

Chapter 4 – Workforce Management Systems

This section provides an overview of the QAS's workforce and the industrial framework in which it operates. It also considers a number of workforce indicators and makes a number of recommendations to improve workforce health, safety and effectiveness.

Workforce at a glance

The QAS is a highly trained and professional workforce with, at June 2007, 3,197 full-time equivalent (FTE) staff.

The number of QAS employees has grown by 20% since 2004 and Queensland now has the second largest ambulance workforce nationally.

Employees can be classified as ambulance operatives, operational support and corporate support staff. The number of ambulance operatives has increased but remained relatively stable as a proportion of the overall workforce while the number and proportion of corporate support staff has increased.

QAS employees are predominantly male, aged between 30 and 49 years of age. Over 95% of the workforce are permanent, full-time employees.

The base salary spread across the QAS is highly concentrated, with 55% of employees earning between \$40,000 and \$49,999. Taking into account other payments, the average salary per FTE in 2006-07 was \$79,252.

While the workforce has remained relatively stable, separation rates (which are still low) have been trending up over time, as has another key indicator of workforce health – absenteeism.

The QAS is an efficient service benchmarked against other jurisdictions. However, the QAS' basic labour productivity (that is ambulance services per employee) is below the national average.

Size of the Workforce

In Australia, health-related occupations account for around 5% of the total workforce and paramedics and ambulance officers comprise about 2% of this health workforce (Productivity Commission 2006, p333-5).

In June 2007, the QAS had 3,197 FTE employees. This comprised 2,913 FTE employees from within QAS and a corporate support allocation of 284 FTE employees (QAS 2007, unpublished data).

While engaged under the *Ambulance Service Act 1991*, QAS employees are a part of the Department of Emergency Services. The Department of Emergency Services is, by headcount, the fourth largest Queensland public sector agency (behind the Departments of Education, Training and the Arts, Queensland Health and the Queensland Police Service). The QAS comprises around two-fifths of the Department of Emergency Services' overall workforce.

The number of QAS employees has grown by 20% since 2004 (from 2,662 FTE to 3,197 FTE), which is above the Queensland public service's growth of 13%, but has been required to manage the significant increase in demand for services.

Table 4.1: QAS and Queensland Public Sector Growth – June 2004 to June 2007

	June 2004	June 2005	June 2006	June 2007	% Change 2004 to 2007
QAS Total	2,662	2,891	3,033	3,197	20.1%
– QAS	2,489	2,671	2,774	2,913	17.0%
– Corporate service	173	220	259	284	64.2%
Public Sector	158,772	163,486	170,320	179,872	13.3%

Sources: QAS and OPSC unpublished data, ROGS 2007

Types of Employees

QAS employees operate across three categories – ambulance operatives, operational support and corporate support.

Ambulance operatives include patient transport officers, student paramedics and paramedics, call takers and dispatchers and a regional medical officer. Operational support includes additional clinical support provided by educators and quality assurance officers and infrastructure support, such as fleet and property maintenance. Corporate support staff include community service operatives and the Medical Director and more traditional corporate functions such as marketing, human resources, information technology, finance and administration, as well as the executive.

Volunteers play an important role in supporting QAS, particularly in rural communities in roles such as drivers, ambulance attendants and first responders. The number of volunteers fluctuates from year to year, but has exceeded 400 people each year from 2002-03.

First Responders are a recent development in ambulance services. They attend local accident and medical emergencies to provide life saving first aid treatment until the arrival of advanced medical care.

Volunteer drivers drive operational ambulance vehicles and provide physical support under the supervision of a qualified and authorised QAS paramedic. They undergo network driver training, must have a current senior first aid certificate and are familiar with basic QAS equipment and undergo a safe lift program.

These operational volunteers are used in many rural, remote and isolated communities, where demand for ambulance services is insufficient to warrant two paramedics during a shift or a local QAS presence, but where a capacity to provide basic life support and advanced first aid has the potential to improve patient outcomes.

