CLEAR THE HOSPITAL LOGJAM

AMA

2025 Public Hospital Report Card

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February 2025
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President's introduction

Dr Danielle McMullen

Federal AMA President

Australia's public hospitals are a crucial part of our health system. But for years they have been in logjam — a logjam that's led to increasing wait times for essential surgeries and longer waits for patients in our emergency departments (EDs).

The Australian Medical Association's annual Public Hospital Report Card — published since 2007 — has recorded a steady decline in public hospital performance year-on-year, with last year's report detailing the worst performance in the history of the report.

This year there is some good news. The most recent data shows improvements compared to 2022–23, including: improvements in the percentage of patients triaged as emergency being seen on time; the proportion of Category 2 planned surgery patients being seen on time; a drop in the median waiting time for planned surgery; and an increase in the number of public hospital beds available.

But the picture is far from rosy with **performance during 2023–24 remaining markedly worse than it was just five years ago** across all states and territories.

The results reflect what I hear from my emergency department colleagues: every day our public hospital EDs are overcrowded and under-resourced. Between 2014–15 and 2019–20, the percentage of ED presentations completed within four hours or less fell from 73 per cent to 69 per cent. Five years later in 2023–24, **just 55 per cent of ED presentations across Australia were completed within the benchmark target of four hours.**

These are not patients with cuts and bruises. ED patients who are triaged as Category 2 — "emergency" — should be assessed and begin receiving treatment within 10 minutes. These are patients presenting with chest pain (likely of cardiac nature), severe respiratory distress, or acute stroke. Despite seeing a three per cent improvement compared to last year, **a third of all patients triaged as "emergency" were still not seen on time**, up from a quarter five years earlier.

Patients continue waiting too long for essential surgery. These are patients in pain, sometimes unable to work, or care for their loved ones — to live normal lives. The longer people wait for surgery, the more they are exposed to unnecessary pain, unnecessary time away from their work and social lives, and a greater the chance their condition gets worse.

By way of example, the percentage of category two patients having their surgery on time (within 90 days) has fallen from **83 per cent to 71 per cent** in five years**.** Category 2 planned surgery procedures include heart valve replacements and surgeries to address congenital cardiac defects. These are not patients who cannot afford to wait.

President's introduction

It's encouraging to see there's been some short-term improvements when we compare this report with the last one. But there is still a very long way to go.

The number of beds available for every 1,000 Australians aged over 65 remains at the record low number of 14.3, less than half of the capacity in the early 1990s. Australia's population continues to grow and age, with older patients spending much longer in hospital once they are admitted. Without increased investment in our health system by both state and federal governments, capacity will continue to fall, and our already overworked hospital staff will continue to be impacted, with increasing rates of burnout.

In the lead-up to this year's federal election, we are calling on all politicians and political parties to prioritise our health system, including our hospitals. While recent investment from the federal government and action to address issues in some states and territories is welcome, the delay to a new National Health Reform Agreement was disappointing. The need for a new fit-for-purpose agreement has never been greater — for both doctors and their patients.

Dr Danielle McMullen,
AMA President

Australia's public hospital system explained

Australia's public hospital system is complex and confusing, even for many doctors. This short section — a new addition to the Public Hospital Report Card — is intended to provide an overview of how the system functions for the benefit of all readers.

By better understanding how our system functions, readers can also better appreciate the basis behind the AMA's proposed solutions. As the peak body representing Australia's doctors, these solutions are informed by extensive consultation with our members, combined with qualitative research and economic modelling.

With this report card containing important lessons for decision makers and the public, we hope this explanatory section can help improve your understanding of how Australia's public hospital system works in practice.

Who manages Australia's public hospitals?

East state and territory government manages their own public hospital system, with funding arrangements shared between the state/territory and the federal government. For this reason, our report card looks at both national performance and state-by-state performance, with introductions by each state/territory president highlighting key policy issues within their own jurisdiction.

Although the federal government plays a central role in managing funding, monitoring performance, and supporting specific programs, healthcare is not explicitly mentioned within the Australian constitution. Instead, healthcare responsibilities are divided between governments through various agreements and legislative frameworks, leaving the bulk of public hospital policy to state and territory governments.

Each state and territory government approaches public hospital policy in their own way, with consistent rules laid out under the National Health Reform Agreement (NHRA). One central part of the NHRA is the establishment of Local Hospital Networks (LHNs). LHNs are organisations that manage local public hospital services in accordance with the rules laid out in the NHRA.

Every public hospital in Australia is part of a LHN, despite the fact some states and territories use their own local terminology — such as local health districts, health organisations, and hospital and health services — to describe these networks. For example, Victoria has 81 individual "public health services" within the state, while New South Wales, a state with a greater population than Victoria, operates only 15 "local health districts", divided between six metropolitan and nine rural districts.

LHNs are valuable parts of our health system, allowing for more local approaches to be applied to public hospital care. The AMA has proposed potential revisions to funding models that allow LHNs to drive increased co-ordination between public hospitals and primary healthcare, incentivising increased co-ordination of care.

In summary, public hospitals are managed by their LHN, with state and territory governments setting the overall policy agendas, pay rates and performance targets for public hospitals, and the federal government co-ordinating funding.

Australia's public hospital system explained

How are public hospitals funded?

Australia's public hospitals are funded through a combination of federal, state and territory government contributions defined by the National Health Reform Agreement (NHRA). Although state governments manage and define their own budgets, the federal government provides some funding to states through Activity Based Funding (ABF), which is paid to hospitals according to the amount of their activity, and the distribution of block grants.

Prior to 2011, all funding from the federal government to the states was provided through block grants, but the introduction of the NHRA in 2011 introduced an activity-based model with the aim of improving efficiency and transparency. Block funding is still used to support services that are not deemed suitable for ABF, such as teaching, training, research, and certain public health programs. It also funds smaller rural and regional hospitals where ABF may not be practical due to lower patient volumes.

The Independent Health and Aged Care Pricing Authority (IHACPA) is an independent statutory authority that sets the guidelines for how ABF is distributed to all states and territories. IHACPA is responsible for determining the National Efficient Price (NEP) and National Weighted Activity Unit (NWAU), two essential components of ABF. The NEP represents the average cost of providing a standard unit of hospital service, while the NWAU is a measure of health service activity that accounts for variations in clinical complexity. The AMA has argued that inadequate increases to these figures have not kept up with the true cost of delivering healthcare, resulting in underfunding of services.

As highlighted within this report card, the states and territories fund the bulk of public hospital services in Australia. Advocacy by the AMA was central in driving the federal government to commit to lift the cap and raise their future funding to 45 per cent. To date, this commitment has not been realised, nor can it be fully implemented due to a lack of capacity to increase activity within our hospitals. States and territories must work together to address this capacity shortfall with a near-term injection of funding.

How are performance metrics decided?

Performance metrics for public hospital performance are consistent across each jurisdiction in Australia and are designed to measure how well hospitals provide care to patients. These metrics, which are reported by the Australian Institute of Health and Welfare (AIHW) and used within this report card, are defined by the Australian Health Performance Framework (AHPF).

The AHPF is developed in conjunction between the AIHW and the Australian Commission on Safety and Quality in Health Care. The indicators within the framework, particularly those relating to accessibility to the health system, help us monitor the performance of Australia's hospitals.

While some parts of health system reporting, such as ambulance ramping times, remain inconsistent between the states and territories, the AHPF provides a nationally consistent framework to help government, the public, and organisations like the AMA monitor performance of the public hospital system.

Australia's public hospital system explained

What are the greatest challenges facing our public hospitals

Australia's publicly funded hospital system has long been considered one of the best in the world. However, as highlighted by consecutive AMA Public Hospital Report Cards and research reports, our performance has been waning. Key indicators for future performance, such as capacity and planned surgery waiting times, paint a worrying picture.

Understanding the greatest challenges facing the future of our public hospital system is necessary to build pragmatic and effective policy responses for governments of today to consider.

- **Australia's aging population**

Australia, like many OECD nations, is facing an aging population as life expectancy increases and birth rates remain below the replacement rate (2.1 children per female). While it is good news that we are living longer than before, the reality of an aging population will place an ever-growing burden on Australia's public hospital system.

As analysed in this report card, Australians over 65 represented 17.1 per cent of Australia's total population in 2023 (compared to 15.9 per cent in 2019), yet this portion of our population represented 49.7 per cent of the total patient days occupying beds within public hospitals in 2022–23. Without increased investment in capacity, Australia will fail to address the inevitable increase in older patients who use the public hospital system, placing greater strain on our staff and patients.

- **Inadequate funding**

Chronic underfunding of public hospitals at both the federal, state and territory levels over several decades has led to inevitable declines in public hospital performance. Inadequate indexation of Medicare and bulk-billing rebates has created a system where many Australians no longer feel confident that they can access affordable healthcare, whether it be at the GP or at the hospital, when they need it.

With a population that is both growing and aging, Australia has no choice but to fully fund our health system to cope with future demand. This will require long-term commitment by all levels of government to explore new ways to fully fund, not only the public hospital system, but the delivery of public health, preventative health, and primary healthcare to keep Australians healthy for longer, allowing them to avoid the need to use public hospital services for as long as possible.

- **Workforce shortages**

Australia, like many countries, is grappling with a health workforce shortages and maldistribution. The effectiveness and efficiency of healthcare services are intrinsically linked to the availability of a workforce that can meet the evolving needs of communities. Despite our world-class medical workforce, there are many regions where access to the appropriate healthcare professionals remains a challenge due to the maldistribution of healthcare professionals.

It is imperative Australia builds a medical workforce aligned with future needs, with a workforce that is balanced according to geographical needs, with the appropriate mix of medical specialties. Without this workforce, Australia's public hospitals will be left without the first prerequisite to drive high-quality patient care — our irreplicable doctor workforce.

Australia’s public hospital system explained

What are the AMA’s proposed solutions for these challenges?

Fund public hospitals to improve their performance and increase capacity

Urgent reform of public hospital funding is needed. The AMA’s vision is for a new funding approach to supplement the current focus on activity-based funding — one that includes funding for positive improvement, increased capacity, and reduced demand, and puts an end to the blame game.

Hospitals running near or at capacity have less scope to improve efficiencies. Without spare capacity (beds and staff), they can't plan blocks of surgical time dedicated to alleviating waiting lists efficiently. This is removing the effectiveness of the efficiencies that ABF funding has been able to deliver up to 2021–22. This further limits the amount of activity afforded with the same funding.

While the federal government has committed to increase its share of future funding to 45 per cent of all activity in a future agreement, as well as lifting the cap on their contribution towards public hospitals in the next funding agreement, states and territories will need to increase their capacity, and their funding/funding caps, to fully use this opportunity. Furthermore, the agreement should recognise and allow for periods where some of the additional funding cap is used up in the increasing costs of delivery of services, and accounts for this.

However, the negotiations, agreement, and commencement of a new agreement have been further delayed, due to protracted negotiations and political elections. In the short term, the existing agreement will continue, albeit with additional federal funding added for the 12-month extension. The AMA has welcomed the additional federal funding, while criticising the delay of further, long-term reform and matched funding increases. As such, the AMA continues to call for funding in addition to the latest federal announcement. A further commitment is needed by the federal, state and territory governments to increase funding for hospitals to lift activity to better meet community demand, and in doing so, make use of the increased activity cap, improve performance, and expand capacity.

Establish and fund an independent national health workforce planning agency

The primary role of an independent national health workforce planning agency is to ensure the healthcare workforce meets the current and future healthcare needs of the population, through planning, co-ordination and policy advice. The agency would take into account factors such as population demographics, healthcare trends, technological advancements, and the changing nature of diseases to make informed decisions about workforce requirements.

The AMA is calling for the establishment and funding of an independent national health workforce planning agency to collate, analyse, and utilise health workforce data to inform evidence-based policies and strategies, enabling us to proactively and efficiently adapt to changing healthcare demands and ensure all Australians have access to high-quality healthcare. It should also use this data to produce evidence-based national supply and demand projections for various health professions based on a range of alternative planning scenarios. This will ensure Australia has a health workforce — with the right skills and in the right locations — to meet community needs and demand. Given the focus on the medical workforce with the National Medical Workforce Strategy 2021–2031, priority should be given to medical workforce planning in the first instance.

For more information and proposals for an improved public hospital system, see the AMA’s Clear the Logjam campaign

https://www.ama.com.au/clear-the-hospital-logjam

Performance indicators and terminology used in this report card

The AMA uses the following indicators to measure the performance of Australian public hospitals:

- Public hospital capacity:
    - The number of available public hospital beds relative to the size of the Australian population, including available public hospital beds per 1,000 people aged 65 years and over.
- Emergency department waiting and treatment times:
    - The proportion of patients seen within the clinically recommended timeframes set by the Australian Triage Scale — maximum waiting time for medical assessment and treatment:
        - Category 1 — immediate treatment
        - Category 2 — 10 minutes
        - Category 3 — 30 minutes
        - Category 4 — 60 minutes
        - Category 5 — 120 minutes
    - The length of stay for emergency department care — the proportion of presentations where the length of the emergency department stay (from entering the hospital to physically leaving the hospital) is four hours or less.
- Planned surgery waiting and treatment times:
    - The median waiting time for planned surgery — number of days within which 50 per cent of patients were admitted for their planned surgical procedure.
    - The percentage of Category 2 patients — clinically indicated to be treated/receive surgery within 90 days, treated within the clinically recommended timeframe.
- Funding for public hospitals:
    - Public hospital expenditure per person (constant prices).

Due to the potential misunderstanding of the term "elective" in the broader public, this report card uses the term "planned surgery" instead of "elective surgery" to highlight the medical necessity of the surgery that is required to improve the patient's health and wellbeing. This surgery is planned in accordance with the triage scale and the health system's capacity, as opposed to it being something that is the patient's choice and may not be seen as necessary.

Please see page 49 for a guide of data and references used throughout the report card.

