



Evaluation of

**Professional
Development
Funds for
Medical
Officers**



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This report has been prepared in accordance with sections 40 and 41 of the *Independent Commission Against Corruption Act 2012* (SA).

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Acknowledgement

ICAC acknowledges that the land on which we work is the traditional lands for the Kaurna people and that we respect their spiritual relationship with their Country.

We also acknowledge the Kaurna people as the custodians of the Adelaide region and that their cultural and heritage beliefs are still as important to the living Kaurna people today.

We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples.

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Letter of transmittal

1 June 2026

The Hon. Reggie Martin MLC

President of the Legislative Council
Parliament House
North Terrace
ADELAIDE SA 5000

The Hon. Natalie Cook MP

Speaker of the House of Assembly
Parliament House
North Terrace
ADELAIDE SA 5000

Dear President and Speaker

In accordance with sections 40(3) and 41(2) of the *Independent Commission Against Corruption Act 2012* (SA) I present the report entitled Evaluation of Professional Development Funds for Medical Officers.

Section 40(4) and 41(3) of the Act require that you lay the report before your House of Parliament on the first sitting day after receiving it.

Yours sincerely



Emma Townsend

COMMISSIONER
Independent Commission Against Corruption

Commissioner's foreword

Attracting and retaining world class medical officers to the public health system should be a priority for any government. Indeed, the significant duties and responsibilities for this cohort of public officers reflect the need to continually develop knowledge and expertise in line with medical advancements, research, and technology.

Quite rightly, medical officers¹ in the South Australian public health system have industrial entitlements to professional development leave and reimbursement of associated costs.

In 2025-2026, total funds spent on professional development reimbursements for medical officers by SA Health was \$64 million.²

During the course of its work over the past few years, the Independent Commission Against Corruption (ICAC) has received information to suggest that some medical officers may be misusing public funds by making improper reimbursement claims for professional development.

While no doubt the vast majority of medical officers are using this funding for important professional development, if public resources are being used for purposes which do not amount to what might be considered appropriate professional development, then this means ultimately our health system suffers. Given the nature and quantum of some of the reimbursement claims which have been brought to ICAC's attention, I considered this an issue which required closer examination.



1 For the purposes of this evaluation report, this term refers to salaried medical officers (including interns, medical practitioners, registrars and consultants), visiting medical specialists and clinical academics.

2 EXH091 (April 2025-April 2026).

I therefore decided to conduct an evaluation to review the extent to which the practices, policies and procedures of the Department for Health and Wellbeing (Department) and local health networks effectively manage the risks of corruption relating to the management of professional development funds for medical officers.

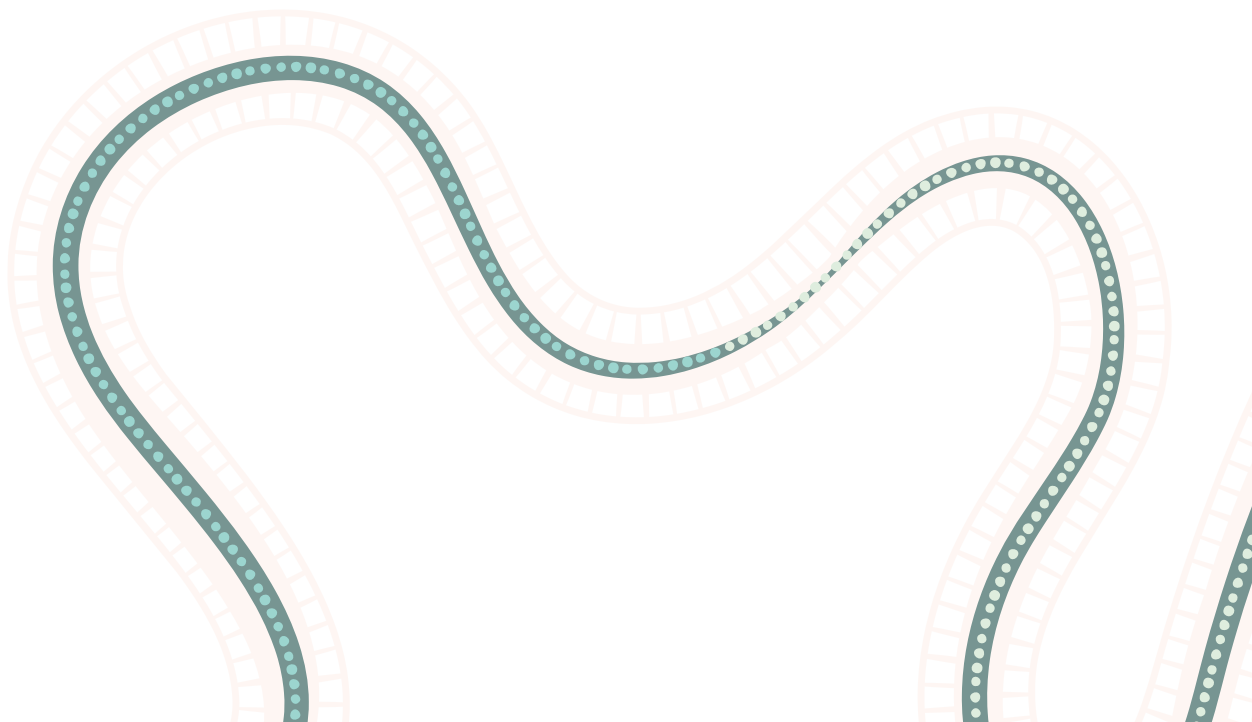
Two local health networks were chosen to evaluate. I would like to thank staff of the Southern Adelaide Local Health Network (SALHN), the Women's and Children's Health Network (WCHN) and the Department for their assistance.

The evaluation has identified areas vulnerable to corruption and makes eight recommendations to address these risks.



Emma Townsend

COMMISSIONER
Independent Commission Against Corruption



Introduction

In the course of its recent work, ICAC has received information alleging that medical officers employed by local health networks or the Department were misusing public funds by making improper reimbursement claims for professional development expenses.

In March 2025 ICAC received a referral from the Office for Public Integrity (OPI) which raised a potential issue of corruption. An investigation was undertaken and while the matter was not referred to another law enforcement agency for further investigation or prosecution, it revealed some broader patterns of claims expenditure that warranted further consideration.

While those claims may have amounted to potential misconduct or maladministration, in consultation with the Ombudsman, ICAC determined that an evaluation would be an effective approach to highlighting any potential improvements which would assist to prevent or minimise corruption in public administration. Two local health networks were chosen to evaluate. This allowed for a large sample of information to be collected and reviewed, while still completing the evaluation in a timely manner.

The evaluation's terms of reference were to review and report on:

- the Department's policies and procedures in respect of the management of professional development funds for medical officers
- the practices of SALHN and WCHN in respect of administering professional development funds, and
- the extent to which these practices, policies and procedures effectively manage the risks of corruption.

The evaluation involved the review and analysis of information from a broad range of sources, including:

- submissions received from medical officers across a variety of local health networks and other interested parties including the South Australian Salaried Medical Officers Association (SASMOA)
- a review of policies, procedures and other guidance documents relevant to professional development
- an analysis of all claims data for SALHN and WCHN between 2021- 2025
- an examination of all supporting documentation relating to a random selection of claims, and
- interviews with employees from the Department, SALHN and WCHN across a variety of roles.

The draft evaluation report was provided to the Department, SALHN, WCHN, SASMOA and the Ombudsman for review. Feedback has been incorporated where appropriate throughout the report, and copies of responses are provided in the appendices to this report.

Background

Public sector medical officers in South Australia are entitled to reimbursement of professional development expenses in line with their respective enterprise agreements.³

The SA Health Salaried Medical Officers Enterprise Agreement 2025 (Agreement) provides the basis for the reimbursement of professional development expenses for Consultants and Medical Practitioners⁴. Reimbursement amounts vary for each group.

- Consultants are entitled to access up to \$23,000 per annum for professional development expenses, which can be accumulated to \$46,000 in any period of two years.⁵
- Employees in the Medical Practitioner Group⁶ that are in accredited training programs are entitled to access up to \$10,000 per annum. This amount can be accumulated up to \$20,000 in any period of two years towards costs incurred in obtaining a specialist qualification; costs directly related to the relevant College training; or other professional development.⁷

The Agreement also provides for paid leave for professional development purposes.

