



AMA Top Five Election Priorities

As the only association representing Tasmanian doctors across all disciplines, we welcome the opportunity to present our top five priorities for you to consider as part of your election policy development. These priorities should be read alongside our 2024-25 budget submission which includes other important areas in health that need investment.

Priority One – Backing General Practice

- **Work with the Federal government to rebuild the general practice workforce**
- **Payroll tax exemption for General Practice and ruling out retrospective payments**
- **Support general practitioners to provide collaborative care in the community**
- **Support for Rural General Practitioners working in government facilities.**

Priority Two – Relieving Pressure in our Hospitals

- **Relieve bed block in our hospitals, so patients receive the right care they need, at the right time, at the right place by increasing subacute and step-down care bed options**
- **Address the backlog of medical imaging and pathology testing diagnoses putting Tasmanians at risk**
- **Fund innovative care in the north including Robotic Surgery at the Launceston General Hospital (LGH) and cardiology services at the LGH**
- **Establish a Stroke Unit for the NWRH.**

Priority Three – Building Critical Infrastructure

- **Fund the Department of Health’s Masterplans across Acute Hospitals and Mental Health to ensure critical health infrastructure is delivered by 2035**
- **Collaborate with private providers and investors to ensure that critical private infrastructure is built.**

Priority Four – Community Support

- **Support the mental health needs of young people worried about climate change**
- **Campaign against smoking, vaping and nicotine pouches aimed at young people**
- **Address ADHD in children.**

Priority Five – Ensuring a Fair Complaints Process

- **Review the Department of Health’s Complaint process with the aim to ensure natural justice principles are applied at all times.**

Priority One: Work with Federal Government to Rebuild the General Practice workforce

THE ISSUE

Patients are unable to access General Practitioners (GP) in a timely manner as we simply don't have enough GPs. When patients are unable to be seen by a GP, conditions that would normally be well managed to avoid complications are not treated in time or managed acutely by a GP in collaboration with Specialists, with the consequences being that patients experience preventable complications and presentations to public hospital emergency departments (ED).

Patients are unable to afford general practice care due to years of inadequate indexation to patient rebates for general practice care. The previous classifications for health funding and safety nets are no longer fit for purpose.

The Tasmanian Government has increasingly been required to step into top-up primary care. This is not a sustainable or an affordable long-term solution. The solution is not task substitution. The solution is to rebuild a workforce that is based on demand and projected population growth. The implementation of the Single Employer Model has been a step in the right direction, but more needs to be done.

AMA TASMANIA'S REQUEST:

State government work with the Federal Government, AMA, RACGP, and the University of Tasmania to develop a General Practice Work Force Plan for Tasmania.

Payroll Tax Exemption for General Practice

THE ISSUE

Most doctors contract to a general practice for the use of a room in a building as well as access to shared reception and nursing staff. Their patients are their own, and they manage their own time.

Some other States have decided to apply payroll tax to general practice and to also apply the tax retrospectively, threatening to cripple them in the process.

Should it be applied in Tasmania, we will see some general practices close and the cost of payroll tax flow on to patients, making it even more expensive to visit a GP.

With our lower socio-economic community, the result will be fewer people being able to afford to go to their GP when they are sick or to manage their chronic illness. Instead, more people will turn up sicker to the emergency departments, adding more pressure to a public health system struggling to cope with current demand.

AMA TASMANIA'S REQUEST:

General practice be exempt from payroll tax and any threat of retrospective payments be ruled out.

GP Collaborative Care in the Community with Pharmacy

THE ISSUE

Against strong medical advice nationwide, the Tasmanian government is widening the scope of pharmacists' practice to include prescribing for urinary tract infection (UTI) symptoms.

AMA Tasmania does not support pharmacists prescribing in isolation of a medical practitioner. It is a patient safety issue. Doctors are trained over many years to look for symptoms that may indicate a patient is suffering from more than a UTI or other condition. We are also concerned about the supplier of medication being able to be the prescriber. It is not good practice.

The change in scope of practice is being driven by the perception that it is difficult to get a same-day appointment with a GP. Our AMA GPs say that this is not the case. If a patient has symptoms of a UTI, they will be seen. We acknowledge, however, that some patients will attend their closest pharmacy for reasons of convenience, cost, or the perception they cannot see their GP.