National public hospital performance

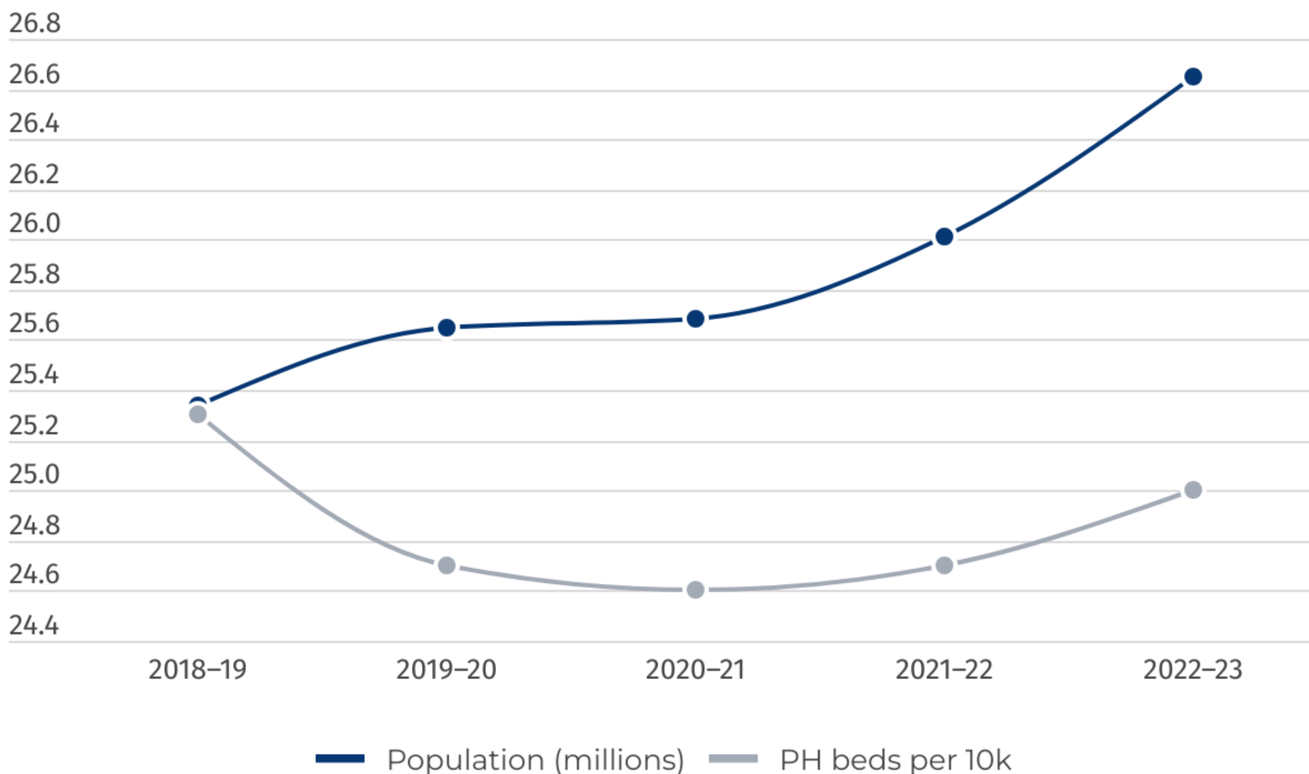
Public hospital capacity

The most important prerequisite to receiving care in a public hospital is an available bed. Without enough beds and physical resources, hospitals frequently experience "access block", where unwell patients must wait for others to be discharged before they can receive proper care. Despite the world-class doctors and nurses staffing our public hospitals, their ability to deliver the care sick Australians deserve relies on hospitals having sufficient capacity.

The AMA is glad to see an increase in the number of public hospital beds in 2022–23, the latest period for which the data is available. Australia saw an additional 1,607 public hospital beds become available in this period, with the bulk of these being installed in NSW (584) and Victoria (509).

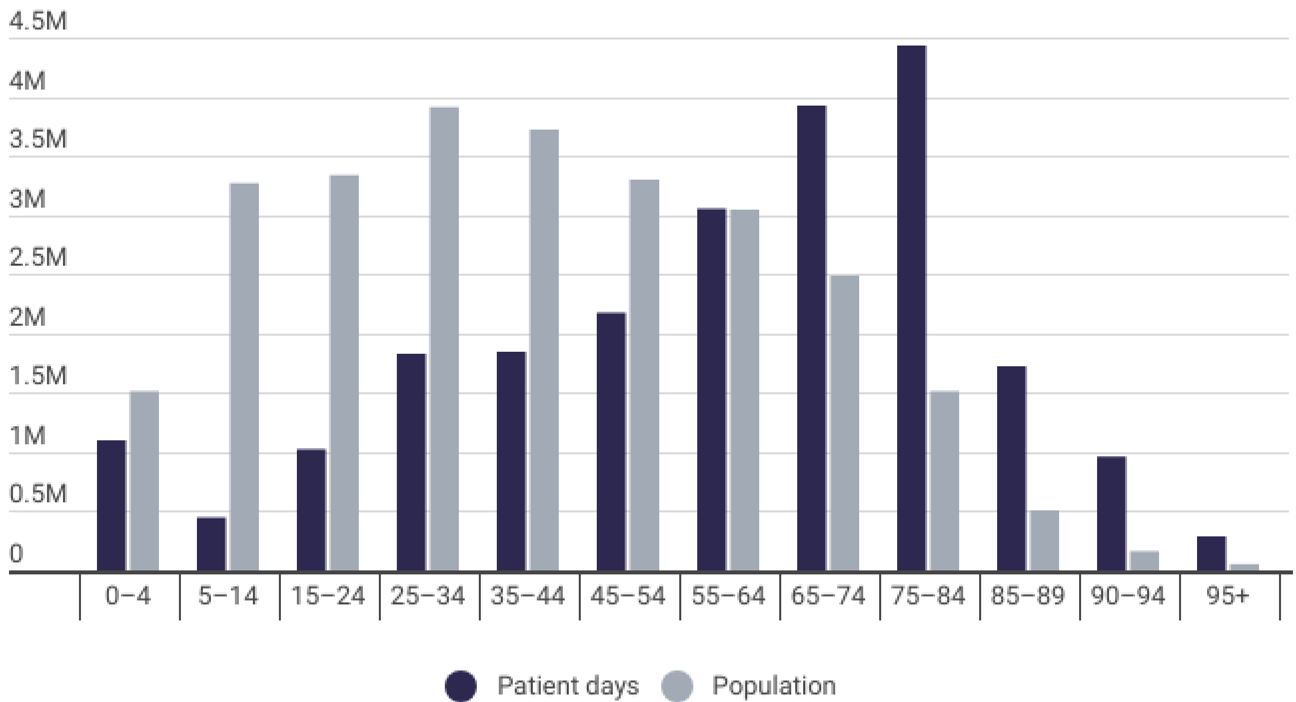
However, the benefits of these increased numbers are largely offset by Australia's changing population. Despite 1,932 new beds being made available between 2018–19 to 2022–23, the number of beds per 1,000 Australians has fallen from 2.53 to 2.50. Further investment in hospital capacity is required every year of a similar size to 2022–23 to arrest the long-term decline in beds per capita.

Figure 1: Australian population compared to public hospital beds for every 10,000 Australians



Not only is our current system failing to keep up with overall population growth, but it is also failing to keep up with our changing demographics. Following the trend of most Western countries, Australia's population is getting older, as people are living longer lives and reproduction rates fall. As demonstrated in Figure 2, older Australians disproportionally use the public hospital system more often and for longer than younger Australians.

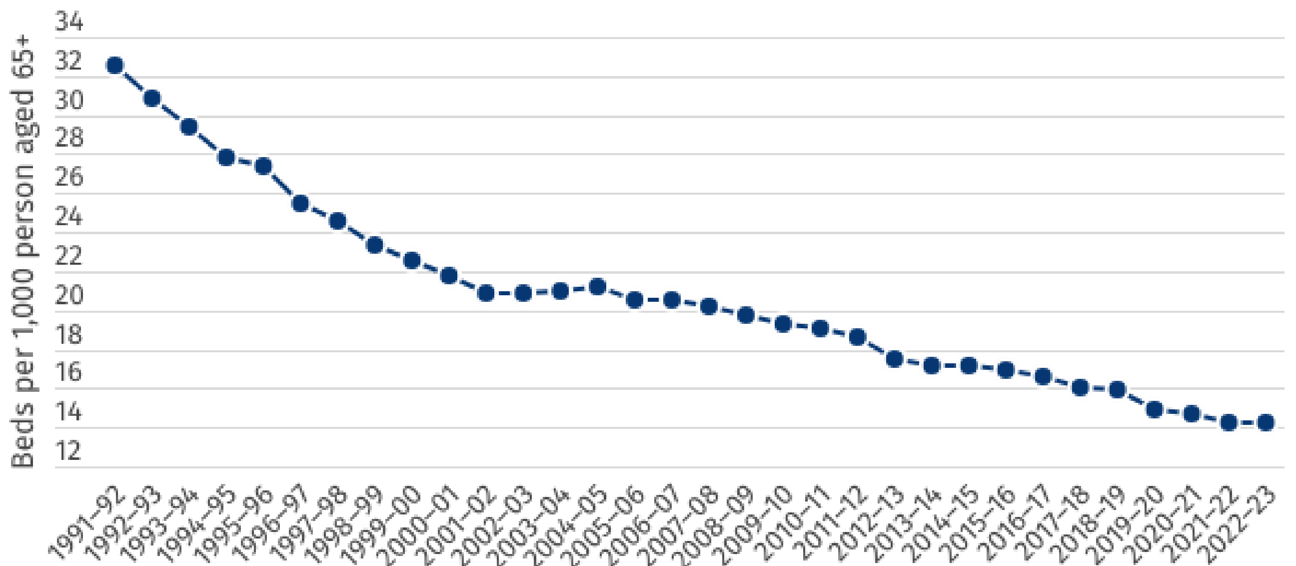
Figure 2: Population compared to public hospital patient days — by age (2022–23)



According to ABS data, Australians aged over 65 represented 17.1 per cent of Australia's total population in 2023 (compared to 15.9 per cent in 2019), yet this portion of our population represented 40.8 per cent of total separations from public hospitals in 2022–23, and 49.7 per cent of the total patient days occupying beds within public hospitals. This highlights the inevitability that **as the number of older Australians continues to rise, so will the workload of Australia's public hospital system increase.**

Despite a significant increase in public hospital beds in 2022–23, the number of beds per 1,000 Australians aged over 65 remains the lowest number on record at 14.3. Without sustained investment into the capacity of our public hospital system, this long-term decline will continue, risking the ability of hospitals to deliver care and surgeries other than in emergencies

Figure 3: Australian public hospital beds per 1,000 population, aged 65 and over



National public hospital performance

Emergency department waiting times

The public hospital system's ability to address emergency department presentations in a timely manner is a key indicator of its health. Australians who require emergency treatment should expect to be seen within the recommended timeframe.

Under the Australian Health Performance Framework, two of the key public hospital department performance measures are:

- the length of stay for emergency department care (proportion of patients staying for four hours or less)
- the proportion of patients seen within the clinically recommended timeframes set by the Australian Triage Scale.

Our EDs remain under intense strain across the county. Figure 4 shows the proportion of people in all triage categories who completed their emergency presentation in less than four hours has fallen yet again, **down more than 18 per cent in the past 10 years, and 14 per cent in just the past four years**. The visit is counted as completed within four hours if a patient is discharged or departs the emergency department within four hours of arrival.

The decline in performance for this metric is worryingly consistent across Australia. Concerningly, **no jurisdiction saw more than 60 per cent of ED presentations completed within four hours.** Five years ago, in 2019–20, all but one jurisdiction saw more than 60 per cent of presentations completed within four hours.

Figure 4: National percentage of emergency department visits completed in four hours or less

