PN1298

Yes, so I'm putting it to you that for example medical research - in a discussion at this Commission about the conditions of employment for nurses I put it to you that the medical research institutes would be an extremely small fish in a very big pond?---In terms of nurses?

PN1299

In terms of nurses, all the nurses in Australia. In terms of AAMRI's voice - - -? ---Yes.

PN1300

- - - in a discussion about terms and conditions of employment for nurses - - -? ---Yes.

PN1301

- - - you'd be an extremely small fish in a very big pond?---Yes, but - yes.

PN1302

Yes?---But with the clarification that in the case of researchers the funding for them directly comes from government in general, like not exclusively.

PN1303

Yes but the funding for lecturers in universities who teach comes from government too?---Yes.

PN1304

So - - -?---But the nurse - but - yes, okay.

PN1305

So we have that in common, don't we?---Yes.

PN1306

Yes, okay, and similarly - I won't go through all the awards, but the Manufacturing Industry Award, you'd be a pretty small player in that?---The Manufacturing Industry Award?

PN1307

The award that applies to manufacturing that's cited in your submissions as applying to employees?---Yes. I would say that the number of employees covered - of - from MRIs that are affected by the Manufacturing Industry Award is also very small.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1308

Very small?---Similarly with the nurses. But in the case of this Higher Education Award, as we discussed, a high proportion of our employees in medical research institutes are researchers.

PN1309

Yes?---That if they were covered by this award, that it would affect - - -

PN1310

That's right. That's right?---- - - everyone.

PN1311

And certainly - - -?---So it would have a much bigger effect on the institutes.

PN1312

And certainly in terms of a voice in the setting of the award, if you were covered by the higher education awards proportionately you'd be a much bigger player than in any of the awards that have been cited by your organisation in its submissions?---Yes, but what I would like to say is that in the case of the Nurses Award we have very few nurses as a proportion of our - that are affected by that award. So the implication on us is nowhere near as big as a case where all of our employees are going to be affected by these two awards in an industry in which we don't have a voice in. Whereas in these other cases the number of employees that would be affected by these awards is quite minor, so the impact on us as

institutes in being able to meet those requirements is much more - less onerous than the case that we're talking about here.

PN1313

Okay, so I'll just - - -

PN1314

THE DEPUTY PRESIDENT: I think that's the point that Mr McAlpine is trying to make. If you were standing down there and you said to me, "If you vary this award, this Higher Education Award, you will put our sector out of business"? ---Our sector?

PN1315

Yes your sector?---That's - yes.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1316

"Because 90 per cent of our staff are covered by what you're about to do". Now that's going to have a fairly important impact, isn't it, in proceedings?---On us?

PN1317

No, on me?---Yes.

PN1318

If I'm hearing that argument?---Well what I'm saying is that if in the future the award were to change, reflecting the higher education sector - - -

PN1319

Yes?---- - - that could have a very drastic effect on us. Yes.

PN1320

Yes?---Whereas in the case of nurses, less so.

PN1321

No, no, I - - -?---Yes.

PN1322

I understand but - - -?---Yes, I suppose that's what I'm trying to get across. Yes.

PN1323

But if you were standing there and the ANF is standing there and you say, "Hang on a minute. Don't do that because our three nurses - - -?---Yes.

PN1324

- - - won't be able to" - "we won't be able to do well with our three nurses" then there's - - -?---No I - - -

PN1325

- - - not going to be - you're going to be a lightweight in those proceedings?---Yes. No, I understand that.

PN1326

Do you see the point that I'm making?---I understand the point you're making.

PN1327

If you stood up in - and I'm not advocating one?---Yes.

PN1328

But in a higher education award and you said, "You touch this and you destroy  
- - -?---Yes.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1329

- - - all the work that medical research institutes do", that's going to cause any  
member to think about it. They're not going to say, "Oh, you're not a player in  
this. Go away"?---But I suppose, your Honour, the other side of that is that the  
impact on us - that's reflective on the impact it would have on us. So that's why  
we're - I would be more concerned about that.

PN1330

No, no, I understand?---But I see what you're saying.

PN1331

MR McALPINE: But it's true that any award could have an effect on you,  
couldn't it?---Any award? Any award - - -

PN1332

Any award is going to have an effect on your organisations?---Any award that  
covers our employees, yes.

PN1333

Yes?---Yes.

PN1334

Any award that covers your employees, so in that sense they're all the same?  
---They're not all the same.

PN1335

No, no, in that sense they're all the same?---They will have different levels of  
impact on us.

PN1336

Though different levels of effect. Okay. So in higher - if you became a  
respondent to this award, give or take a bit there's about 100,000 employees in  
universities and there are about 8000 employees in medical research institutes?  
---About 10,000 actually.

PN1337

Ten thousand? Good?---So there are 8000 FTE.

PN1338

Yes, okay. So there are about 10,000 employees. Okay, so you'd be - your sector,  
if you want to call it that, would be 10 per cent of the people covered by this  
award, approximately. I don't want to - - -?---Yes, sorry, I'm just trying to - - -

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1339

About - - -

PN1340

MR.....: Award or awards?

PN1341

MR McALPINE: Awards, the awards - - -?---I'm just trying to - - -

PN1342

The two awards?---Yes, if they were - - -

PN1343

The two awards cover 100,000 people.

PN1344

MR.....: A hundred and nine.

PN1345

THE WITNESS: Yes. Yes. Yes.

PN1346

MR McALPINE: Yes, and you would be about - I'm not holding to you ten, but you would be somewhere - - -?---Yes.

PN1347

- - - like a tenth of the people covered by the award?---Yes. That was my understanding.

PN1348

And in fact you'd be - there would be more employers who are medical research institutes covered by the award than there would be universities?---It would be approximately - - -

PN1349

It would be about the same?---- - - the same.

PN1350

Yes, okay?---Yes, in terms of our voice in this award. But I suppose what I was talking about was we can have a voice in that.

PN1351

Yes?---Yes, but in terms of having a voice in the higher education sector generally, which then affects conditions.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1352

Yes?---Yes.

PN1353

Yes, okay?---Specific things but - - -

PN1354

And that voice is going to be far in excess of any voice you're going to have in relation to the setting of those other awards that you're seeking to say apply to your employees?---Well in terms of - I don't know what the case is with the Professional Employees Award, you'd have to let me know how many people and that are covered by - - -

PN1355

Well, if you don't know just say you don't know?---I don't know.

PN1356

Okay.

PN1357

THE DEPUTY PRESIDENT: Neither do I.

PN1358

MR McALPINE: So you would agree that you'd be a significant voice in the setting of award conditions in higher education if you were - - -?---I think we'd be a - - -

PN1359

- - - covered by these awards?---- - - a slightly disparate voice because we don't quite - we don't really fit in a higher education sector.

PN1360

Okay?---So it would be disparate which when you've got 10 per cent versus 90 per cent and one voice that's different, I don't know how that would play out.

THE DEPUTY PRESIDENT: It's always the merit of the argument, not who puts it.

PN1361

MR McALPINE: I'd like to take you to paragraph 5 of your statement and you say there, "They" being the research institutes, "They undertake a broad spectrum of research from fundamental biomedical discovery through to translational and clinical research addressing practically every aspect of human health and disease". Now I'm not asking you - I am not asking you about the relative spread of that? ---Sure.

\*\*\*\* NICOLE DEN ELZEN

XX MR McALPINE

PN1362

I'm asking you isn't that also true of universities?---Yes.

PN1363

Okay?---Sorry, can I just say that it's true of some universities. So quite a - - -

PN1364

No, the peak - sorry - - -?---Some universities.

PN1365

The universities covered by the award, considered together it's true?---As a group?

PN1366

Yes?---Okay, but not necessarily individual ones.

PN1367

No, no, because similarly when - I take it what you're saying is that they cover a broad spectrum. Not each one of them covers a broad spectrum. You're?---Well not each - - -

PN1368

- - - talking about - - -?---Well not each education does medical research.

PN1369

No, no, the research institutes. You're not saying each research institute covers a broad spectrum?---No.

PN1370

As you've said, they all have different roles?---Yes. Correct.

PN1371

Universities are different, medical research institutes are different. But universities do all of those things?---In that aspect, yes. Medical research institutes are different and in that aspect of the educational role, higher education providers of the universities are different.

PN1372

I think, Dr Den Elzen, we've established that universities do teaching of undergraduates and medical research institutes don't?---Don't. Correct.

PN1373

So I don't think that's a matter in contest?---Okay.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1374

Okay, I'd like to take you to paragraph 25 of your statement?---Yes.

PN1375

Now you received responses from 28 AAMRI members, is that correct?---Correct. Although I have received a couple more since but I haven't been able to look at them.

PN1376

Now you haven't provided us with those responses or even a summary of those responses, have you?---No I haven't.

PN1377

Right, so there's actually no relationship between what you're saying in 25 and what you're saying in 26?---No, that's incorrect. There is a relationship.

PN1378

Okay, well can you explain does 26 follow from 25?---So basically what happened was I - as I say there I went out to the human resources managers of MRIs and I asked them - I think I provided the email and the - my supplementary submission.

PN1379

Yes?---Asking them to provide the range of different employees that they have, that they employ, different positions that they have and the modern award that they - that applies or they think applies. And then basically what we did is based on that we did a summary table. So that information was not complete, so I didn't feel that we could put the raw data in, because some of it was - some of them answered it very well, others they didn't provide all the information. It was one of those cases where these things can take a very long time trying to get

comprehensive information across all members. So in the summary what we did is we took all those positions that they provided us and then the awards they said applied and then based on that and based on my solicitor's advice at the time we came up with that table.

PN1380

Right, so when you said - in 25 you say, "The details of the types of positions held by the employees in their institutes and the modern award, if any, that had been designated to the employees"?---Correct.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1381

You were asking them what they had actually designated prior to that time or you were asking them - - -?---Yes, well - - -

PN1382

- - - to make a guess about which one applied at that time?---Sorry, so the email is actually in the evidence.

PN1383

Yes, yes but I'm asking you a question about - - -?---Well I would have - - -

PN1384

What I'm asking - - -?---I'd have to - - -

PN1385

- - - you - - -?---- - - refer to the email.

PN1386

Pardon?---I'd have to go to the email to see what I exactly asked them.

PN1387

Okay, well let's do that.

PN1388

It's in the supplementary materials sent by Mr Ruskin I think.

PN1389

MR RUSKIN: Yes. Yes, 15 April.

PN1390

MR McALPINE: The 15 April letter from Mr Ruskin attached - now before I take you to that document, that wasn't attached to your witness statement was it? ---No it wasn't.