Allocation of Staff by Service Category

The overall QAS workforce has increased by 20% since 2003-04. The vast majority of QAS employees deliver services – either as ambulance operatives or from the communications centres. As Table 4.2 shows, the proportion of QAS employees that are ambulance operatives has remained relatively stable, at around 78% of the workforce.

Table 4.2 also demonstrates that the number and proportion of operational support personnel has decreased (however, the number of FTE personnel did increase in 2006-07).

The number of corporate support personnel has increased by 19% over this time and the corporate service allocation has increased by 64%. Corporate support and corporate service FTEs now constitute 17% of the QAS workforce, whereas in 2003-04 corporate support and corporate service FTEs comprised 14% of the workforce. It should be noted that, over this time, there was a notional reallocation of some operational support personnel to corporate functions.

Table 4.2: QAS Staffing by Category – 2003-04 to 2006-07

QAS Staffing Full-time equivalents (FTE)				
Category	2003-04	2004-05	2005-06	2006-07
Ambulance Operatives*	2089	2289	2402	2481
Operational Support Personnel	194	175	163	186
Corporate Support Personnel	206	207	209	246
Corporate Service Allocation	173	220	259	284
TOTAL	2662	2891	3033	3197

Sources: QAS Annual Reports from 2003-04 to 2006-07. * Ambulance operatives include qualified ambulance operatives, students, patient transport officers, clinical officers and communications staff.

Interstate Comparisons

In 2005-06, the last year for which comparable data is available, Queensland was second only to New South Wales in terms of the size of the workforce. In terms of corporate support overheads, the QAS had a higher proportion of corporate support to total salaried personnel (14.9%) than the two larger population states – New South Wales (6.2%) and Victoria (10.7%) – and is comparable to South Australia (14.5%) and the Australian Capital Territory (15.5%) on this measure.

Table 4.3: Total salaried personnel – All states and territories: 2005-06

Salaried personnel for ambulance services in 2005-06										
	Unit	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Aust
Ambulance operatives	%	86.6	83.1	79.2	72.5	76.8	81.1	75.0	81.1	81.7
Ambulance operatives	FTE	3,066	2,040	2,402	504	720	188	107	188	9,111
Operational support personnel	FTE	257	152	178	72	81	28	14	28	797
Corporate support personnel	FTE	218	263	453	118	136	16	22	16	1,243
Total salaried personnel	FTE	3,541	2,455	3,033	695	937	232	143	232	11,152

Note: ROGS tables differ from Annual Report tables because job categories are specified and the corporate service allocation is split across operational and corporate support functions.

Source: ROGS 2007

In 2005-06 Queensland had the highest number of ambulance operatives and salaried personnel per capita (60 and 76 per 100,000 residents respectively) of all jurisdictions except the Northern Territory (93 and 114 respectively) (ROGS 2007).

Table 4.4: Ambulance operatives and salaried personnel per capita – all states and territories: 2005-06

	<i>Unit</i>	<i>NSW</i>	<i>Vic</i>	<i>Qld</i>	<i>WA</i>	<i>SA</i>	<i>Tas</i>	<i>ACT</i>	<i>NT</i>	<i>Aust</i>
Number of Ambulance Operatives per 100,000 persons in state/territory	FTE	45	41	60	25	47	39	33	93	45
Number of Salaried Personnel per 100,000 persons in state/territory	FTE	52	49	76	35	61	48	44	114	55

Source: ROGS 2007

Distribution and Profile of Staff

Close to 60% of staff work in three regions – Brisbane, South Eastern and North Coast, whereas just over 60% of stations are in Far Northern, Northern, Central and South Western Regions. This is not surprising given both the state’s geography and decentralised approach to service delivery combined with growing population density in the south east corner.

The majority of ambulance staff are aged between 30 and 49 years. Until the 1980s, the ambulance workforce was male dominated. The current gender composition of the workforce reflects the relatively recent entry of women to this workforce. At June 2007, women comprised 27% of the QAS workforce.

In line with the expectation of the Enterprise Partnership Certified Agreement 2005 (that the QAS is “committed to utilising permanent employment in those areas where workload and service delivery has demonstrated a need for regular and ongoing resourcing”), the vast majority of QAS employees (96%) are permanent employees and 97% of these are full-time employees.