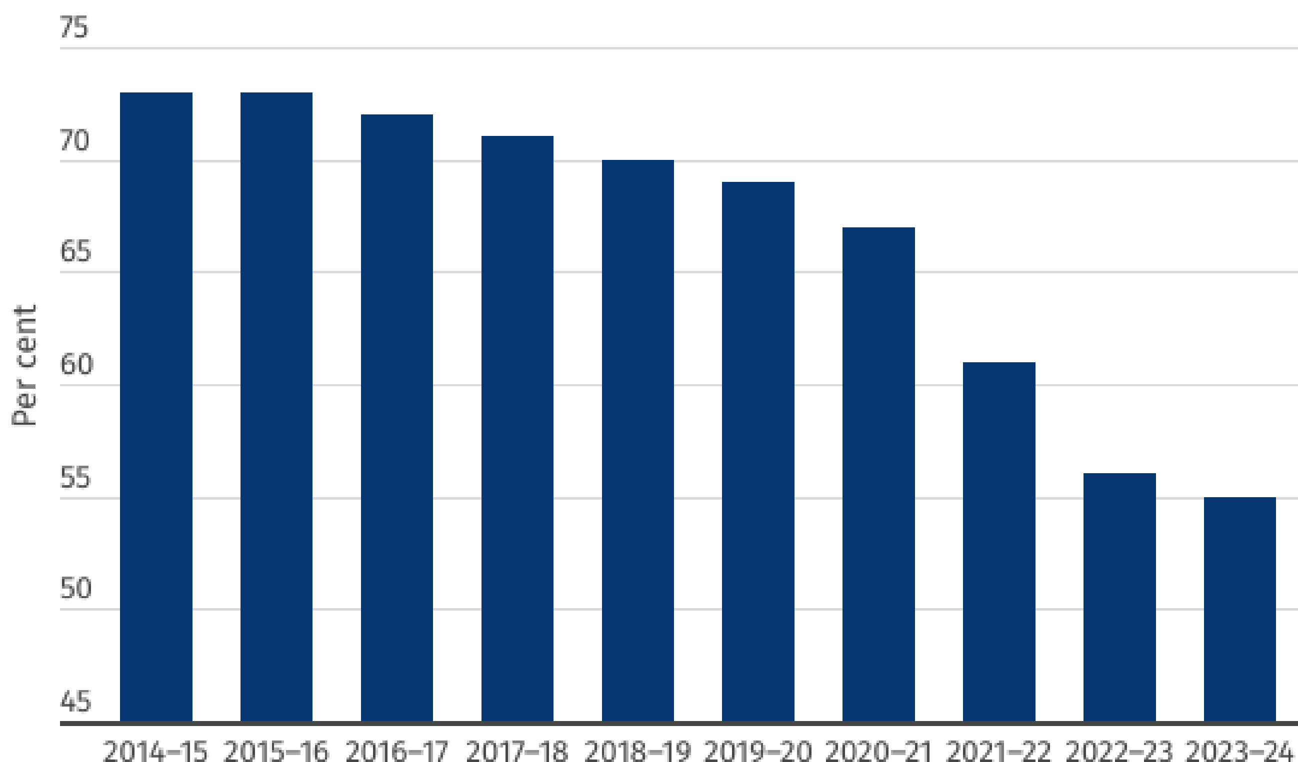
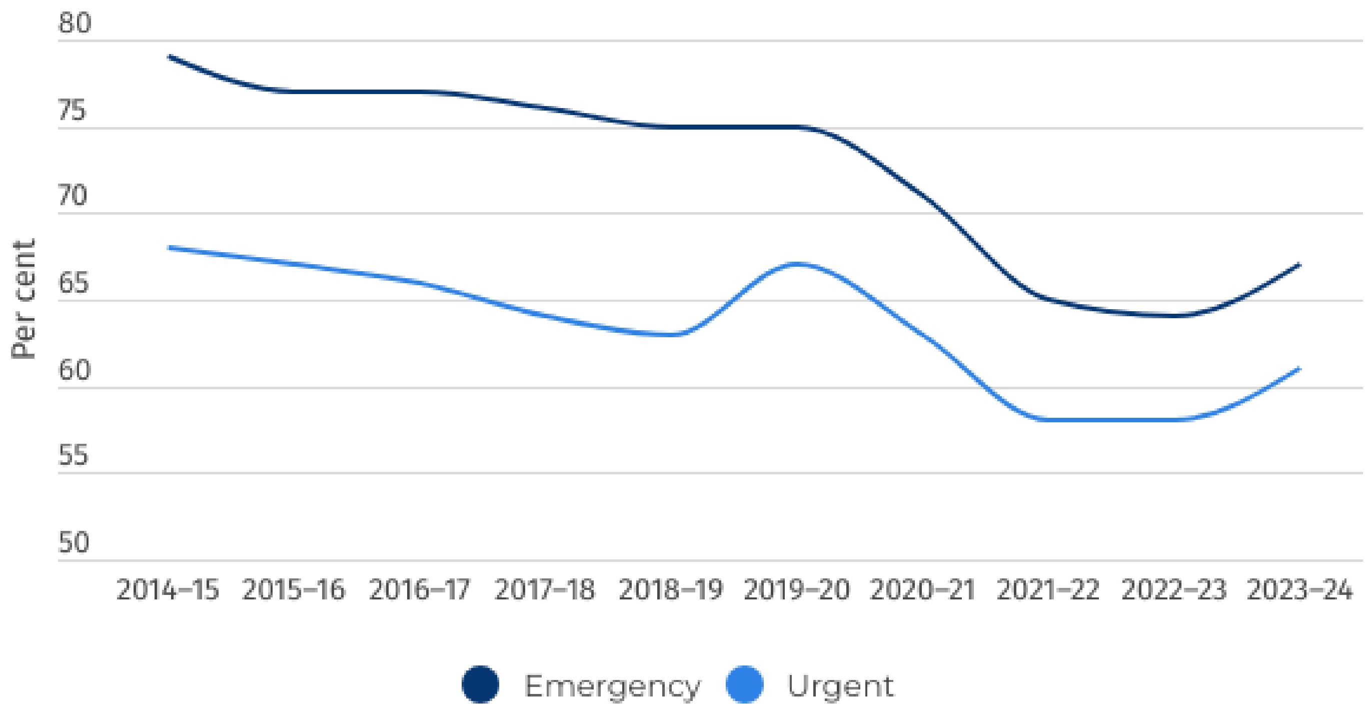


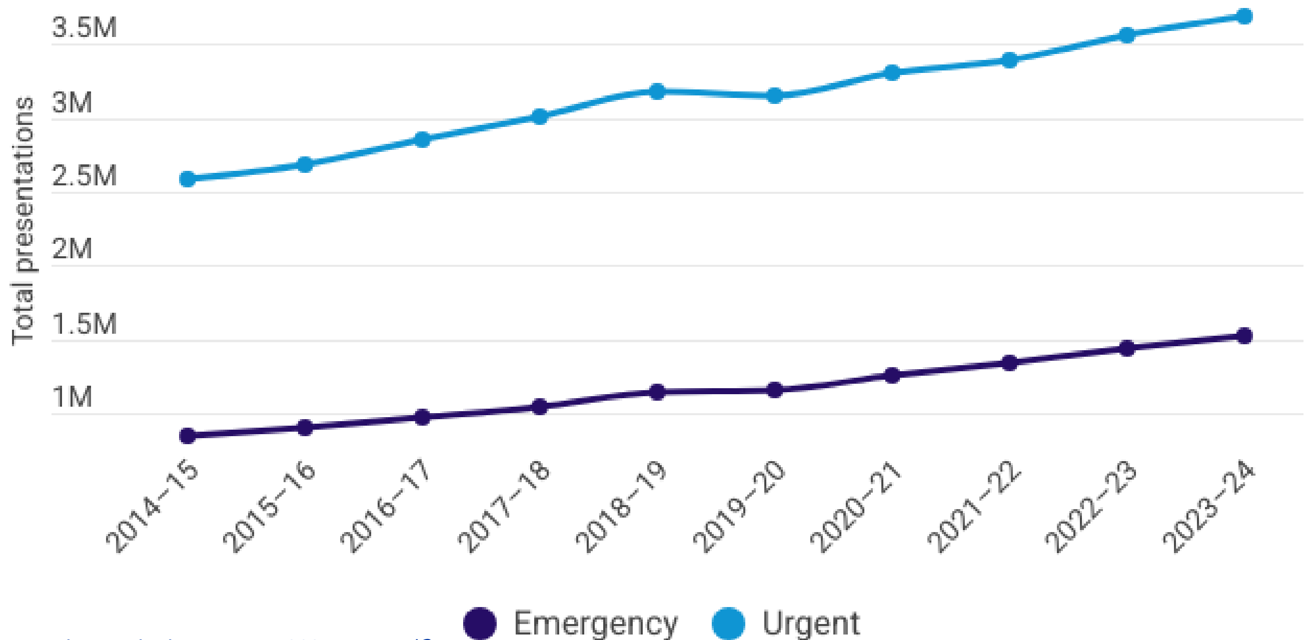
Figure 5: National proportion of ED patients seen on time



Regarding the proportion of ED patients being seen within the clinically recommended time, in 2023–24, Australia had its first uptick in performance since the onset of COVID. Overall, 67 per cent of patients were seen within the clinically recommended time, compared to 65 per cent the previous year. This is a positive, however long-term trends remain headed in the wrong direction.

Figure 5 highlights nation-wide ED performance for patients who are triaged as "emergency" and "urgent", accounting for 1,527,341 and 3,692,750 presentations respectively. The data is clear — performance has been falling since well before COVID, with an ever-increasing workload being placed on the medical and healthcare professionals in our EDs. Without increased capacity and funding, the performance outcomes, patient experiences and workforce morale within our public hospitals will continue to fall.

Figure 6: Total ED presentations within Australia



National public hospital performance

Planned surgery waiting times

Planned surgery is any form of surgery considered medically necessary, but which can be delayed for at least 24 hours. The AMA uses the term "planned surgery" rather than "elective surgery" to avoid confusion about the necessity of these procedures. Planned surgeries are essential and include lifesaving procedures, diagnostic procedures, and procedures which will restore basic functions for patients — they are not elective for patients, they are essential.

The Australian Health Performance Framework includes the two following performance indicators that measure the provision of timely planned surgery:

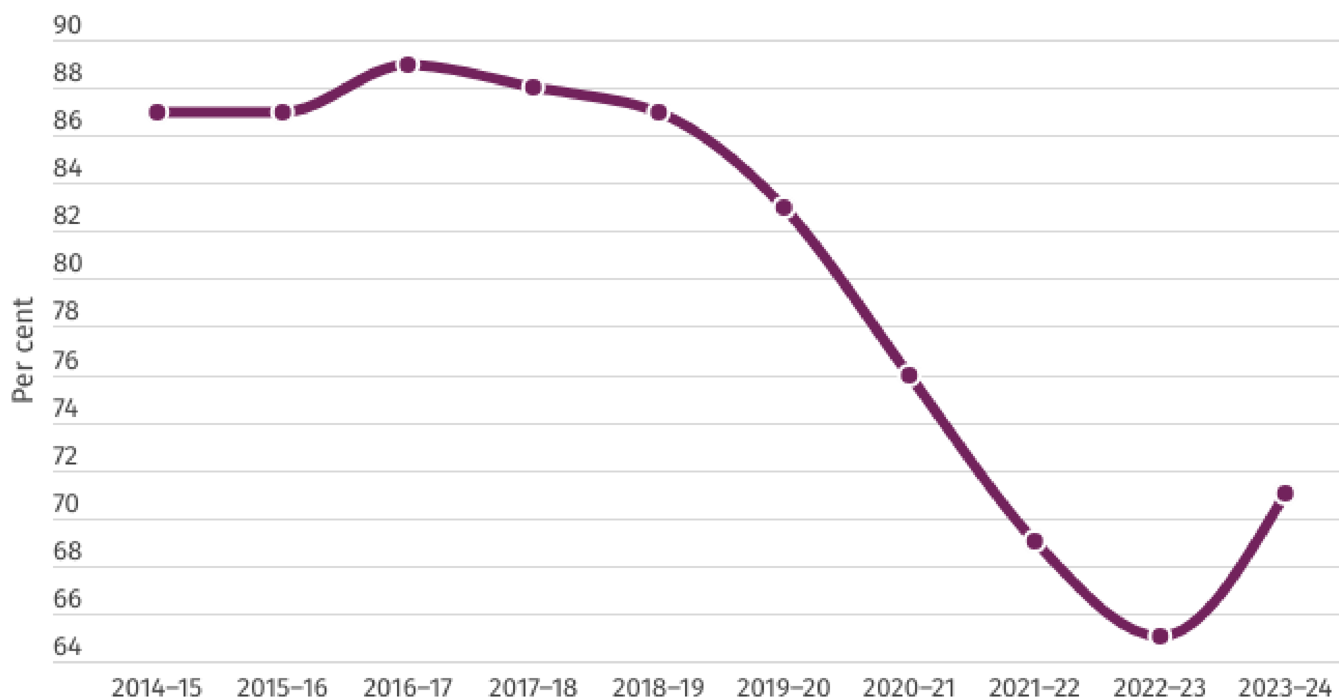
- the median waiting time for planned surgery
- the percentage of patients treated within the clinically recommended times.

Figure 7: Median waiting time for elective surgery (days)

The median waiting time for planned surgery indicates the number of days within which 50 per cent of patients were admitted for their planned procedure. This means half of the patients had a shorter wait time than the median, and half had a longer waiting time.

After a record increase last year, the median waiting time for planned surgery fell by three days across Australia in 2023–24. Despite this improvement, Australians are waiting **58 per cent longer for planned surgery than they were 20 years ago**, and 31 per cent longer than 10 years ago.

Figure 8: National Category 2 planned surgery admissions — proportion of patients seen on time



In a similar vein to most metrics, Figure 8 demonstrates a much-needed improvement in the proportion of Category 2 patients admitted within the recommended 90-day timeframe, one that comes amid a worrying long-term decline over the past 10 years. Despite this year-on-year improvement, the national proportion of individuals receiving Category 2 planned surgery on time has fallen 15 per cent in the past 10 years.

Examples of Category 2 planned surgeries include heart valve replacements, congenital cardiac defects, curettage nerve decompression, and surgery of fractures that won't heal. These surgeries are not elective or cosmetic. They are essential, and every day of waiting can bring serious pain and increased risks to patients.

Figure 8 shows the proportion of those seen on time. However, for the other 29 per cent not seen on time, the average wait has become extremely long and potentially dangerous. For these patients, the average wait time is more than double the recommended timeframe in Victoria (297 days), Western Australia (206 days), South Australia (184 days), Tasmania (290 days), and the ACT (215 days). This means that even though Victoria has the lowest median wait time for planned surgery, patients who are not seen on time have the longest average wait in the country.

The AMA has repeatedly called for an urgent injection of funding to increase capacity and clear the additional backlog created by COVID-19. Delaying planned surgery is not only devastating for patients, it creates an inherent inefficiency within our public hospital system as treatable prognoses are left to potentially develop into advanced illnesses, leading patients with no choice but to present to the emergency department for costly and avoidable care.

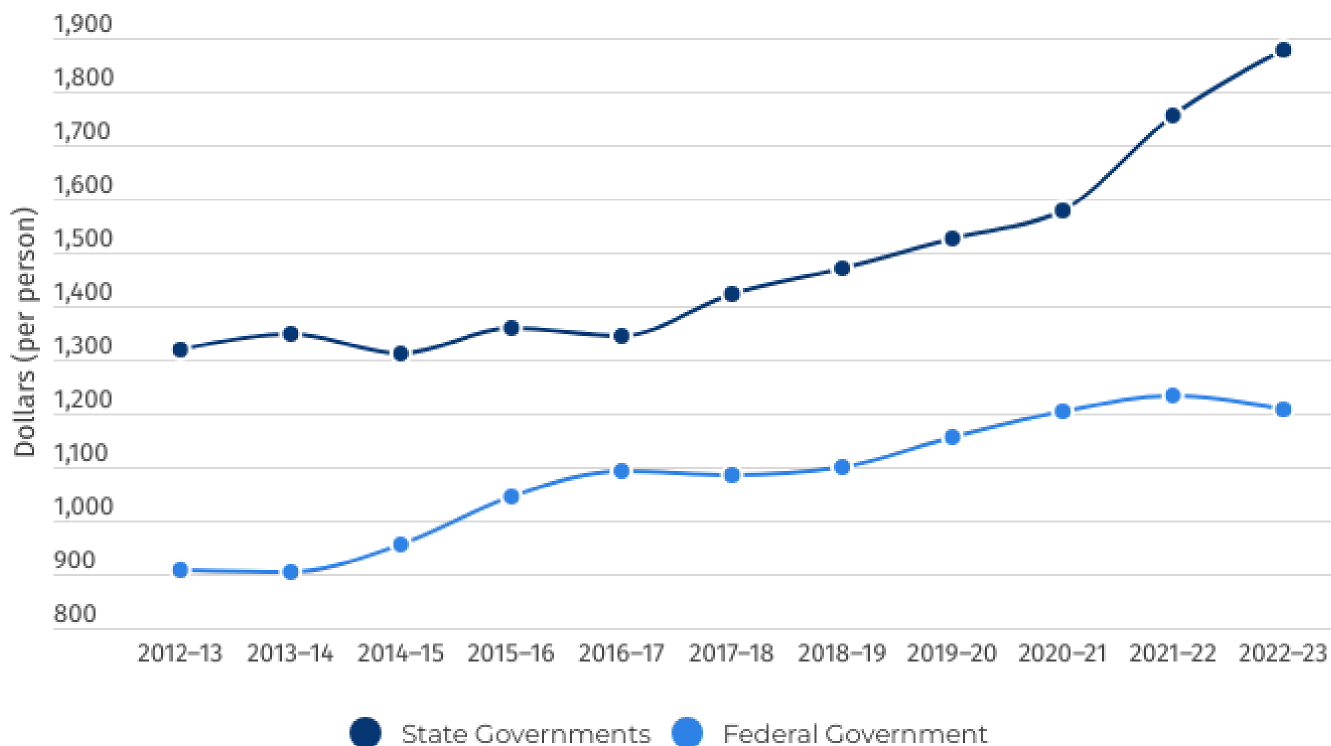
The latest data demonstrates steps are being made towards clearing the backlog. However, more investment is desperately needed to reduce wait times and increase the proportion of patients seen on time back towards pre-COVID levels.