PN1391

No it wasn't. So what I'm getting at is when you said in paragraph 25 that you asked "the modern award, if any, that had been designated to apply to these employees" were you asking them what they had actually actively designated? In other words they, for example, told those employees, or something, or were you asking them to make a guess as to which award applied as a question of law?---I said - - -

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1392

Now this is about what you said to the Commission?---Sorry.

PN1393

This is about what you were saying to the Commission?---In here?

PN1394

When you said that in 25, not about what you said in your email?---Well it comes directly from my email. It was - - -

PN1395

Okay?---Sorry, I can't remember exactly what the exact wording at the time of my email when I - when this was composed.

PN1396

Okay?---But basically the point was - is that I went out to members. I specifically went out to my members and said, "What are the categories of employees? What are the relevant awards and which ones are ones that apply and don't apply? Tell me that." And then based on that then that's how we came up with our table.

PN1397

Okay, so I'll take you now to that. That was an email that was sent out, was it?  
---Yes it was.

PN1398

Yes, okay, so under a heading Request for Input, do you see that?---Yes.

PN1399

Now you've asked, "Could you please provide answers to as many of the questions below as possible"?---Yes.

PN1400

You ask, "Could members consider the categories of employees they employ, not including students, and which modern award best covers each category"?  
---Mm'hm.

PN1401

So when you asked "best covers each category" were you asking them their opinion about what applied? Were you asking about what the employees had been told, or about what management decisions had been made? What was in your mind; what information were you after?---Well I think that's reflected in the sentence that says, "Please fill in the table" et cetera, et cetera.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1402

Yes?---"Categories of employees and the relevant modern award indicating in brackets if the award is not currently applied".

PN1403

Okay?---So therefore saying, "What you think is their relevant award and whether it's applied".

PN1404

Okay and - - -?---That indicates to me what awards are applied and what's - - -

PN1405

When you say applied, what do you mean?---So I think some of them for example have common law contracts and they might have an award underpinning it.

PN1406

Yes?---And then I think in some cases I think they may have - for example a good example of this would be the Murdoch Children's Research Institute who had been told by the Ombudsman that researchers were award-free, but since then at this point in time I think that our solicitor at the time, who was also their solicitor at the time, had indicated that they felt the Professional Employees Award was the most appropriate. So in that case they could indicate that while they are currently award-free based on previous advice, "we've since been told that this is probably the most appropriate".

PN1407

Now turning to the table that appears at the bottom, that was a table that you asked them to fill out, is it?---Yes, and that - yes, that was based on information - again it was the case that we started off with the Murdoch Children's Research Institute and their solicitors at the time and our solicitors at the time, they provided the positions that they have there and the awards that they apply, and then we suggested to indicate - the intention was that they indicate whether they have the same positions, the number of employees, and indicate the relevant modern award or whether they apply it or not, and then also whether - if we've missed anything, to put that in. So if we've missed positions or if we've missed a modern award, to put that in, or if there's - disagrees.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1408

But essentially if you look at that table what you actually asked them in practice was to put how many employees were in each of those categories; isn't that right? ---No, that's not correct because several of them did indicate what awards they applied.

PN1409

Yes, but essentially - - -?---But there was different - - -

PN1410

- - - you provided the answers to them; you provided the answers to the text? ---No, I made it clear that this is a starting point. I said, "This table below was prepared as a starting point". It was based on the Murdoch Children's Research Institute, and that they were then to fill it in according to what applied to them. That's my understanding, and some of the feedback I got back was numbers plus they would say, "By the way we apply this Professional Employee Award. We employ this award".

PN1411

Right. But you actually asked them to fill in the table with the relevant numbers? ---Yes.

PN1412

So if you're doing that - - -?---And expand on it.

PN1413

By including any further categories of any employees?---Yes.

PN1414

Any further categories of employees?---Yes.

PN1415

Right, so they couldn't say that the occupation - they couldn't say for example that researchers were covered by the Universities and Affiliated Staff, Academic, Research Salaries Award, could they?---Yes they could say that.

PN1416

How?---Because the idea was that we said it was a starting point and for them to provide the relevant modern awards indicating in brackets whether they applied or not. And so they provide a whole range of extra information with this as well.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1417

Right, and you haven't included any of that information?---No.

PN1418

Okay, so appendix 3 then - - -?---Yes, that's a summary of feedback.

PN1419

Appendix 3; it appears from appendix 3 that some of them put down different awards for the same occupation?---So some of them put down different awards for the same occupation but I think we have to be clear that sometimes what they might call, for example, a - it's not always the same name. Like research assistant might be different in one institute from another institute. So for example they might have - I'm just trying to think of an example of that. I'd probably look at the example - there are some that fall in multiple awards and that's because the actual duties that they undertake under that position are different depending on the institute that that's in. I'm just trying to find an example of whether that - where that might be the case. I think for example radiation therapy technologist - I'm not sure if that's an example - where it depends whether their role in an institute is actually as a radiation technology - therapy technologist in the service provision, the health service provision side of things or whether it's a research role, in which case they would come under the Professional Employees Award. So it just depended on what actual duties that person was doing as to which was the relevant one. Does that make sense?

PN1420

Yes?---There's quite a lot of that - - -

PN1421

Yes, and the duties that people do could change from one research project to another, couldn't they?---The duties they do - I think the same person is unlikely to change over time. But in different - in a different - the same - a radiation therapy technologist in one institute might be involved in research in one, whereas in another they might be assisting for example in clinical trials and be providing a health service.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1422

Okay, and do you have a view about what types of researchers are award-free?  
---What type of researchers are award-free? So my - the advice - I'm not an industrial relations expert, which I'm sure you've worked out by now, but the advice that I obtained from my previous solicitor and our current solicitor is that researchers are under the Professional Employees Award.

PN1423

Okay, and you heard the evidence this morning, or you saw Mr Lloyd giving evidence about the declaration made by his organisation saying that the higher education awards applied?---I did notice that but I can't really comment because I'm not an industrial relations expert on that.

PN1424

All right, but you would agree that your email was at least reasonably suggestive about where people should answer the questions? You were giving them a suggested answer to each of the questions, weren't you?---Well I was giving them a starting point.

PN1425

Yes?---I wanted - - -

PN1426

No, no, my question - - -?---- - - it to be less onerous.

PN1427

- - - is were you or were you not giving them a suggested answer?---I - God, I don't - my intention was to give them a starting point, to be less onerous.

PN1428

Yes?---So if you - - -

PN1429

No, I wasn't asking what your intention was. I was saying you were giving them a suggested answer?---I was giving them an opportunity to change the table.

PN1430

Yes, but before you did that you gave them a suggested answer?---Okay. Look, you can couch that how you like.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1431

No, I'm asking you to say - - -?---Whether I think I gave them - - -

PN1432

- - - whether you gave them - - -?---- - - a suggested answer?

PN1433

- - - a suggested answer?---I think I gave them sufficient opportunity to change that table. I made it very clear in that email that they should put what their positions are and what they believed to be the designated award, and to indicate whether that's currently applied.

PN1434

Well, I don't that's what it says actually but we can leave that for his Honour to look at I think. So you didn't provide any evidence in the - you haven't provided any evidence in these proceedings about the actual answers to your document except to say that somebody said a - someone at least said a radiation therapy technologist was included in the health professionals, and someone said, at least one said that they were covered by the professional employees?---Correct. I thought this was an easier document to read.

PN1435

Okay?---That a summary - - -

PN1436

It is an easier document to read.

PN1437

THE DEPUTY PRESIDENT: And somebody said, IT professionals were covered by the Professional Employees Award and someone else said they were award-free?---That - yes, I think that depended on whether or not they had a degree, from what I understand. At least one person said it anyway.

PN1438

MR McALPINE: I put it to you in fact there's a fair bit of confusion out there amongst the medical research institutes about which awards apply to which classes of employees?---I would say there's two aspects to this. I think there's diversity. I think that because there's diversity in the occupations at different MRIs, because some are more aligned to health service provision and some are less so because there's a real spectrum, that there's diversity. I would agree that some - they have for example from the Ombudsman received different advice.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1439

When you say the Ombudsman I assume you mean the Fair Work Ombudsman? ---Sorry, I mean the Fair Work Ombudsman.

PN1440

Or whatever it's called?---Yes.

PN1441

That is still what it's called?

PN1442

THE DEPUTY PRESIDENT: I think so.

PN1443

MR McALPINE: Yes.

PN1444

So in paragraph 12 you mention that you worked as a research fellow at universities?---Post doctoral. I worked as a post doctoral research fellow at the Peter MacCallum Cancer Institute and I also worked as a post doctoral research fellow at the University of Queensland at a medical research.

PN1445

At a which?---At a - at the University of Queensland.

PN1446

Yes, and you said - -?---At a medical research institute at their - a university-based medical research institute.

PN1447

Yes, that's the medical research institute that's at - -?---The Institute of Molecular Bioscience.

PN1448

Yes. Now the work you were doing there, I ask you, that's the sort of work that could be done at a research institute that was a member of AAMRI?---The work that I was doing at the University of Queensland?

PN1449

Yes?---I would say the nature of the research project could be - of course could also be done at an MRI but I would say that I think my research - my experience of my research at the two places was quite different, and I can elaborate on that if you like or not.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1450

No?---It was similar but not the same.

PN1451

Now you make a point I think in paragraphs 15 and 16 about the charitable status of the work?---Yes.

PN1452

That's what you said. Just to be clear what you said there I'm not disputing at all? ---Yes. Yes, I had to recently get that data for a submission.

PN1453

But I'm putting to you that that's not really relevant to the issue of award coverage?---It's relevant to the objective of those different sectors. So what we're saying there is that for the case of the medical research institutes - and this goes towards a little bit about the ABS and how we're classified there as well - that we're seen as health promotion charities because our main objective is improvement of health and health promotion. Whereas under what's now the ACNC but formerly ATO is that universities are classed as according to their education objective.

PN1454

Yes, they simply claim certain types of tax exemptions based on different grounds. That's really what you're saying, isn't it?---Yes.

PN1455

Yes. Now two of your members are in fact universities, aren't they? There's the Western Australian Institute of Medical Research and the Menzies Institute I think it's called at the University of Tasmania?---So the Menzies Institute of Tasmania is a university-based institute. I have to admit that I'm a bit confused about WAIMR in that it's my understanding that they're a separate legal entity.

PN1456

Well - - -?---Sorry, it is my understanding that they're a separate legal entity. I have looked them up on the Australian Business Register. They come up as a separate legal entity, so.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1457

All right, well I'll put it to you that the employees who work there are employed by the University of Western Australia?---Okay, so what I can tell you about that I do know, I can tell you that some of the employees are employed through WAIMR and some of them are employed through the university. Similarly I could say that for example the Anzac Institute, 95 per cent of their employees are employed through a hospital.

PN1458

Yes?---That's not an unusual situation.