Consultants are entitled to access up to 10 days per annum⁸ and Medical Practitioner Group employees can access examination leave (as per the Agreement) and up to five days paid leave per annum for other professional development.⁹

3 [SA Health Salaried Medical Officers Enterprise Agreement 2025; SA Health Visiting Medical Specialists Enterprise Agreement 2023; SA Health Clinical Academics Enterprise Agreement 2024.](#)

4 [SA Health Salaried Medical Officers Enterprise Agreement 2025](#) | Amounts for both groups are halved for those employed less than 0.5 FTE.

5 Ibid, part 48.1.3 The allowance increased from \$22,000 to \$23,000 effective 14 April 2026.

6 Medical Practitioner Group means those employees employed as Interns, Limited Registration Medical Practitioners, Medical Practitioners, Senior Medical Practitioners or Senior Registrars, or a single member of that group as defined in Part E of the Enterprise Agreement.

7 [SA Health Salaried Medical Officers Enterprise Agreement 2025](#), part 76.11(c).

8 Ibid, part 48.11.

9 Ibid, part 76.11(a) and (c). These allowances are in line with the enterprise agreements for Visiting Medical Specialists and Clinical Academics.

Total expenditure on professional development reimbursements in 2025-2026 across all local health networks was \$64 million.¹⁰

	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
Annual total reimbursement	\$39.3 million	\$53.9 million	\$61.1 million	\$62.4 million	\$64.0 million
Total medical officers¹¹	6568	6828	7128	7573	8050

Table 1: Total expenditure on professional development reimbursements

The Department provided information to explain that the global COVID-19 pandemic and subsequent public health measures in South Australia resulted in total expenditure on professional development in 2021-2022 being significantly curtailed. As a result of the pandemic, SA Health continued to restrict employees from international travel for professional development purposes in 2022-2023¹².

Categories of expenditure with the highest proportion of claims were¹³:

- conferences, workshops, training
- phones, laptops, tablets, iPads, software
- professional memberships, journals, and
- international travel and accommodation.

10 EXH091. Figures represent expenditure from April - April each year. Includes data from all local health networks, SA Ambulance Service, Preventative Health, and the Department for Health and Wellbeing.

11 EXH091. Figures represent the number of individuals, not FTEs.

12 Appendix 2.

13 EXH011.

What is ‘Professional Development’?

The relevant enterprise agreements define professional development as:

“‘professional development’ means professional development as approved by the [employee’s] direct line manager who will have regard to the [employee’s] performance development plan as applicable at the time of approval, provided that the absence of a performance development plan will not preclude an approval.”¹⁴

It is clear from the relevant provisions of the enterprise agreement that professional development is intended to complement the employee’s performance development plan and to benefit both the employee and the local health network or Department as the employer.

The Department has a suite of policies and fact sheets that provide some guidance to medical officers as to what can be claimed, how to lodge and review claims, how to check entitlements and how to complete a travel expense claim.¹⁵

A fact sheet provides guidance to medical officers, delegates, direct line managers and professional development officers to ‘understand the rules and tax implications around applying for reimbursement’.¹⁶

The fact sheet refers to the definition of professional development as set out in the enterprise agreements and recommends ‘speaking with your direct line manager if you would like to understand the likelihood of approval for a particular item prior to submitting an expense report [claim] for approval’.

It also provides a list of items that are ‘generally reimbursed’ as professional development for those who would like ‘a general idea of the sorts of items that are typically claimed’. The list is provided on the following page.

14 [SA Health Salaried Medical Officers Enterprise Agreement 2025](#) parts 48 and 76.
[SA Health Visiting Medical Specialist Enterprise Agreement 2023](#) part 30.
[SA Health Clinical Academic Enterprise Agreement 2018](#) part 26.

15 EXH004 Professional Development – Reviewing Claims.
EXH005 Professional Development – How to lodge a claim.
EXH007 Medical Officer – How to check entitlements Fact Sheet.
EXH008 Approving an Expense Report claim Fact Sheet.
EXH009 How to complete a travel expense claim Fact Sheet.
EXH024 Fringe Benefit Tax Policy.

16 EXH060 [Medical Officer Professional Development Reimbursement Scheme FAQs – What can I claim?](#)

What sort of purchases are generally reimbursed?

If you would like a general idea of the sorts of items that are typically claimed using PD entitlement, the two images below are two lists of categories of 'Expense Type' from which you choose when seeking reimbursement for expenses related to non-travel (list on the left) and travel (right).

Books Ind/Set <= \$300	Courses - Full Fee Paying
Books Ind/Set > \$300	Courses-Comwlth Support/HELP
Courses - Full Fee Paying	Domestic Accommodation
Courses-Comwlth Support/HELP	Domestic Airfares
Desktop Comp/Monitor <= \$300	Domestic Meals
Desktop Comp/Monitor > \$300	Domestic Other
Device - Dupl Non Replacement	Domestic Other Transport Cost
Device - Laptop	Domestic Parking
Device - Mobile Phone	Domestic Taxi
Device - Portable Other	Domestic Travel Insurance
Device - Tablet	Fees - Conf/Workshop/Training
Device -Not primarily for work	Fees - Self/Supervisor/Exam
Fees - Conf/Workshop/Training	International Accommodation
Fees - Journals/Members/Subs	International Airfares
Fees - Self/Supervisor/Exam	International Meals
Fees -Publishing and Inc Costs	International Other
IT Accessories Ind/Set <= \$300	International Parking
IT Accessories Ind/Set > \$300	International Taxi
Internet Charges	International VISA
Item - Briefcase	Internatnl Oth Transport Cost
Item - Computer Software/Apps	Internatnl Travel Ins/Passport
Item - Dupl Non Replacement	
Item - Other	
Item - Protective Clothing	
Item - Stethoscope	
Item - Tool of Trade	
Phone Charges - EWRI Prev Prov	
Phone Charges - Non EWRI	
Warranties	

Non-travel (left) & travel (right) expense categories

Fact sheet excerpt

The approval process

Claims are managed through the electronic Medical Officer Professional Development Reimbursement System (MOPDRS). Claims must be submitted with proof of payment such as receipts or credit card statements, and a travel diary is required for international travel.

Direct line managers are responsible for approving all claims and must make an assessment as to whether the expense is in line with the medical officer's performance development plan, or that it is for 'work purposes and PD related for maintaining and improving the employee's skills'.¹⁷

Once approved, the claim progresses to the relevant local health network's Professional Development Office¹⁸ for review.

Sometimes claims are queried with the medical officer by the direct line manager and/or the Professional Development Office. If needed, the claim may be referred to the relevant Executive Director Medical Services for advice.

17 EXH004 Professional Development – Reviewing Claims.

18 EXH080, EXH088.



Opportunities for improvement

Information provided to the evaluation team indicated that there was scope to improve the management of professional development funds across three areas:

1. clarifying what constitutes 'professional development'
2. the claims approval process, and
3. the review of claims.

The definition of professional development

The evaluation team received overwhelming feedback that the definition of professional development and the related guidelines are too broad and there is a need for more clarity around what reimbursements are appropriate.

To satisfy the definition of professional development, as set out in the enterprise agreements, claims need to be approved by a direct line manager who must have regard to the employee's professional development plan.

On its own, this provides an enormous amount of discretion.

Even when read together with the various guidance documents, there was a strong view held by staff that, while over time what is considered to fit the definition of professional development has become generally understood, considerable grey areas remain.

In particular, for officers responsible for approving and reviewing claims, there is nothing definitive to refer to when considering whether or not expenditure can be said to relate to professional development.

There is a lot resting on the judgement of individuals.