National public hospital performance

Public hospital expenditure

In 2022–23 (latest data), per person funding for public hospital resources across Australia has seen a major jump in the contribution of state and territory governments, contrasted by a reduction from the federal government. While funding for public hospitals is gradually increasing, performance continues to decline, and a disproportionate funding burden continues to fall on state and territory governments. As highlighted by numerous research reports published by the AMA, funding arrangements require a refreshed approach to ensure we are appropriately investing in the healthcare of Australia's population.

Figure 9: National public hospital expenditure, per person (constant prices)



Since the last reporting period, there has been a commitment to greater contribution to activity-based funding by the federal government. However, this does not equate to a lump sum injection of funds. Full utilisation of these funds will require an increase in capacity within the public hospital system, one which will be driven by state and territory government spending.

Figure 10: Per person average annual percent increase in public hospital funding by government source (constant prices)

	2012–13 to 2022–23	2012–13 to 2017–18	2017–18 to 2022–23
Federal	2.90%	3.61%	2.19%
All states and territories	3.59%	1.51%	5.71%

State-by-state public hospital performance

National overview

This section of the report includes performance information for each state and territory. A summary of state and territory performance as per the four key metrics analysed at a national level is shown in Table 1. It represents data from 2023–24 compared to the previous year.

As shown in Table 1, the performance for most states and territories declined in the past reporting period (✗ indicates a fall of more than 1 per cent, ✓ indicates an improvement of more than 1 per cent). Table 2 compares each jurisdiction to the national average (▲ indicates above average performance, ▼ indicates below average performance).

This year, the Northern Territory failed to provide any performance metrics relating to planned surgery, with members raising concerns about the uptake of a new data management system in the territory.

Table 1: State and territory performance 2023–24 compared to the previous year

	Cat 3 ED on time	4-hour rule	Median surgery	Cat 2 surgery
NSW	=	✗	✓	✓
Victoria	✓	✓	✓	✓
Queensland	✓	✗	=	✓
WA	=	✗	✓	✓
SA	✗	✗	✓	✓
Tasmania	✗	✗	✓	✓
ACT	✓	✓	✗	✗
NT	✗	✗	?	?

Table 2: State and territory performance 2023–24 compared to national average

	Cat 3 ED on time	4-hour rule	Median surgery	Cat 2 surgery
NSW	▲	▲	▼	▲
Victoria	▲	▼	▲	▼
Queensland	▲	▼	▲	▲
WA	▼	▲	▼	=
SA	▼	▼	▼	▼
Tasmania	▼	▼	▼	▼
ACT	▼	▲	▼	▼
NT	▼	=	?	?

NEW SOUTH WALES

Dr Kathryn Austin

President, AMA NSW

The NSW health system continues to be recognised as one of the nation's strongest performing. Its strength lies in the daily commitment and efforts of doctors and healthcare workers.

However, it is rapidly losing its status with further damaging deteriorations evident since this report was collated.

In addition to critical budget cuts, NSW Health is facing a current and potential workforce crisis. Workforce pressures have been apparent for some time but are being exacerbated by the growing differential between the terms and conditions available under VMO, staff specialist and doctor-in-training arrangements, compared to those offered by other states and territories and the private system.

NSW doctors are among the lowest paid in the country, and as the government continues to fail to address the need for reform of terms and conditions, our health system loses the ability to retain and attract essential medical staff. Our state is the country's largest in terms of population, and one of the most expensive to live in. The NSW Government needs to come to the table on this issue.

Additionally, the state's health budget has copped tremendous cuts over consecutive years. Last year, the health budget was another effective loss after accounting for health inflation. While the NSW Government has announced areas of investment, it has failed to deliver resources which will fix the most significant holes in the NSW health system. We know that many hospitals have grown significantly with new infrastructure, but without the workforce to match, our state won't meet increased bed and activity levels.

As a result, the 2025 Public Hospital Report Card shows NSW patients waiting longer in emergency departments, and for planned surgery. This cannot continue. Patients deserve better and as do our hard-working health staff.

Key takeaways

New South Wales remains a particularly strong performer, leading the nation in the percentage of Category 3 ED patients seen on time and the percentage of Category 2 planned surgery patients seen on time. Despite a small improvement, NSW also retains the unwanted title of the longest median surgery wait time in the country, demonstrating the urgent need to clear the state's planned surgery backlog.

Figure 1: New South Wales performance 2023–24 compared to the previous year

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
=	✗	✓	✓

Figure 2: New South Wales performance 2023–24 compared to national average (below or above)

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
▲	▲	▼	▲

Emergency department performance — New South Wales

Despite remaining a leading performance relative to the rest of the nation, the key indicators of New South Wales' emergency departments have declined over the past five years. Being Australia's largest state in terms of population, the NSW public hospital system is clearly struggling to keep up with demand, with longstanding (although now abolished) public service salary caps having detrimental impact on retention of the state's essential medical workforce.

In 2023–24, 69 per cent of patients presenting to ED triaged as urgent were seen on time, down from 76 per cent five years prior. For all patients presenting to ED, only 57 per cent of visits were completed in four hours of less, two per cent down from the year prior, and 14 per cent down from pre-COVID levels.

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes — NSW

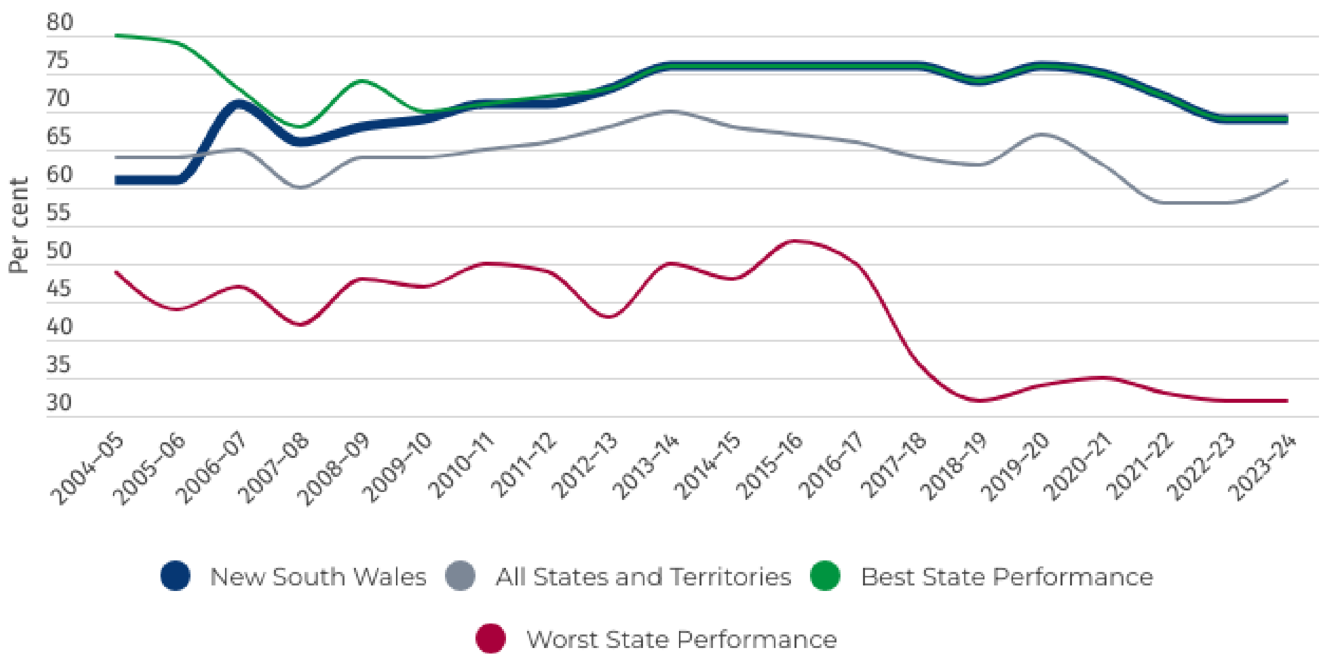
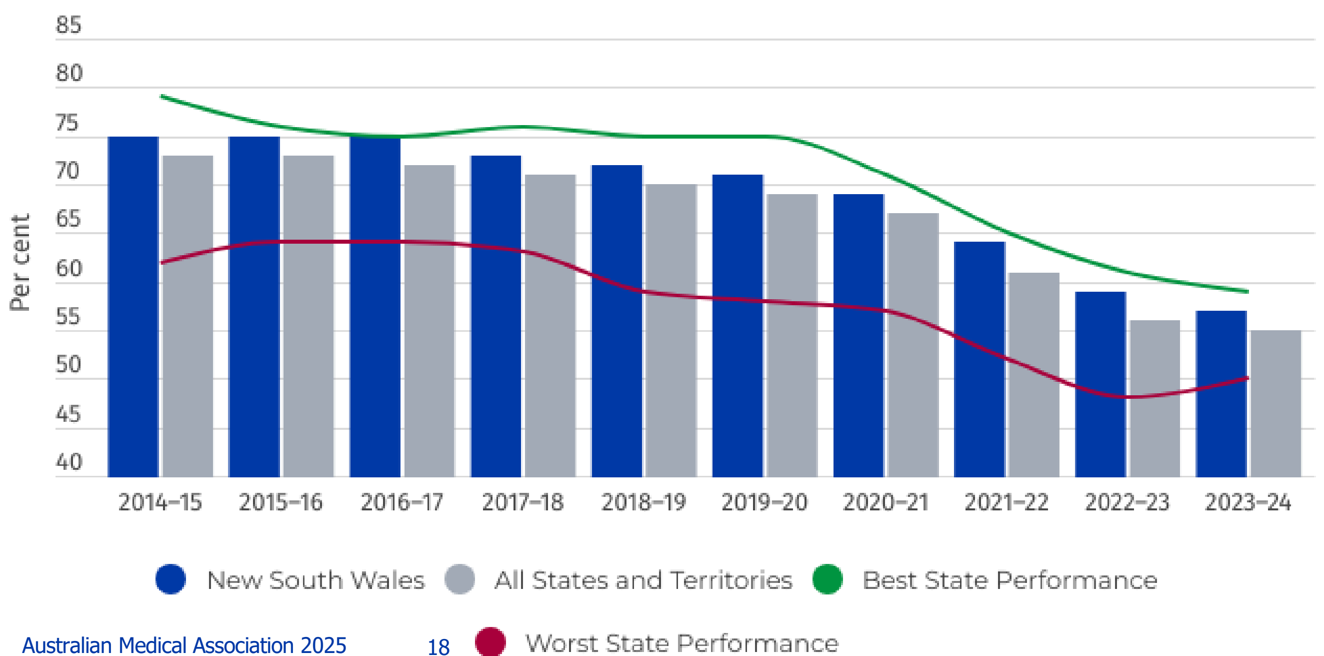


Figure 4: Percentage of ED visits completed in four hours or less — NSW



Planned surgery performance — New South Wales

The greatest weakness of New South Wales' public hospital performance remains the state's lengthy median waiting time for planned surgery. Despite leading the field in other areas, the median patient living in NSW must now wait almost twice as long as they did for planned surgery 20 years ago. Despite a minor improvement, NSW remains the worst performing state in this regard in 2022–23.

Positively, NSW leads the nation in the proportion of Category 2 planned surgery patients admitted within the recommended timeframe, with a major improvement from 73 per cent in 2022–23 to 82 per cent in 2023–24. The 18 per cent of Category 2 patients who are overdue for surgery are waiting on average 142.8 days in total.

