



PARLIAMENT OF TASMANIA

PARLIAMENTARY STANDING COMMITTEE OF PUBLIC ACCOUNTS

Follow-up of Auditor-General Report
No.4 of 2019-20 – Rostering of Specialists in Tasmania’s Major Hospitals

Members of the Committee

Legislative Council

Hon Ruth Forrest MLC
(Chair)

Hon Luke Edmunds MLC
(from 21 May 2024)

Hon Bec Thomas MLC
(from 21 May 2024)

Hon Meg Webb MLC
(until 14 February 2024)

Hon Josh Willie MLC
(until 27 February 2024)

House of Assembly

Ms Lara Alexander MP
(until 14 February 2024)

Mr Simon Behrakis MP
(from 14 November 2023)

Dr Shane Broad MP
(until 14 February 2024)

Mr Mark Shelton MP
(from 23 May 2024)

Mr Josh Willie MP
(from 23 May 2024)

Mr Dean Young MP
(until 9 November 2023)

Table of Contents

Charter of the Committee	ii
Abbreviations and Acronyms	iii
Executive Summary	1
Summary of Findings	2
Summary of Recommendations	4
Conduct of Review	5
Background.....	6
Rostering of Specialists in Tasmania’s Major Hospitals	6
Departmental Responses.....	8
Departmental Response to Recommendation 1.....	8
Departmental Response to Recommendation 2.....	10
Departmental Response to Recommendation 3.....	12
Departmental Response to Recommendation 4.....	14
Departmental Response to Recommendation 5.....	16
Departmental Response to Recommendation 6.....	17

Charter of the Committee

The Public Accounts Committee (the Committee) is a Joint Standing Committee of the Tasmanian Parliament constituted under the *Public Accounts Committee Act 1970* (the Act).

The Committee comprises six Members of Parliament, three Members drawn from the Legislative Council and three Members from the House of Assembly.

Under section 6 of the Act the Committee:

- **must** inquire into, consider and report to the Parliament on any matter referred to the Committee by either House relating to the management, administration or use of public sector finances; or the accounts of any public authority or other organisation controlled by the State or in which the State has an interest; and
 - **may** inquire into, consider and report to the Parliament on any matter arising in connection with public sector finances that the Committee considers appropriate; and any matter referred to the Committee by the Auditor-General.
-

Abbreviations and Acronyms

AI	Artificial intelligence
BPR	Best Practice Rostering
COVID	Coronavirus Disease 2019
DMR	Digital medical record
DoH	Department of Health
EBA	Enterprise bargaining agreement
EDMS	Executive Director of Medical Services
EMR	Electronic medical records
HoD	Head of Department
Hon	Honourable
HRIS	Human Resources Information System
HRTTP	Human Resources Transformation Project
LGH	Launceston General Hospital
MCH	Mersey Community Hospital
MLC	Member of the Legislative Council
MP	Member of Parliament
NWRH	North West Regional Hospital
One Health	One Health Culture Program Strategy
RHH	Royal Hobart Hospital
the Act	<i>Public Accounts Committee Act 1970</i>
THS	Tasmanian Health Service

Executive Summary

In response to the Auditor-General's Rostering of Specialists in Tasmania's Major Hospitals report, the Department of Health is undertaking reforms in its rostering practices of medical specialists, with a particular focus on the automation and modernisation of rostering to enhance transparency, fairness, and efficiency in managing staff rosters. This includes progressing a Best Practice Rostering (BPR) Framework and the rollout of the Human Resources Information System (HRIS).

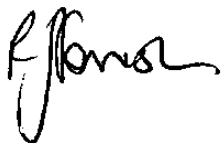
Through the One Health Culture Program Strategy, the Department is prioritising leadership and management training to enhance capacity within the Department, as recommended by the Auditor-General.

The Department anticipates that the automated rostering system will eliminate the need for timesheets through a roster-to-pay process. Specialists will be required to log into the system which includes the digital medical record as a mechanism for tracking time at work for the Department.

The Department is yet to fully address the incorporation of private practice time in specialist rosters and the appropriate allocation of non-clinical time.

The Committee made 15 findings and 4 recommendations. The recommendations highlight the need to expedite the automated processes to ensure fairness and transparency in rostering across the Department of Health.