During the evaluation, views were expressed that this was not reasonable. There is a preference to work within a more transparent system. The evaluation team received information that direct line managers responsible for assessing professional development claims were frustrated with having to take responsibility for decisions that are so arbitrary. Examples were cited where approvers did not necessarily agree that a claim was appropriate, but it was difficult to question or reject when the rules are ambiguous.¹⁹

An example of this ambiguity occurs within the 'Reviewing Claims' fact sheet which sets out some items that are **not claimable**, including medical indemnity insurance and union membership. The list also includes alcoholic beverages (with meals when attending courses), theatre shoes and scrubs. The fact sheet goes on to state that 'some managers currently approve this'.²⁰

While the general view was that the majority of medical officers are doing the right thing, the evaluation team was told that direct line managers approving claims felt like they were 'carrying the can for something that is not well defined'.²¹ Where claims are questioned, a common response is 'show me where it says I can't claim it'.²²

Inconsistencies are evident where medical officers move from one local health network to another to find that reimbursements approved at one location are not approved at another.²³

ICAC understands that local health networks largely rely on guidance material issued by the Department in relation to professional development reimbursements. However, some issue their own local guidance documents to supplement this information.²⁴ This practice has the potential to further contribute to inconsistencies in decision-making across local health networks.

19 EXH086, EXH087, EXH066.

20 EXH004 Professional Development – Reviewing Claims.

21 EXH086, EXH066.

22 EXH080, EXH067.

23 EXH088, EXH082, EXH080, EXH081.

24 EXH080, EXH081, EXH082, EXH088.

Claims approval process

The Medical Officer Professional Development Reimbursement System

The Department implemented MOPDRS in September 2020, which provided a single point for submitting and approving claims online and via a mobile app.²⁵

The MOPDRS has vastly improved the previous paper-based system. MOPDRS enables medical officers to track the progress of claims, facilitates faster processing of payments and provides the ability to run reports. Three working groups are in place to ensure the continuous improvement of the system comprising a mix of professional development officers, medical officers, direct line managers and executives.²⁶

The evaluation team was told that the system is effective in ensuring that reimbursement caps are not exceeded and in managing carryovers. However, there were mixed views about its effectiveness in capturing adequate information to justify claims.²⁷

A free text field entitled 'Justification' indicates medical officers should provide information to the direct line manager to assess whether the claim should be approved.

This is not a mandatory field and is not always completed. Often, when a justification is provided, details are scant or incomplete.²⁸

Expenses are not always evidenced by receipts. Where there is only one item in a claim, the system will not allow it to be submitted without attaching a receipt. However, where there are multiple items, the claim can be submitted with receipts missing (provided at least one receipt is included).²⁹

Once a claim is submitted, direct line managers receive an email notification to advise of claims awaiting approval. The email provides high level information on the type of expense being claimed and a list of previously submitted expenses. Receipts that are attached cannot be viewed from the email.³⁰

Managers can approve claims directly from the email notification without logging on to the system to check receipts. For SALHN and WCHN, almost half (45%) of all claims were approved from the email notification as opposed to the MOPDRS system where receipts can be verified.³¹

Although direct line managers are responsible for approving claims, when this decision is based on limited information it tends to engender a reliance on professional development officers to conduct a thorough review of each claim.

25 EXH061, [Medical Officer Professional Development Reimbursement System](#).

26 EXH082, EXH083.

27 EXH080, EXH082, EXH081.

28 EXH030, EXH080.

29 EXH080.

30 EXH068.

31 EXH062 (data captured over a seven-day period during December 2025).

The role of direct line managers and professional development officers

The relevant provisions of the enterprise agreements require reimbursements to be approved by direct line managers.³² There is no reason to doubt that the vast majority of claims are appropriately assessed by managers before they are approved. Indeed, direct line managers are best placed to know what types of expenditure are relevant to their team for professional development purposes.

However, the evaluation team was provided with information strongly suggesting that managers rely heavily on professional development officers to check if claims are appropriate and that the necessary supporting evidence is provided.³³

Partly this may be because managers themselves are unclear about what can and cannot be claimed, or that they rely on the expertise of professional development officers in relation to fringe benefits tax³⁴ implications.

Some medical officers highlighted the interpersonal element that impacts decision-making. It may be that direct line managers assess claims from colleagues they work closely with, and for this reason it can be difficult to query or reject claims. If a claim is rejected it can impact on these working relationships. With this in mind, direct line managers may prefer to leave the assessment or questioning of claims to a professional development officer to avoid any negative impact on working relationships with colleagues. Of course, it is an expectation, as a manager, that managerial responsibilities are carried out, notwithstanding this kind of close working relationship.

The evaluation team was told that professional development officers are considered a 'safety net', that they are thorough, rigorous and knowledgeable, and that some line managers do not review receipts 'because [they] know that the professional development officers will'.³⁵

It is commendable that local health networks have professional development officers of this standard.

However, relying on the competency and integrity of individuals is not in itself a sufficient or reliable control to prevent wrongdoing.

It is imperative that direct line managers satisfy themselves that they are properly reviewing claims submitted to them for approval before progressing to professional development officers for review. The information provided by claimants must be fulsome enough for approvers to do so.

Further, direct line managers and professional development officers must both be able to rely on a clear set of policies and procedures to support them in executing this function so that less reliance is placed on the discretion of individuals.³⁶

32 [EXH003 SA Health Salaried Medical Officers Enterprise Agreement 2025.](#)
[EXH012 SA Health Clinical Academics Enterprise Agreement 2024.](#)
[EXH013 SA Health Visiting Medical Specialists Enterprise Agreement 2023.](#)

33 EXH080, EXH086, EXH087, EXH088, EXH089.

34 Fringe benefits tax applies to non-cash remuneration (including reimbursement of employee expenses) which is provided in addition to, or in place of, salary and wages of employees. SA Health Taxation Factsheet – 21 Medical Officer Professional Development and FBT.

35 EXH086, EXH087, EXH089.

36 EXH083, EXH080, EXH090.

Reviewing claims

In the first instance, claims are reviewed and approved by the medical officer's direct line manager. Managers may raise queries with the medical officer and approve or reject claims at this point.

Once approved by a direct line manager, all claims are reviewed by the professional development office. Professional development officers check each individual claim to ensure proof of payment is supplied, amounts claimed are correct, that correct expense types are selected, declarations are made, fringe benefit tax implications are properly dealt with and that travel diaries are provided for international travel.³⁷

The process relies heavily on the diligence of direct line managers and professional development officers and their willingness to query claims where necessary.

If there are questions about the appropriateness of a claim or if insufficient information has been supplied, in the first instance, professional development staff will contact the medical officer. If it cannot be resolved with the claimant, the query will be raised with their direct line manager.

The evaluation team was told that when direct line managers or professional development officers query claims, sometimes this can be met with resistance.

Examples were provided of occasions where direct line managers raised queries about claims and were told "show me where it says I can't claim it" and to "just process it".³⁸

The evaluation team was told of an instance where a direct line manager was overruled by a more senior manager when questioning the appropriateness of a claim and was encouraged to approve the claim. This makes 'line managers afraid to raise valid questions – ensuring there is little real review of claims'.³⁹

This is a tension exacerbated by the absence of clear definitions, policies and procedures relating to professional development entitlements.

Further, there can be a real or perceived power imbalance between medical officers and their direct line managers on the one hand and professional development staff on the other. Medical officers can often be in senior roles and, quite rightly, highly regarded for their skills and experience. This may impact on the willingness of professional development staff to raise questions about medical officers' claims, particularly where there is so much latitude in what fits the definition of professional development.

Despite this, direct line managers and professional development officers play a vital role in ensuring that professional development funds are used appropriately.

It is important that processes and systems support decision-makers in this endeavour. With this in mind, there are two areas that were brought to the attention of the evaluation team where more could be done to detect the potential misuse of resources.

37 EXH082.

38 EXH080. Travel diaries are also required for interstate travel more than 5 nights. Taxation Fact Sheet – 21 Medical Officer Professional Development and FBT.

39 EXH067.

Duplicate claims

Treasurer's Instruction 2: Financial Management requires chief executives to ensure that all expenditure is 'recognised and all valid invoices are processed accurately, efficiently and in a timely manner following the provision of goods received and services rendered'.⁴⁰

This is reflected in the Department's Taxation Factsheet - 21 Medical Officer Professional Development and FBT, which further sets out that professional development expenses 'should be claimed within six months from the date they were incurred' [emphasis added].⁴¹

However, this important instruction does not appear to be included in the other fact sheets and guidance materials referred to by medical officers when submitting or approving claims.