Figure 5: Median waiting time for planned surgery (days) — NSW

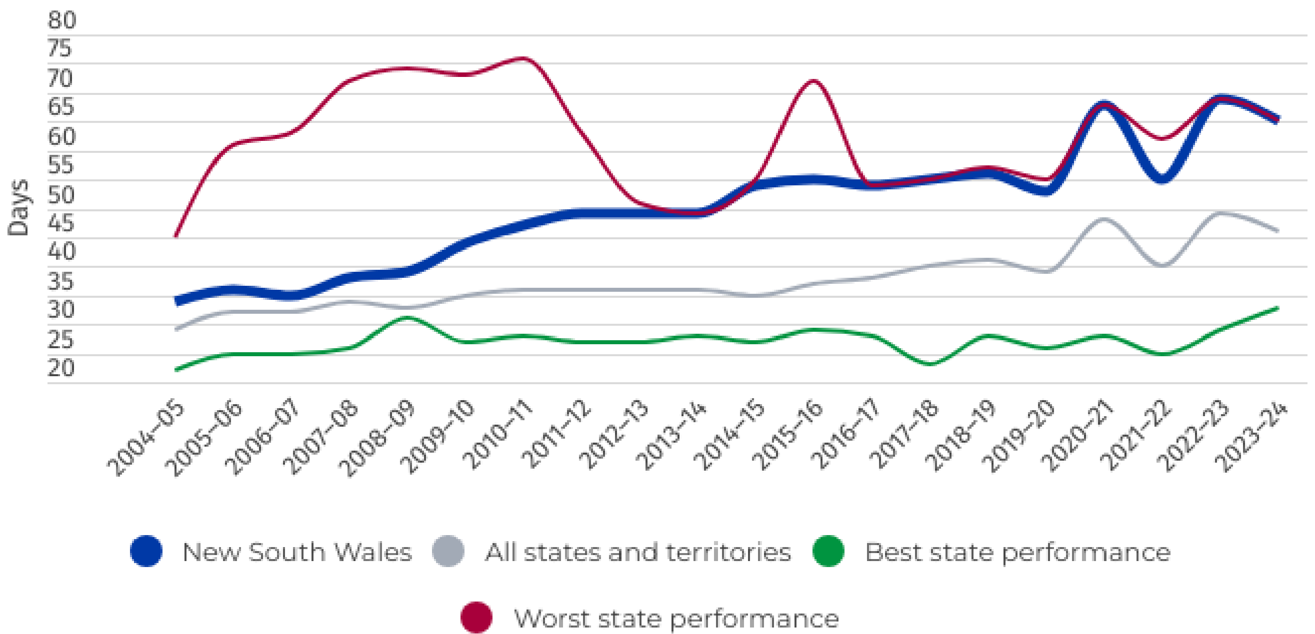
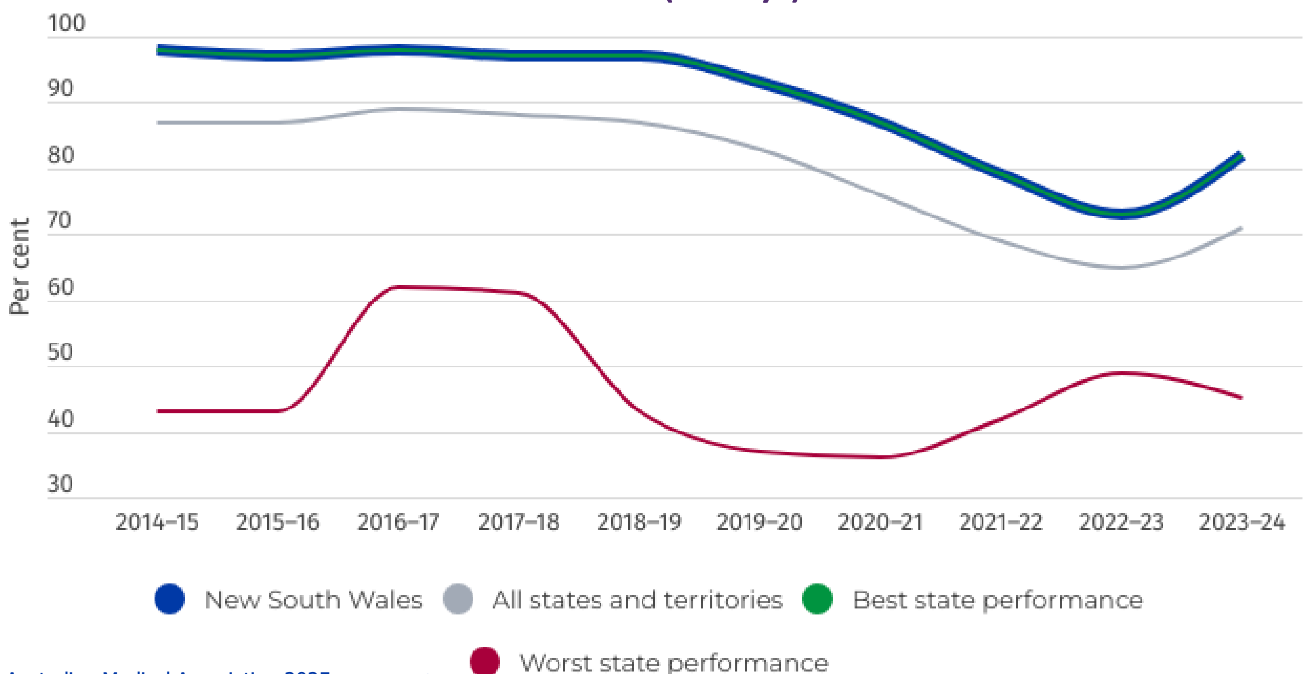


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) — NSW

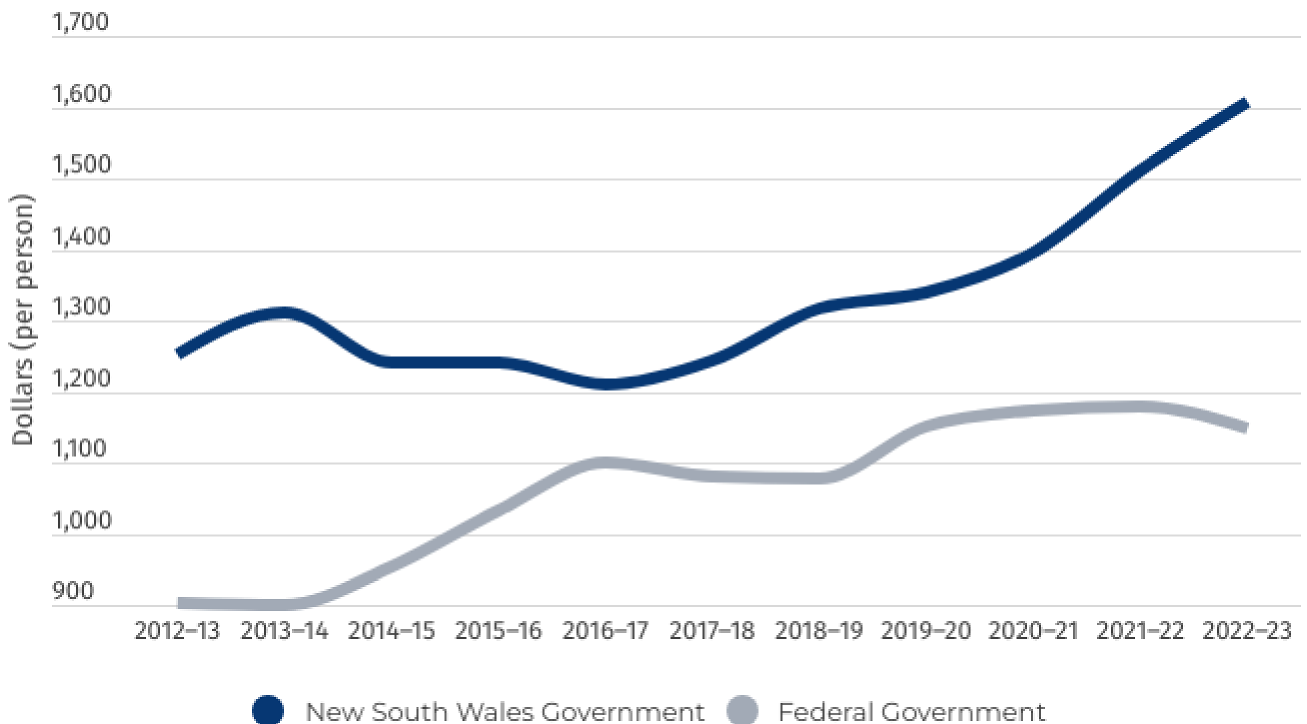


Public hospital expenditure — New South Wales

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices)

	2012–13 to 2022–23	2012–13 to 2017–18	2017–18 to 2022–23
Federal	2.45%	3.68%	1.24%
NSW Government	2.56%	-0.16%	5.27%

Figure 8: Public hospital funding, per person, by government source (constant prices)



The most recent public hospital funding data are from 2022–23. In New South Wales, the majority of public hospital funding (58 per cent) comes from the state government. This is largely in line with the national average of 61 per cent, as most state and territory governments continue to take on most of the funding burden for our public hospital system.

VICTORIA

Dr Jill Tomlinson

President, AMA Victoria

Victoria's public hospitals continue to operate under strain, but recent data shows some improvements in specific areas alongside ongoing system pressures. The Victorian Government's planned surgery initiative has improved efficiency and helped maintain the lowest median planned surgery wait times in the country. However, the backlog of overdue surgeries remains the worst in Australia. Category 2 patients who are overdue for their surgery — which is 36 per cent of all patients — are waiting more than 200 days on average longer than the 90-day recommended timeframe. Emergency department performance has stabilised, but patient flow challenges persist, with nearly half of ED presentations exceeding the four-hour benchmark.

Addressing these challenges requires increased and sustained investment. Victoria's per capita public hospital funding remains lower than in other states, limiting the ability to expand services and keep pace with demand. The Department of Health's 2024 model budget approach led to widespread cost-containment measures, disrupting healthcare delivery and exposing the system's vulnerability to funding shortfalls. Without stronger and more transparent funding commitments, hospital capacity will remain constrained, and improvements in planned surgery wait times may not be sustained.

Beyond investment, Victoria's hospitals must also improve system efficiency. AMA Victoria and ASMOF Victoria have launched the Getting Rid of Stupid Stuff (GROSS) initiative (www.megaphone.org.au/p/amav), a targeted effort to eliminate unnecessary administrative burdens that take time away from patient care. Duplicative training, excessive paperwork, and inefficient compliance processes contribute to clinician burnout and reduce hospital efficiency. Embedding GROSS across Victoria's health system will support the workforce, improve patient care, and ensure resources are used as effectively as possible.

Victoria's hospitals need both adequate resourcing and smarter systems to deliver sustainable, high-quality care for patients.

Key takeaways

Despite serious ongoing challenges, Victoria's health system has seen across-the-board improvements in the four key metrics measured by the AMA. While the state has the nation's lowest median wait time for planned surgery, it experiences the longest average overdue wait time for planned surgery at an astonishing 256 days.

Figure 1: Victoria's performance 2023–24 compared to the previous year

Cat 3 ED on time	4-hour-rule	Median surgery wait	Cat 2 surgery wait
✓	✓	✓	✓

Figure 2: Victoria's performance 2023–24 compared to national average (below or above)

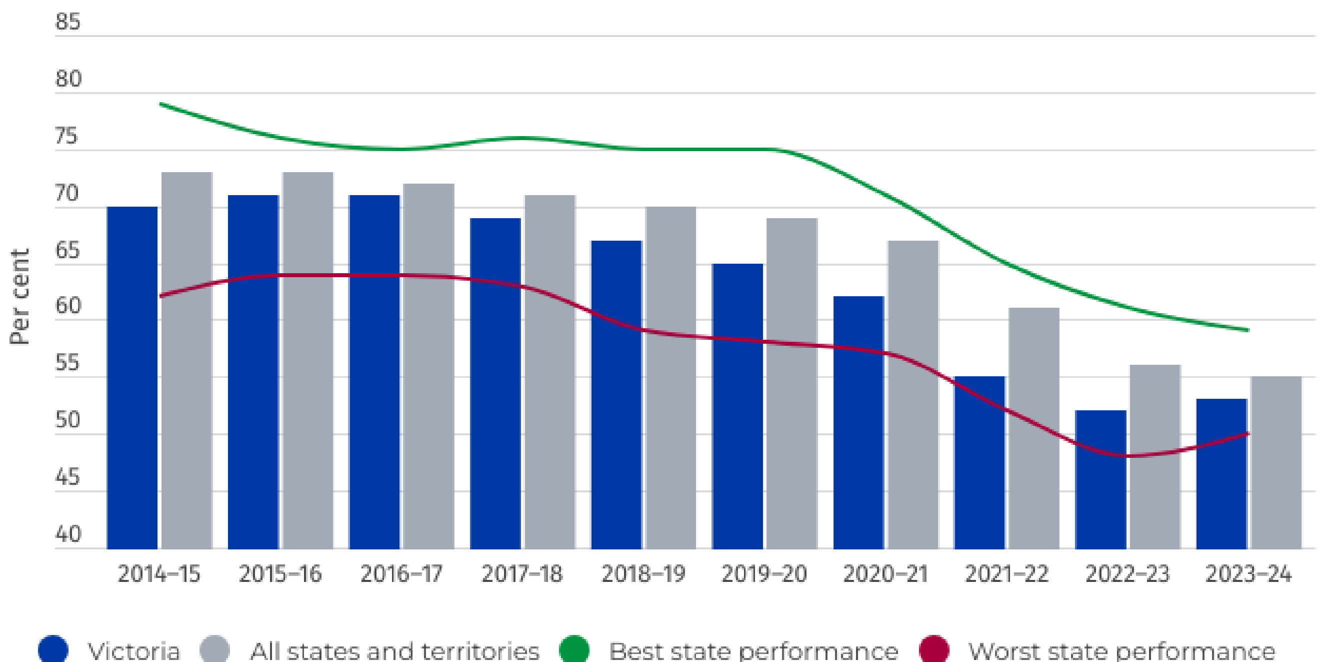
Cat 3 ED on time	4-hour-rule	Median surgery wait	Cat 2 surgery wait
▲	▼	▲	▼

Emergency department performance — Victoria

Victoria saw a much-needed improvement in performance across both metrics measured by the AMA in 2023–24. The percentage of urgent ED patients being seen on time increased from 61 to 68 per cent, finally returning to pre-COVID levels. Despite improving slightly from 52 to 53 per cent in the previous reporting period, the percentage of ED visits being completed in four hours or less remains below the national average.

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes — Victoria

Figure 4: Percentage of ED visits completed in four hours or less — Victoria



Planned surgery performance — Victoria

Victoria's planned surgery performance paints a varied picture. When focussing on a long-standing metric reported by the AMA, median waiting time for planned surgery, the state remains a nation leader at the impressively low 33 days. However, this metric is impacted by the distinct weighting of admissions towards Category 1 surgery, which accounted for 41 per cent of admissions with 100 per cent of these patients admitted on time.

In Victoria, the average wait time for each patient that has not been admitted within the clinical timeframe is alarmingly high at 297.2 days for Category 2 (recommended to occur within 90 days) and 708 days for Category 3 (recommended to occur within 365 days). These facts point to a genuinely broken system, one that leaves tens of thousands of Victorians languishing on planned surgery waitlists for dangerous lengths of time.