Wage Costs

The base salary spread across the QAS is highly concentrated, with over 55% of employees earning between \$40,000 and \$49,999 (compared with around 25% for the Queensland public sector). However, actual staff costs averaged around \$79,250 per FTE. This reflects a range of factors including the payment of overtime.

Overtime is a tool used to assist in delivering this 24 hour, seven day a week service. It covers many different scenarios including:

- in rural and remote areas where, as a result of low call volume of work, paramedics provide on-call coverage and may be required to respond to incidents after hours;
- where an emergency response occurs close to a shift’s finishing time and paramedics are required to work overtime to finish the case;
- to ensure maintenance of full roster coverage, such as when another paramedic is sick or otherwise unavailable; and
- special events being held within the community where the QAS provides full-time coverage at the event. As this work is in addition to normal duties, officers can volunteer to work overtime to cover these events. Costs associated with such activities are fully recoverable as revenue.

The total financial cost of overtime and the total hours worked has increased by over 20% since 2003-04.

Table 4.5: Overtime expense and Total Hours: 2003-04 to 2006-07

Years	Overtime Total (Financial Cost)	Overtime Total (Hours)
2003-04	\$18,639,203	560,415
2004-05	\$22,299,332	635,390
2005-06	\$23,465,501	610,058
2006-07	\$28,304,414	678,525

Source: internal QAS document

Workforce Health Indicators

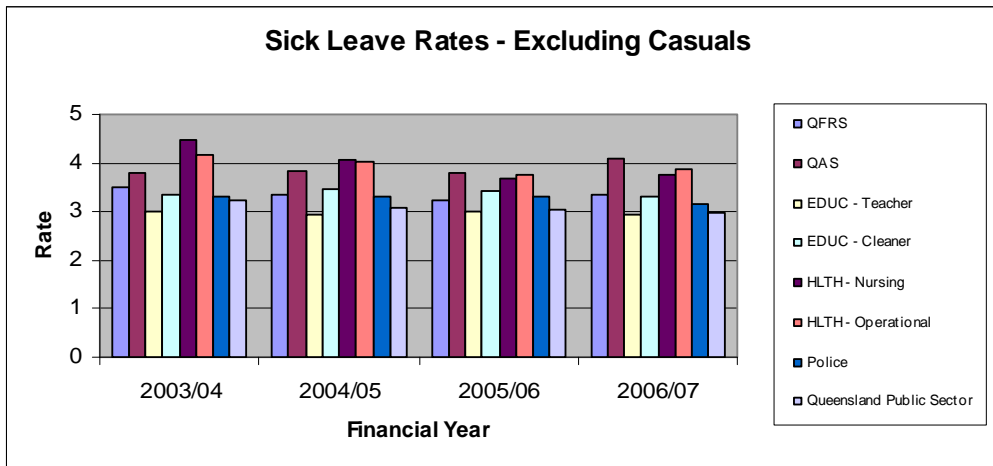
Key indicators of workforce health are absenteeism, separation rates, workers' compensation rates and grievances. The Audit has considered each of these indicators and found that the QAS is performing poorly on a number of counts. This suggests to the Audit that the increasing demand for ambulance services may be having an adverse impact on staff.

As the total number of hours overtime worked has increased, absenteeism rates have trended up, with a 2003-04 rate of 4.5% and a 2006-07 rate of 5.1%. Absenteeism rates for other like occupational groups have remained relatively stable or trended down over this time. The 2006-07 rate for firefighters was 3.7%, for nurses was 4.65% and for police was 4.5%. All of these groups have higher absenteeism rates than for the public sector as a whole, which has an average absenteeism rate of 3.7%.

While the QAS' 5.1% absenteeism rate includes sick leave, miscellaneous special leave, carers leave and workers' compensation leave, sick leave at 4.1% and workers compensation leave at 0.9% account for most of the increase.

While Queensland public sector sick leave rates have trended down over the last three years, sick leave rates within the QAS have trended up over this time. Sick leave rates in other like occupational groups and shift workers have either stayed relatively static or have trended down.