This may, at least in part, be contributing to the occurrence of duplicate claims.

ICAC's review of claims data has identified multiple occasions where it appears that claims have been paid more than once. The evaluation team was told that some claims had been submitted two or three times per year where the exact same invoice had been supplied as evidence.⁴²

It may be that sometimes this occurs in error; however, it is clearly not appropriate for claims to be paid multiple times.

There are some alerts that are built into the system that will detect duplicate claims, and the evaluation team understands that steps are being taken to improve these. Notwithstanding, there is a heavy reliance on a manual process of checking historical claims by direct line managers and professional development officers to identify duplicate claims.

40 Treasurer's Instruction 2: Financial Management part 2.10.2.

41 EXH070 Taxation Factsheet – 21 Medical Officer Professional Development and FBT.

42 EXH080, EXH034, EXH011, EXH058.

Professional development leave management

The relevant enterprise agreement provides for professional development leave of up to 10 days per annum for consultants which can be accumulated over two years.⁴³ The evaluation team was told this type of leave is not always correctly managed and that inaccuracies arise due to a variety of reasons, including:

- professional development leave not being accurately documented on timesheets
- timesheets not always being completed or not completed in a timely manner, and
- medical officers sometimes completing a professional development leave form but not recording this on their timesheet.

It was explained that there is limited checking and monitoring of professional development leave balances and there is a reliance on medical officers accurately submitting leave records.⁴⁴

The inaccurate recording of timesheets across SA Health is a matter raised in previous reports of ICAC. In the “Troubling Ambiguity” report, former Commissioner Lander highlighted several areas of concern about governance arrangements in SA Health that contribute to risks of corruption, misconduct and maladministration, including the accuracy of timesheets.⁴⁵

The Auditor-General has, over several years, also commented on issues relating to timesheet practices at SA Health. In his most recent Annual Report, he noted that:

“For many years we have reported on the controls related to clinicians that were not operating effectively in SA Health. In 2025 we again raised the following issues:

- timesheets were not authorised before payment, not promptly submitted, incomplete or could not be located.”⁴⁶

Timesheets need to be completed accurately and submitted in a timely manner so that leave entitlements are properly recorded. Failure to properly record access to paid leave may result in medical officers taking leave in excess of their entitlements, which can amount to a significant misuse of public resources.

The Department advised the evaluation team that extensive work has been undertaken to address timesheet issues previously identified by ICAC, and that it has reported on progress to implement improvements to the Auditor-General.

ICAC acknowledges the efforts taken to address broader timesheet issues across SA Health and encourages the Department to ensure that when implementing improvement initiatives, due consideration is given to ensuring professional development leave entitlements are correctly managed.

43 Medical Practitioner Group employees can access examination leave (as per the Award) and up to five days paid leave per annum for other professional development.

44 EXH080, EXH082, EXH072.

45 [Troubling Ambiguity: Governance in SA Health, Independent Commissioner Against Corruption, November 2019](#), p.8, pp. 26-28.

46 [Auditor General's Annual Report for the year ended 30 June 2025, Part C - Agency audits](#), p.88.

Is this professional development?

The evaluation team obtained examples of professional development reimbursement claims from a number of sources. This included all SALHN and WCHN claims data for the previous five years, information provided during interviews, submissions received from staff across local health networks and responses to ICAC's 2024 Public Integrity Survey.

Some claims were brought to the attention of ICAC because managers thought they should not be approved. Indeed, some of the examples were queried by either the direct line manager or professional development officers and subsequently withdrawn by the claimant.

Examples of claims for reimbursement are listed on the following page. All listed claims were approved and paid except those identified as declined.



Devices and other items

- One medical officer claimed just over \$49,000 for four watches over three consecutive years, including one watch valued at nearly \$23,000 (not including a further claim for a \$6,200 watch in the subsequent year, which was declined).⁴⁷
- \$2,500 coffee machine “to improve workplace efficiency”.⁴⁸
- \$4,200 workbag.⁴⁹
- Over a four-year period, one medical officer claimed four apple watches, five tablets/iPads, four mobile phones and four laptops totalling \$68,600.⁵⁰
- \$4,500 table claimed to be a work desk (claim was declined).⁵¹
- Three gold-plated stationery items totalling \$1,200.⁵²
- Over three years, one medical officer claimed three iPads, two laptops, two AirPods and three keyboards totalling \$27,900.⁵³
- \$1,260 fountain pen and ink cartridge.⁵⁴
- Over two years, a medical officer claimed three laptops, three mobile phones and one iPad.⁵⁵
- \$4,699 ergonomic chair.⁵⁶
- \$7,340 workbag.⁵⁷
- One medical officer claimed five desktop computers and four laptops over five years totalling \$34,000.⁵⁸
- \$1,740 laptop bag.⁵⁹
- One medical officer claimed three apple watches in one year totalling \$5,100.

47 EXH043.
 48 EXH036.
 49 EXH001.
 50 EXH001.
 51 EXH037.
 52 EXH044.
 53 EXH034.
 54 EXH011.
 55 EXH011.
 56 EXH011.
 57 EXH011.
 58 EXH011.
 59 EXH041.

International travel and accommodation

- \$11,000 for accommodation to attend a seven-day conference in Lake Como.⁶⁰
- \$12,000 for accommodation to attend a wellness retreat in Bali for four nights.⁶¹
- \$20,250 for accommodation for five nights to attend a conference in Paris.⁶²
- Two villas for nine nights in a private island resort in Fiji to attend an **online** conference totalling \$23,000 (claim was approved by the direct line manager but declined on subsequent review).⁶³
- \$3,400 for accommodation in Disneyland for five nights for four guests.⁶⁴
- \$8,000 for accommodation to attend a three-day conference in Sydney.⁶⁵
- \$9,000 for accommodation for six nights to attend a conference in Edinburgh.⁶⁶
- \$3,640 for a three-bedroom penthouse for three nights to attend a conference in Sydney.⁶⁷
- \$23,000 in flights and accommodation in the French Alps to attend an **online** conference (claim was approved by the direct line manager but declined on subsequent review).⁶⁸

The evaluation team observed what appeared to be multiple claims of the same or similar items by medical officers over the five-year period covered by the evaluation. Other observations included claims with limited information to justify the expense, and claims for accommodation that appeared to include family members, often requiring multiple rooms.

It is reasonable that some of these claims were queried, but the fact that they were submitted in the first place speaks to the presumption that the expense meets the definition of professional development and there is an expectation that it be reimbursed.

Indeed, the evaluation team reviewed correspondence from one medical officer who indicated it was their understanding they are entitled to a new phone and watch every year.⁶⁹

The claim examples reviewed by the evaluation team raised fundamental questions about the use of professional development funds, namely:

1. Could it be said that the expenses incurred contributed to the medical officer's professional development? and;
2. Are professional development funds being used for their intended purpose?

These are difficult questions to answer when the parameters for what the funds are to be used for remain largely undefined.

It is therefore useful to consider the approach taken by other jurisdictions.

60 EXH001.

61 EXH064.

62 EXH038. This claim was paid and later reimbursed by the medical officer to avoid a fringe benefits tax liability.

63 EXH038, EXH079.

64 EXH038.

65 EXH066.

66 EXH038.

67 EXH038.

68 EXH038, EXH079.

69 EXH076.

Professional development in other jurisdictions

Medical officers in all states and territories have professional development entitlements as set out in the relevant industrial agreements. The amounts of professional development leave and funding vary across jurisdictions, as does the basis for payment. Victoria,⁷⁰ New South Wales and South Australia provide funds as a reimbursement, while other states and territories pay a professional development allowance weekly or fortnightly.

There are elements of the New South Wales and Victorian reimbursement schemes that could improve transparency and reduce the risk of improper conduct, which are not currently in place in South Australia. These include clearly setting out some parameters around how professional development funds are to be used.