Figure 5: Median waiting time for planned surgery (days) — Victoria

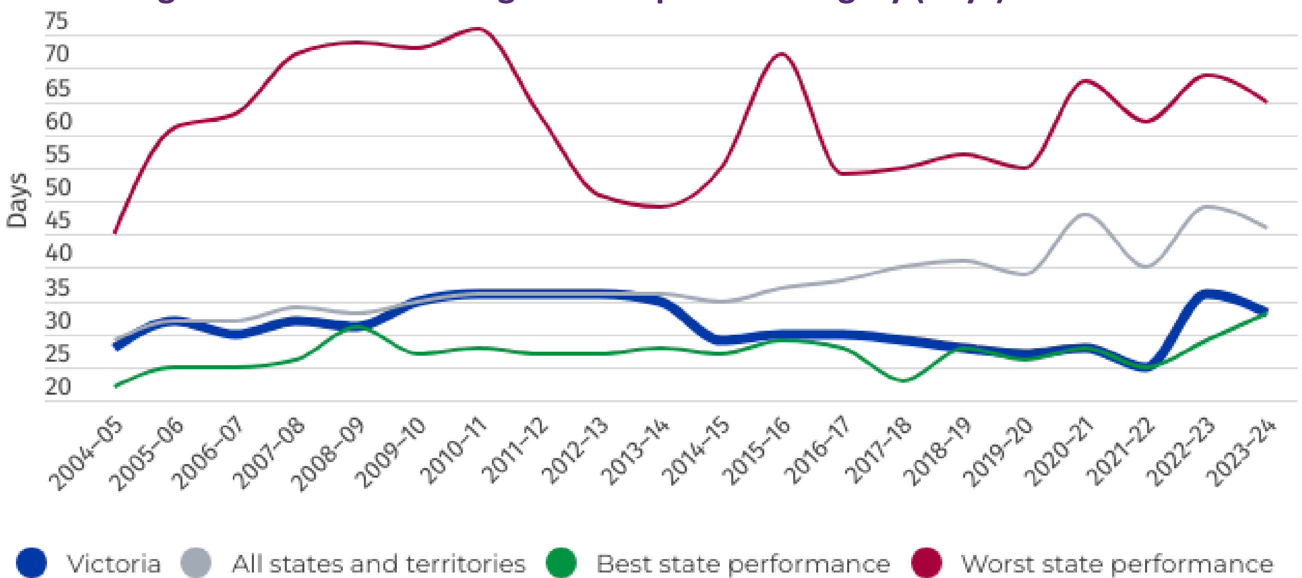
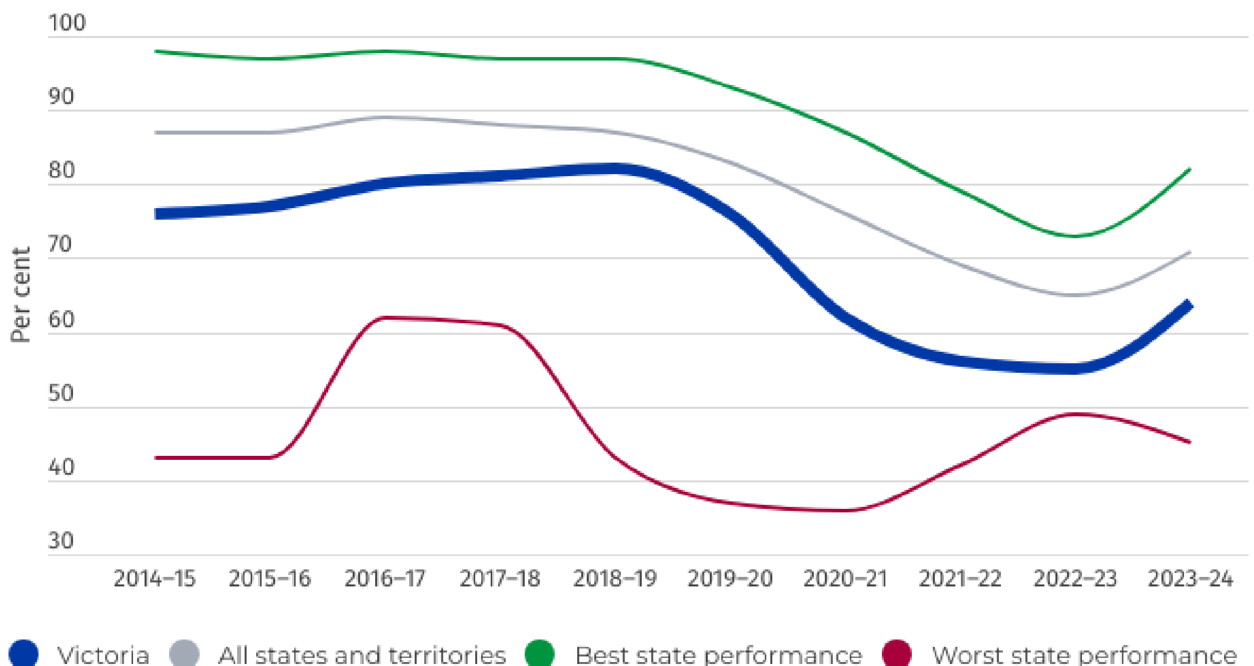


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) — Victoria

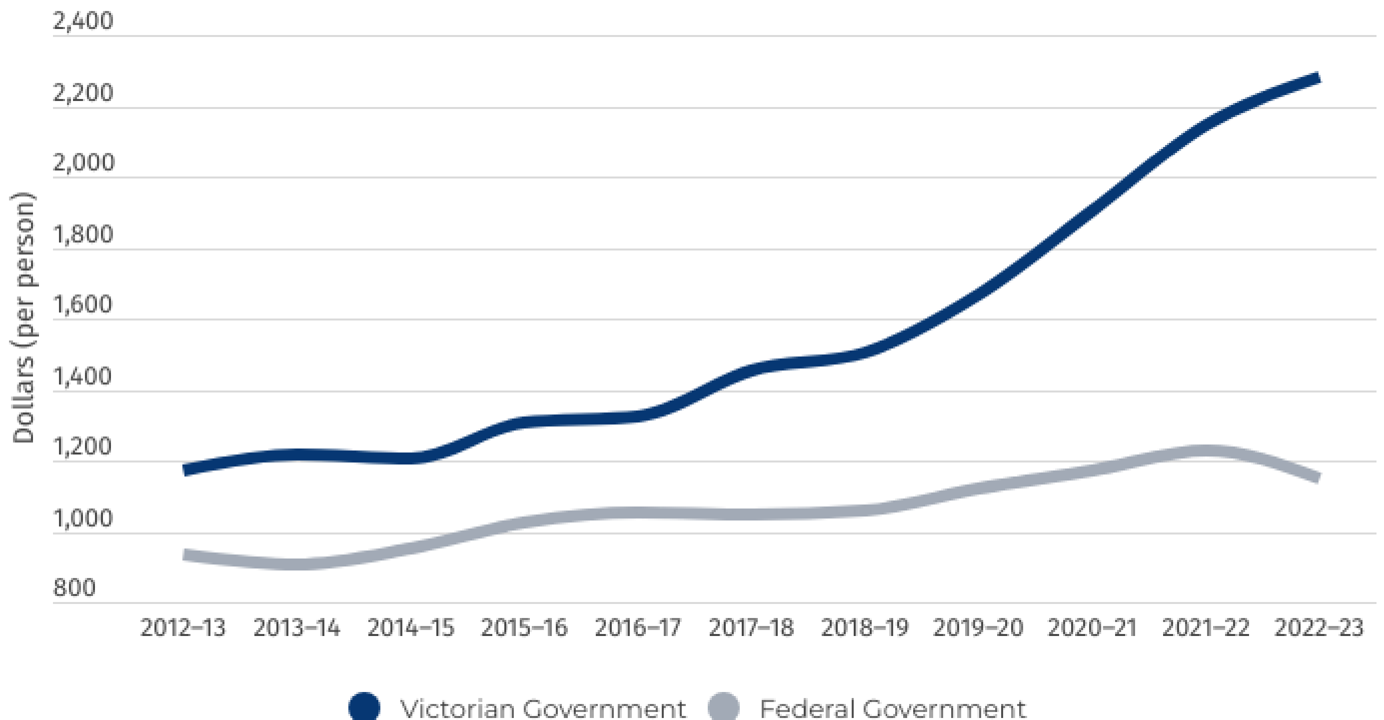


Public hospital expenditure — Victoria

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) — Victoria

	2012–13 to 2022–23	2012–13 to 2017–18	2017–18 to 2022–23
Federal	2.11%	2.39%	1.83%
Victorian Government	6.86%	4.35%	9.42%

Figure 8: Public hospital funding, per person, by government source (constant prices) — Victoria



The most recent public hospital funding data are from 2022–23. In Victoria, most public hospital funding (67 per cent) comes from the state government. This is much higher than the national average of 61 per cent, even as most state and territories continue to take on most of the funding burden for our public hospital system.

QUEENSLAND

Dr Nick Yim

President, AMA Queensland

Queensland's report card will not surprise those who test our busy hospitals every day — our hard-working doctors and their patients. They know Queenslanders are waiting longer for essential healthcare than they were a decade ago and urgent action is needed.

While it is pleasing there have been some improvements since the pandemic, the trend across most measures is in the wrong direction. AMA Queensland has called for the state government to implement our solutions for emergency department and planned surgery access in our ambulance ramping and surgical wait list roundtable action plans. We have also supported the Australasian College of Emergency Medicine's proposed move to hospital access targets. This report shows there is no time to lose.

We applaud the Australian Government's announcement of a one-off $1.7 billion injection to our public hospitals for 2025–26, including $414 million for Queensland, the largest dollar amount for any jurisdiction. More beds are needed along with safe and cost-efficient innovations in the way we deliver healthcare, however, this will do little if we don't have the critical mass of staff required in our hospitals. That is where this money should be directed and without delay.

AMA Queensland has established a workforce working group to recommend solutions to attracting, recruiting, retaining and better using our doctors, nurses and allied health professionals, and this report card will assist that work. Knowing how we're performing today allows us to strive for the grades we want tomorrow.

Key takeaways

Queensland's performance paints a varied picture. While most metrics have improved slightly in the previous reporting period, the number of patients completing their ED visit within four hours or less has fallen to a 10-year low.

Figure 1: Queensland performance 2023–24 compared to the previous year

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
✔	✘	=	✔

Figure 2: Queensland performance 2023–24 compared to national average (below or above)

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
▲	▼	▲	▲

Emergency department performance — Queensland

Queensland's emergency department performance saw mixed results during the 2023–24 reporting period. Two years of consecutive improvement have resulted in the percentage of Category 3 ED patients being seen within the recommended time being higher than pre-COVID levels, a welcome sign for patients. However, the proportion of patients completing their ED visits within four hours or less has fallen to a 10-year low, with only 52 per cent of patients being either discharged or admitted to hospital within four hours.

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes — Queensland

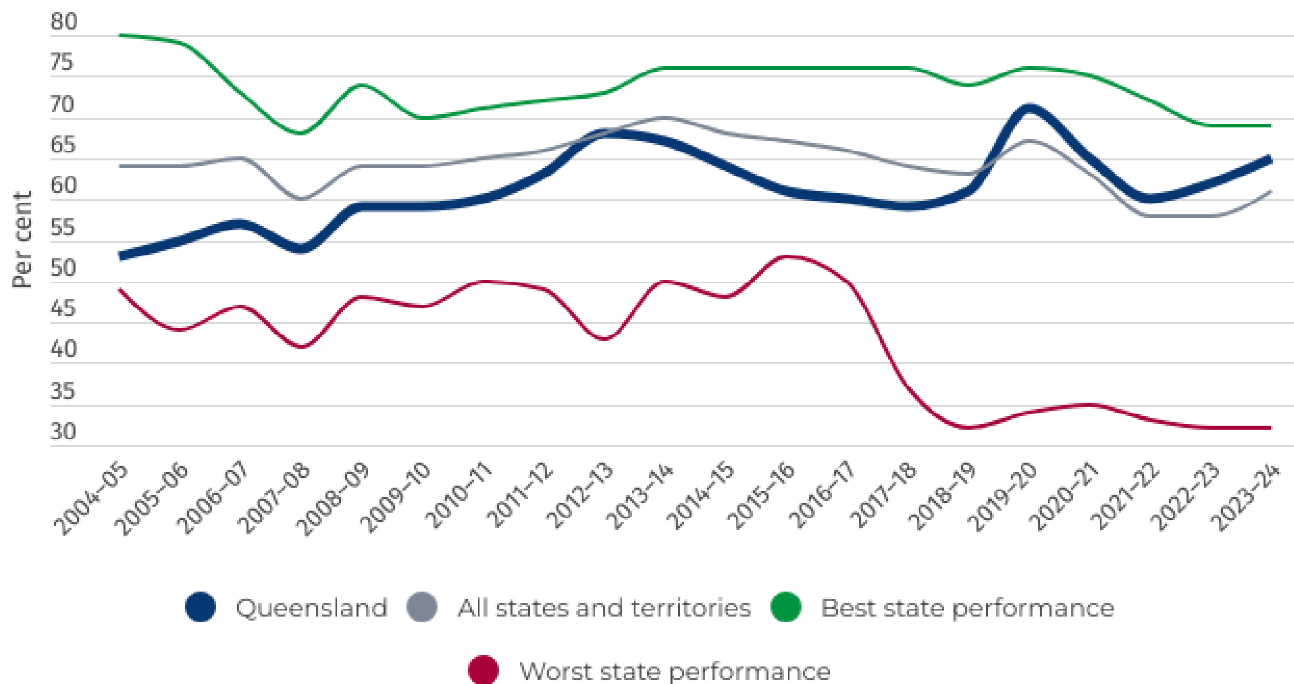
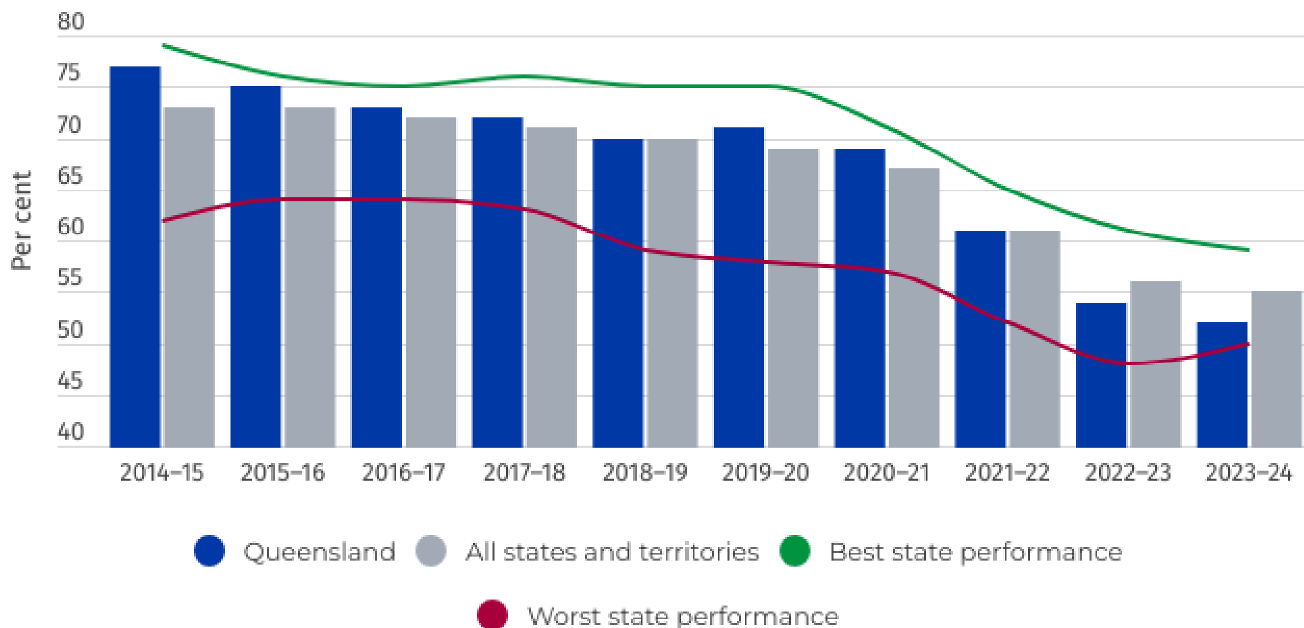


Figure 4: Percentage of ED visits completed in four hours or less — Queensland



Planned surgery performance — Queensland

Despite performing better than the national average in both planned surgery metrics measured by the AMA in 2023–24, Queensland still has room to improve its performance. Queensland's median wait times were the best in the country for the first 15 years of the 21st century, but now patients are waiting almost twice as long for planned surgery than they were 20 years ago.

