



12 March 2021

Ms Ruth Forrest – Inquiry Chair

Rural Health Services in Tasmania

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Dear Ms Forrest

HR+ Tasmania is the Rural Workforce Agency funded by the Australian Government to work with communities to improve access, quality and sustainability of the primary health workforce in the State. We are also a registered provider of NDIS intermediary services. The connection between the two elements is the allied health workforce needs of both the primary health and disability sectors.

Our expertise is in health workforce, with a long history of supporting general practice (20 years) and more recently the allied health workforce (7 years). We have been supporting NDIS participants for the last 4 years.

As part of your inquiry, we would encourage the Committee to consider the need for systematic workforce succession planning for all rural health facilities. While finding a new medical services provider is the responsibility of the Department of Health, HR+ has been involved with all transitions over the last 20 years. It is rare for the transition to be planned and organised. Transitions have occurred at:

- King Island
- Flinders Island
- Smithton
- Queenstown/Roseberry/Zeehan/Strahan
- Deloraine
- Scottsdale
- St Helens
- St Marys
- Bicheno
- Swansea
- Nubeena
- Dover/Geeveston
- Bruny Island
- New Norfolk
- Campbell Town

Our involvement has been as simple as introducing the previous providers to interested parties and as complex as providing and managing the medical services on King Island for the State Government while the two-year tender process was completed.

New, permanent providers (as opposed to long-term and never-ending locums) have been found in each case, with a mixture of private, corporate and community models in the mix. This success is unique in Australia, as our contemporaries in other jurisdictions have acknowledged.


The outcomes are sometimes the result of hard work, sometimes of being in the right place at the right time and sometimes just down to being incredibly lucky. We know, however, that eventually we and the Department may not be able to find an alternative provider for a particular transition.

We are unaware of any plans within Government to deal with that scenario, and we believe it would be prudent to have both succession and contingency plans documented for each site. While we are happy to be responsive, agile and flexible in the way we work with both the Department and the community, we acknowledge there is a limit to what we can achieve.

In light of the above, we would recommend that all rural health facilities develop medical workforce succession plans and contingency plans for a transition failure. We appreciate that not all current medical services providers would want to participate in designing their own exit, but likely-scenario plans can be created where that is the case.

HR+ is committed to working with the Department to find sustainable solutions for each community. While it can be very exciting to find a solution out of nowhere, we believe it may be more prudent to know what to expect and plan for it.

Yours sincerely



Peter Barns

CEO