In Victoria, the enterprise agreement for medical specialists sets out the types of expenses that are reimbursable with some limits on information technology devices and travel.⁷¹

Doctors may be reimbursed for the purchase of information technology devices or accessories up to a maximum value of \$5,000 (pro-rata for Fractional Specialists) from their allowance, to be used to support or engage in continuing medical education activities.⁷²

Claims for reimbursement for these costs 'will be subject to reasonableness and necessity – that is, it will not be considered reasonable or necessary for a Doctor to purchase and seek reimbursement for substantially similar items (eg, notebook computers, tablets, mobile phones, monitors, printers etc.) in consecutive financial years'.⁷³

Claims for air travel related to professional development activities will be reimbursed at 'the rate of up to a return business class airfare for journeys of 3 hours or more, or a return economy class airfare for journeys of less than 3 hours' duration'.⁷⁴

Accommodation costs must be at the 'hosting hotel(s) or elsewhere as is comparable for the conference/seminar attended'.⁷⁵

70 For medical officers and registrars where the Doctors in Training (Victorian Public Health Sector) Enterprise Agreement 2022-2026 applies, the continuing medical education allowance is paid as an allowance.

71 [Medical Specialists \(Victorian Public Health Sector\) Enterprise Agreement 2022-2026](#).

72 In addition to 'portable technology aids' set out in clause 41.2 of the Agreement.

73 [Medical Specialists \(Victorian Public Health Sector\) Enterprise Agreement 2022-2026](#), s 41.2 (c).

74 *Ibid*, s 41.3 (a).

75 *Ibid*, s 41.3 (c).

New South Wales has similar limits in place.

The Policy Directive for the professional development of Staff Specialists in NSW Health sets out that laptops and mobile phones may be purchased in consultation with the Information Technology Unit up to a limit of \$2,621 per year accumulating to a maximum of \$7,863⁷⁶ over a three-year cycle. The devices will remain the property of the relevant public health unit.⁷⁷

Reimbursement for accommodation is for a standard room rate only. The policy provides that '[i]n determining what is the reasonable standard room rate, reference should be made to the standard room rates applying at major hotel chains in reasonable proximity to the conference venue.' The Staff Specialist may choose to book a family room if he/she is travelling with family, but the public health organisation will only reimburse the standard room rate.⁷⁸

All airfares must be booked through the government contractor. Staff Specialists may travel business class 'at the best (lowest) possible rate available for travel by the most direct and least time consuming route unless there are good reasons.'⁷⁹

Similar guidance and limits are not a feature of South Australia's enterprise agreements or policy documents for professional development entitlements. Following a similar approach to the Victorian and New South Wales schemes would no doubt reduce some of the questionable claim examples provided earlier in this report.

76 Amounts have been indexed as per the [NSW Government Information Bulletin: Staff Specialists' Training, Education and Study Leave – New Funding Entitlement 2025/2026](#).

77 [Policy Directive – Training, Education and Study Leave for Staff Specialists, NSW Health, 16 March 2026](#).

78 Ibid, s 5.4.

79 Ibid, s 5.12.

Conclusion

Professional development entitlements are determined during enterprise bargaining negotiations between the State Government and the South Australian Salaried Medical Officers Association (SASMOA).

The evaluation did not seek to deliberate on the appropriateness or otherwise of these entitlements. This is not a matter for ICAC.

However, what is of interest to ICAC is the risk that public funds could be used inappropriately. It is to this extent that the evaluation report makes recommendations to minimise these risks in SA Health, particularly where public funds are managed with a high degree of discretion and with very broad guidelines.

SASMOA was invited to provide a submission to the evaluation, and a copy is provided in the appendices. SASMOA noted that in relation to professional development entitlements:

‘The parties to the enterprise agreement have chosen to make access specifically broad and not confined and limited by unnecessary rules.’

This may be the case. However, it does not alter the fundamental principle that professional development funds ought to be reasonably used for the purpose they were intended.

ICAC acknowledges that any changes to policies governing professional development entitlements need to be consistent with applicable enterprise agreements and developed in consultation with staff and SASMOA.

This should not prevent efforts to improve the management of professional development entitlements.

Indeed, the Department’s response to the draft evaluation report notes that it is ‘SA Health’s view that the wording of the Enterprise Agreement does not preclude appropriate governance of professional development by the agency’.⁸⁰

As demonstrated by other jurisdictions, providing guidance to ensure that professional development reimbursements are ‘reasonable and necessary’ is entirely appropriate. So too is clearly articulating what is meant by ‘professional development’. Indeed, the Medical Board of Australia defines continuing professional development as:

‘the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.’⁸¹

Investment in the professional development of medical officers in the public health system is necessary and important. This is not being debated in this report.

However, there is certainly room for more clarity and transparency in the management of professional development reimbursements for medical officers in South Australia. There is a need for clear definitions, policies and procedures to reduce discretion and to guide decision-making.

This is essential to minimising the risk of public funds being misused. ICAC therefore makes the following recommendations to the Department and local health networks.

80 Appendix 2.

81 [Medical Board of Australia, Registration Standard: Continuing Professional Development, 1 October 2016, p.4.](#)



Recommendations

Recommendation

1

Review and update the Department's policies and procedures (including fact sheets and other relevant guidance material) to include a clear description of the **purpose** of professional development and set out the types of expenses considered appropriate for reimbursement.

Recommendation

2

Incorporate into the Department's policies and procedures for professional development some agreed principles for the value and frequency of expenditure on information technology devices, and guidelines for what is considered reasonable travel and accommodation expenditure. Refer to the New South Wales and Victorian models as examples.

Recommendation

3

Review and update the Department's policies, procedures and related guidance materials for professional development to ensure it is clearly set out that all claims must be submitted within six months from the date of the expense being incurred.

Recommendation

4

Review the functionality of the electronic reimbursement system, MOPDRS, to ensure that:

- the 'justification' field is mandatory and has character capacity to ensure sufficient information can be included
- receipts must be added for each expense item in a claim, and
- claims submitted more than six months after the date of the expense being incurred are flagged for the approver's attention.

Recommendation **5**

Review and improve the capability of the electronic reimbursement system, MOPDRS to detect duplicate claims.

Recommendation **6**

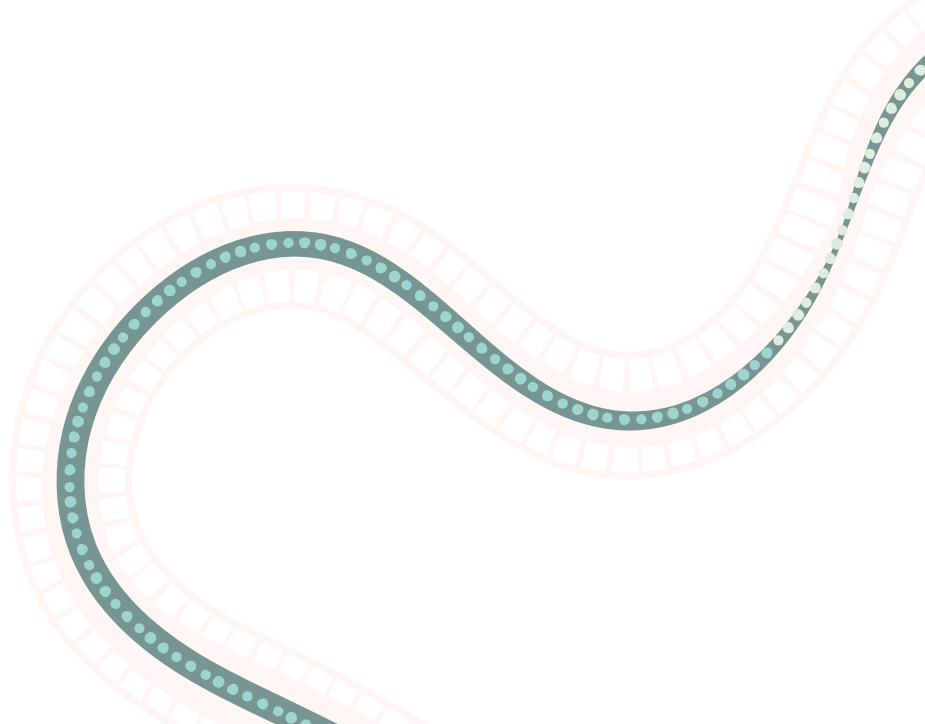
Develop an audit program for local health networks to regularly review a sample of claims data for the purpose of identifying irregular patterns of reimbursements, repeated or multiple purchases and duplicate claims.