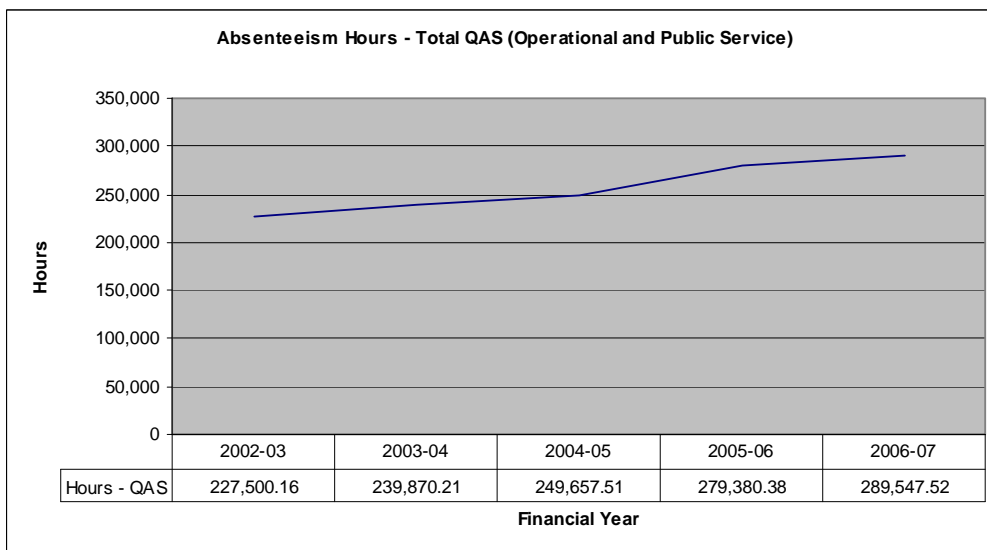
Figure 4.1: Sick leave rates – excluding casuals - Queensland Public Sector, selected employment groups, 2003-04 to 2006-07



Source: unpublished OPSC data (MOHRI)
 This data may differ from other published data due to the different datasets used.

Average hours absent across the QAS have also increased over time. The average number of hours absent per person per year was 85.3 hours in 2003-04 and has increased to 94.8 hours in 2006-07, which is a 27% increase.

Figure 4.2: Total hours absent – QAS operational and public service staff – 2002-03 to 2006-07



Source: unpublished QAS data

Over a third of operational employees have used greater than their yearly accrual of sick leave (which is 80 hours), while 8% of QAS public service employees have used greater than their yearly accrual of 72.5 hours.

The steady increases in demand for ambulance services would be expected to have a negative impact on absenteeism rates. However, there may be other factors contributing to these high absenteeism rates. The Commissioner recently issued a Memorandum in April 2007 and a revised policy and procedure for managers to deal with absenteeism. Both the

policy and the procedure note that “failure to address inappropriate attendance issues and manage absenteeism can and will result in significant harmful outcomes for DES including financial costs, lost productivity, reduced morale, lower employee satisfaction, higher turnover and a negative impact on service delivery and business outcomes.”

While absenteeism is one recognised indicator of workforce health, another is separation rates. Separation rates for permanent QAS employees have also increased over this time, from 2.6% (or 54 people) in 2003-04 to 3.9% (or 99 people) in 2006-07. These rates continue to be higher for the QAS than for the Queensland Fire and Rescue Service (2.4%) and the Queensland Police Service (3.4%). While the QAS separation rate remains well below the Queensland public sector average of 6.4%, QAS separation rates have increased at a higher rate than the Queensland public sector average over this time.

The increases in separation rates combined with the steady increases in absenteeism and people being absent for longer is suggestive of a workforce under increasing pressure and stress.

Two further indicators of workforce health are workers' compensation and grievances.

Workers Compensation

Given the nature of their work, it is unsurprising that the Department of Emergency Services and the Queensland Police Service have the highest rates of accepted worker's compensation claims across the Queensland public sector.