To ensure the best care is available to patients when they need it, we support closer collaboration with pharmacists to help manage these patients, but this does come at a cost. Ideally, it should be paid for by the Commonwealth through the MBS, but as this is not currently available due to restrictions around telehealth, and while state governments are pushing for change, it must be supported at the local level.

AMA TASMANIA'S REQUEST:

Commitment to withdraw from the UTI pilot and not proceed with independent prescribing for pharmacy. Instead, encourage collaborative prescribing by providing a payment to GPs and pharmacists to assist patients in need of a script within a pharmacy for a suspected UTI or any other condition being considered for independent prescribing for pharmacy.

Support for Rural General Practitioners Working in Government Facilities

THE ISSUE

Federal government financial support to general practice is insufficient to make many general practices sustainable, particularly in rural areas where there are higher numbers of people of low-socio economic status. Combine this with the number of doctors going into general practice declining in recent years and you will see how difficult it is to attract and retain general practitioners in rural areas.

The state government needs rural GPs to provide medical services to their rural hospitals, which keep people out of EDs and acute care beds. In the past, the cost to government was minimal under the Rural Practitioners Agreement, but as it has got harder to keep rural general practices open and available after hours, state government have had to step in with stronger support packages, including support for on-call rosters for GPs after hours and locums. What this has meant is some inequity across the state among how these practices are supported.

The government needs to accept the cost to run a rural bed today is more expensive than an acute hospital bed because of the difficulty attracting and retaining the workforce. However, they can take some of the pressure off our major hospitals. They are also important from a social perspective to be able to provide care as close as possible to where someone lives.

In addition, we want to see a concerted effort to use technology that sees a nurse with a patient in a rural area able to be seen by a specialist via tele links, reducing the need for patients having to travel for a geriatric assessment for example.

AMA TASMANIA'S REQUEST:

The state government provide sufficient support (financial and in-kind) to have rural medical beds and emergency care centres operational 24/7 with on-call support from GPs, including adequate remuneration to be able to engage short-term locums when required. This support for rural general practice must be fair and equitable across rural areas.

Priority Two: Hospitals

Addressing Bed Block

THE ISSUE

Ask any emergency department doctor their biggest frustration, and they will tell you it is getting patients admitted into an inpatient bed.

Speak to a medical physician, and they will tell you their frustration is having all their beds full and having patients waiting for a diagnostic investigation to be performed, knowing there are others waiting sometimes days in the ED for a bed. They are frustrated with the lack of subacute and discharge options for patients.

Patients are sick and tired of having their elective surgery cancelled due to there being no hospital beds.

Healthcare workers are frustrated with the blockages in the system impacting on how they can care for their patients.

The human impact of bed block is what they live with every day.

We need a variety of strategies to be funded to help the flow of patients through our hospitals.

AMA TASMANIA'S REQUEST:

Implement the following strategies:

- 1) Expand the Hospital in the Home beds program and GEM@home to a minimum of one hundred beds over the next twelve months across the state.*
- 2) Expand inpatient rehabilitation by 70 beds and a further 40 inpatient Geriatric Evaluation and Management beds for those patients who need hospital care in Southern Tasmania.*
- 3) Increase staffing, clinical and support in emergency departments across the state to accommodate the new 60-minute Ambulance Transfer of Care policy.*
- 4) Explore and open appropriate Medi-hotel beds with appropriate staffing for those who no longer require acute care but need some care while waiting to go home.*
- 5) Purchase acute beds in the private sector while new or expanded public infrastructure is built.*
- 6) Expand the Community Rapid Response Service (COMRRS) to cover rural areas. This team makes excellent assessments of patients in both home and nursing home contexts thereby keeping patients out of hospital.*
- 7) Establish a community-based team of geriatricians, nurse practitioners, allied health, and administrative staff, which general practitioners can access to provide care to the elderly, including in nursing homes.*
- 8) Ensure a geriatrician is available to help assess patients as to the care they need and the best place for them to receive that care, including before admission to an acute bed.*

Expanded Pathology and Medical Imaging Services

THE ISSUE

Anatomical pathologists are the specialists who diagnose cancer in tissue/biopsy samples. Over the past fifteen years, the workload and complexity of case reporting have grown significantly, but the workforce has not.