Whilst the Department of Health is working towards modernising its rostering systems, there are areas, such as private practice scheduling and non-clinical time allocation, where further development is needed to fully deliver a transparent and fair rostering system.



Hon Ruth Forrest MLC
Chair

2 October 2024

Summary of Findings

With respect to the Rostering of Specialists in Tasmania's Major Hospitals limited assurance audit, the Committee made the following 15 findings:

Area	Finding
Auditor-General Rec 1	<p>F1. The Department of Health has been undertaking a review to fully understand the current rostering practices across the department.</p> <p>F2. Some industrial matters delayed the adoption of automation of rostering due to the previous Enterprise Bargaining Agreement with specialist medical staff preventing such automation.</p> <p>F3. The most recent Enterprise Bargaining Agreement with specialist medical staff has facilitated the automation of rostering.</p> <p>F4. The Department of Health is working to progress a Best Practice Rostering Framework that is expected to ensure rosters are managed in a transparent and fair manner.</p>
Auditor-General Rec 2	<p>F5. The Department of Health is progressing a Human Resources Information System, which is expected to provide an effective and modern process in terms of automatically paying staff according to their rosters.</p> <p>F6. The Department of Health's Human Resources Information System has gone through the procurement stage and the development of the system stage. The first module, a case management module, was going live in the weeks following the hearing with the full system expected to go live across the Department of Health in late 2025.</p> <p>F7. The Department of Health's Human Resources Information System is expected to support and deliver a Best Practice Rostering Framework.</p> <p>F8. As the Department of Health progresses the rollout of an automated rostering and time management system across all medical departments, within all major hospitals, staff in each hospital department will be trained in using the software.</p>
Auditor-General Rec 3	<p>F9. The Department of Health is progressing but has not yet completed the rollout of a best practice rostering framework in an automated rostering and time management system.</p> <p>F10. The Department of Health expect the rollout of the best practice rostering framework will remove the need for timesheets.</p> <p>F11. The technology being considered to deliver the best practice rostering framework is expected to assist in developing, managing and controlling rosters in a fair and transparent manner.</p>
Auditor-General Rec 4	<p>F12. The Department of Health is still progressing the development of a Statement of Duties for all Head(s) of Department.</p> <p>F13. The Department of Health, through implementing its One Health Culture Program Strategy, intends to provide leadership and management training to build the capacity of the Department's leaders and managers.</p>
Auditor-General Rec 5	<p>F14. The Department of Health is yet to consider recording time scheduled for private practice on other premises in specialist rosters to increase transparency, assess fairness and better manage specialist fatigue.</p>

Area	Finding
Auditor-General Rec 6	F15. The Department of Health indicated the best practice rostering system, when implemented, will factor in and address the appropriate levels of non-clinical time in rosters to enable specialists to better structure their working days.

Summary of Recommendations

The Committee makes the following four recommendations to the Department:

- R1. The Department of Health expedite the implementation of the Best Practice Rostering Framework to ensure that all rosters are managed transparently and fairly across all departments.
 - R2. The Department of Health expedite the development of Statements of Duties for all Heads of Department.
 - R3. The Department of Health progress the recording of time scheduled for private practice in specialist rosters to enhance transparency, fairness, and the management of specialist fatigue.
 - R4. The Department of Health assess and incorporate appropriate levels of non-clinical time into specialists' rosters, as part of the best practice rostering system to allow for better-structured working days and compliance with professional standards.
-

Conduct of Review

In line with section 6(2) of the *Public Accounts Committee Act 1970*, the Public Accounts Committee resolved to undertake a review of the Department of Health (DoH) and Tasmanian Health Service (THS) response to the Auditor-General's recommendations contained within Report No.4 of 2019-20 – Rostering of Specialists in Tasmania's Major Hospitals.¹

On 4 May 2023, the Committee advised the then Auditor-General of this undertaking.

To assist the Committee in its deliberations, on 30 November 2023, the Committee wrote to Hon Guy Barnett MP (then Minister for Health) seeking his assistance in responding to a questionnaire on the relevant Audit report: departmental responses to that questionnaire is included in this Report.

With the prorogation of Parliament and dissolution of the House of Assembly on 14 February 2024, in accordance with long standing practice and convention, Committee activity ceased.