Recommendation **7**

Review the systems used for recording professional development leave approvals and ensure the approval process requires verification that sufficient leave balances are available.

Recommendation **8**

Review and update the Department’s policies and procedures to include expectations of direct line managers in approving professional development claims.



Appendices

Appendix 1: Exhibit List

The table below contains the exhibits cited in footnotes in this report.

Exhibit number	Exhibit name
EXH001	ICAC investigation report.
EXH003	SA Health Salaried Medical Officers Enterprise Agreement 2025.
EXH004	Professional Development – Reviewing Claims.
EXH005	Professional Development – How to lodge a claim.
EXH007	Medical Officer – How to check entitlements Fact Sheet.
EXH008	Approving an expense report claim Fact Sheet.
EXH009	How to complete a travel expense claim Fact Sheet.
EXH011	Analysis of claims data for all local health networks 2021-2025.
EXH012	SA Health Clinical Academics Enterprise Agreement 2024.
EXH013	SA Health Visiting Medical Specialists Enterprise Agreement 2023.
EXH022	Claims data for all local health networks 2021-2025.
EXH024	Fringe Benefit Tax Policy.
EXH030	Contribution by SA Health officer via email, written submission or meeting.
EXH034	Contribution by SA Health officer via email, written submission or meeting.
EXH036	Contribution by SA Health officer via email, written submission or meeting.
EXH037	Contribution by SA Health officer via email, written submission or meeting.
EXH038	Contribution by SA Health officer via email, written submission or meeting.
EXH041	Contribution by SA Health officer via email, written submission or meeting.
EXH043	Contribution by SA Health officer via email, written submission or meeting.
EXH044	Contribution by SA Health officer via email, written submission or meeting.
EXH058	Contribution by SA Health officer via email, written submission or meeting.
EXH060	Medical Officer Professional Development Reimbursement Scheme FAQs – What can I claim?

Exhibit number	Exhibit name
EXH061	Medical Officer Professional Development Reimbursement system webpage.
EXH062	Contribution by SA Health officer via email, written submission or meeting.
EXH064	Contribution by SA Health officer via email, written submission or meeting.
EXH066	Contribution by SA Health officer via email, written submission or meeting.
EXH067	Contribution by SA Health officer via email, written submission or meeting.
EXH068	Contribution by SA Health officer via email, written submission or meeting.
EXH070	Taxation Factsheet – 21 Medical Officer Professional Development and FBT.
EXH072	Contribution by SA Health officer via email, written submission or meeting.
EXH076	Contribution by SA Health officer via email, written submission or meeting.
EXH079	Contribution by SA Health officer via email, written submission or meeting.
EXH080	Contribution by SA Health officer via email, written submission or meeting.
EXH081	Contribution by SA Health officer via email, written submission or meeting.
EXH082	Contribution by SA Health officer via email, written submission or meeting.
EXH083	Contribution by SA Health officer via email, written submission or meeting.
EXH086	Contribution by SA Health officer via email, written submission or meeting.
EXH088	Contribution by SA Health officer via email, written submission or meeting.
EXH089	Contribution by SA Health officer via email, written submission or meeting.
EXH090	Contribution by SA Health officer via email, written submission or meeting.
EXH091	Contribution by SA Health officer via email, written submission or meeting.

Appendix 2: The Department for Health and Wellbeing, SALHN and WCHN response to draft report, May 2026**OFFICIAL****Health**
Department for
Health and Wellbeing

A7649102

Commissioner Emma Townsend
Independent Commission Against CorruptionBy email: evaluation@icac.sa.gov.au**Office of the Chief Executive**Citi Centre Building
11 Hindmarsh Square
Adelaide SA 5000PO Box 287, Rundle Mall
Adelaide SA 5000
DX 243Tel 08 8226 0795
ABN 97 643 356 590www.sahealth.sa.gov.au

Dear Commissioner

EVALUATION OF PROFESSIONAL DEVELOPMENT FUNDS – RESPONSE TO DRAFT REPORT

Thank you for providing your draft evaluation report for review and comment by Department for Health and Wellbeing (DHW), Women's and Children's Health Network (WCHN) and the Southern Adelaide Local Health Network (SALHN).

Following careful consideration of the draft evaluation report by DHW, WCHN and SALHN, I confirm SA Health would accept the recommendations as they are currently drafted. Further, I provide the below response for your consideration.

Commitment to Implementation

SA Health remain committed to carefully considering the issues raised by ICAC in this report and taking appropriate steps to address them. We look forward to working with the South Australian Salaried Medical Officers Association (SASMOA) on the implementation of ICAC's recommendations, once received formally. This work will support a more transparent and effective environment for both medical officers and the staff responsible for administering professional development entitlements.

Upon receipt of the final report, DHW will draw it to the attention of all Local Health Network (LHN) Chief Executive Officers, affirming our commitment to this work. While I consider LHNs are cognisant of their obligations with respect to professional development, I will issue a reminder of the LHN obligation to monitor staff compliance with the *Code of Ethics for the SA Public Sector*. Where a LHN considers that any use of its Professional Development Funds raises a suspicion of potential misconduct or maladministration, it will be reminded that such conduct should be reported internally for consideration of any investigation, and can be reported to the Office for Public Integrity (OPI) or the Ombudsman SA. Further, that any reasonable suspicion of corruption in public administration must be reported to the OPI.

Further Information/ Consideration of Amendment

It is requested that you consider incorporating the following information into your evaluation report, for the purposes of providing relevant context to the report narrative and recommendations:

- With respect to the annual spend data provided on page 3, and particularly the disparity in total spend in different years, the global COVID-19 pandemic and resultant public health measures in South Australia resulted in total expenditure on professional development in 2021-2022 being significantly curtailed. As a result of the pandemic, SA Health continued to restrict employees from international travel for professional development purposes in 2022-2023.

OFFICIAL

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Further, we ask that you consider amendments as follows:

- SA Health acknowledges ICAC's previous reports relating to timesheets and does not believe it necessary for this evaluation report to comment on timesheet issues for clinicians (page 11 of the draft report at paragraphs 3 and 4). SA Health has done extensive work to resolve the concerns previously identified by ICAC and has since reported on implementation progress to the Auditor General. The past reports did not consider professional development or leave recording in any detail. SA Health considers that inclusion of these references in the final evaluation report is likely to be ill-received by SA Health's medical officers and SASMOA, may exacerbate existing industrial challenges, and may distract from the evaluation report's intended focus on professional development entitlements.

Industrial context

SA Health is required to comply with the *SA Salaried Medical Officers Enterprise Agreement 2025* (the Enterprise Agreement), which mandates consultation with staff and the SASMOA on the development of policy and guidelines. We note SASMOA's comment on page 16 of the draft evaluation report and agree that any proposal will need to be consistent with the terms of the Enterprise Agreement. It is SA Health's view that the wording of the Enterprise Agreement does not preclude appropriate governance of professional development by the agency.

I confirm there is no objection to this response being published with your evaluation report. Meanwhile, should you require any further information, please contact [REDACTED], Director, Office of the Chief Executive, DHW, telephone: [REDACTED].

Thank you again for providing the opportunity to review and provide feedback in respect of your draft evaluation report. I look forward to receiving your finalised evaluation report.

Yours sincerely



DR ROBYN LAWRENCE
Chief Executive

22 / 05 / 2026

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Appendix 3: South Australian Salaried Medical Officers Association Submission to the Evaluation, December 2025 (attachments redacted)

1 December 2025

Ms Emma Townsend
Commissioner
Independent Commission Against Corruption

BY EMAIL: evaluation@icac.sa.gov.au

Dear Commissioner Townsend

Invitation to make a submission to the evaluation of Professional Development Funds for Medical Practitioners

Thank you for your interest and the opportunity to allow the South Australian Salaried Medical Officers Association (SASMOA) to contribute to your evaluation of Professional Development clauses provided for in the various medical officer industrial agreements, namely the *Salaried Medical Officer Enterprise Agreement (SMOEA)*, the *Visiting Medical Specialist Enterprise Agreement (VMSEA)* and the *Clinical Academic Enterprise Agreement (CAEA)* (**the Enterprise Agreements**), and the agreed industrial principles that underpin these enterprise agreements for the implementation of these clauses.