Due to the staffing shortage in Anatomical Pathology at the Royal Hobart Hospital (RHH), there are significant delays in finalisation of patient reports, with delays in the diagnosis and subsequent treatment of significant diagnoses (including cancer). Patients are having to be rebooked into the clinic because biopsy results are not available. As a result, patients are not receiving timely cancer diagnosis to be able to start treatment as quickly as possible.

There are currently around 600 unreported cases at the RHH, despite the small team trying their best to keep on top of the workload. Therefore, there is an urgent need for two anatomical pathologists and support staff, including laboratory scientists and technicians, to be added to the RHH pathology team, noting some of their services are state-wide services.

Similarly, medical imaging (x-rays, ultrasound, CT-scans, MRI, etc) investigation and reporting capacity in the public hospitals is unable to keep up with demand. Delays in investigations delay the time to diagnosis, impact clinical treatment pathways, and increase the time to discharge.

Increasingly, public patients are being outsourced to private medical imaging providers as the public capacity simply hasn't increased to meet demand.

AMA TASMANIA'S REQUEST:

Funding be provided for two anatomical pathologists and support staff within the first 100 days of the new government.

Funding provided to increase medical imaging capacity within Tasmania, with increases to outpatient investigation capacity and integration across the state to develop a state-wide medical imaging network

Innovative care in the north including Robotic Surgery at the LGH, and cardiology services at the LGH

THE ISSUE

Innovation in surgical technology is evolving and needs investment. Robotic surgery is increasingly being utilised and integrated into major surgery. By investing in robotic technology, the LGH will be able to provide an equitable level of care to what patients can receive interstate and are also able to receive in private hospitals in the south. It also would lessen the need for northern Tasmanians to travel to receive care.

Patient outcomes are better with robotic surgery in certain operations. There can be a significant reduction in blood loss, reduced complications, and reduced length of stay from six days to one day. Less time in hospital frees up beds for more patients and reduces the time patients wait for their surgery. Less complications also means resources are used in follow-up care. In addition, patients can return to work and function faster as well as there is emerging evidence of better oncological outcomes.

Investment in innovative robotic-assisted surgery also helps to attract and retain specialists in northern Tasmania. This is particularly true of urology, where there is now an expectation among doctors to work with robotic surgery. Urologists will not move to the LGH if they do not have the tools they have come to rely on and are provided in other states. By investing in this technology, the LGH can become a centre of training and innovation providing world-class surgical care.

The LGH Cardiology unit provides 24/7 emergency cardiology care to the northern half of the state.

The LGH cardiology unit needs the infrastructure and capacity (specialists, nursing staff), interventional catheter theatre, and bed resources to deliver comprehensive level 5 care to the north of the state and over 250,000 Tasmanians within the agreed Tasmania Role Delineation Framework.

AMA TASMANIA'S REQUEST:

Establish a \$4.5m robotic surgery facility at the LGH as part of the first budget.

Strategic planning funding and development to ensure that the LGH Cardiology capability meets the Level 5 care requirements for the North of the State.

Stroke Unit for the North West Regional Hospital (NWRH)

THE ISSUE

Stroke is one of Australia's biggest killers. Fast action is required to reduce the damaging impact of a stroke on a patient. Around 80 per cent of strokes are preventable. The north west needs more support with the funding of a specific stroke unit at the NWRH as well as Tele stroke services for the ED at the Mersey.

AMA TASMANIA'S REQUEST:

Establish a specific stroke unit at the NWRH.

Priority Three: Infrastructure

Funding of Masterplans

THE ISSUE

If we are to address the ramping of ambulances, the overcrowding of emergency departments, the demand for inpatient beds outstripping supply in our hospitals, the need for therapeutic environments for people recovering from mental illness, the need for step-down care for the elderly and beautiful spaces for families to spend the final hours with their loved ones in palliative care, we need to have the right infrastructure in the right place now, not by 2050.

The Department of Health has several masterplans in place or being developed to look at the infrastructure needs of the acute and mental health systems. These plans extend well into the future including the Royal Hobart Hospital Master Plan, which envisages building to continue over the next thirty years¹; the St John's Park Masterplan, which is a plan for the next twenty years²; the draft North West Hospitals Masterplan³, "a blueprint for the development and management of the North West Regional Hospital, Mersey Community Hospital and the Burnie Parkside Precinct, over the next 20 years"⁴; and, the Launceston General Hospital Precinct Masterplan, "a roadmap for the development of the LGH precinct over the next twenty years."⁵

We cannot afford to wait until 2050 for the RHH Masterplan to be completed, or the St John's Park Mental Health and other health services precinct, the LGH Masterplan, or the NWRH and MCH Masterplan.