Upon resumption of the 51st Parliament of Tasmania, both houses agreed to the reestablishment of the Committee. The Committee resolved to continue the Inquiry.

The Committee wrote to Hon Guy Barnett MP (now Minister for Health, Mental Health and Wellbeing) and invited him to attend the Committee's public hearings into the inquiry. The ministerial public hearing was held at Committee Room 2, Parliament House as follows:

Friday, 9 August 2024

Hon Guy Barnett MP
Minister for Health, Mental Health and Wellbeing

Department of Health
Mr Dale Webster (Acting Secretary)
Dr Kate Burbury (Executive Director, Medical Services and Research)

On 17 August 2024, the Committee wrote to Minister Barnett with respect to the question on notice taken during the hearings. A response was received by the Committee on 9 September 2024.²

¹ See Tasmanian Audit Office, Report No.4 of 2019-20 – Rostering of Specialists in Tasmania's Major Hospitals, <https://www.audit.tas.gov.au/wp-content/uploads/Full-Report-Rostering-of-specialists.pdf> for copy of full report

² Letter to Chair from Hon Guy Barnett MP (Minister for Health, Mental Health and Wellbeing) dated 9 September 2024

Background

Rostering of Specialists in Tasmania's Major Hospitals

This report had been prepared consequent to examinations conducted under section 23 of the *Audit Act 2008*. The objective of the review was to express a limited assurance opinion on the efficiency and effectiveness of the rostering of specialists in Tasmania's major hospitals.³

With a focus on assessing whether the rostering of specialists was controlled and managed in a transparent and fair manner, the review covered transparency of rostering arrangements, fairness of rostering arrangements between specialists in a hospital department or unit and other potential risks: for example, specialist fatigue.

The medical specialties of anaesthetics, surgery and general medicine, were selected for review at each of the four major Tasmanian hospitals:

- Royal Hobart Hospital (RHH)
- Launceston General Hospital (LGH)
- North West Regional Hospital (NWRH) – located in Burnie, and
- Mersey Community Hospital (MCH) – located in Latrobe.

The review examined rostering practices in place during the period from August 2018 to November 2019.

Based on the procedures performed and evidence obtained through the performance audit, the following matters came to the Auditor-General's attention:

- *while the process for establishing and managing rosters is generally defined, it is predominantly manually based and not usually reconciled to hours worked*
- *there is a system of trust, with few controls, that operates in monitoring specialist's time within the public system which means it is not possible to identify whether time allocated and worked is transparent or fair*
- *there is a heavy reliance on the HoD⁴ within hospitals to monitor the workload of the specialists within their Department. However, those Heads of Department are not always recruited to a set of expectations (through a Statement of Duties and designated managerial training) to assist them in fulfilling this important accountability role without transparency over hours worked, the risk profile of the THS is increased with greater exposure to the risks of specialist fatigue, loss of accreditation and cost to the health system.*

These matters cause me to believe the rostering of specialists in Tasmania's major hospitals has not been performed to an optimal level with respect to efficiency and effectiveness as evaluated against the identified criteria, or the objective of the review, as a whole.⁵

³ See Tasmanian Audit Office, Report No.4 of 2019-20 – Rostering of Specialists in Tasmania's Major Hospitals, p.i and 1

⁴ Head of Department

⁵ See Tasmanian Audit Office, Report No.4 of 2019-20 – Rostering of Specialists in Tasmania's Major Hospitals, p.2-3

The Report made six recommendations for DoH's attention:

1. Conduct a detailed review of how specialists account for their time in order to develop a range of improvements to this process, consequently reducing risks to THS through tighter controls. This review should consider whether rosters be managed within departments or at a more centralised level and whether they be prepared by specialists or administrative staff.
 2. Consider planning and executing a rollout of a rostering and time management system across all medical departments within all major hospitals and train each hospital department in using the software to manage and account for specialists' time. This system should have consistent access controls, monitoring and reporting.
 3. Consider mandating the use of timesheets in all hospital departments, either electronically (preferred), or manually for submission within the following month. This would enable specialist hours to be more transparent, providing evidence of fairness to the Tasmanian Health Service and specialists themselves.
 4. Develop a Statement of Duties for all HoD and invest in transitional and ongoing managerial and leadership development for these roles.
 5. Consider recording time scheduled for private practice on other premises in specialist rosters to increase transparency, assess fairness and better manage specialist fatigue.
 6. Assess whether departments need to factor in appropriate levels of non-clinical time to rosters to enable specialists to better structure their working days.⁶
-