PN1459

You understand that this award application only goes to the people who are employed by those institutes?---Correct.

PN1460

Yes. Now I'd like to take you to the discussions that you report about the higher education awards, in particular you said that - I think you said in the discussions there was one HR expert who provided advice about the comparisons between the awards?---The - sorry, this one person provided a template so that other - to - again this is the case where she had done it for something else. So she provided a template, so they could compare for example, the Professional Employees Award and the higher education -the various higher education awards and their own, whatever their current situation was.

PN1461

Okay?---So it was primarily to look at - I think it was mainly the Professional Employees Award to look at researchers, because that's the vast majority of their employees.

PN1462

I'd like to - and I'm sorry, I didn't bring a copy of the award but I'm happy if the witness - - -

PN1463

THE DEPUTY PRESIDENT: Is it in the materials?

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1464

MR McALPINE: No it isn't. The actual award the subject of the application isn't in the materials but I'm happy to hand my copy to the witness.

PN1465

THE DEPUTY PRESIDENT: All right. Thank you.

PN1466

MR McALPINE: Because I know it reasonably well.

PN1467

THE WITNESS: Thanks. It's getting a bit complicated here, isn't it?

PN1468

MR McALPINE: So can I just get this straight. The person you're referring to who provided this comparison advice, they were one of the HR managers in one of the MRIs?---Yes, so when I say comparative advice they provided of the two awards what - the relevant parts to each other and then they left a space so that the MRIs could look at this.

PN1469

Yes?---Yes.

PN1470

Okay, and was that provided to the medical research institutes?---Yes it was.

PN1471

Okay, and was that a relevant consideration in determining your opposition?---I'm trying to think when it was provided to them. I can't recall what time it was. We did actually ask whether they were opposed to it quite - well it was one of our first obvious questions to ask them. I can't remember if they were supplied this before or after that first headline request of whether they were opposed to the application or after, but it - - -

PN1472

Well, do you remember there was a teleconference which I was on; we called an open house teleconference for - - -?---Yes.

PN1473

- - - anyone who wanted any information about these applications?---Yes. Yes.

\*\*\*\* NICOLE DEN ELZEN

XX MR McALPINE

PN1474

You participated in that?---Yes I did.

PN1475

And we answered - whether you liked our answers or not, we answered all the questions that people had?---Yes, you answered all the questions at the time. Yes.

PN1476

Okay, and there was no indication during that discussion - because I think I remember I asked - whether you'd formed any view about whether you supported or opposed the application, and I'm just putting to you that you didn't have a position when the teleconference was - - -?---I can't remember the date of that teleconference, sorry, in terms of when after that - - -

PN1477

No, no, I'm not asking you the date. I'm asking - I think it's fair to - - -?---Yes.

PN1478

Because you didn't state a position in the teleconference?---No, I didn't state a position. I can't remember if we at that time were opposed or not opposed, but we didn't say yes or no as I recall.

PN1479

No, no, that's all I'm asking you?---Yes. I don't recall.

PN1480

I'm just getting - - -?---I don't recall the course of events.

PN1481

Okay?---Like in time, chronologically.

PN1482

But anyway I put it to you that document would have been relevant in the formation of the view of your members?---The - that document?

PN1483

Yes?---Yes, it was - would've been. Yes.

PN1484

And that's reflected in the content of your witness statement particularly at 27, paragraph 27?---Yes, so that wasn't the only - - -

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1485

No, no. No, I'm just saying that that's - - -?---One of the pieces of - yes, sure.

PN1486

That's all I'm asking at this stage. Now I'm going to take you to the Higher Education Academic Staff Award 2010 and I'm going to take you to clause 12? ---Okay. This is where my level of knowledge will become abundantly the lack of. Yes.

PN1487

Now I'm not going to ask you for technical interpretations so don't worry about that?---Yes. Yes.

PN1488

But there are a set of criteria for the use of - I'm sorry, in clause 11 there are a set of criteria under which fixed term employment can be used. Do you see those? There's a list of types of fixed term contracts that are permitted. So a pre-retirement contract for a specific task or project, a replacement employee - - -?---Sorry, where is this? I - - -

PN1489

It's in clause 11?---Clause 11? Sorry, I was looking at 12.

PN1490

Yes, sorry, it's in clause 11?---Right.

PN1491

So it sets out various types of fixed term contracts; the circumstances in which fixed term contracts are allowed. Do you see that? It says at the very top of the

page at page 10, "The use of fixed term employment must be limited to the employment of an employee engaged on work activity that comes within the descriptor of one or more of the following circumstances"?---Right.

PN1492

Okay, and in plain person's language - without being critical of the Commission as currently constituted.

PN1493

THE DEPUTY PRESIDENT: Yes.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1494

MR McALPINE: In plain person's language this says where you're allowed to use fixed term employment?---Okay.

PN1495

And looking at A, now I put it to you that the great bulk of the research work or of the work at research institutes constitutes "a definable work activity which has a starting time and which is expected to be completed within an anticipated timeframe". That's certainly true of all the project work, isn't it?---That's probably - yes, that's my understanding.

PN1496

Okay, and then it says, "It shall also include" - in the next line - "a period of employment provided for from identifiable funding external to the employer, not being an operating grant from government or fees paid by or on behalf of students". Now that's - nearly all, nearly all of your employment is supported by "identified funding external to the employer, not being an operating grant from government", isn't that right?---So can you explain that? Sorry, nearly all of our research is - - -

PN1497

Well, nearly all of your funding - the evidence that we heard today - - -?---Yes. Sorry. No, I'm just trying to understand.

PN1498

Sorry. "A period of employment provided for from identifiable funding external to the employer - - -?---Yes.

PN1499

- - - not being part of an operating grant from government"?---Okay, so what - - -

PN1500

So you don't get operating grants from government?---Sorry, what's an operating grant from government?

PN1501

An ordinary recurrent grant that simply you get - - -?---Automatically.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1502

Automatically or as part of the ordinary budgetary process?---No. Like, we only get operational funding - - -

PN1503

Yes?---- - - which is recurrent but is based on a formula.

PN1504

Yes?---So from state and federal government, that's all that - yes.

PN1505

But in fact all your grant funding is not an operating grant it's a project grant, isn't it?---Yes, the majority of funding is a project grant or program grant. There's fellowships or infrastructure grants.

PN1506

In fact the great overwhelming majority of funding is you get identifiable funding that's external to the employer. You don't self-fund, you fund by contract or you fund by grant or you fund by bequest or you fund by donation?---I think that's true. There's the case where some MRIs have a large bequest and they get interest from that. So - and I'm not aware of how much that would be. For some institutes that might be substantial, for many it's not. So there are cases where there's that funding.

PN1507

What funding is that?---Sorry, when they have a large bequest.

PN1508

Yes?---And from when that's in a managed fund or they get interest. I'm not sure how that would be counted.

PN1509

Okay?---Yes.

PN1510

Okay?---Yes, but the Walter and Eliza Hall Institute is an example of that.

PN1511

All right. Now I'll go to B - sorry, your evidence and the other evidence is that you don't receive fees paid by or on behalf of students, do you?---So fees from students.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1512

Or paid on behalf of students?---So what does happen is that in the case of PhD students the money goes directly to the university.

PN1513

Yes?---They may sometimes provide some of that money to the MRI. I'm not sure if that's included in that definition. That's up to their discretion. Sometimes they do, sometimes they don't.

PN1514

But the money you're getting there is not a fee?---No.

PN1515

Paid by the students?---No, it's not a fee. No.

PN1516

That's common law funding that has gone to the university?---Yes. Yes.

PN1517

To support the PhD students, some of which goes to the MRI?---Sometimes, yes.

PN1518

Yes, some of which we heard. Yes?---No, sometimes it does, sometimes it doesn't.

PN1519

Yes, sometimes - - -?---Yes some of - yes.

PN1520

Yes, all right?---Yes.

PN1521

Fair enough. But if it does that's its source?---Yes, the university.

PN1522

Okay, and just looking at B - I won't take you through them all - but just looking at B that "Research means work activity by a person engaged on research-only functions for a contract period not exceeding five years"?---Five years.

PN1523

Now that's going to cover - if we haven't already wiped out most of the workforce that's going to cover virtually all of the rest, isn't it?---That's going to cover the majority of researchers because most funding is - - -

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1524

No, no, no, it has got nothing - - -?---- - - three to five - - -

PN1525

- - - to do with funding?---Okay.

PN1526

Just look at the words in B?---Okay, so you're saying most contracts are within five years or under?

PN1527

Yes?---In the MRIs?

PN1528

Yes?---Yes, I don't know but I assume. To be honest I don't know.

PN1529

So leaving aside the question of the contract period the big majority of your researchers would be covered by that anyway, wouldn't they?---The contract - what - well, you've just said A and B.

PN1530

Yes?---Look, to the best of my knowledge. But again I don't know the specifics of every MRI, so.

PN1531

No, okay?---But my guess would be an educated guess.

PN1532

So in fact the award - the limitations on fixed term employment would almost have no effect, if that's correct these are the circumstances in which you can use fixed term employment this award would have no effect on the MRIs capacity to use fixed term contracts?---No, I think that wasn't their concern. Their concern is that if the funding was to dry up for whatever reason that then I think they have to - if that - - -

PN1533

Pay severance pay?---Yes, for six months.

PN1534

Yes?---And they don't have the safety net that higher education providers have to do that because they are so - many of them are so reliant on this grant funding. Whereas higher education providers get a range of income that they have that safety net that they can pay out that six months. So that's - - -

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1535

So leaving aside non renewal - - -?---- - - the concern.

PN1536

- - - of contract, right, because I understand funding can dry up?---Yes.

PN1537

The termination before the end of a contract?---Yes.

PN1538

That's very rare isn't it?---I don't know.

PN1539

You don't know?---I honestly don't know.

PN1540

Well, it's very rare in the university sector. Do you have any knowledge - have you ever - - -?---No knowledge.

PN1541

- - - come across a case where actually - - -?---No knowledge.

PN1542

- - - someone who's employed on a two year contract is actually put off after one year and doesn't get the balance of their contract?---I have never talked with MRIs about that before.

PN1543

No, but you've represented them a lot?---Yes, but not on that subject.

PN1544

All I'm asking you is have you heard of such a case?---I have never asked for that sort of information so I can't say - if I've heard it doesn't mean it hasn't happened. This - - -

PN1545

No I didn't ask you that. I asked you whether you'd heard of such a case?---All right. No, I have not heard of such a case.