Following national trends, there has been a welcome improvement in the percentage of Category 2 patients being seen on time, up from 70 per cent in 2022–23 to 74 per cent in 2023–24.

Figure 5: Median waiting time for planned surgery (days) — Queensland

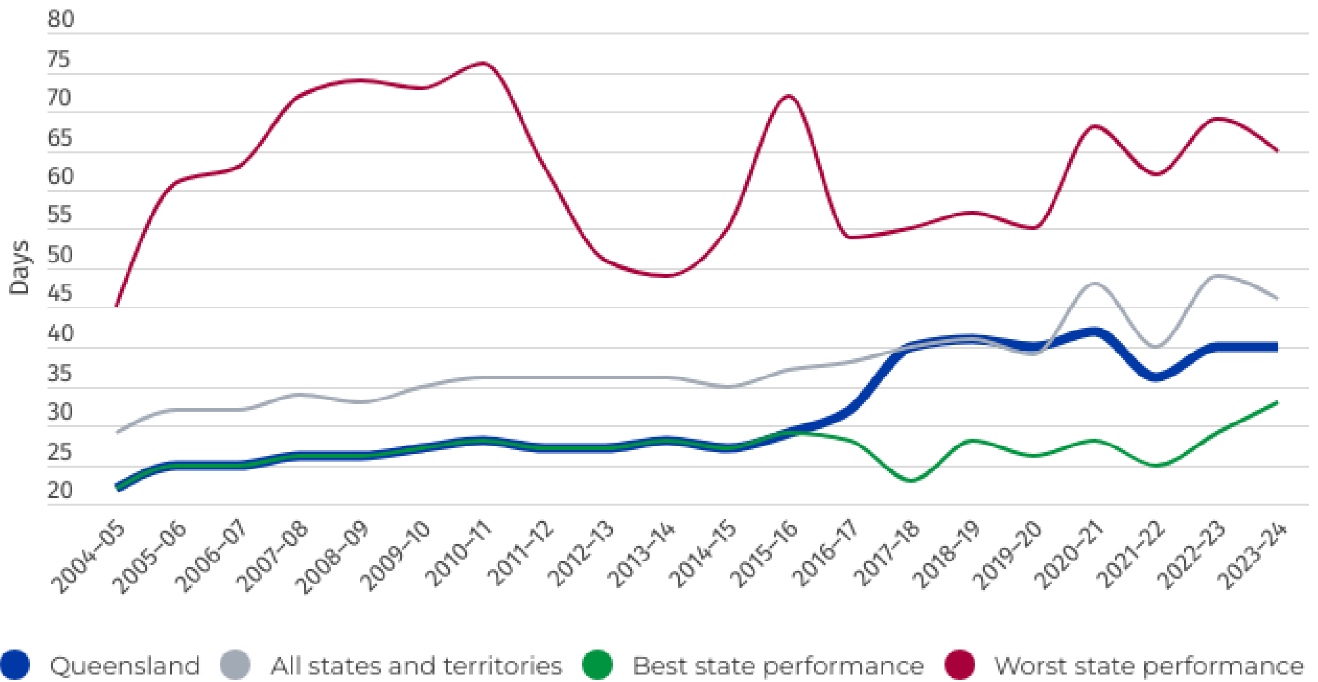
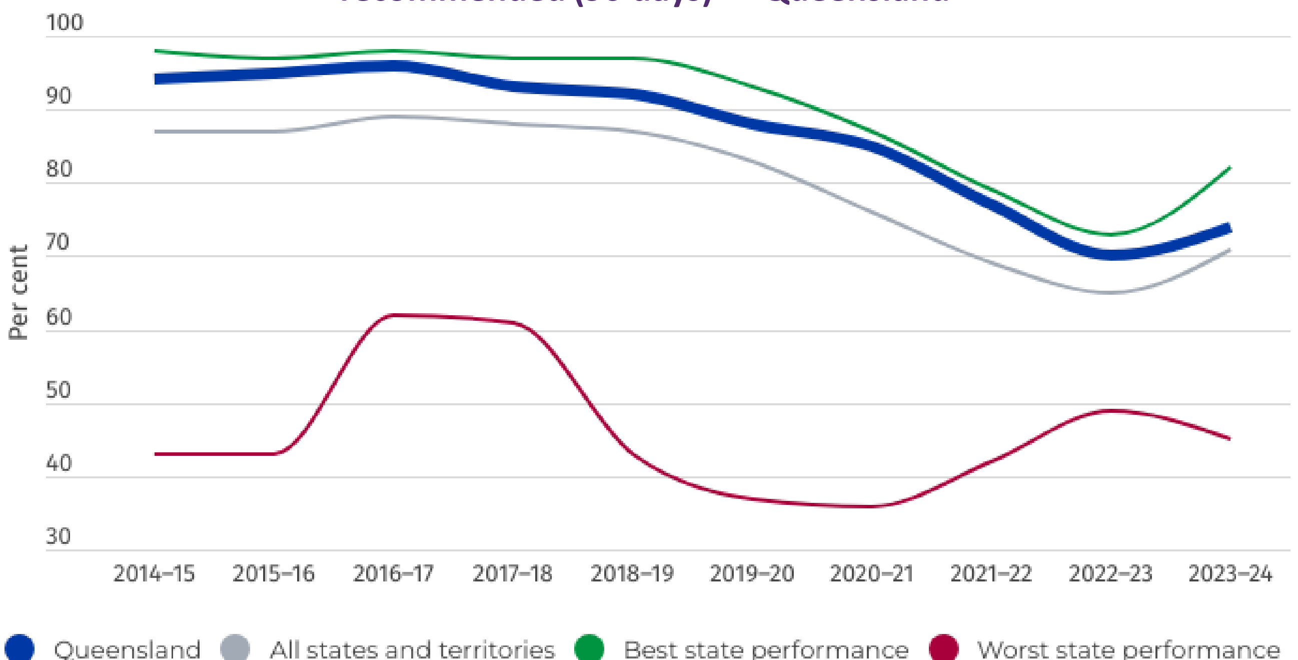


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) — Queensland

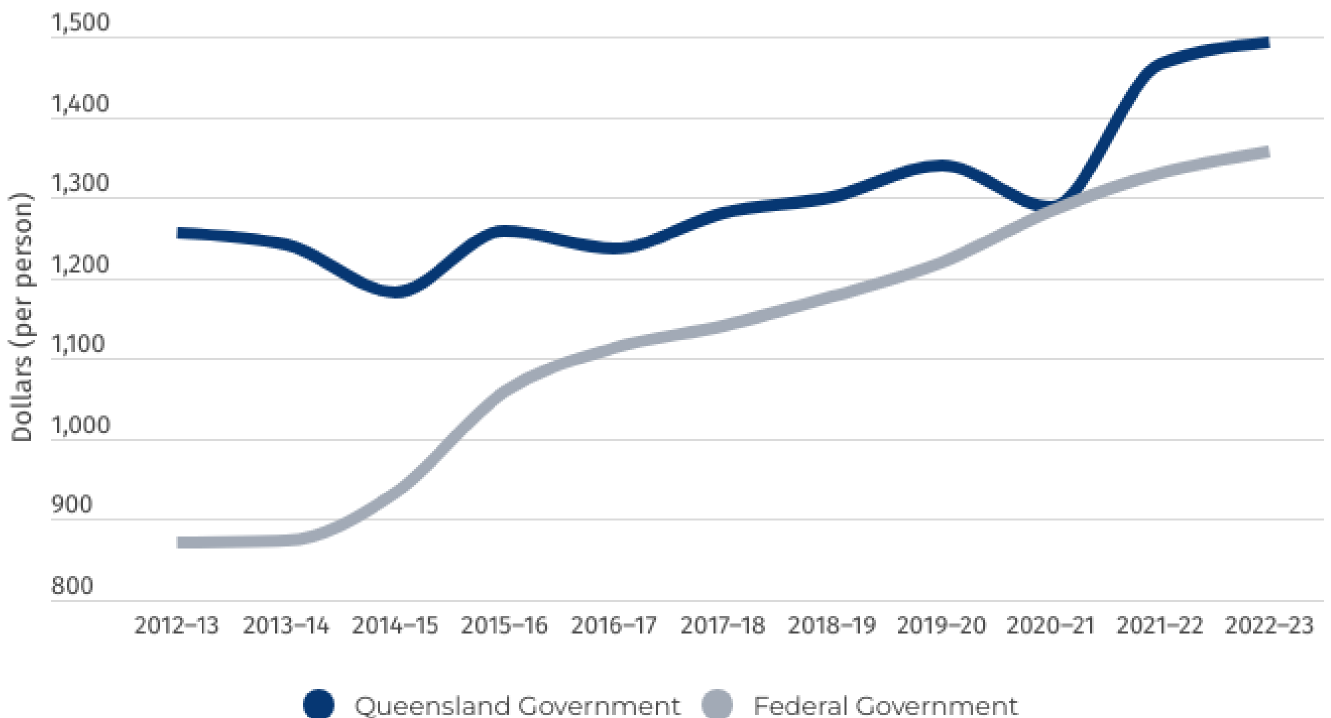


Public hospital expenditure — Queensland

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) — Queensland

	2012–13 to 2022–23	2012–13 to 2017–18	2017–18 to 2022–23
Federal	4.53%	5.54%	3.53%
Queensland Government	1.74%	0.39%	3.11%

Figure 8: Public hospital funding, per person, by government source (constant prices) — Queensland



The most recent public hospital funding data is from 2022–23. In Queensland, most public hospital funding (52 per cent) comes from the state government, however state public hospital spending per person of $1,492 per person represents the lowest figure in the nation.

WESTERN AUSTRALIA

Dr Michael Page

President, AMA WA

Just about any public hospital doctor or patient in Western Australia can tell you with great certainty, and without reference to any hard data, that we are in the midst of a crisis of access to care. Patients are waiting hours to get through the front door of the emergency department, half a day to be seen by a doctor, months for high-priority elective surgery, and years for outpatient appointments.

During our state election campaign through the beginning of 2025, we have asked the two major parties to show some ambition, some vision to build the capacity of our health system; at the very least, to acknowledge that our public system is drastically short of capacity and indicate a willingness to build bricks and mortar hospital beds and train more doctors locally to meet our current need and anticipate our future need, which will only grow.

We have heard some good initiatives pitched by both sides that could improve efficiency and reduce demand on the system, but not yet that ambition to build real capacity. AMA WA will continue to draw the public's attention to the real danger that we face of ending up with an increasingly two-speed system, where those who can afford to go private receive care when and where they need it, and those who can't languish in an interminable queue.

Key takeaways

In 2023–24, WA has remained the poorest performer in the percentage of Category 3 ED patients seen on time at a worryingly low 32 per cent. Minor improvements in planned surgery waiting mean WA's performance sits right on the national average, with much improvement required to return to pre-COVID levels.

Figure 1: Western Australia's performance 2023–24 compared to the previous year

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
=	✗	✓	✓

Figure 2: Western Australia's performance 2023–24 compared to national average (below or above)

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
▼	▲	▼	=

Emergency department performance — Western Australia

Although performance has fallen year-on-year, WA was the best-performing state in regard to the “four-hour rule”. This title points more to falling national performance than WA’s strength, as WA’s performance has fallen from 75 per cent to 59 per cent of patients completing their ED presentation within four hours.

Meanwhile, WA has maintained the position of lowest proportion of Category 3 (urgent) patients seen within the recommended time of 30 minutes, with only 32 per cent of these patients being seen on time, a figure that is 29 per cent below the national average.