⁶ See Tasmanian Audit Office, [Report No.4 of 2019-20 – Rostering of Specialists in Tasmania's Major Hospitals](#), p.5

Departmental Responses

The Report contained six (6) overall recommendations against three (3) audit criteria:

1. Are rosters managed in a transparent and fair manner?
 - a. Is the responsibility for establishing and managing changes to rosters clearly defined?
 - b. Does technology assist in developing, managing and controlling rosters?
 - c. Are timesheets used appropriately to assist in managing rostering of specialists?
2. Do cultural and systemic issues impact on the transparent and fair rostering of specialists?
 - a. Is the Head of Department provided with the necessary skills and tools to manage rostering?
 - b. Does the ability to successfully recruit and retain specialists impact on the transparent and fair rostering of specialists?
 - c. Is transparency and fairness impacted by specialists practicing in private hospitals?
 - d. Is non-clinical time managed in a transparent and fair manner?
3. Do current practices increase the risk exposure of the Tasmanian Health Service (THS)?

The Committee received the following responses through Hon Guy Barnett MP (Minister for Health). The Minister noted that 'Department of Health's Human Resources Transformation Project (H RTP), including implementation of the new Human Resources Information System (HRIS), addresses the majority of actions recommended by the Auditor-General'.⁷

Auditor-General Recommendation 1

Conduct a detailed review of how specialists account for their time in order to develop a range of improvements to this process, consequently reducing risks to the Tasmanian Health Service through tighter controls. This review should consider whether rosters be managed within departments or at a more centralised level and whether they be prepared by specialists or administrative staff.

Departmental Response to Recommendation 1

As part of the Health Workforce 2040 and the H RTP, the Department of Health is introducing a Best Practice Rostering (BBR) Framework. The BPR Framework will outline the goals, objectives and initiatives that will steer the direction of rostering improvements. In developing this, the Roster Innovation and Strategy Team have undertaken a discovery stage which has included actively developing a clear understanding of current rostering practices across the Department.

*This work will ensure that appropriate training and education is undertaken as we transition to the HRIS which will provide a roster-to-pay process. An implementation plan is currently being developed.*⁸

⁷ Letter to Chair from Hon Guy Barnett MP (dated 9 February 2024), p.1

⁸ Letter to Chair from Hon Guy Barnett MP (dated 9 February 2024), p.1

At the 9 August 2024 public hearing, Hon Guy Barnett MP (Minister for Health, Mental Health and Wellbeing) and Mr Dale Webster (Acting Secretary – Department of Health) provided more information regarding the progress of the review of current rostering practices across the department.

CHAIR - ... we have noticed here that developing this best practise rostering framework and the roster innovation and strategy team have undertaken a discovery stage, which has included actively developing a clear understanding of current rostering practices across the Department. One of the reasons this audit was initiated was because there were some concerns about some of the rostering practices. ... what was found during that review...?

Mr WEBSTER - ... what we found is firstly we have rostering, that's anything from someone scribbling on a piece of pad paper, through to a system called ProAct. ProAct is in fact a very modern, easy way to roster and we have introduced it for nursing across the whole Mersey. It was used throughout COVID⁹ for testing and vaccination programs. Unfortunately, it is not fully integrable to HRIS, so we are working through those issues.

As part of HRIS, we need to actually get everyone onto an automated way of rostering rather than the current thing and, as you would appreciate, we roster everyone from admin people to senior specialists. We've got to have to have a system that's fit for all of those and can then automate into it.

You know, in the findings of the audit, the Auditor-General highlighted particular risk with the manual way that we do timesheets and rostering and things like that. One of the blockers to that was, in fact, with doctors, that we didn't actually have an industrial agreement that allowed us to do some of that automation. So, in last year's EBA¹⁰ that we signed off, it actually includes an agreement to move doctors into an automated system. That was actually an industrial blocker to automated systems of checking in and checking out of hospitals and things like that, but we now have agreement to do that going forward.