PN1546

Okay, and do you understand that there are severance payments paid to fixed termers when their contracts are not renewed in some circumstances in universities?---Sorry, I really - as AAMRI we represent MRIs along a broad spectrum of policy things and industrial relations is not something that I am familiar with. I've learnt as I've gone along in this process, so I just can't answer that sort of question.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1547

So nobody in these proceedings can give evidence - it's not a criticism of you, but nobody in these proceedings can give evidence on behalf of AAMRI about award coverage or industrial relations?---It's my understanding that we have solicitors to represent us on the legal components of awards. So that's - - -

PN1548

But without - - -?---My role is that I am in touch across the sector and hear about the diversity of the sector and their objectives and things, but no, I'm not an industrial relations expert, just as none of your witnesses were industrial relations experts. No, it's not what I am.

PN1549

But my question was there's no evidence; no one is presenting evidence about the industrial relations matters on behalf of AAMRI in these proceedings?---They don't come to us with industrial relations issues other than this particular one. No evidence doesn't mean it doesn't happen, so I can say there's no evidence because I haven't been contacted. It doesn't mean it doesn't happen. Any researcher could tell you that.

PN1550

THE DEPUTY PRESIDENT: Yes, but you've got to understand the position that I'm faced with - - -

PN1551

MS SWEATMAN: And I was just going to suggest - - -

PN1552

THE DEPUTY PRESIDENT: And your counsel can advise you about that.

PN1553

MS SWEATMAN: Yes, it's ultimately for your Honour's to determine whether or not there's evidence.

PN1554

THE DEPUTY PRESIDENT: Of course.

PN1555

MS SWEATMAN: So I think we can just - - -

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1556

THE DEPUTY PRESIDENT: No, but I think it's a fair question.

PN1557

MS SWEATMAN: I think she has answered it.

PN1558

MR McALPINE: The union quite specifically provided someone who was able to answer questions about industrial relations and award matters in this sector.

PN1559

THE DEPUTY PRESIDENT: Well I can consider the evidence.

PN1560

MR McALPINE: Yes.

PN1561

THE DEPUTY PRESIDENT: I've heard the answer.

PN1562

MR McALPINE: I'm sorry, I shouldn't be making submissions.

PN1563

THE DEPUTY PRESIDENT: That's all right.

PN1564

MR McALPINE: Now can you explain - because I'm puzzled - what you mean in 27.5?---So again this was based on feedback from the medical research institutes that there was some issue with the classification systems. So it's my understanding that in the higher education academic award - so the classifications there for researchers talks - refers to being supervised by academics and output of scholarly activities. Is that correct? I'm sorry, I'd have to go and find it.

PN1565

Yes?---Now they would - so there are quite a number of researchers where, while that might - could be one of their objectives, either not their primary objective or does not represent all of their objectives of their position. And again this goes a little bit to the point of where we say researchers and MRIs are similar but not the same. And so they felt that the classification didn't - wasn't a good fit for their researchers or for their employees.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1566

Can you go to the very last page of the Academic Award? I think it's in front of you still?---Page 30, is that correct?

PN1567

I'll try and assist everybody. I think it's the - I suspect it's the current one. Okay, on page 28, "Research academic staff A2", do you see that?---Yes.

PN1568

Now these are the classification standards which are used to classify staff?---Sure.

PN1569

I'm only asking you from your own knowledge?---Sure. Okay.

PN1570

So if you don't know, that's fine. I put it to you - and I want you to look at them if you haven't looked before, but I want you to tell me whether or not you can see whether you know of any other award that would better describe the hierarchy of duties of researchers in medical research institutes?---Sorry, I can't answer that question.

PN1571

Well you haven't looked yet. So you don't know anything about the - - -?---Well it would require me to look at all the other awards, would it not?

PN1572

Yes, so the answer is you can't tell me of any other award, either because of lack of - - -?---I - - -

PN1573

- - - knowledge - - -?---From lack of knowledge.

PN1574

Yes, okay?---All I can say is everything that is in my statement is based on feedback I received from HR professionals in the MRIs together with my solicitor's advice at the time.

PN1575

Okay?---So.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1576

I suppose there might be a confusion about two things. I'm not asking you about which award applies?---Right.

PN1577

Right? You asked people about which award they thought applied?---Yes.

PN1578

Now I'm asking about a different question. I'm asking you to look at those classification standards. I'm not asking you whether they apply or whether another award applies. I'm asking you whether, for example, that better - those classification standards better describe the type of work done by researchers as compared - and I'll just pick one, the Professional Employees Award?---In which case I'd have to have the Professional Employees Award in front of me.

PN1579

So we can - - -?---In which case I'd be doing it as we go. I'd have to - sorry, I haven't read these awards for a long time.

PN1580

I'm not - yes, all right?---And it's also a case that I've done it for this but prior had not done that, so.

PN1581

I assume you've had a look at them in the course of preparations - - -?---Yes.

PN1582

- - - for these proceedings?---Yes.

PN1583

Yes?---Yes - well, no, I have to say that I haven't looked at them for a while.

PN1584

No, but - - -?---But during the course of this I have looked at them. Yes.

PN1585

Yes?---As a non industrial relations expert.

PN1586

Yes. No, no, and that's why I'm not asking you any question about the coverage of the award?---Yes.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1587

I'm asking you - - -?---Yes, of course. I've seen this one recently.

PN1588

- - - to look at those classification standards?---Yes. Yes.

PN1589

As a, if you like, descriptor of various levels of a researcher's career or a career structure for researchers?---Right.

PN1590

For researchers?---Yes.

PN1591

And to tell me whether you think that more accurately describes the work of researchers in medical research institutes than the Professional Employees Award?---So - - -

PN1592

THE DEPUTY PRESIDENT: It begins at page 29 I think, the definitions.

PN1593

MR McALPINE: Yes, that's so.

PN1594

THE WITNESS: So in terms of - what I can say about this is when I look at the Professional Employees Award, which I have looked at probably more often than I've looked at the higher education - in recent time. I don't have a problem with that in terms of a researcher in terms of what it says. That's - that is a researcher. They have a - generally have a degree in science and then - in terms of these levels in some cases I would say they work for institutes, but my understanding from them is sometimes that they don't work for institutes, and that was what they were - reflected to me.

PN1595

But for example let me just look at level E on page - - -?---So, sorry, okay level B, "A level B research academic will normally have experience in research or scholarly activities which have resulted in publications in refereed journals or other demonstrated scholarly activities".

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1596

Yes?---Now it's quite common that we'll have researchers directly involved in clinical trials and that is their job. Now that - the main purpose of that is not scholarly activities, and the main purpose of that is not publications in refereed journals. The main purpose of that is to do a clinical trial and come out with an outcome to see if that particular treatment or drug or whatever has an impact. Now that - that's the main outcome that they'll be measured by, not whether they put it in a refereed journal. Sometimes that might be commercial in confidence, sometimes it won't. So there are cases where it just doesn't fit.

PN1597

What about the second paragraph of B?---So, "A level B researcher academic will carry out independent or team research. A level B's research academic may supervise post graduate students, that may or may not be the case, or projects and be involved in research training which may or may not be the case". I don't think that's a very good fit for someone who's involved in clinical trials. Sorry, I don't know if - - -

PN1598

No, no. All right, all right, and it wouldn't be a very good fit for someone involved in clinical trials in a university, would it?---I don't know. Are there people who are involved in clinical trials at a university that are employed by the university and not involved in a hospital? I don't know. I can't comment on that. I don't know.

PN1599

Well, you're not suggesting that the universities don't employ people that are involved in clinical trials? You're not seriously suggesting that?---I don't know. I don't know if they would be employed by - - -

PN1600

You were at the University of Queensland?---Yes, I didn't know anyone who was involved with a clinical trial at my institute. No, seriously, I have - I don't know anyone who was involved in a clinical trial at my institute.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1601

Okay?---So I don't know. Do they or does the hospital - - -

PN1602

You must hear about research, you must read about research outputs and research activities. I put it to you - - -?---Of course.

PN1603

- - - it goes without saying that - - -?---Okay. Sure.

PN1604

- - - that university researchers are involved in clinical trials?---Okay. Fine.

PN1605

No, no, no, I'm - - -?---No, that's fine. Are they - - -

PN1606

I'm asking you a question - - -?---Are they the ones who - is their output the actual doing the clinical trial? If they - it is, that's fine. But I'm saying that's just an example that I could give, an MRI that I know of. Again, you're asking me to do this and again I'm doing the best to my knowledge.

PN1607

Okay but - - -?---So - and the other thing is, as you know we've talked a little bit about different institutes where they're involved in I suppose service - health service provision that's part of sort of a clinical trial but also - you know, there's things where it's not very clear cut that they're - "This is what they do and this is what they do. It's involved - they're involved with patients but also involved in a clinical trial and also involved in research". So I don't know enough about the intricacies of that but my understanding is that's probably what HR people were saying to me when they said to me that these don't really fit with what they do. Because research institutes do do things that I don't think are necessarily done at universities in terms of patients and preventative health and community education.

PN1608

Well, look, I'm actually asking you to compare these descriptors as between these descriptors at MRIs - - -?---Yes.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1609

- - - and people covered by the Professional Employees Award and - - -?---Okay, well that's what I did. I gave you an example - - -

PN1610

- - - and I'll take you to level E?---Okay.

PN1611

I think that level E from what I saw of his evidence, that's a pretty good description of Professor Kay?---Sure, Professor Kay, yes that's correct.

PN1612

Okay and I would say - - -?---But I can't - - -

PN1613

- - -that's a pretty good description of people at that level in medical research institutes. Not all of them. You can quote exceptions but as a rule - - -?---Yes.

PN1614

- - - that's a pretty good description, isn't it?---I can't say. I'm sorry, I just don't know.

PN1615

Well, all right, let's go through it.

PN1616

THE DEPUTY PRESIDENT: What - - -

PN1617

MS SWEATMAN: Sorry - - -

PN1618

THE DEPUTY PRESIDENT: How many more questions have you got tonight?

PN1619

MR McALPINE: Well it looks like a fair few.

PN1620

THE DEPUTY PRESIDENT: Does it? Well then we might - - -

PN1621

MR McALPINE: Okay.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1622

THE DEPUTY PRESIDENT: - - - have an opportunity for everybody to enjoy the evening. We'll adjourn till 10 o'clock.

PN1623

MR McALPINE: Your Honour, I was just - Mr Ruskin and I were just chatting in the corridor earlier about how you wanted to proceed; whether final submissions should be on our feet tomorrow or whether at a later date.

PN1624

THE DEPUTY PRESIDENT: I think now you'd probably want to review the evidence, wouldn't you, from the transcript, and we can put some final submissions? I am assuming you're not able to reach agreement. I mean on the total application. I didn't mean on - - -

PN1625

MR McALPINE: So it's your view that we're probably going to - - -

PN1626

THE DEPUTY PRESIDENT: Well I think if you've got a couple of hours for Dr Den Elzen then I think it might assist you if you had the transcript to review what has been said.