The incidence of work-related injuries for the Department of Emergency Services (which measures the growth in the number of claims relative to the number of employees covered by workers' compensation) peaked in 2003-04 and is now decreasing. However, as the workforce has grown, the total number of accepted claims has increased.

Within the Department of Emergency Services, ambulance service employees have had the highest number and incidence of accepted workers' compensation claims and the highest number and incidence of accepted work-related psychological injuries since 2002-03.

While the number of accepted workers' compensation claims has increased each year, the number of initiated and accepted psychological claims fluctuates from year to year.

Number of Grievances

Grievances can be lodged for a range of reasons, including administrative decisions, employee conduct, sexual harassment and workplace harassment and bullying.

Across the Queensland Public Sector the grievance rate has been in a steady downward trend over the last four years – from 2.73 grievances per 1,000 employees in 2003-04 to 1.12 per 1,000 employees in 2006-07. The largest fall occurred between 2005-06 and 2006-07, with the rate almost halving. This downward trend is evident in the Department of Emergency Services also, with five grievances lodged in 2006-07, compared with 11 in 2005-06.

There are a number of simple measures which can support the workforce including but not limited to:

- a continuing focus on safe driving;
- a stronger focus on educating road users about what they should do as an emergency services vehicle with its sirens on and lights flashing approaches – this is particularly

important as urban congestion increases which may impact negatively on the ability for vehicles to respond within appropriate timeframes;

- a continuing focus on visible personal and vehicle livery and devices which reduce to the potential for strain injuries;
- a continuing focus on psychological support offered in an open and non-judgemental way; and
- developing agreements with a wider range of food businesses to provide greater choice in the food options available during subsidised meal breaks.

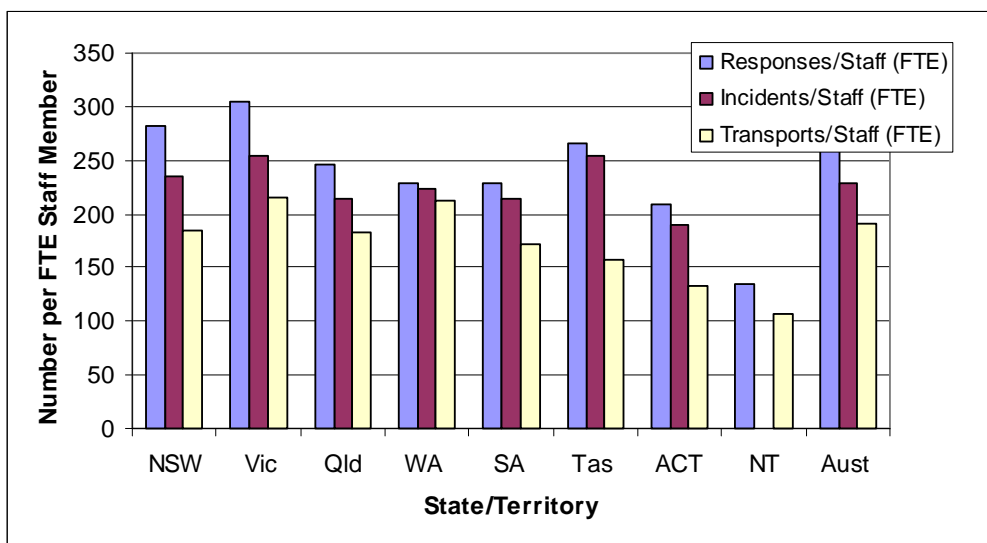
Labour Productivity

The Audit has benchmarked basic labour productivity (ambulance services per employee) and, while it is without question that QAS employees are working harder, the Audit has found that QAS provides fewer services per staff FTE than the national average.

Compared with New South Wales, Victoria and Tasmania (except for transports/staff member), Queensland performs fewer responses, has fewer incidents and transports per salaried staff member.

The Australian average for responses is 268 per staff member and Queensland has 246 responses per staff member. The Australian average for incidents is 229 per staff member and Queensland has 213 incidents per staff member. The Australian average for transports is 191 per staff member and Queensland transports 183 people per staff member.

