Submission to the Remuneration Tribunal Review of Departmental Secretaries Remuneration

Perspective of a Senior Public Health Physiotherapist Working in Spinal Cord Injury Rehabilitation

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Introduction

I welcome the opportunity to respond to the Remuneration Tribunal's Consultation Paper on the remuneration of Departmental Secretaries. I write from the perspective of a senior public health physiotherapist with more than 20 years' experience working in spinal cord injury rehabilitation.

My career has been dedicated to supporting some of the most medically and socially vulnerable people in our healthcare system, in work that is highly specialised, emotionally demanding and carries significant responsibility, yet despite more than two decades in the public health sector, I take home approximately $3,000 per fortnight, while the Consultation Paper notes that Departmental Secretaries receive between $828,550 and $1,035,690 per year. I believe the current remuneration levels for Departmental Secretaries are excessively high, particularly when compared with the wages, responsibilities, and lived realities of frontline public health workers.

This disparity is not simply numerical, it reflects a deeper imbalance in how the public sector values different forms of responsibility, risk, and contribution.

1. Is the current remuneration framework appropriate?

No. The current framework is not fit for purpose when viewed in the context of broader public sector equity.

The Consultation Paper states that Secretaries operate in a "*dynamic environment*" and that their roles demand "*high-level judgement, integrity and the capacity to deliver outcomes through complex systems*." These are important responsibilities. However, frontline clinicians also operate in dynamic, high-risk environments, but without the financial recognition.

In spinal cord injury rehabilitation, clinicians manage:

- life-threatening autonomic dysreflexia
- respiratory compromise
- pressure injury prevention
- complex mobility and equipment needs
- trauma, grief, and psychosocial distress
- long-term disability management

These responsibilities directly affect patient survival, independence, and long-term health outcomes.

Yet the remuneration gap between Secretaries and clinicians has widened to a point that is difficult to justify.

A remuneration framework that allows senior executives to earn ten times the income of experienced clinicians delivering essential, life-preserving care cannot be considered equitable.

2. Do current remuneration levels reflect the work value and responsibilities of Secretaries?

The Consultation Paper emphasises the "*status, influence and professional standing*" that Secretaries enjoy. These non-financial benefits are significant and should be factored into remuneration.

Frontline clinicians, by contrast, receive:

- no public profile
- no influence over systemic decisions
- no additional recognition for emotional labour
- no compensation for burnout or trauma exposure

Yet the consequences of clinical error can be immediate and catastrophic.

While Secretaries manage systems, clinicians manage human lives.

The fact that a Secretary earns over $1 million while a senior clinician earns a fraction of that, despite carrying direct responsibility for patient safety, suggests that Secretary remuneration is inflated relative to actual risk and impact.

3. Are the additional benefits for Secretaries appropriate?

The additional benefits provided to Secretaries are excessive and out of step with public expectations.

These include:

- $34,500 per year in accommodation support
- 12 business-class return airfares for reunion travel
- $1,727 per week for up to 14 weeks settling-in allowance
- $1,727 for settling-out allowance (7 days)
- 12 months' salary compensation for early termination
- Salary maintenance
- two airline lounge memberships
- full reimbursement of home telephone costs

Meanwhile, healthcare workers are currently experiencing:

- Difficulty affording housing near their workplace
- Long commute times
- Limited access to flexible work arrangements
- Increasing unpaid overtime

- Significant emotional and psychological strain
- Minimal financial recognition for additional responsibilities

The contrast is stark. These benefits reinforce a perception that senior executives are insulated from the financial pressures affecting the rest of the public sector.

4. Are remuneration relativities appropriate?

No. The relativities between Secretaries and the broader public workforce are unbalanced and unjustifiable.

The Consultation Paper focuses on relativities between Secretaries, SES Band 3, and Secretary-like offices. But it ignores the widening gap between senior executives and the frontline workers who deliver essential public services.

A Secretary earning $1 million while a senior clinician earns $80k–$120k is not a reflection of proportional responsibility, it is a reflection of structural inequity.

Public health workers:

- prevent hospital admissions
- reduce long-term system costs
- support vulnerable populations
- manage complex clinical risk
- provide 1:1 care that cannot be automated or delegated

Yet their remuneration has stagnated while executive salaries have escalated.

This imbalance undermines morale, retention, and public trust.

5. Implementation of changes

If the Tribunal determines that adjustments are needed, I strongly recommend:

- no further increases to Secretary remuneration
- reviewing and reducing excessive entitlements
- greater transparency around executive benefits
- rebalancing remuneration relativities across the public sector

At a time when frontline services are under strain, increasing executive remuneration would be inappropriate and damaging to workforce morale.

<u>Conclusion</u>

The Consultation Paper states that Secretary remuneration must be "*publicly justifiable*." At present, it is not.

The scale of Secretary remuneration, exceeding $1 million in some cases, is disproportionate when compared with the wages and responsibilities of frontline public health workers.

Clinicians like myself carry direct responsibility for patient safety, complex clinical decision-making, and life-changing rehabilitation outcomes. Yet our remuneration does not reflect the expertise, emotional labour, or system value we provide.

A sustainable public sector requires fair recognition of both leadership and frontline care. Right now, the balance is skewed too far toward executive remuneration.

I urge the Tribunal to consider not only the responsibilities of Secretaries, but the broader context of public sector equity, workforce morale, and the essential contributions of frontline workers.

Thank you for the opportunity to contribute to this review. I trust the Tribunal will consider the broader economic and workforce implications of executive remuneration settings, and I welcome any further engagement if required.

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Yours sincerely,
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