PN1627

MR McALPINE: Very well, your Honour.

PN1628

THE DEPUTY PRESIDENT: And also have the transcript to review some of my questions.

PN1629

MR McALPINE: Yes.

PN1630

THE DEPUTY PRESIDENT: I've still got a couple for Melbourne and for Monash and for here.

PN1631

MR McALPINE: Yes.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1632

THE DEPUTY PRESIDENT: I can give them some forewarning about that. If I accept the proposition put by the institutes it would follow, I assume - I've only had a brief read of your submissions - that the universities would see themselves in an entirely different position and wouldn't want to, at some future stage, separate their research from their awards.

PN1633

MR HOWARD: Thank you, your Honour.

PN1634

THE DEPUTY PRESIDENT: And I'd be asking you that directly, to know whether or not there's any capacity for flow on or testing of it. So for example I'll take ANU, a well known research university, well known, and, you know, it's still indelibly printed in my mind from the fixed term contracts case. If I said yes absolutely that MRIs should be isolated and out, they can have these awards, I then I hope wouldn't provide justification for ANU to come out and say, "Well, we ought to be taken out of the Higher Education Academics Award because the work we do is identical to the MRIs" in generic terms. So I'd look for that sort of comment from the various universities, given that you're here. Thank you for coming. All right, I'll adjourn till 10 o'clock. Thank you very much.

<THE WITNESS WITHDREW

[4.31PM]

<ADJOURNED INDEFINITELY

[4.31PM]

<b>LIST OF WITNESSES, EXHIBITS AND MFIs</b>
---

<b>DAVID LLOYD, AFFIRMED.....</b>	<b>PN851</b>
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TRANSCRIPT OF PROCEEDINGS  
*Fair Work Act 2009*

1047933-1

**DEPUTY PRESIDENT SMITH**

**AM2012/187 AM2012/190**

**Sch. 5, Item 6 - Review of all modern awards (other than modern enterprise and State PS awards) after first 2 years**

**Application by National Tertiary Education Industry Union  
(AM2012/190)  
Higher Education Industry-Academic Staff-Award 2010**

**(ODN AM2008/3)  
[MA000006 Print PR985116]**

**Melbourne**

**10.11AM, WEDNESDAY, 1 MAY 2013**

**Continued from 30/04/2013**

<NICOLE DEN ELZEN, ON FORMER AFFIRMATION

[10.11AM]

PN1635

THE DEPUTY PRESIDENT: Mr McAlpine?

<CROSS-EXAMINATION BY MR McALPINE, CONTINUING [10.11AM]

PN1636

MR McALPINE: Thank you, your Honour.

PN1637

Now Dr Den Elzen, I'm just picking up from the discussion we were having yesterday about the academic descriptors that are at the end of the Higher Education Academic Staff Award 2010. We were having a talk about those yesterday?---Mm'hm.

PN1638

I'll put a more general question to you. I put it to you that there is not a set of descriptors - or you can't identify any descriptors in any other award that more accurately describe the work of researchers?---What I can say is that from the advice from my members and what they do at the moment is that the majority of them don't use these HEW levels and these descriptors because they are in - for their researchers. I can say that they feel that that's more appropriate. I can say that they feel that there are issues with this with regard to some of their members, and particularly for example, there's a particular member that has international - quite a lot of international staff and there's a - they use broad-based definitions to take into account the flexibility needed, both for the employee and an employer, for things like that. So they use quite broad definitions to give them flexibility in the duties of that person to meet the objectives of - both of their role and for the organisation. So I'd say that it's not as simple as that. I would say that because of the level of detail in here, that there are issues with it.

PN1639

So maybe I'll ask you a different question. Can you identify which other award has more accurate descriptors to describe the work of researchers in research institutes?---I would say rather than more accurate more appropriately the Professional Employees Award, they find more appropriate.

\*\*\*\* NICOLE DEN ELZEN

XX MR McALPINE

PN1640

And - - -?---Because of the nature, the very nature of the different roles of the diverse different MRIs that we have and the type of staff that they have and the type of research activities and other activities that they do, that they find that - particularly I'm - for this - we're talking about research at the moment, that they find that more appropriate.

PN1641

How do you - - -

PN1642

THE DEPUTY PRESIDENT: Mr McAlpine, I don't think Dr Den Elzen can help you at all on this question. She's recalling conversations with other people, their

view. She has no direct knowledge on any of this and so, you know, you can persist if you like but the answers that are being given are of no help to me.

PN1643

MR McALPINE: Okay. All right, I accept that, your Honour.

PN1644

There is one question I would like - you've reported what some of your members have said to you about this issue and you've referred to that in your previous answer. From your knowledge can you explain why so many of your members have accepted awards that have these structures, this salary and career structure in them by consent with the NTEU?---Sorry, so you'd have to be a bit more specific for me to - - -

PN1645

Well, you know that there are a number of enterprise awards?---Yes.

PN1646

And that they include this career structure?---Not all of them.

PN1647

Not all of them?---Not all of them.

PN1648

Okay, which consent awards don't?---I don't know all of them that are - details of all of them but I do know there's one from the National Ageing Research Institute for example that does not include - - -

\*\*\*\* NICOLE DEN ELZEN

XX MR McALPINE

PN1649

That's not an enterprise agreement?---It's an enterprise agreement.

PN1650

No, I'm asking you about an award?---Okay.

PN1651

Because these proceedings are about awards?---Right. Sorry, I thought you were saying enterprise agreements.

PN1652

No, no, no. I'm asking you about awards?---Right.

PN1653

I'm asking you to - - -?---Sure.

PN1654

You've talked about the attitude of your members and I'm putting to you that the only consent awards that I know about that apply in this sector are the only awards that your members have agreed to a specific award to suit their enterprise is - - -?---So this is - - -

PN1655

- - - it includes this structure?---So you're referring not to the occupational awards, you're referring to some of the other awards?

PN1656

They're the enterprise awards?---Okay.

PN1657

And - - -?---Right.

PN1658

- - - the previous awards that applied for many years?---I don't have enough knowledge of that to be able to talk to that, so.

PN1659

You don't know why - you can't explain - - -?---I wasn't around at the time when that happened. I'm not sure how involved they were in the process with that and I'm not sure - I don't know at the time what happened with those awards.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1660

Right?---And how they were involved in the process and what their opinions were at the time. I'm sorry, I just wasn't around.

PN1661

No, no, what I'm - I suppose - and if you don't know, that's fine. I'm really just asking you to explain - you report that your members think this is an inappropriate structure and - - -?---Over the diversity of the entire sector, yes.

PN1662

That's right, and yet I'm giving you an opportunity to explain why it is that the awards they've agreed to include this structure?---You mean all my members?

PN1663

The awards that have been agreed to by your members?---All my members?

PN1664

No - - -?---Some of my members.

PN1665

All the awards that have been agreed to by your members - - -?---I'm sorry but - - -

PN1666

- - - include this structure. Whether that's one or 10 or three - - -?---Right.

PN1667

- - - all of the awards that have been agreed to include this structure. I'm giving you an opportunity to explain the apparent dissonance between the evidence you gave in your previous question about what their attitudes are and the fact that they've agreed to awards - - -?---Well, sorry, first of all I'll say that I don't have the level of knowledge I think that you need to answer this but I would say is in the way you're construing this question I am representing the 31 institutes that said this application applies to them. My understanding is that not all 31 of those institutes are covered by these awards that you're saying right now. So I have to represent the whole sector and that's what I'm doing. So I think - - -

PN1668

Okay, so does that mean - - -?--- there may be - - -

PN1669

Does that mean some of your members are happy with this structure?---I have to say of the 31 that I talked to they were all opposed. But that's - - -

PN1670

All right. No, no, let's just - - -?---That's what I - all I can say.

PN1671

All right, so let's just limit the question - - -?---That's what they told me.

PN1672

Let's just limit the question to the ones who have agreed?---Agreed to what?

PN1673

To the award structures that apply in higher education applying to them; the salary and career structures; Macfarlane Burnet, Howard Florey; WEHI, and I could give you the whole - - -?---Right.

PN1674

I can give you the Lions, Telethon - - -?---Is it - it's not 31 though, is it?

PN1675

No, no?---Okay.

PN1676

I think it's about - - -?---Yes?

PN1677

I think it's about 14 altogether have agreed to award structures that reflect either the academic or the general staff or both in consent awards that they've agreed to.

PN1678

MR RUSKIN: Your Honour?

PN1679

THE DEPUTY PRESIDENT: Yes?

PN1680

MR RUSKIN: At this stage I would like to not object to the question but there's a little bit - I say that what is being asked isn't actually what actually is reflected in those awards and I think it's confusing the witness. As I understand Mr McAlpine when he's talking about these awards he's talking about the 1989 - in the example he started raffling off - sorry, not raffling off, he started mentioning Macfarlane Burnet, Howard Florey, WEHI, Lions et cetera. I think Mr McAlpine is talking about the 1989 Salaries Award for WA and Victoria which lists 13 higher education - 13 MRIs in it. Now - - -

PN1681

MR McALPINE: And six other awards.

PN1682

MR RUSKIN: Well, the one that you're talking about, it led the witness to think that there are classification structure descriptors in that award and there isn't. There are salaries in that award. Now there are enterprise awards that I think he's talking about, and they may be different. But the question made the witness think that there are classification descriptors in the 1989 award, which there isn't, and so the questions are fine. I just think if he's going to talk about a particular award he should accurately say which one and say what is its content.

PN1683

MR McALPINE: I mean, I don't want to take up too much of the Commission's time with this.

PN1684

I was really just - my question was limited to whether or not you could explain why - I'll ask you can you explain why it is that some of your members have agreed to salary structures which reflect the salary structures applicable in the higher education awards?---I can't speak to that.

PN1685

Thank you?---Of what happened at that time and how much - if they were opposed to it or not and how that took place.

PN1686

Okay, thanks very much. You expressed concern in your witness statement I think at paragraph 27 about the allowances in the higher education awards. Can you elaborate on those concerns?---Basically all I can say is that comes from feedback from several members in that I think it's referring to the General Staff Award. That some of the allowances are more - would be more onerous on them particularly given that they don't have the same funding streams as the higher education providers.

PN1687

I'd just like to follow up on that point. You would agree that there's a diversity of funding streams within universities; some universities have very great numbers of overseas students and others don't?---There would be diversity but there are common funding streams. But also the funding streams I think will probably also reflect the nature of the activities of those and if - for example if they do more research it's likely they would probably have more international students and would get the funding streams; the range of six funding streams we talked about that MRIs don't get because they're doing research; they would receive those.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1688

You have a PhD yourself, don't you?---Yes I do.