Figure 4.3: Responses, Incidents and Transports per Salaried Personnel Member - 2005-06



Source: ROGS 2007

There may be several contributing factors to this, including that Queensland has more communications operatives than in other states and territories and that Queensland is a large and decentralised state (where staff are required to be present in rural and remote areas but where volumes of work are low). There may, however, be potential for productivity improvements, to be achieved through the next Enterprise Partnership Agreement.

Enterprise Partnership Agreements

The Audit has reviewed the QAS's Enterprise Partnership Agreements (EPA). The current Enterprise Partnership Agreement runs from 30 December 2006 to 30 December 2008. Negotiations for the next agreement are to commence half way through 2008 (that is, six months prior to the expiry of this agreement).

Since 1999, there has been a focus on identifying an appropriate staffing mix for each station through workforce analysis and workforce modelling – essentially seeking to match workforce supply with demand for services.

In 2002, this led to the EPA commitment to “Roster Reform” which committed to developing “a more efficient and effective Resource Allocation and Response Model addressing issues such as but not limited to: service delivery requirements, safe rostering practices, minimise fatigue, accommodate roster relief, training, and existing staffing resources”. All stations were to be reviewed and a suitable Resource Allocation and Response Model was to be developed to meet community service delivery needs.

The Audit notes that there are no specific productivity improvements identified in the agreement and that it contains a provision for three months notification of rosters.

The Audit considers that it would be appropriate to bring QAS rosters further into line with notice provided for other like shift work for Queensland Government employees. For example, Queensland Health nurses have one month's notice for the next month's work and members of the Queensland Police Service are provided with eight days notice for the next 28 days work.

However, the Audit notes while the notice provided for ambulance employees is more than for other like shift work for Queensland government employees, it is about mid-range in comparison with ambulance services in other jurisdictions. For example, New South Wales provides 14 days notice for an agreed period or 28 days, whereas Tasmania has a 63 week roster cycle.

The 2005 EPA is generally consistent with other Queensland public sector agreements. It contains provisions for:

- a wage increase of 4% (or \$30 per week, whichever is the greater) per annum;
- ceasing the 38 hour week allowance from 1 October 2007 (which was replaced by an increase to the base rate for those receiving the allowance); and
- the roster continuing to reflect a 40 hour week with the additional two hours per week “accrued time” being accumulated and taken in scheduled blocks.

Rostering Reform

In 2005, and in part to reduce fatigue in its workforce, the QAS introduced a rostering model based on a ten hour shift over five days. With the significant increases in demand, which has made it difficult for paramedics to finish work at the end of a scheduled shift, there has been increasing workforce disquiet in general.

On 7 October 2007, the Queensland Government announced it had accepted a recommendation for a new 12-hour roster system at the state's busiest ambulance stations and communication centres.

The proposed parameters of the new roster are:

- rosters must be aligned as closely as possible to the demand profile using existing resources;
- rosters must reflect an average 40-hour week over the roster cycle;
- rosters should reflect a pattern of forward rotation;
- ordinary rostered hours will not exceed 12-hours per shift;
- consecutive night shifts must not exceed two;
- rostered days should not exceed five consecutive 12-hour shifts;
- maximum number of rostered ordinary hours worked continuously will not exceed 60; and
- normal Award provisions in relation to minimum of two consecutive days off.

A critical factor in the success of any new approach to rostering will be ensuring staff are able to finish work as close as possible to a shift scheduled finishing time. This is regardless of the shift length. This may involve changes to work practices, such as changing shifts at hospitals or the Communications Centre noting that a car is no longer able to respond after the scheduled end of a shift and when a vehicle is required to return to its station.

The new roster will be rolled out in 2008. The Audit has not been able to determine whether the new roster will be able to alleviate fully the concerns of employees, particularly if the demand for services continues at such high rates. However, the new roster is being proposed in order to provide a better work life balance for ambulance officers. It should be noted also that, in combination with the implementation of the 38-hour week on 1 October 2007, the new roster system will mean ambulance officers will effectively receive nine weeks leave per year, made up of annual leave and accrued time off each year.