CHAIR - How is that progressing then?

Mr WEBSTER - ... that is progressing - so we have done the first step, which is the reviews, we know what the rosters are. We are now looking at it, if we do the upgrade to ProAct, so that it will integrate with HRIS or do we go with another product. ... we are doing that assessment so that we can then build it in our rosters and then have, ... I would describe them as 'swipe in, swipe out,' but that is actually not what they are in reality, but the old-fashioned clock your time in, clock out. A way of automating when our staff have come to work and when they leave.¹¹

⁹ Coronavirus Disease 2019

¹⁰ Enterprise bargaining agreement

¹¹ See Transcript of Evidence, [Public Hearings 9 August 2024 – Rostering of Medical Specialists](#), p.2-3

Dr Kate Burbury (Executive Director, Medical Services and Research), added:

***Dr BURBURY** - I've lived and breathed the rollout of an information system in my previous place of employment and at EMR [electronic medical records], and the reason why the gestation is so long is there's a whole lot of components. It doesn't have generative AI.¹² You have to build the design and the decision-making behind it. The starting point is actually what is expected of our staff in terms of their minimum statement of duties, but more importantly, how does that then get applied in a work force plan? Getting the EBA up to speed was the first step and then us actually applying it to our staff is going to be fundamental to that rollout.¹³*

Committee Finding

- F1. The Department of Health has been undertaking a review to fully understand the current rostering practices across the department.
- F2. Some industrial matters delayed the adoption of automation of rostering due to the previous Enterprise Bargaining Agreement with specialist medical staff preventing such automation.
- F3. The most recent Enterprise Bargaining Agreement with specialist medical staff has facilitated the automation of rostering.
- F4. The Department of Health is working to progress a Best Practice Rostering Framework that is expected to ensure rosters are managed in a transparent and fair manner.

Auditor-General Recommendation 2

Consider planning and executing a rollout of a rostering and time management system across all medical departments within all major hospitals and train each hospital department in using the software to manage and account for specialists' time. This system should have consistent access controls, monitoring and reporting.

Departmental Response to Recommendation 2

The HRIS will provide a roster-to-pay process where staff will be allocated to rosters and then record time against the roster for automatic payment. The system will allow for comprehensive reporting.

The HRTP includes a comprehensive change management and training process as a component of the rollout. A staged implementation will allow for training of Department Head and other senior staff in the new rostering system.

¹² Artificial intelligence

¹³ See Transcript of Evidence, [Public Hearings 9 August 2024 – Rostering of Medical Specialists](#), p.8

In parallel, as outlined above, the Department has a project to evaluate best-practice-rostering processes.¹⁴

At the public hearing, Minister Barnett and Mr Webster provided more information related to timing and progress of the implementation of the Human Resource Information System (HRIS) and best practice rostering:

Mr BARNETT - *To ensure we have an eye to the future in terms of what our state needs in our Health workforce and regarding rostering specifically as part of their ongoing work, I can advise the Department of Health is introducing a best practice rostering framework. The framework will outline the goals, objectives and initiatives to steer the direction of rostering improvements, which has included actively developing a clear understanding of current rostering practices across the Department. This work will ensure the appropriate training and education is undertaken as we transition to the Human Resources Information System, HRIS - ... This will provide a better and more modern process in terms of automatically paying our staff by their rosters, which I think we can all agree will be welcomed by all.*

The Department can expand further on this, but an implementation plan is currently being developed which will be staged to allow for adequate training. Finally, while there are existing statements of duties for individual positions, I can advise the Department is transitioning to a standardisation of job descriptions, which will improve efficiencies in terms of advertising and recruitment and result in more targeted job advertisements that link to mandatory training requirements relative to the job.

...