PN1689

You would have heard the evidence of the other witnesses appearing on behalf of AAMRI. I think it's fair to - well, I'm reading from my own notes, "Research is about the production of new knowledge and the novel application of new knowledge to new products, techniques or policies". Would you agree with that as a - - -?---Yes I think that that definition is fine.

PN1690

And what do you think about - let me get this clear. Are you saying your members think the Professional Scientists Award - sorry, the Professional Employees Award is more appropriate in describing and covering research workers; or are you saying that that's your opinion as well?---No, I would say that from - the members said that they had obtained legal advice, several members that the Professional Employees Award applies to their researchers as fact, as legal fact it applies.

PN1691

Okay?---And the - several members said that they find that more appropriate because there are less concerns around that award, but also I think the classifications in the Higher Education Award, there are issues with that and they don't have those same issues with the Professional Employees Award. I have also obtained advice from my previous solicitor and my current solicitor, as other MRIs have obtained their legal advice separately many years ago - - -

PN1692

Yes, I'm not interested in hearing about your legal advice?---What you're asking is that my opinion? It's not my opinion. It's based- - -

PN1693

I'm asking you whether it's your opinion - - -?---It's based on - it was legal advice provided to me.

PN1694

Yes, but I'm not asking you - - -?---So whether it's my - I don't have an opinion. I have what legal advice has been provided to me.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1695

Right, so you don't have an opinion. I can't ask you any questions about the appropriateness of that award?---Well - - -

PN1696

I'm not asking you questions about whether or not it - - -?---No, I'm reflecting - - -

PN1697

Hang on. Wait a second. I'm not asking you questions about whether or not it applies or whether or not it legally applies. I'm asking you questions about whether you have an opinion about whether the type of work it describes is appropriate for researchers in research institutes?---My role is to reflect the views of my members, not to have my own opinion.

PN1698

Yes, but I'm asking you whether you - - -?---My role is not to - no, I don't have an opinion.

PN1699

THE DEPUTY PRESIDENT: I think the answer is no.

PN1700

MR McALPINE: The answer is no you don't have an opinion?---I - no, I reflect the - - -

PN1701

Okay?---- - - opinion of my members.

PN1702

Yes, okay?---That is my role.

PN1703

But when you're a witness you actually have to - if I ask you what your opinion is you have to tell me what your opinion is?---Sorry, I don't understand that.

PN1704

No, that's fine?---I'm representing my members, so.

PN1705

Have you been asked for advice about implementing the 38 hour week in the Professional Employees Award for your senior research staff?---As I mentioned I'm not - AAMRI is not an industrial relations organisation. We're an organisation to represent - - -

\*\*\*\* NICOLE DEN ELZEN

XX MR McALPINE

PN1706

Sorry, I'm only seeking - - -?---- - - our - so - - -

PN1707

THE DEPUTY PRESIDENT: Let the witness answer. Let the witness answer.

PN1708

MR McALPINE: Sorry.

PN1709

THE WITNESS: But because that is not our role no institute, no individual institute would come to AAMRI and ask that sort of question.

PN1710

MR McALPINE: So you haven't provided advice - you don't provide advice on industrial matters to your members?---No I don't. I represent them in issues that affect all of them. That's my role.

PN1711

Now just going back to that survey that you conducted, when you surveyed your members - just as a general question. I wouldn't expect that you'd be able to remember in detail. How much advice did you get that people were covered by enterprise awards?---So in terms of - in all of the discussions that we've had around this, we've had multiple teleconferences and our solicitors at the time were on those teleconferences to answer not specific legal questions which the MRIs - but to answer general questions that related to this. So in any case that was related to industrial relations I left that up to the solicitors at the time and so they could - there were probably about three, apart from the teleconference that we had with the NTEU where we discussed these things. So - and I can't recall exactly how much that came up. I'm sorry, it's just too long ago.

PN1712

No, no, I'm asking - you sent out a written survey?---Yes.

PN1713

And I suggested to you yesterday that you'd actually provided people with the answers and you said no you can - people could say what other awards they thought applied; do you remember that?---Yes, and we discussed that at a teleconference as well.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1714

Yes?---With the solicitors present.

PN1715

And I'm asking you in the responses you got to that written survey how many of them talked about the enterprise awards that applied to them?---I'd say we had had discussions in particular with one particular HR manager that I talked to about that. So they had talked about it. So in response to this particular survey they didn't necessarily bring it all up again but I had received a range of feedback. There have been a lot of emails back and forth and teleconferences where things like that - those things were mentioned.

PN1716

But you actually got survey responses didn't you?---Yes I did.

PN1717

You sent out a survey and you got responses to the survey?---Yes, so - and some of those responses, if I remember - I'm trying to think of - sorry, they gave me many emails, not just with the table, with written emails. So I'm talking about 28 different lengthy emails from members.

PN1718

Yes?---And I think that that was mentioned by several members. I'm just trying to recall the table where I've summarised some of that information, and that was mentioned by several of the members.

PN1719

So in appendix 3 to your statement you list employee positions and award designations - sorry I - - -?---Yes. I think I'm missing that at the moment.

PN1720

It's page 20?---Sorry.

PN1721

It's all right?---I think it has come away.

PN1722

Sorry?---But I know - - -

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1723

No, there's no - - -?---But I know the one that you're referring to.

PN1724

There are a lot of documents?---Sorry, it's come apart so I'm not sure where it is but yes, I do know the table you're referring to.

PN1725

Yes?---Yes.

PN1726

And I'm just asking you why is there no reference to those enterprise awards?  
---I'm sorry, I'm not sure. I - that table was prepared based on that advice and -  
advice from the solicitor at the time. So basically taking - collating that. So I'm  
sorry I don't - I can't - - -

PN1727

So is this - - -?---- - - explain that.

PN1728

Let's get this clear. Is this a list of what your members said or is this a list of what  
your lawyers advised?

PN1729

MR RUSKIN: Your Honour, I'm happy to hand up our copy.

PN1730

THE DEPUTY PRESIDENT: Of course. Yes, that's fine.

PN1731

THE WITNESS: Sorry, I've lost it somewhere.

PN1732

THE DEPUTY PRESIDENT: That's all right.

PN1733

THE WITNESS: Yes. Sorry. Yes. This was based - basically what happened is  
all the information that I received I put in a table. I provided that to my lawyers at  
the time and then they put the table together based on the information given. So  
they had added a whole range of categories and put the appropriate award.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1734

MR McALPINE: Right?---Based on the table that I gave them that was  
feedback.

PN1735

So - - -?---And all the categories I'd got from the members.

PN1736

So this is a sort of hybrid document that represents the responses to your survey  
from the members and the advice from your lawyers?---Sorry, I don't know. All I  
can say is that they used - the lawyers collated it on my behalf and they used the  
piece of - the information that I gave them from my members.

PN1737

And they prepared this table?---They prepared the table on my behalf.

PN1738

Right?---Based on a table that I gave them with all the range of information.

PN1739

Okay?---Which is why you'll see that certain positions are in multiple categories because depending on the MRI in the table I gave them there are multiple categories, depending on what that particular position was doing.

PN1740

So if the enterprise awards aren't included here it's because they were culled out by the solicitors or because - - -?---No - - -

PN1741

- - - none of the MRIs actually - - -?---No, actually probably what it was is that that was written advice that was in the email rather than something that was put in the table.

PN1742

Right.

PN1743

THE DEPUTY PRESIDENT: Can I tell you what this seems to me to be?  
---Right.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1744

It seems to me to be that you've got a survey back from your members that said, "Here are the types of work that we do, here's the classifications, here's the work that they do" and what has been constructed is a table that shows the relevant modern awards and how somebody thinks that work fits within those awards?---I think that's[sic].

PN1745

MR McALPINE: You would agree that in your statements you don't have any difficulty in identifying which research institutes are affiliated to universities?  
--- They're all affiliated - have an affiliation with universities as they do all have an affiliation with a hospital and various other entities.

PN1746

But you don't have any - it's not difficult to work out whether a research institute is affiliated or not?---That's because like this I have gone to my members and specifically asked for that information. I've sometimes gone to their website. It's not always clear from their websites so I've had to ask them specifically. It's not always a hundred per cent clear to be honest, because not all of them have a very close relationship or one relationship, and a good example of that's Baker IDI, and you do actually have to go to them directly and ask for it.

PN1747

I'm sorry, I apologise I should have asked you this yesterday. Just going back to the document which is attached to Mr Ruskin's letter of 19 April which is the document, the email that you sent out about the survey?---Mm'hm.

PN1748

If you could just find that?---Yes.

PN1749

I just wanted to ask you, in point 1 under the heading 2, Request for Input; do you see that?---Yes.

PN1750

What do you mean by the words, "Even if the award is not currently applied e.g. for researchers"?---So that was based on the fact that - well I know in the case - as I said this was something that came out of the Murdoch Children's Research Institute so I'm aware that they had received Ombudsman - the Fair Work Ombudsman advice that they - researchers were award-free. They had since been told by their legal - from their legal representatives that they actually should be under the Professional Employees Award. So it's a case of well, they'd obtained separate legal advice so therefore - but they aren't necessarily applying it at the moment because that's something that's happened recently. And I think there are cases where as a consequence of this application some of - several of the MRIs got independent industrial relations legal advice. So it's a case where if something had happened - so while they're - while they understand legally this is what should be applying - because that's new legal advice. So that's what I was referring to.

\*\*\*\* NICOLE DEN ELZEN

XX MR MCALPINE

PN1751

And that advice could have varied?---Sorry?

PN1752

That advice could've varied?---Varied from different institutes?

PN1753

Between different - yes?---Yes, it can. Yes, as I mentioned the other day.

PN1754

Yes.

PN1755

I think that's all, your Honour. Thank you.

PN1756

THE DEPUTY PRESIDENT: Yes Ms Sweatman?

PN1757

MS SWEATMAN: So I'll just ask just a few questions just clarifying some of the matters that were raised yesterday.

**<RE-EXAMINATION BY MS SWEATMAN**

**[10.37AM]**

PN1758

MS SWEATMAN: I'll just refer you to the document that Mr McAlpine gave to you, the "AAMRI About Us" website?---Yes.

PN1759

So evidence was given from the bar table to the effect that this "About Us" page had been amended?---Yes.

PN1760

And there was a concern raised that reference to teaching in universities may have been removed. Have you got the email - - -?---Sorry, I can't - - -

PN1761

The - - -?---Here it is. Sorry, it's right in front of me. Yes. Yes.

PN1762

Can you just read the third paragraph on that About Us" page?---"The MRIs are co-located?"

\*\*\*\* NICOLE DEN ELZEN

RXN MS SWEATMAN

PN1763

Yes?---"MRIs are co-located with major teaching hospitals and as such they provide an interface between research and health care delivery. AAMRI members are also affiliated with leading universities providing a cohesive training and research environment. MRIs attract many of Australia's best graduates and train the next generation of world class clinical researchers and scientists".