In order to ensure the new roster is having the desired effect, the Audit recommends the QAS monitor and report to Government on the impact of new rostering system on its workforce (in particular overtime rates), coverage and ambulance response times.

With women comprising an increasing proportion of the workforce, close to 55% of the workforce aged between 25 and 44, and with employees as a whole seeking to achieve a better work / life balance, the Audit considers it will be important for the QAS to make more use of contemporary employment practices such as working part-time and job sharing (split shifts).

Education and Training

The QAS trains about 150 new student paramedics a year and these students are soon to be supplemented by the graduates from the new Bachelor of Health Sciences (Paramedic) degree.

One of the tangible effects of a more highly trained workforce is the ability of paramedics to provide more advanced and sophisticated on scene advice, treatment and support. This is a result of very significant changes that have been made to ambulance officer / paramedic education in the almost 20 years since 96 individual Queensland Ambulance Service Transport Brigades were amalgamated into one organisation.

Ambulance services across Australia have extended the range of care and treatment interventions that suitably qualified paramedics are able to perform and drug and treatment protocols are under constant review and as one jurisdiction introduces, for example, a new drug for paramedics to use, the others will tend to follow to ensure comparability of services.

In July 1991, an Associate Diploma was introduced as the base qualification and ambulance officers were re-titled Qualified Ambulance Officers. The Associate Diploma was re-accredited as a Diploma of Health Science in 1996 and in 1999 officers who had completed this base qualification became paramedics. Also in 1996, the Advanced Life Support (Intensive Care Paramedic) program was introduced.

Currently, there are post-employment training programs (a 30 month Diploma of Paramedical Science (Ambulance) offered by the QAS in its capacity as a Registered Training Organisation) as well as pre-employment university courses (a three year, undergraduate or two year graduate entry Bachelor of Health Sciences (Paramedic).

The Queensland University of Technology (QUT) will graduate its first cohort of undergraduate students this year and the University of the Sunshine Coast (USC) had its first intake this year. Two other Queensland-based universities are understood to be investigating delivering programs.

Advanced Care, Intensive Care and Isolated Practice Paramedics

The diploma and bachelor students will begin working as advanced care paramedics. An Advanced Care Paramedic is qualified to manage an airway (through Laryngeal Mask Airway and laryngoscopy), give fluids intravenously, defibrillate and provide to a patient a range of drugs to counter the effects of angina / heart failure, hypoglycaemia, asthma and chronic obstructive pulmonary disease, as well as painkillers, sedatives and drugs which work to counter the effects of an overdose.

Many of the developments in emergency medicine are based on the premise that the sooner treatment is provided for the patient, the better the outcome is likely to be. Therefore, throughout 2007, approval was given for paramedics to provide and paramedics have trained to deliver an additional four drugs intravenously and use a 12 lead pre-hospital electrocardiogram (ECG).

Advanced Care Paramedics seeking to provide more comprehensive on-scene treatment can train to become Intensive Care Paramedics. In Queensland, following their initial three years of paramedic training, paramedics must have two years of field experience to be eligible to apply for Intensive Care paramedic training. A Graduate Diploma can be gained after completing a one year, full-time course that combines both academic and practical components (including in a hospital emergency department, operating theatres and in the field).

In addition to the treatments provided by an Advanced Care Paramedic, an Intensive Care Paramedic can do endotracheal intubation, transcutaneous pacing and cardioversion, pneumocath insertion, use a 12 lead ECG and undertake advanced cardiac life support interventions. Throughout 2007, Intensive Care Paramedics were given authority and trained to provide a range of other drugs intravenously, such as amidarone and magnesium, as well as thrombolysis. Over the last six years, Intensive Care Paramedics responded to around 17.5% of Code 1 and 2 responses.

Whether Intensive Care Paramedics improve survival rates for out of hospital cardiac arrest is a contested issue academically, with evidence showing the model does work in Queensland. Given the significant investment that is made in the education and training of Intensive Care Paramedics, the Audit considers that this is an area that would benefit from further study, as is the development of performance measures which better reflect the range of activities undertaken by paramedics and their role in reducing preventable deaths.