Mr WEBSTER - *... HRIS, ... We have gone through the procurement stage, we have gone through the development of the system stage. The first module, which is a case management module, will in fact be switched on in coming weeks in Health and, in fact, in a number of other agencies quickly following that. That is the first step. We expect that the full system will switch on in Health as the first agency in late 2025, perhaps the third quarter of 2025, with other agencies then following, because HRIS is a whole-of-Government HR solution, with Health being the lead agency for implementation.¹⁵*

Dr Burbury added:

Dr BURBURY - *... what it'll actually do is give us the data discovery to understand what our current work force is and what our current skill set is, but more importantly, what our unmet needs are. Then we can impose that on our training and research, recruitment, attraction and so forth. So again, there's a runway, but the runway can be for us to do all of this discovery and map it out before the system gets rolled out. That's critical for a place like Tasmania in terms of the work force going forward. We really don't have granularity in terms of what our current establishment capability is, but what we need for our future. I think that's important going forward.¹⁶*

¹⁴ Letter to Chair from Hon Guy Barnett MP (dated 9 February 2024), p.1-2

¹⁵ See Transcript of Evidence, [Public Hearings 9 August 2024 – Rostering of Medical Specialists](#), p.2

¹⁶ See Transcript of Evidence, [Public Hearings 9 August 2024 – Rostering of Medical Specialists](#), p.8

Committee Finding

- F5. The Department of Health is progressing a Human Resources Information System, which is expected to provide an effective and modern process in terms of automatically paying staff according to their rosters.
- F6. The Department of Health's Human Resources Information System has gone through the procurement stage and the development of the system stage. The first module, a case management module, was going live in the weeks following the hearing with the full system expected to go live across the Department of Health in late 2025.
- F7. The Department of Health's Human Resources Information System is expected to support and deliver a Best Practice Rostering Framework.
- F8. As the Department of Health progresses the rollout of an automated rostering and time management system across all medical departments, within all major hospitals, staff in each hospital department will be trained in using the software.

Auditor-General Recommendation 3

Consider mandating the use of timesheets in all hospital departments, either electronically (preferred), or manually for submission within the following month. This would enable specialist hours to be more transparent, providing evidence of fairness to the THS and specialists themselves.

Departmental Response to Recommendation 3

The HRIS will provide a roster-to-pay process where staff will be allocated to rosters and then record time against the roster for automatic payment. Once fully implemented, the system does not require timesheets, however, the roster-to-pay process will provide real-time transparency in relation to hours worked.¹⁷

With respect to Recommendation 3, 'Consider the mandating of the use of timesheets in all hospital departments either electronically (preferred) or manually', Minister Barnett and Mr Webster provided the following additional information:

CHAIR - *Your response to that was that the HRIS system will provide roster-to-pay process once implemented. You go on to say that the roster-to-pay process will provide real-time transparency in relation to hours worked. I go back to that point that I don't imagine there's a way that they can actually assure that the person is actually working and not, say, perhaps supervising from afar?*

Mr WEBSTER - *One of the complications we're working through is that, but we are actually pretty confident we can create system-based - that person, even though they're supervising from afar, and they may be at home doing that, you know that they are using*

¹⁷ Letter to Chair from Hon Guy Barnett MP (dated 9 February 2024), p.2

our system. It logs that they're into our IP address. I don't know the exact IT terminology, but it actually logs the use of systems and those sorts of things as a way to do that. I should probably go back and say we are using the manual timesheets universally now

...

Mr WEBSTER *We actually have a timesheet format, but you've got to fill them out and you've got to get them back and those sorts of things. It adds complications, but having an automated system will be a much-improved system.*

...

Mr WEBSTER - *... they've swiped out of our systems and then they swipe back in when they come back in to our systems –*

CHAIR - *You rely on them doing that?*

Mr WEBSTER - *Yes, exactly. We rely on that with timesheets, but it's more automatic because the first thing they'll do is need to log into our Digital Medical Record, in the future, the Electronic Medical Record, which will be far more sophisticated, so they've actually logged into a system and when they leave, they're logging out of that system.*¹⁸

Committee Finding

- F9. The Department of Health is progressing but has not yet completed the rollout of a best practice rostering framework in an automated rostering and time management system.
- F10. The Department of Health expect the rollout of the best practice rostering framework will remove the need for timesheets.
- F11. The technology being considered to deliver the best practice rostering framework is expected to assist in developing, managing and controlling rosters in a fair and transparent manner.

Committee Recommendation

- R1. The Department of Health expedite the implementation of the Best Practice Rostering Framework to ensure that all rosters are managed transparently and fairly across all departments.