PN1764

So in that regard it would be apparent that universities continue - the affiliation between MRIs and universities remains part of - - -?---It's - yes.

PN1765

- - - AAMRI's clear functions?---Part of the - yes, as it is for a whole range of organisations that have affiliations with unis like the museum, the zoo, the - yes.

PN1766

Sorry, just following on from questions yesterday and today about the designation of researchers are you able to advise how the members dealt with researchers in the social sciences?---Sorry, I don't quite understand your question.

PN1767

So there are some MRIs I understand it who are hiring researchers in geography and population research, and more the social sciences as opposed to pure science?---Yes.

PN1768

How did the members designate those employees?---So there was only a very small number of those. It's probably - from the numbers that I got of the number of researchers across the 28 members which is - when I sort of added it up it was roughly around 2000. This would've been in the order of probably 1 per cent to 2 per cent of maybe less, and they indicated I think that they were award-free.

PN1769

There was a question yesterday and I apologise I can't remember what the context was that it was raised, but I was just wondering if you could elaborate on your own experience that you had at UQ and the difference in that experience that you had when you were at Peter Mac?---Okay, so yes, just in terms of I said - - -

\*\*\*\* NICOLE DEN ELZEN

RXN MS SWEATMAN

PN1770

THE DEPUTY PRESIDENT: Linking what?---In terms of being a researcher.

PN1771

MS SWEATMAN: As a researcher?---A researcher, sorry.

PN1772

Your own experience?---I know -there was a - and this has been raised with the other witnesses I'm aware of, about the differences, and we're saying it's similar but slightly different. I suppose they're just - I was at the Peter Mac so Peter Mac, like many MRIs, is within a hospital and so there - while I was working on similar projects both there and when I was at a university - in the university system, when I was at the Peter Mac I interacted directly with people within the hospital, used the equipment in the hospital. I was - we were using radiotherapy equipment to do my experiments, which wouldn't have been really common or possible where I was at UQ. I was also quite involved in giving advice for clinical trials and things like that. I was working on cancer-related - I would say I was doing a basic fundamental research but it's related to cancer, so some of the compounds were relevant. So through being at the Peter Mac I had something that I hadn't had before which was this interface with the hospital which I found quite interesting, and also in terms of - in industry because there were quite a few lab heads there that were also clinicians in the hospital and were involved in clinical trials. So there was a clinical trials unit there that managed clinical trials. So that was my experience there. My understanding also is that the majority of lab heads that I knew of weren't involved in giving lectures or anything like that. But of course there were PhD students there. When I was at the - - -

PN1773

THE DEPUTY PRESIDENT: Which came first, UQ or Peter Mac?--- Peter Mac.

PN1774

Peter Mac came first?---Yes.

PN1775

And did that experience help you get the job at UQ?---I wouldn't say - well, no, I actually had my own fellowship so that's what helped me get the job at UQ.

\*\*\*\* NICOLE DEN ELZEN

RXN MS SWEATMAN

PN1776

I see?---So - and again it's the quality of my papers that - yes. And then when I was at UQ I was a research institute that does medical research but I - like the lab next to me also did - there was an Institute of Molecular Bioscience so they also did other biosciences such as next door they were doing solar energy from algae, for example, but a lot of it was sort of more human related. But my experience there was I suppose typical of my honours experience, which was also at UQ, where I was - at that time I was trying to look to get a promotion to become a senior research officer rather than a research officer, and looking into what I had to do to be able to do that. And it was very much based on my publication record, very much based on my publication record, and also about - I was trying to get lectures to try and do that, and I was also organising seminars and conferences to try and improve my record to meet the requirements to get a promotion. But my

other thing about that - I know that there was one in that institute, one clinical researcher who was also a doctor, but the only one that I knew that did that and applied that to their research. But otherwise all the lab heads that I knew of there were giving lectures as well, and I just think that's just reflective of the slightly different environment and the different objectives I suppose of the organisation. That was just try to give - yes, whether it's relevant or not.

PN1777

MS SWEATMAN: You were asked this morning if all MRIs have affiliations with universities - - -

PN1778

MR McALPINE: No - - -

PN1779

MS SWEATMAN: If MRIs are affiliated with universities, sorry. I just wanted to ask you whether or not those affiliations are permanent affiliations or otherwise what is the nature of those affiliations?---So from looking at the affiliation agreements within my understanding is quite of them[sic] have been around for a long time but that any time either party can terminate that affiliation, as with all the affiliations they have with a whole range of organisations other than MRIs. There's - in my statement it shows that - in the clauses there that or termination for any reason of the agreement can occur, and I think it can be either initiate - my understanding of these is that it can be initiated either by the university or the relevant affiliated organisation, be that an MRI or the other examples that we gave who are involved in PhD supervision.

\*\*\*\* NICOLE DEN ELZEN

RXN MS SWEATMAN

PN1780

I don't have any further questions for Dr Den Elzen.

PN1781

MR McALPINE: I've got a question really because that question about the Peter MacCallum really didn't arise out of cross-examination and - - -

PN1782

MR RUSKIN: It did.

PN1783

MR McALPINE: - - - I've got one question in relation to that.

PN1784

MS SWEATMAN: On the contrary I think - - -

PN1785

THE WITNESS: Yes, you did.

PN1786

THE DEPUTY PRESIDENT: Yes.

PN1787

MS SWEATMAN: - - - Dr Den Elzen was going to ask about it and was asked not to proceed.

PN1788

THE DEPUTY PRESIDENT: I think it did. Thank you.

PN1789

Thank you for your evidence?---Thank you.

PN1790

You're free to - I nearly said escape.

<THE WITNESS WITHDREW

[10.45AM]

PN1791

THE DEPUTY PRESIDENT: Now how do you want to deal with the rest of it? Written submissions, and if so what sort of timing are you looking for?

PN1792

MR McALPINE: We're not quite in agreement. I should say, your Honour, one of our constraints - I know that the Commission is constrained by the Act - - -

PN1793

THE DEPUTY PRESIDENT: Absolutely.

PN1794

MR McALPINE: - - - to act reasonably expeditiously in this matter.

PN1795

THE DEPUTY PRESIDENT: That's all right.

PN1796

MR McALPINE: Yes, as soon as practicable I think is the words.

PN1797

THE DEPUTY PRESIDENT: Yes. Yes.

PN1798

MR McALPINE: And - - -

PN1799

THE DEPUTY PRESIDENT: You tell me what's practicable.

PN1800

MR McALPINE: Yes. Yes, I understand that. I remember that from award modernisation. But the extra consideration for us which I just should mention is that should our application fail we're going to then have to apply for the modernisation of the enterprise awards.

PN1801

THE DEPUTY PRESIDENT: Yes.

PN1802

MR McALPINE: In order to protect our members there, and we have to do that, I understand, with - that has to be dealt with by the end of this year.

PN1803

THE DEPUTY PRESIDENT: Well, they expire at the end of this year.

PN1804

MR McALPINE: That's right. That's right, so that's part of our concern.

PN1805

THE DEPUTY PRESIDENT: Yes.

PN1806

MR McALPINE: So we were proposing - on the assumption that the transcript might be available about next Tuesday, we were proposing Monday week, the 13th, for us; Tuesday week, the 21st for those opposed to the application; and the following Monday 27 May for our reply. I think Mr Ruskin has a slightly longer timeline but we don't see that it's - the case has in effect only gone for two days and we don't see that this - most of the legal arguments presumably have been worked out in advance so we don't see it as a particularly complex case requiring a very long period for written submissions. But I'm in your Honour's hands.

PN1807

THE DEPUTY PRESIDENT: Thank you. Mr Ruskin?

PN1808

MR RUSKIN: Two things, your Honour. The advantages of written submission is that we can wax lyrical and efficiently, however. But we don't have the opportunity for you to - - -

PN1809

THE DEPUTY PRESIDENT: Ask questions.

PN1810

MR RUSKIN: - - - ask questions, and in this particular case there might be some benefit in that for all the parties and for yourself. So I just wondered how one might address that, such as whether after written submissions you wanted to convene a hearing or whether there are particular issues you wanted the parties to address in their written submissions which were matters that were in your mind? So I raise that.

PN1811

THE DEPUTY PRESIDENT: Yes.

PN1812

MR RUSKIN: In terms of a written submission it's the - - -

PN1813

THE DEPUTY PRESIDENT: I think that's the preferable course for me to have a hearing.

PN1814

MR RUSKIN: Yes.

PN1815

THE DEPUTY PRESIDENT: Because, you know, there are a number of options available here.

PN1816

MR RUSKIN: Yes.

PN1817

THE DEPUTY PRESIDENT: I've raised them in passing with a couple of your witnesses.

PN1818

MR RUSKIN: Yes.

PN1819

THE DEPUTY PRESIDENT: If for example I found the award was appropriate to extend, was there any variation to the award that might be necessary to cater for the particular circumstances of the MRIs?

PN1820

MR RUSKIN: Yes.

PN1821

THE DEPUTY PRESIDENT: I just don't know at the moment. That's why I was asking enquiring questions. But there are those sorts of issues that might arise, and whether or not a decision was in that sense a two stage decision I don't know. I don't know when I review everything that has been put whether I would end up agreeing with you, for example, that all was determined in the award modernisation process. Nothing is really new or changed and therefore why should we disturb what's currently going on.

PN1822

MR RUSKIN: Yes, your Honour.

PN1823

THE DEPUTY PRESIDENT: If I agree with that then it's all over.

PN1824

MR RUSKIN: Yes.

PN1825

THE DEPUTY PRESIDENT: So my preference is to have a day where we can sit and I can hear the reply on that day and ask any questions or deal with issues at that time.

PN1826

MR RUSKIN: Okay, your Honour.

PN1827

THE DEPUTY PRESIDENT: So we can work out some programming around that.

PN1828

MR RUSKIN: Yes. Well then what one could do is work out a day.

PN1829

THE DEPUTY PRESIDENT: Yes.

PN1830

MR RUSKIN: And from that we could work out when submissions should be provided.

PN1831

THE DEPUTY PRESIDENT: Sure. Friday 7 June? Does that draw some concern?

PN1832

MR RUSKIN: I'm in a hearing in this Tribunal on that day.

PN1833

THE DEPUTY PRESIDENT: Are you?

PN1834

MR RUSKIN: As an advocate, if it proceeds.

PN1835

THE DEPUTY PRESIDENT: How are you placed?

PN1836

MR McALPINE: I'm booked to run training for about 40 people in Sydney on that day so it's - - -

PN1837

THE DEPUTY PRESIDENT: Okay, well that's not a good day. How does 17 June fit with you?

PN1838

MR RUSKIN: 17 June?