Wages - Enterprise Agreements

The principles derived for the acceptance of professional development are provided for in the public health enterprise agreements for medical officers. The requirement for approval is simple, "*Professional development means professional development approved by a direct line manager having regard to a performance development plan.*" The parties to the enterprise agreement have chosen to make access specifically broad and not confined and limited by unnecessary rules. If such principles and amendments to the definitions were intended, as you now seek to consider, then these principles would require inclusion in the Enterprise Agreements and agreement by approval of the parties to the enterprise agreements.

There are three parties who are currently appointed to negotiate the Enterprise Agreements and who are bound by the Enterprise Agreements. The declared employer, which is the Attorney-General's Department (recent change), the Department for Health and Wellbeing (SA Health) and the South Australian Salaried Medical Officers Association. Prior to the newly approved SMOEA, the declared employer to the enterprise agreements, between 2008 and 2018, was the Department of Premier and Cabinet (Labor State Government), and 2018 – 2022 the Department for Treasury and Finance (Liberal State Government).

The process for negotiating the Enterprise Agreements includes representatives from the three parties bound by the Enterprise Agreements and the involvement of State Government ministers and on occasion the Premier. Prior to the Enterprise Agreements being approved by the South Australian Employment Tribunal (SAET), the Enterprise Agreements are submitted to the

Cabinet for approval and then distributed to all public sector doctors to whom the particular agreement applies, to vote either to accept or reject the content in the new Agreement. The Enterprise Agreements require greater than fifty percent of applicable medical officer support, to then proceed to the SAET for approval. On approval the Enterprise Agreements are binding and, during the life of the Enterprise Agreements, there are to be no additional claims or amendments to the Enterprise Agreements.

The Enterprise Agreements for medical officers in South Australia are negotiated every three years, the most recent, the SMOEA 2025, was approved recently by the South Australian Employment Tribunal on 20 October 2025 and was negotiated between the named industrial parties and in accordance with the *Fair Work Act 1994 (SA)* by the Attorney-General's Department, the Department for Health and Wellbeing and the South Australian Salaried Medical Officers Association. The *Fair Work Act 1994 (SA)* governs the matters in the negotiations of the Agreements and the parties that are involved.

The enterprise agreements are supported by a document known as "the agreement explained" and, if required, further principles agreed between SASMOA and SA Health regarding implementation. If there are no agreed principles, then the parties are reliant on the enterprise agreement for those principles and what was intended by the parties during the negotiations.

In the SMOEA 2008, there were significant improvements to the wages and conditions of public sector doctors in South Australia. The improvements were necessary to attract and retain doctors to the public health sector due to significant medical officer shortages. The shortages, amongst other underlining difficulties, were due to the direct competition of the South Australian public health system with wages paid in the private sector, other Australian States and Territories and the international employment market. It was clear to the then State Government and the South Australian community that significant improvements to wages and conditions were necessary to attract and retain high quality doctors in South Australia to compete against the private health sector and other State public hospital and health services. Failure to improve wages and conditions for South Australian public doctors would result in ongoing depletion of the medical workforce, prohibiting community access to good quality medical care. As part of the SMOEA 2008, professional development was a matter for discussion for attracting and retaining medical officers to and in South Australia.

The parties whilst negotiating the SMOEA 2008 held two possible positions, the first; no professional development monies separately allocated and the wage rate for the medical officers would be increased to incorporate a professional development allowance and medical officers would then attend to their own professional development (which happens in other Australian States) or second; reduce the wages and set aside as part of the medical officer wages, an annual amount for doctors to use for professional development as a reimbursement. It was determined that professional development monies would be paid as reimbursement.

In 2008 and since (see below) there have been ongoing strong opinions put to SASMOA by State Government representatives, SA Health negotiators and some members as to why the money allocated to professional development should be reincorporated directly into the wages of public sector doctors (as an allowance), but SASMOA has held some discomfort with this path.

The State Government and SA Health have been of the view that the merger of professional development monies back into wages - leaving the decision of how the allowance is to be used with each individual medical officer - would reduce their administrative labour costs. SASMOA has been, on balance, of the view that professional development reimbursements would improve attraction and retention of public doctors to South Australia and also ensure that these doctors use this effectively 'quarantined' wage on developing their skills or purchasing materials and items with their allocated funds that relate to their professional development requirements. Another benefit to converting and quarantining the monies to a reimbursement is the ability to reduce the taxation that would otherwise be attracted by a higher wage if the professional development monies were to be included in the wage as an allowance. We have also been concerned about proposed changes to an allowance disguising an effective pay cut (see below).

Professional Development Negotiations and the Enterprise Agreements

Following the expiry of the SMOEA 2013, after surveying our membership, SASMOA approached the State Government and SA Health suggesting that the professional development monies provided for in the enterprise agreements could be paid as a fortnightly allowance incorporated into the doctors' overall wage, with the onus then on the doctor to prioritise the professional development allowance for training and development.

The reason for the request was due to the poor administrative processes for reimbursement of monies from SA Health back to the doctor. Sometimes doctors were out of pocket thousands of dollars for months at a time because of the health administration's inability and competency to pay these invoices within 30 days of receipt. Some of the membership were of the strong view that the strategy was deliberate by SA Health to discourage claiming professional development so SA Health may keep the unused monies and/or to evidence base reasons why the professional development monies should be incorporated back into the medical officer wage as an allowance.

On 18 August 2017, Ms Erma Ranieri, the Commissioner for Public Employment, made a written offer on behalf of the State Government to SASMOA (attached) committing to "*conversion of the professional development from the current reimbursement model to an allowance, provided such a conversion was adjusted with the allowance reduced to reflect the current overall take up cost of 70%*". It was SASMOA's understanding that the allowance would also be taxed as members' taxable income - effectively proposing a pay cut for doctors, as well as capping the global payment to 70% of the maximum available under the reimbursement model. The State Government and SA Health were resistant to committing to 100% of the potential reimbursement monies being converted to an allowance, and this offer was rejected by SASMOA. This proposal re-emerged again recently (see further below).

Agreed Principles and Guidance

The Enterprise Agreements provide the principles for professional development for which the doctor can claim. The relevant clauses for the purposes of professional development can be found in the SMOEA 2025 (Clauses 48 and 76), VMSEA 2023 (Clause 30) and the CAEA 2024 (Clause 26) setting out the principles for professional development for the parties to submit and approve claims. The clauses are closely mirrored in each of the enterprise agreements.

'Professional Development' is clearly defined in the Enterprise Agreements as:

"Professional Development as approved by the Consultant's direct line manager who will have regard to the Consultant's performance development plan as applicable at the time of approval, provided that the absence of a performance development plan will not preclude approval"

Additionally, all medical officers are granted in the Enterprise Agreements an entitlement to 10 days leave annually for professional development as well as a monetary amount allocated for the reimbursement of professional development.

- **Review of PD, FAQs and Form**

SASMOA is of the view that professional development is sufficiently defined but we are always available to the SASMOA members on this matter should they require clarity, and to discuss matters with SA Health.

Following a dispute in 2018, SA Health and SASMOA agreed to the professional development form, and professional development FAQs to complement professional development inquiries. SASMOA also assisted SA Health in the Medical Officer Review Report undertaken by the employer in 2018. The writer who worked alongside the delegated senior industrial officer from SA Health understood these documents should have then been circulated by SA Health to the LHNs but is unclear if this ever happened.

- **SA Health Overseas Travel Policy**

In addition to the principles set out in the Enterprise Agreements, SA Health and SASMOA have continued to meet over many years to agree the professional development form for submission for professional development reimbursement, ensuring that the process and form complement what the parties have agreed and intended in the implementation of the professional development clauses in the Enterprise Agreements, and do not contravene or undermine the clauses.

The agreed implementation of the professional development clauses and process for overseas travel can be found in the SA Health Overseas Travel Policy at Appendix 5, which was confirmed recently by the SA Health Chief Executive, Dr Robyn Lawrence, following lengthy discussions.

