

AUSTRALIAN INDUSTRIAL RELATIONS COMMISSION

Workplace Relations Act 1996

Section 503 referral to Full Bench to make a workplace determination

Health Services Union

and

Austin Health and others

(BP2007/4059 and others)

WITNESS STATEMENT OF BRENDAN FRANCIS MURPHY

I, **BRENDAN FRANCIS MURPHY**, Chief Executive Officer, of Austin Health, 145 Studley Road, Heidelberg in the State of Victoria, say as follows:

1. I am the Chief Executive Officer of Austin Health. I have held this position since 31 January 2005.
2. I am authorised to make this statement on behalf of Austin Health. I make this statement from my own knowledge except where otherwise indicated. Where I make statements based on information provided by others, I believe such information to be true.
3. Prior to commencing my appointment as Chief Executive Officer of Austin Health, I was the Professor/Director of Nephrology for 12 years and Chief Medical Officer at St. Vincent's Hospital for approximately 5 years. I have worked as a full-time physician in the public health system since 1986, and only ceased clinical practice as a physician upon taking up my appointment at Austin Health.

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4. My qualifications include:
- (a) Bachelor of Medicine & Bachelor of Surgery;
 - (b) Doctor of Philosophy;
 - (c) Fellow of the Royal Australasian College of Physicians; and
 - (d) Fellow of the Australian Institute of Company Directors.

Workload, complexity, acuity and related issues

5. There has been an increase in the workload and acuity of patients for all health professionals working in the health system, including nurses, medical staff and allied health professionals. I consider the increase in workload and acuity of patients for allied health professionals is no higher than that experienced by other health professionals.
6. The increase in workload and acuity, in my opinion, is largely as a result of population changes (for example, patients are getting older and more frail) and developments in the provision of health care (for example, the length of the patient stay in hospital has been able to be reduced as a result of providing community and home based care services).
7. However, the nature of the work performed by allied health professionals has not fundamentally changed. The work of allied health professionals has only evolved in line with developments in the health system, as it has for all health professionals.
8. I disagree that radiographers are performing more complex work without the assistance of radiologists, when working with specialists, such as gastroenterologists or vascular surgeons. Even if a radiologist is not in the room when radiographers are working with other specialist medical practitioners, the fundamental nature of the work performed by radiographers is largely the same. That is, taking high quality radiographic images. They are not undertaking new or more complex tasks such as those currently performed by radiologists. ~~The role~~ of the radiologists doing procedures is replaced by the alternative medical practitioners performing the procedure (such as gastroenterologists and vascular surgeon).

9. Another example is physiotherapists. Very occasional pilot models do exist where physiotherapists undertake primary contact diagnosis and intervention. Such physiotherapists are rewarded with higher pay classifications. The vast majority of physiotherapists continue to practise the fundamental craft that they have historically performed, such as working with patients mobility, strength and conditioning and physical rehabilitation. They perform this valuable work as part of the multidisciplinary team without any significant recent change in their basic techniques and functions. There is no doubt that shorter length of inpatient stay means that there is pressure to introduce clinical interventions more rapidly for allied health professionals as well as all other clinical professional staff. This impacts on workload and staffing numbers, but does not impact on the fundamental nature of the tasks performed.
10. There are also a number of measures we have implemented at Austin Health to alleviate the increase in workload, complexity and acuity through increases in staff numbers (including allied health professionals) and new clinical roles such as care co-ordinators, who assist with managing cases and the workload of clinicians involved in patient care.
11. There has been significant advancement in technology, particularly in radiology with the advent of more automated and computerised scanning techniques. These advances have reduced scanning time and assist in patient positioning, making the workload of the radiographers and the tasks they perform, more simple than they were previously.
12. Health care is always changing and all health professionals roles have evolved to adapt to new technologies and techniques. Doctors and nurses are doing some things differently to 10 years ago and allied health practice has changed somewhat as evidence changes and the multidisciplinary team evolves. I see no evidence that the roles and practices of allied health practitioners have changed any more than other health professionals in the recent past.

DATED: 16 September 2008

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BRENDAN FRANCIS MURPHY