Another recent development in paramedic education and training is the introduction of Isolated Practice Paramedics. The Isolated Practice Paramedic concept was developed in response to the shortage of specialist health care providers, particularly in regional and rural areas of Queensland. The QAS is currently training, in partnership with James Cook University, the first cohort of Isolated Practice Paramedics who will graduate in late 2007. They will have developed core skills and competencies in a range of basic health care management, chronic disease management, and minor medical interventions. These interventions will be provided in the context of medical support and consultation and in closer alliance with the existing and visiting health care services in rural and isolated communities.

Based on current increases in demand for services, using the existing service delivery standards and factoring in workforce attrition, QAS estimates it needs about 400 new employees a year. To some extent, this dual education model should assist the QAS to meet its workforce needs over the medium term: QUT's capacity is 100 students (however it has not achieved that yet), the USC course intake will be around 30 students per year and the diploma has six intakes of around 35 students per year.

The Audit notes that the QAS is recruiting from overseas, particularly the United Kingdom, to augment its current workforce. Should demand for services continue to rise at their current rate, it is likely the QAS will need to increase the number of staff recruited from outside Queensland.

The Audit notes that should measures to reduce demand and reduce separation rates have a positive effect, these workforce projections will need to be revisited.

Move to Pre-Service and In-Service Training

The QAS recognises the inefficiencies inherent in the dual education model, including its additional costs. Based on demand pressures and the nascent university sector, QAS advises it will take around 10 years to transition from this dual education model to entirely pre-employment training.

The Audit's view is that if measures are taken to reduce demand and more universities offer paramedic education (and consequently there are more graduates) that a shorter transition timeframe is possible.

As the diploma intake students are often older and looking for a career change, it will be important to ensure that a three year undergraduate / two year graduate degree is an attractive option for these people when this transition to pre-employment training occurs. This could include options such as bonded scholarships and greater opportunities for casual and part-time employment within the QAS.

QAS employees in the communications centres – emergency medical dispatchers – can start work after a six week training course. Areas covered in this initial training include call taking, dispatch coordination, advanced medical terminology, Advanced First Aid theory and training on the Medical Priority Dispatch System (MPDS) and Computer Aided Dispatch (CAD). In order to be able to progress through salary grades, dispatchers are required to undertake additional training.

Given the changes that occur year on year to the treatment that paramedics can provide, the Audit supports the strong focus the QAS has on ongoing professional and skills development. The Audit notes, for example, that failure to complete or maintain the requirements of an officer's level will result in adjustment to the employee's pay to reflect the appropriate education or clinical level.

Given the importance of preserving, if not enhancing, the skill level of paramedics the Audit supports maintaining this in-house training capability. However, the Audit notes the generally low level of staff satisfaction with the access to and quality of training programs (the 2006 target was >75% but only 38% was achieved). The QAS advises this is due to the changing method of training delivery, with staff expressing dissatisfaction with more courses being delivered online. It will be important that every effort is made to improve staff satisfaction with training.

Chapter 4 - Workforce Management Systems Recommendations

Recommendation 4.1

QAS increase the proportion of its operational workforce to the national average within the next two years.

Recommendation 4.2

QAS is to:

- take immediate steps to reduce its levels of absenteeism, separation rates and overtime, building on the work already underway in the organisation;
- implement procedures which will allow full-time ambulance officers to complete their shifts with the transfer of a patient at hospital as a means of reducing overtime and fatigue;
- continue its focus on the safety and health of the workforce and maintain reductions in the level of grievances reported;
- pursue further productivity improvements in the next enterprise partnership agreement consistent with best practice; and
- monitor and report to Government on the impact of the new rostering system on its workforce (in particular overtime rates), coverage and ambulance response times after the new arrangements have been in operation for six months.

Recommendation 4.3

In terms of its future workforce, QAS is to:

- continue to transition to pre-service education models in line with the capacity of the university sector, but retain in-service training for professional development.
- further refine its projections of future workforce requirements noting it is likely to have to rely on overseas recruits to augment the local workforce if there is no reduction in demand pressures.