Access to training and development for medical officers often requires accessibility to training and development internationally. Whilst there may be some access to conferences in Australia a large majority of medical conferences occur internationally because advanced procedures and medical treatments are only taught or practiced in a few centres worldwide, including cutting edge therapies, rare disease management, advanced robotics and new surgery methods and techniques. All doctors go where the best training is offered to ensure that their skills and knowledge is maintained in the treatment of their patients. Trainee Medical Officers require professional development money to pay for their training. The rising cost of training for this group (such as the cost to simply sit exams) has made access for some students prohibitive to even enter medical training.

In addition to these meetings SASMOA representatives also attend regularly the 'SA Health Professional Development Reimbursement Steering Committee' Meeting which commenced

in 2019 following disputation in relation to the electronic recording of professional development. This committee is now chaired by Dr Mike Cusack, SA Health Chief Medical Officer, and although it was never intended to extend to this period both parties have found it useful.

- **Professional Development Reimbursement and Fringe Benefits Tax – Financial Policy and Procedure Document**

This document dates back to 2008 and provided some guidance on items reimbursed through professional development which attracted FBT and how this was dealt with by the finance department. It is unclear to SASMOA whatever happened to this policy but SASMOA still finds the information in the document useful and considers this information when SASMOA members request further advice on professional development and items which may attract FBT on reimbursement and response to the Australian Taxation Office.

Professional Development Negotiations and latest Enterprise Agreement

In 2024 negotiations for a new SMOEA commenced. SASMOA was advised that Cabinet had authorised the employer negotiators to submit the following claim:

- A salary increase of 3% per annum
- Compulsory 7-day rostering for Consultants
- Primacy of public health
- 3-year agreement

On 3 April 2025, unsolicited, the Cabinet sought to expand its claim to include the payment of professional development as an allowance as per the proposal put by the Commissioner for Public Employment in 2017. This would again result in an effective pay cut for medical officers and, considering the rising training costs for medical staff, particularly those doctors in training, plus the additional tax, this was rejected. **It was withdrawn by the State Government on 12 June 2025.**

It is clear SA Health would still prefer the professional development allowance to be paid as an allowance and form part of medical officer wages however any conversion in the Enterprise Agreements would, if to be considered, have to be commensurate with current professional development payments received by medical officers provided for in the Enterprise Agreements.

ICAC Reviews into Medical Officers

SASMOA appreciates the opportunity to respond to your inquiry into this matter regarding medical officers. You may be aware SASMOA has been critical of previous ICAC Commissioners who pursued matters pertaining to medical officers' enterprise bargaining, wages, rights and entitlements without providing this courtesy to SASMOA, contacting only SA Health bureaucracy for input (see attached).

Nevertheless, it is concerning that so soon after the conclusion of negotiations with the Attorney-General's Department and the recent approval of the new Enterprise Agreement your office now seeks to review the implementation of the professional development

reimbursement process. I understand your role reports to the Attorney-General and is also overseen by a Parliamentary Crime and Public Integrity Policy Committee.

Given this is an agreed Enterprise Bargaining matter, SASMOA is unclear what particular risk you assert regarding potential "corruption", especially given the history above.

What is also particularly troubling for the Association is the consistency and determination in which the ICAC pursues inquiries regarding the terms and conditions of public sector medical officers negotiated in good faith with the Attorney-General's Department. The writer is left wondering whether your organisation pursues these inquiries with the same vigor for other professions, or indeed for the health administration who seem to attract adverse Auditor-General reports on an annual basis without fear of being accountable or responsible to the community. If you could advise of any other professions, in health or elsewhere, that have faced similar regular interrogation by ICAC regarding their negotiated terms and conditions we would be pleased to hear about it.

SASMOA is happy to have the document and attachments published on your website and we will also distribute our response to SASMOA members.

Yours sincerely



Bernadette Mulholland
Chief Industrial Officer

Appendix 4: South Australian Salaried Medical Officers Association, response to draft report, May 2026



20 May 2026

Commissioner Emma Townsend
Independent Commission Against Corruption

BY EMAIL: evaluation@icac.sa.gov.au

Dear Commissioner Townsend

Invitation to the SASMOA President and Chief Industrial Officer to respond to the draft Professional Development Funds for Medical Officers

Thank you for the opportunity to respond to the draft report.

The Association's response to the review was previously provided in our correspondence of 1 December 2025 and the writer notes that this will be attached to the report when released.

We note the recommendations, some of which are administrative and the Association can discuss with SA Health, other suggestions in the report will need to form part of future enterprise agreement negotiations between the parties.

Yours sincerely

Bernadette Mulholland
Chief Industrial Officer

Appendix 5: Ombudsman SA, response to draft report, May 2026**OFFICIAL: Sensitive//Legislative secrecy**

Telephone: 7322 7020
Ombudsman reference: 2026/02875



CONFIDENTIAL
Ms Emma Townsend
Commissioner
Independent Commission Against Corruption

By email: evaluation@icac.sa.gov.au

Dear Ms Townsend

Draft Report - Evaluation of Professional Development Funds for Medical Officers

Thank you for the opportunity to provide comment on your draft report of the Evaluation of Professional Development Funds for Medical Officers (**the report**).

I note your view that there is scope to improve the management of professional development funds; in particular to provide clarity around what constitutes 'professional development' for the purpose of reimbursement of associated expenses, and to improve systems and processes associated with the approval and review of claims. I agree with your observations as to the limitations of the current framework and I support your suggested recommendations to the Department and local health networks.

I offer the following additional comments for consideration.

Risk of misconduct and maladministration

You observe that the current framework is such that professional development funds are vulnerable to corruption. I consider the limitations identified in the report also make the scheme vulnerable to 'maladministration' and 'misconduct' as defined by the *Ombudsman Act 1972*. For example, the ambiguity as to what can be claimed may result in 'an irregular and unauthorised use of public money' or claims that amount to 'substantial mismanagement of public resources'; the lack of rigor currently required in making a claim leave the process open to dishonest activity amounting to misconduct.

Consideration to be given to the public nature of the funds

I agree that professional development funds should be reasonably used for the purpose they were intended and that greater clarity as to what amounts to professional development will reduce the risk of the funds being misused.

However, in addition to implementing guidance as to the purpose of professional development, I consider that guidance should be implemented in relation to all types of claims making it clear that claims should be of an amount that is justified by reference to its contribution to public value. Whilst these funds are entitlements under the Enterprise Bargaining Agreement they are nevertheless sourced from public funds and, in my view, each reimbursement must meet public expectations regarding a reasonable amount of expenditure.

OFFICIAL: Sensitive//Legislative secrecy

You may wish to consider amending your recommendations to include a requirement that any guidance refers to the appropriateness of claims in light of the fact that they comprise expenditure of public funds.

Claim Examples

I also wish to express my serious concern about the examples given of claims on pages 12 and 13 of the draft Report. On their face many of those claims do not appear to be appropriate in terms of the value or nature of the claim adding to professional development. I do not consider they would meet public expectations of what taxpayers' monies should go to; indeed, a number of them seem to fall significantly below this threshold. Whilst such claims may only represent a small proportion of the total claims, they highlight the importance of providing clarity as to what can be claimed and increased rigor in approval and review processes.

Complaints or reports to Ombudsman SA

I reiterate my view that the current framework is vulnerable to misconduct and maladministration.

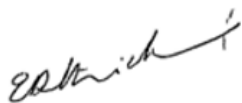
Notwithstanding my serious concern regarding many of the items identified in your report, I considered that the lack of guidance and deficiencies in the approval system presented challenges to finding misconduct or maladministration in relation to any particular individuals. For this reason, and in light of the work that had already been undertaken by your office and the outcomes that could be achieved through this evaluation, I determined not to investigate any particular instances or individuals.

However, following your report being published and certainly after implementation of the recommendations, complaints or reports of the misuse of the professional development fund will be thoroughly assessed and where appropriate investigated by my Office.

I authorise disclosure of this letter as you see fit, including by way of referencing or quoting my views within your final report or as an Appendix to the report.

Please do not hesitate to contact me if you wish to discuss further.

Yours sincerely



Emily Strickland
SA OMBUDSMAN

26 May 2026