¹⁸ See Transcript of Evidence, [Public Hearings 9 August 2024 – Rostering of Medical Specialists](#), p.5-6

Auditor-General Recommendation 4

Develop a Statement of Duties for all Head(s) of Department and invest in transitional and ongoing managerial and leadership development for these roles.

Departmental Response to Recommendation 4

The Department has introduced its One Health Culture Program Strategy (One Health), designed to drive cultural improvement, supporting staff to work together; learn, collaborate and problem-solve; share risk; and empower and respect each other. One Health has five Focus Areas including: Leadership Accountability; Building Capability; Workplace Values and Behaviours; Health, Safety and Wellbeing; and Systems and Processes. As part of this, One Health is rolling out leadership and management training to build the capacity of the Department's leaders and managers and ensure they have the skills and tools required to effectively perform their roles.

While there are existing Statements of Duties for individual positions, as part of delivering the H RTP, the Department will transition to 'job families', a standardisation of job descriptions, resulting in a reduction in the number of, and differences in, job descriptions. The standard job descriptions, or statement of duties, will link to mandatory training requirements relative to the particular job. The Statement of Duties for Heads of Department will also reflect the recently agreed Medical Practitioners Agreement 2022¹⁹ now includes Management Allowance criteria and provides eligibility criteria for additional management responsibilities.²⁰

With respect to Recommendation 4, 'Develop a statement of duties for all Heads of Department, invest in transitional ongoing managerial and leadership development in those roles', Mr Webster provided the following additional information:

CHAIR - ... You've said you've been rolling out Health leadership and management training to build the capacity in the Department or Department's leaders and managers. Can you give us an update on how many percentage-wise - not just the numbers ... doing that training?

Mr WEBSTER - The Minister tabled the One Health strategy. We've rolled out a series of programs and they have names, we start with Base Camp, which is sort of basic supervisory skills. We then go through Aspire, which is the middle managers, Elevate, which is senior managers and then on to other things. We also, through the EDMS²¹ office, have various programs such as the Fellowship of the Royal Australian College of Medical Administrators.

... I do not have a number or a percentage of staff, but this program started now about 18 months ago and we run cohorts constantly through the program. Targeting our middle to senior managers to make sure they have the skill sets to do this. In addition to that, we

¹⁹ See Tasmanian Industrial Commission, [Medical Practitioners \(Tasmanian State Service\) Agreement 2022](https://www.tic.tas.gov.au/data/assets/pdf_file/0010/738865/Medical-Practitioners-Tasmanian-State-Service-Agreement-2022.pdf), https://www.tic.tas.gov.au/data/assets/pdf_file/0010/738865/Medical-Practitioners-Tasmanian-State-Service-Agreement-2022.pdf [Accessed 5 March 2023]

²⁰ Letter to Chair from Hon Guy Barnett MP (dated 9 February 2024), p.2

²¹ Executive Director of Medical Services

*run with the private sector, a thing called the Leadership 2040 online community which supports sharing of leadership information and training et cetera, but online. That is backed up by an annual 20 Leadership conference, but that is a whole-of-health system, not just a health service program: the Leadership 2040.*²²

In a response to a question on notice, Minister Barnett provided the following breakdown of the number of DoH staff that had participated in the various leadership programs:

- 68 DoH staff have completed Base Camp Training, and 41 are currently undertaking it
- 105 DoH staff have completed Aspire training
- 240 DoH staff have completed Elevate training, and 110 are currently undertaking it
- Leadership 2040 is delivered through a face-to-face conference program and an online community:
 - across 2022 and 2023, 346 health professionals from all regions of the state attended face-to-face Leadership 2040 conferences. Of these delegates, 16 per cent were from outside the Department of Health (DoH). The 2024 Leadership 2040 Conference will be held in November for approximately 150 leaders and aspiring leaders and will target a 20 per cent non-DoH audience, and
 - the online community was established in 2023 and currently hosts 688 members, with 22 per cent of these members being external to DoH.²³

Committee Finding

- F12. The Department of Health is still progressing the development of a Statement of Duties for all Head(s) of Department.
- F13. The Department of Health, through implementing its One Health Culture Program Strategy, intends to provide leadership and management training to build the capacity of the Department's leaders and managers.

Committee Recommendation

- R2. The Department of Health expedite the development of Statements of Duties for all Heads of Department.