While master plans are important, visions don't solve problems. We need projects funded and the bricks and mortar laid as soon as possible, such as the St John's Park sub-acute/community care facility and the inpatient Acute Mental Health facility to free up the Mental Health wards in K-Block for medical beds or the new Mental Health building at the NWRH.

A healthy public hospital system also relies on a healthy functioning public and private hospital system. Private hospitals help to attract and retain doctors who are willing to also work in the public sector. They can also be used to complement and supplement public sector services. Unfortunately, we have seen two private hospital projects (New Town Private Hospital in Hobart and Calvary Launceston Colocation) cancelled, and the St Helens Private Hospital closed - with it the state's only private mother/baby unit. The long-standing St John's Hospital redevelopment has not yet been finalised and commenced, and the existing private hospital infrastructure around Tasmania is ageing.

AMA TASMANIA'S REQUEST:

A commitment to fund the Department of Health's Masterplans across acute hospitals and mental health to ensure critical health and mental health infrastructure is delivered by 2035. In particular, the specialist subacute inpatient and mental health inpatient facilities at St John's Park should be prioritised to help get people out of acute beds in the RHH. Tasmanian Government work with private providers and investors to grow private sector hospital bed capacity in Launceston AND state-wide subacute beds.

¹ [Report Template \(health.tas.gov.au\)](https://www.health.tas.gov.au)

² [St Johns Park New Town | May 2023 \(health.tas.gov.au\)](https://www.health.tas.gov.au)

³ NB: AMA Tasmania supports a single hospital for the Northwest but acknowledges the government continues to pursue its redevelopment of two sites against best practice.

⁴ [Northwest Masterplan Tasmania - Search \(bing.com\)](https://www.bing.com)

⁵ [Draft North West Hospitals Masterplan | Tasmanian Department of Health](https://www.health.tas.gov.au)

Priority Four: Community Support

Young people's mental health and climate change

THE ISSUE

The threat of climate change and its impact on the mental health and well-being of young people is real. General Practitioners are the ones at the frontline talking to young people about their fears for their future. There are two programs that are worthy of government financial support to help young people to be resilient and pro-active in making changes for the better.

The Tasmanian Youth Climate Leaders Program supports young people (aged 10-18 years) to build capacity to take action on climate change. The program runs between March and September each year and involves students working with their peers to gain a greater understanding of climate change and deliver a climate action project. The program aims to build a network of young people who are passionate about climate science, climate justice, STEM, and sustainability, equipping them with the skills and knowledge to support on-ground actions in their local communities and beyond.

[Curious Climate Schools](#) aims to develop public-powered scientific engagement, bridging the gap between experts and audiences with credible, relevant information about climate change. Their team consists of climate scientists, conservation biologists, fire scientists, chemists, lawyers, engineers, psychologists, social scientists, oceanographers, Indigenous knowledge specialists and health experts. This award-winning program provides the opportunity for students to ask experts in the field any questions about climate change they may have and addresses related feelings and distress they may be feeling. This includes health experts responding with evidence-based mental health resources for students and teachers.

AMA TASMANIA'S REQUEST:

The AMA calls for a commitment to continued and increased funding to support the dissemination of high-quality mental health resources to students, teachers and parents on the management of eco-distress (anxiety, anger and despair) associated with climate change, pollution including plastic and biodiversity collapse through both the Curious Climate School initiative and the Tasmanian Youth Climate Leaders program.

Campaign against smoking, vaping and pouches aimed at young people

THE ISSUE

Despite recent legislative changes around vaping and e-cigarettes, the surge in vaping among Tasmanian secondary school students is alarming. Regardless of efforts such as the federal ban on the importation of disposable vapes, the prevalence of vaping, especially among young individuals, remains distressingly high. And now we have the emergence of the nicotine pouch, another flavoured nicotine product aimed at young people, developed by the tobacco industry.