PN1839

THE DEPUTY PRESIDENT: 17 June.

PN1840

MR RUSKIN: Yes, Monday the 17th. Yes.

PN1841

MR McALPINE: That's fine.

PN1842

THE DEPUTY PRESIDENT: We'll lock it in.

PN1843

MR RUSKIN: Good.

PN1844

THE DEPUTY PRESIDENT: 17 June. All right, now the only thing that would assist me is if the submissions from your clients, Mr Ruskin, Ms Pugsley and Mr Howard were in at least a week before that.

PN1845

MR RUSKIN: Yes.

PN1846

THE DEPUTY PRESIDENT: And then you can work back from there.

PN1847

MR RUSKIN: Okay.

PN1848

THE DEPUTY PRESIDENT: Then I have an opportunity to read them and understand them prior to sitting.

PN1849

MR McALPINE: Well why don't we make ours the 27th?

PN1850

MR RUSKIN: Yours the 27th?

PN1851

MR McALPINE: Yes. We'll make ours the 27th and yours the 10th.

PN1852

MR RUSKIN: Well, that's a public holiday, that's the thing.

PN1853

THE DEPUTY PRESIDENT: The 10th is a public holiday.

PN1854

MR McALPINE: Yes.

PN1855

(Discussion re dates)

PN1856

MR RUSKIN: That's all right with your Honour, if we reply the 11th?

PN1857

THE DEPUTY PRESIDENT: Yes. Yes.

PN1858

MR RUSKIN: That's fine. Thank you, your Honour.

PN1859

THE DEPUTY PRESIDENT: Now the only other thing - yes, that's all right with you two?

PN1860

MR HOWARD: Yes, your Honour.

PN1861

MS PUGSLEY: Yes, your Honour.

PN1862

THE DEPUTY PRESIDENT: Thank you, and you heard my observations yesterday about what - - -

PN1863

MS PUGSLEY: Yes.

PN1864

MR HOWARD: Yes, your Honour, we'd like some sort of clarification on your question.

PN1865

THE DEPUTY PRESIDENT: Yes. Well, you see, what I'm interested in this. If I say they're different I want you to agree with that. If you don't agree with that, tell me because I don't want a case coming up subsequently that says from the universities, "We're doing exactly" - "If you talk about researcher, a researcher is a researcher is a researcher therefore we want what they've got". I don't know whether I can make it any clearer than that.

PN1866

If you stand up and say, "No, as universities we agree that they are completely different and that there's no comparison between researchers and MRIs and our researchers" say at ANU or an of those research-based universities, if you say that

then that gives comfort to the MRIs and then also I then look and say, "Well, there must be something in this if you say it's completely different". If you say there's no difference as universities then I'm in a different consideration, because when we make all these modern awards we're looking at coverage, we're looking at fairness, we're looking at minimum standards, and we don't want to create tension between various awards.

PN1867

MR HOWARD: Yes, your Honour.

PN1868

THE DEPUTY PRESIDENT: Do you see clearly the point?

PN1869

MR HOWARD: Yes, I can maybe help you with our written submissions. Some housekeeping; can we tender those and get them identified?

PN1870

THE DEPUTY PRESIDENT: Your written - - -

PN1871

MR HOWARD: Yes.

PN1872

THE DEPUTY PRESIDENT: Yes, of course.

PN1873

MR HOWARD: And AHEIA as well I should - - -

PN1874

THE DEPUTY PRESIDENT: Yes of course. Am I correct that yours is a six paragraph submission - AHEIA - or is there a bigger one?

PN1875

MS PUGSLEY: Your Honour, it's a very short submission of approximately two pages.

PN1876

THE DEPUTY PRESIDENT: Yes.

PN1877

MS PUGSLEY: Yes.

PN1878

THE DEPUTY PRESIDENT: That's the one.

PN1879

MS PUGSLEY: Thank you.

PN1880

THE DEPUTY PRESIDENT: I'll mark that. So there are two pages, six paragraphs, AHEIA 1.

**EXHIBIT #AHEIA1 WRITTEN SUBMISSIONS FOR AHEIA**

PN1881

THE DEPUTY PRESIDENT: And the universities, how long was yours?

PN1882

MR HOWARD: Ours was 12 paragraphs long and about five pages, your Honour.

PN1883

THE DEPUTY PRESIDENT: All right, I'll find it and mark it H1.

**EXHIBIT #H1 WRITTEN SUBMISSIONS FOR UNIVERSITY OF WESTERN AUSTRALIA, UNIVERSITY OF MELBOURNE, MONASH UNIVERSITY AND AUSTRALIAN NATIONAL UNIVERSITY**

PN1884

MR HOWARD: I've got an extra copy.

PN1885

THE DEPUTY PRESIDENT: You've got a spare copy?

PN1886

MR HOWARD: Yes.

PN1887

THE DEPUTY PRESIDENT: Splendid. Thank you.

PN1888

MR HOWARD: We have a statement that has been marked up as a copy.

PN1889

THE DEPUTY PRESIDENT: That's fine. No, that's fine. Yes, they're only highlighting, they're not "Congratulations, well done" or anything of those sorts of markings.

PN1890

MR HOWARD: But, your Honour, in regards to the hypothetical I'd just draw you to paragraph 7 in our submissions where we say that broadly the higher education, which is defined, the entities are clearly - the MRIs are clearly a part of our industry.

PN1891

THE DEPUTY PRESIDENT: Yes.

PN1892

MR HOWARD: But I would prefer to give you a more considered view about this.

PN1893

THE DEPUTY PRESIDENT: Yes. Well, you know the way it's going.

PN1894

MR HOWARD: Yes.

PN1895

THE DEPUTY PRESIDENT: So you need to think about that. The other thing I would say is that some of these aren't obvious. There are a lot of non-obvious answers in some of these areas so if in some discussion anybody sees possible areas of consent, for example, I'm more than happy to convene a conference if that's what you - if you both agree with that. I'm more than happy to convene a

conference to see if something can be worked out that might suit everybody, rather than just leaving me with 10 or 12 folders saying, "Good luck". So if there's any capacity to reach some agreement - in the end of course I'll do that, but if there's any capacity to reach agreement then I'm more than happy to see if I can help you do so. I just simply put it that way.

PN1896

MR McALPINE: Can I just - sorry, just one thing before you - - -

PN1897

MR RUSKIN: Yes. Yes. Yes.

PN1898

MR McALPINE: This is just by way of a - I don't think it's a, you know, a smoking gun or any disaster for us but I thought it was appropriate given the implication in one of my questions yesterday. I checked up last night on a particular point of evidence and I just wanted to make a small concession in relation to something if that's alright with you?

PN1899

THE DEPUTY PRESIDENT: Sure.

PN1900

MR McALPINE: Yes I - - -

PN1901

THE DEPUTY PRESIDENT: The word concession has attracted the other side.

PN1902

MR McALPINE: Well I did want to - there was an implication in my question to Dr Den Elzen that the Western Australian Institute of Medical Research was simply part of the University of Western Australia.

PN1903

THE DEPUTY PRESIDENT: Yes. Yes.

PN1904

MR McALPINE: And that was on the basis of earlier enquiries. That was a genuinely based question but I checked, I had made checks. But on the basis of her answer I then made another check overnight because I didn't want to be seen to be misleading the Commission and our division secretary, who's a former UWA scientific officer, tells us that the Western Australian Institute of Medical Research is a separate incorporated body, but while the research staff are employed by the University of Western Australia, the administrative staff are employed by the separate incorporated body. Whereas the implication of my question was that it was simply part of UWA. So I just wanted to clarify that point.

PN1905

MR RUSKIN: Thank you.

PN1906

THE DEPUTY PRESIDENT: After 20-odd years in higher education I can understand any changes and how people organise themselves. Yes, Mr Ruskin?

PN1907

MR RUSKIN: Your Honour, I have a small plea about the hearing date.

PN1908

THE DEPUTY PRESIDENT: Yes?

PN1909

MR RUSKIN: Which we said was fine.

PN1910

THE DEPUTY PRESIDENT: Yes.

PN1911

MR RUSKIN: Ms Sweatman is doing a pro bono project in - - -

PN1912

MS SWEATMAN: The Solomon Islands.

PN1913

MR RUSKIN: - - - the Solomon Islands for us in the week of the 17th and so I'd ask to request whether it's possible for the week after? I have raised it with Mr McAlpine and he might have a view about that. We'd be happy to change dates for when documents go in, but if that were possible we'd be very grateful.

PN1914

THE DEPUTY PRESIDENT: Of course. Do you have a view about that week?

PN1915

MR McALPINE: On that basis we don't object if your Honour is happy with that.

PN1916

THE DEPUTY PRESIDENT: All right. Well, which day would you prefer the following week?

PN1917

MR McALPINE: Well Mr Ruskin's view was the 24th and we don't have a - I don't think that - - -

PN1918

MR RUSKIN: Or the 25th. The 25th?

PN1919

MR McALPINE: The 25th?

PN1920

MR RUSKIN: Yes, Tuesday the 25th.

PN1921

THE DEPUTY PRESIDENT: Is that all right?

PN1922

MR McALPINE: Yes, we don't object to that.

PN1923

THE DEPUTY PRESIDENT: Done, and I shall leave you to organise - - -

PN1924

MR RUSKIN: Thank you very much, your Honour.

PN1925

THE DEPUTY PRESIDENT: The only thing I - - -

PN1926

MR McALPINE: And, sorry, the - - -

PN1927

THE DEPUTY PRESIDENT: - - - can say to Ms Sweatman - - -

PN1928

MR McALPINE: Sorry, and therefore the dates - we'd be suggesting that our dates instead of - - -

PN1929

THE DEPUTY PRESIDENT: You'd adjust them.

PN1930

MR RUSKIN: We'll just adjust them by a week.

PN1931

THE DEPUTY PRESIDENT: Yes.

PN1932

MR McALPINE: A week, yes.

PN1933

THE DEPUTY PRESIDENT: Yes.

PN1934

MR RUSKIN: Yes, we'll do that.

PN1935

THE DEPUTY PRESIDENT: I wish Ms Sweatman well and only caution her to take care.

PN1936

MS SWEATMAN: Thank you, your Honour.

PN1937

MR RUSKIN: Thank you, your Honour.

PN1938

THE DEPUTY PRESIDENT: All right, we'll adjourn until 25 May.

PN1939

MR RUSKIN: June.

PN1940

THE DEPUTY PRESIDENT: June. Thank you.

**<ADJOURNED UNTIL TUESDAY 25 JUNE 2013**

**[11.03AM]**

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**EXHIBIT #AHEIA1 WRITTEN SUBMISSIONS FOR AHEIA.....PN1881**

**EXHIBIT #H1 WRITTEN SUBMISSIONS FOR UNIVERSITY OF  
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