²² See Transcript of Evidence, [Public Hearings 9 August 2024 – Rostering of Medical Specialists](#), p.6

²³ Letter to Chair from Hon Guy Barnett MP (Minister for Health, Mental Health and Wellbeing) dated 9 September 2024

Auditor-General Recommendation 5

Consider recording time scheduled for private practice on other premises in specialist rosters to increase transparency, assess fairness and better manage specialist fatigue.

Departmental Response to Recommendation 5

*The current project to develop best-practice rostering will consider this issue.*²⁴

With respect to Recommendation 5, Mr Webster provided the following additional information:

CHAIR - ... your response stated that the current project will develop best practice rostering and will consider this issue. When you say, 'will consider this issue', is that integrated into the rollout? ...

...

Mr WEBSTER - ... the intent is to actually have that but we will also move forward. We have stronger agreements now with doctors about what hours are ours and what hours are private. It's also complex because we have visiting medical practitioners who are private doctors who give us some hours, versus our salaried medical practitioners who are our doctors who might work part-time and then do some private work. There are different models for different categories of employment.²⁵

Committee Finding

F14. The Department of Health is yet to consider recording time scheduled for private practice on other premises in specialist rosters to increase transparency, assess fairness and better manage specialist fatigue.

Committee Recommendation

R3. The Department of Health progress the recording of time scheduled for private practice in specialist rosters to enhance transparency, fairness, and the management of specialist fatigue.

²⁴ Letter to Chair from Hon Guy Barnett MP (dated 9 February 2024), p.2

²⁵ See Transcript of Evidence, [Public Hearings 9 August 2024 – Rostering of Medical Specialists](#), p.7

Auditor-General Recommendation 6

Assess whether departments need to factor in appropriate levels of non-clinical time to rosters to enable specialists to better structure their working days.

Departmental Response to Recommendation 6

The current project to develop best-practice rostering will consider this issue.²⁶

With respect to Recommendation 6, Mr Webster and Dr Burbury, provided the following additional information:

Mr WEBSTER - *Each of the colleges and organisations recommend a number of hours you should have in non-clinical roles. That is to do things like do your reports; make sure that DMRs [digital medical record] are up to date, do the supervision of junior doctors, those sorts of things. That is a requirement of the college. In last year's EBAs, we strengthened the clauses around providing that time to the doctors to make sure they get that. We also built in what we call learning time for junior doctors to make sure that our registrars are getting time away from wards to actually do their learning as well.*

...

Mr WEBSTER - *... We have strengthened that through our industrial agreements and then we can build that into the rosters and HRIS going forward.*

...

Dr BURBURY - *... I will work in the reverse order, with the clinical support time. It is sort of a mandatory 20 per cent. What this will actually do is be built into the work plans and the statement of duties - which probably hasn't been done before and that really lends to what the Minister and Dale were referring to, is getting a more systematic way to the way we map our days. That is going to be fundamental to the rollout of any information system.*

...

CHAIR - *Minister, has there been any pushback, particularly from the senior specialists that this audit referred to, in developing this work? ...*

Dr BURBURY - *Absolutely. It's not a big brother approach in terms of micro-managing our behaviour, but rather creating a fundamental culture across the organisation. What does it mean to be a ward specialist and how many patients should you be expected to look after or what your expected deliverables are, or as a radiologist, how many scans you should report? It's fundamental to what we do as professional specialists and it's an opportunity to unpack that and look at what is expected of us as professionals, but then also what we would need to do to achieve that minimum standard that's expected of us in the work force.*

CHAIR - *Will it also help to ensure that the workload is being evenly shared?*

Dr BURBURY - *Exactly.²⁷*

²⁶ Letter to Chair from Hon Guy Barnett MP (dated 9 February 2024), p.2

²⁷ See Transcript of Evidence, [Public Hearings 9 August 2024 – Rostering of Medical Specialists](#), p.7-8

Committee Finding

- F15. The Department of Health indicated the best practice rostering system, when implemented, will factor in and address the appropriate levels of non-clinical time in rosters to enable specialists to better structure their working days.

Committee Recommendation

- R4. The Department of Health assess and incorporate appropriate levels of non-clinical time into specialists' rosters, as part of the best practice rostering system to allow for better-structured working days and compliance with professional standards.