A national survey conducted for the federal Department of Health and Aged Care reveals a startling reality: nearly one-third of Australian secondary school students aged 12-17 have experimented with e-cigarettes. This figure represents a significant increase from just a few years ago, underscoring the urgent need for action. <https://www.health.gov.au/resources/publications/secondary-school-students-use-of-tobacco-and-e-cigarettes-2022-2023?language=en>

AMA Tasmania advocates for strategic investments in comprehensive school-based education programs aimed at combating the rise of vaping. This includes education and awareness campaigns, resource allocation for quitting support, and collaboration with community stakeholders.

Investing in school-based education programs represents a proactive and preventive approach to tackling the escalating problem of vaping among young Australians. By empowering students with knowledge and support, we can mitigate the harmful effects of vaping and safeguard the health and future of our youth.

Combined with this, we want to see the on-the-spot fines reintroduced as a measure to deter tobacco retailers from selling products to minors and the public health staff employed to ensure tobacco control measures are enforced. Since 2017, the number of staff available has been halved from three to 1.4 FTE.

AMA TASMANIA'S REQUEST:

- ***Reintroduce on-the-spot fines for tobacco retailers selling tobacco products to minors.***
- ***Employ at a minimum three FTE tobacco control officers to enforce Tasmania laws around tobacco and vapes.***
- ***Work with the Australian government to restrict further nicotine pouches in Australia.***
- ***Provide funding for public education campaigns on the harms of all nicotine products.***

Address ADHD in the community

THE ISSUE

ADHD is the most prevalent neurodevelopment disorder in Australia, estimated at over ten per cent of children, and an unknown but significant number of adults, at least three per cent. It is extremely costly to the community, the individual and their families in every domain.

- People with ADHD have a 29% increase in vehicle accidents – 50% in serious accidents. NB: treatment provides a 60% reduction in vehicle accidents
- They are more likely to have accidental injuries, including 30% increase in fatal injuries
- They are twice as likely to attempt suicide and six times as likely to die by suicide.
- Around 25% of prison inmates meet the criteria for ADHD.
- Given the critical importance of early childhood education and the Tasmanian delays in assessment and treatment, it is likely to be a significant contributor to functional illiteracy and multi-generational disadvantage.
- It is genetic, so compounding risks for children living with untreated parents.
- People with ADHD have a higher risk of substance misuse if untreated.

There are over three thousand children waiting to see paediatricians who are fully occupied supplying scripts to already diagnosed children. Other states have models of shared care able to provide timely assessment and treatment. AMA Tasmania calls for similar models of care to be supported by legislation allowing co-prescribing with GPs and longer mandatory review periods in stable patients.

AMA TASMANIA'S REQUEST:

The AMA calls for legislative and organisational change to facilitate the assessment and treatment of children and adults with ADHD and its common co-morbidities, such as autism, in public and private health services.

Priority Five: Complaints Process

Statewide Complaints Management Framework

THE ISSUE

Following the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings, the Department of Health reviewed its complaints process and instituted a new Statewide Complaints Management Framework to ensure a consistent approach to handling complaints across the state. This new process has caused harm to and concern for doctors, many of whom no longer feel supported by their employer, the Tasmanian government, and feel unsafe in the workplace. The new system promotes a culture of mistrust within the workplace, affecting morale.

AMA Tasmania wants an efficient and fair complaint process that fosters a supportive environment for healthcare professionals, provides a safe environment for patients and upholds the standard of healthcare services in the regions.

AMA Tasmania advocates for a more collaborative approach, emphasising dialogue among staff, supervisors, and health department representatives to address complaints rather than resorting to immediate suspensions without giving the doctor a chance to be heard, and protracted investigations.

The prevailing trend of knee-jerk reactions has resulted in unjustified suspensions, detrimentally affecting doctors' morale, workplace dynamics, and patient care.

The psychological toll on doctors facing complaints cannot be overstated; they require understanding, support, and vindication, not vilification.

The AMA calls for an urgent reassessment and collaborative solutions to address these systemic challenges, aiming to mitigate the adverse effects on doctors' and patients' well-being.

AMA TASMANIA'S REQUEST:

An independent review of the Department of Health's Complaint process be conducted within the first 100 days of the new government with the aim to ensure natural justice principles are applied at all times. This review should also look at the role of senior clinicians as part of governance within our hospitals and how they should form part of the process to determine how a complaint should be managed before action is taken against a doctor.