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes — WA

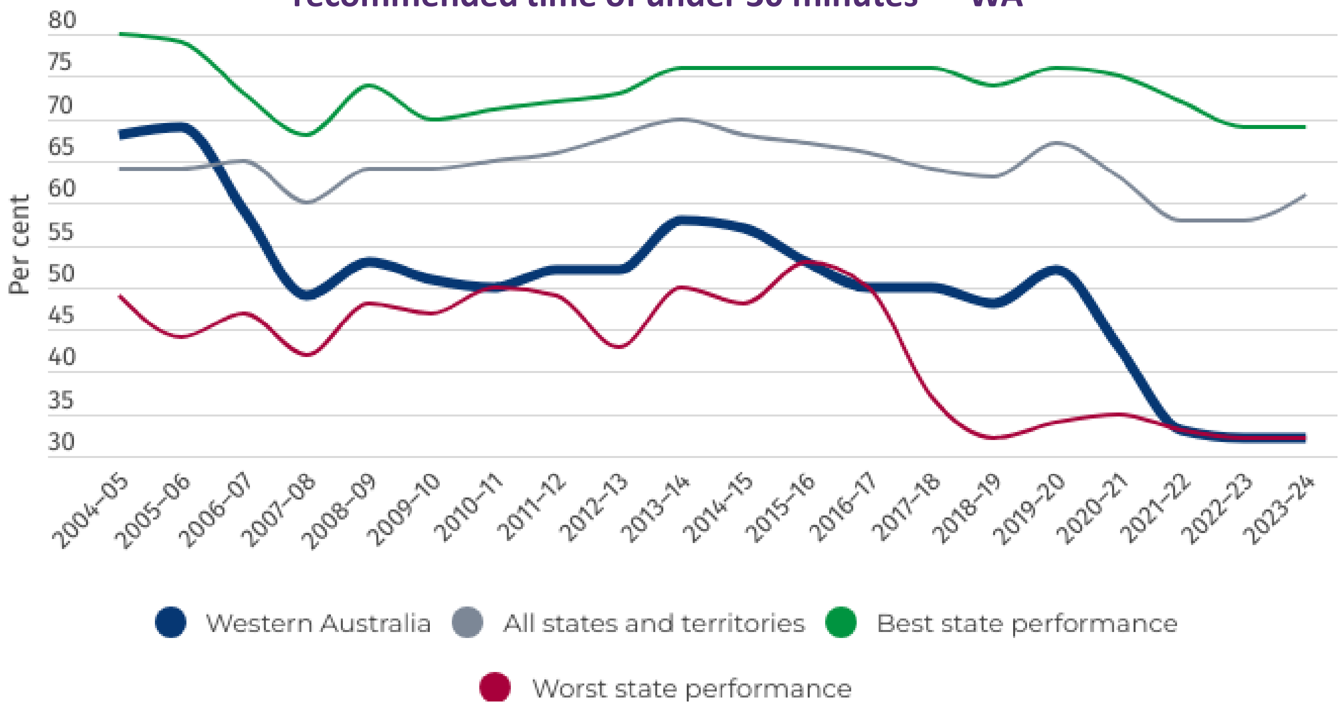
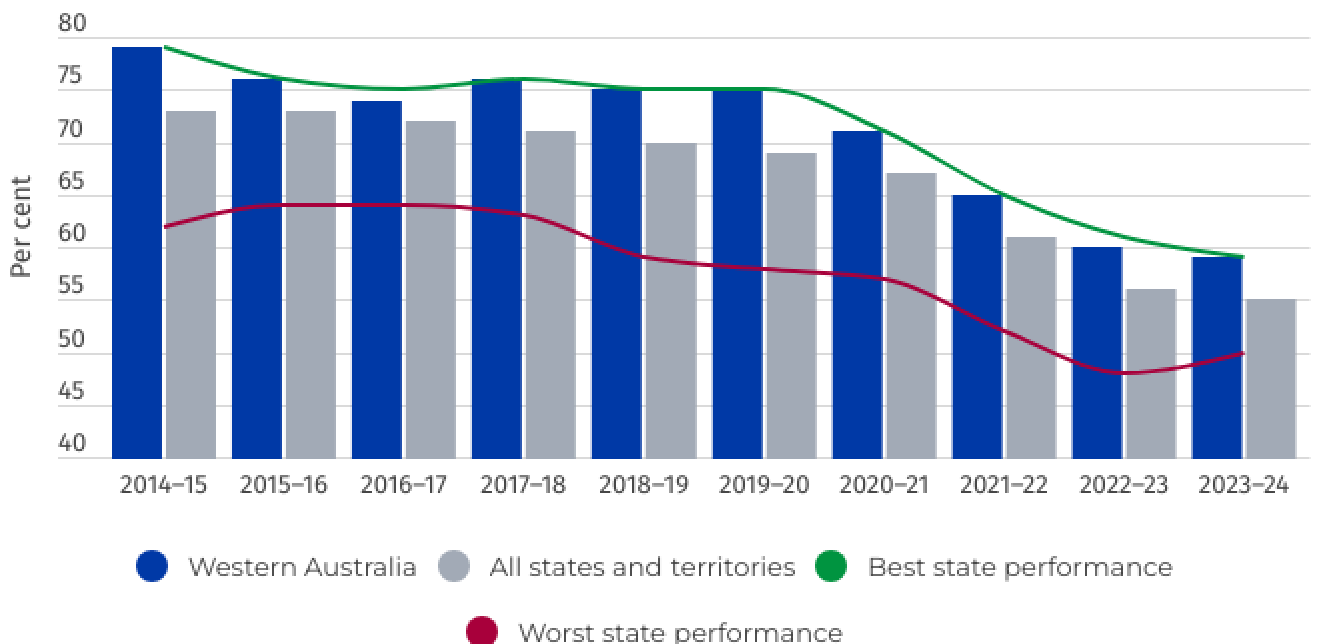


Figure 4: Percentage of ED visits completed in four hours or less — WA



Planned surgery performance — Western Australia

WA's planned surgery performance saw a slight improvement in 2023–24 along both metrics measured by the AMA, although performance remains far below historical averages. The percentage of Category 2 planned surgeries admitted within the clinically recommended time sits equal to the national average at 71 per cent, which despite being an improvement on the year prior, represents a 12 per cent drop from 2019–20. Despite this, the average wait time for each patient that has not been admitted within the clinical timeframe is alarmingly high at 206.3 days for Category 2 (recommended to occur within 90 days) and 522.6 days for Category 3 (recommended to occur within 365 days).

Figure 5: Median waiting time for planned surgery (days) — WA

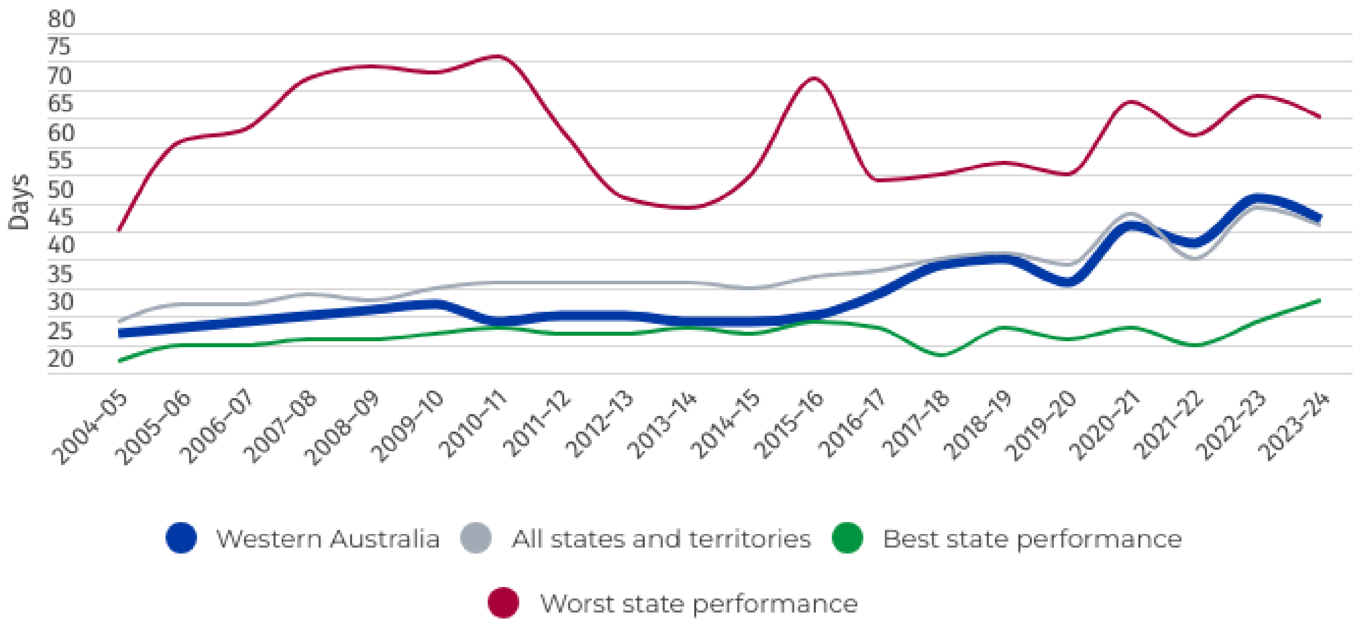
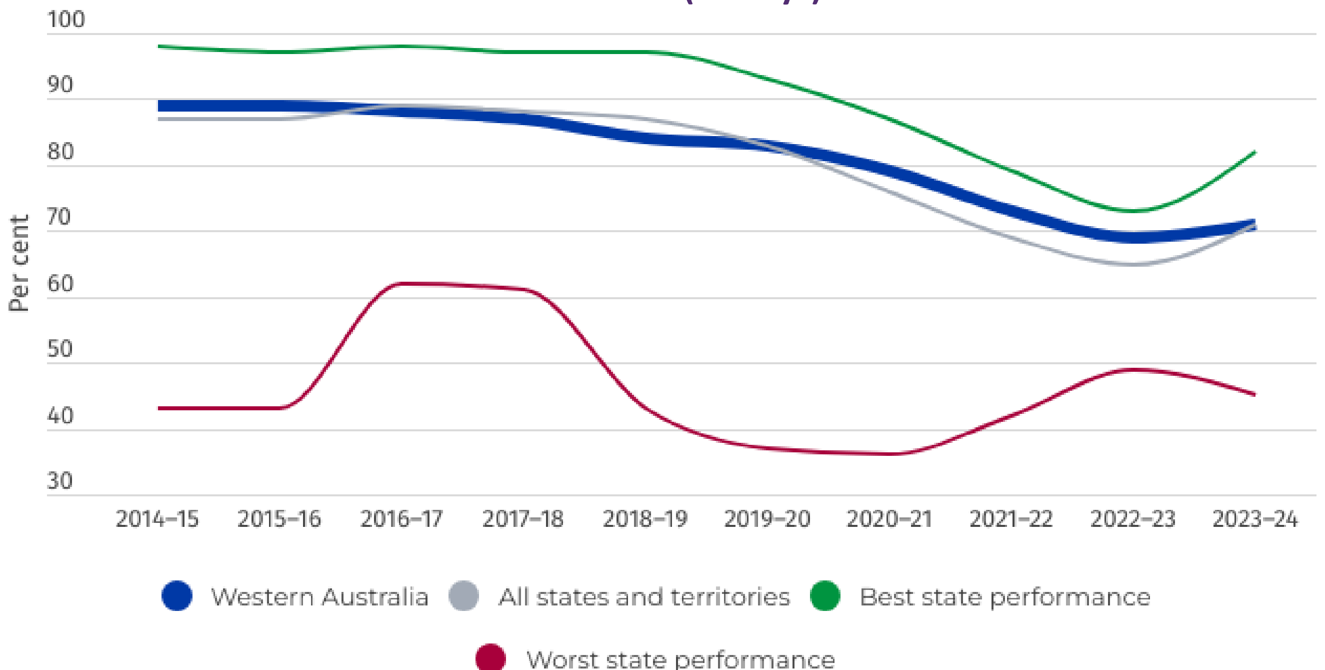


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) — WA

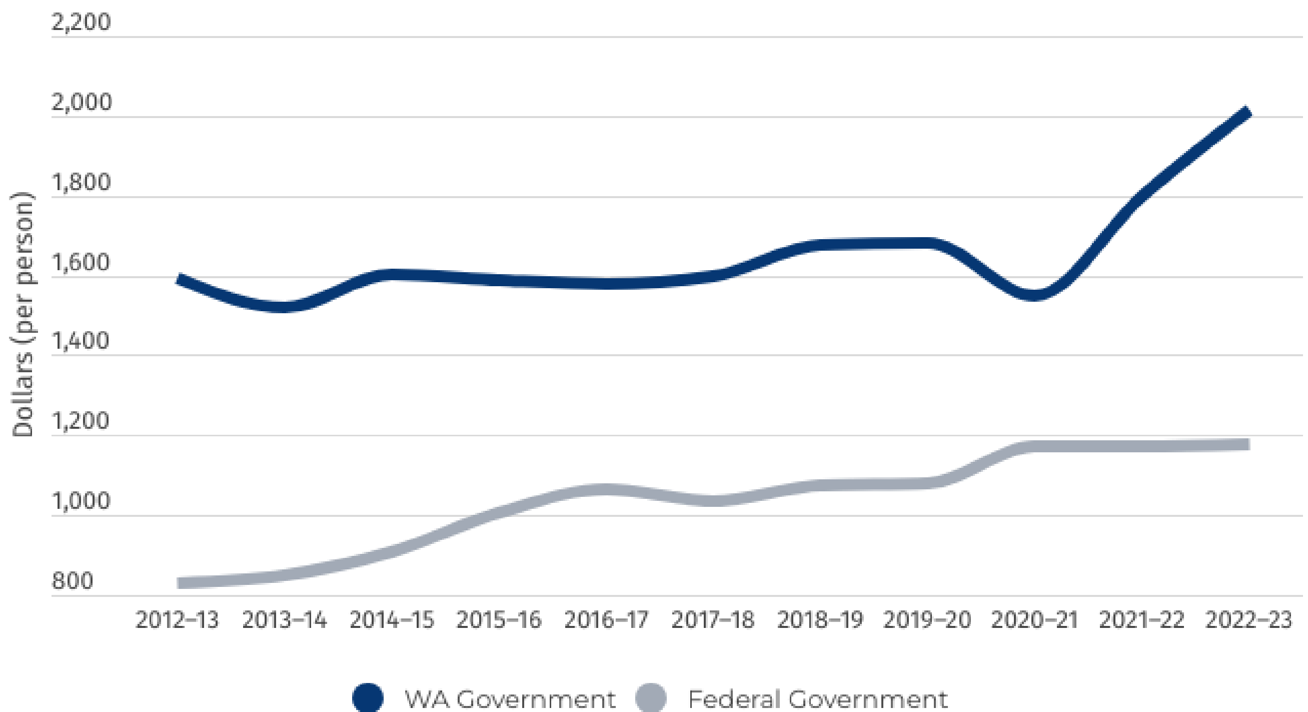


Public hospital expenditure — Western Australia

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) — WA

	2012–13 to 2022–23	2012–13 to 2017–18	2017–18 to 2022–23
Federal	3.57%	4.58%	2.58%
WA Government	2.39%	0.06%	4.76%

Figure 8: Public hospital funding, per person, by government source (constant prices) — WA



The most recent public hospital funding data is from 2022–23. Western Australia has increased its public hospital spending after a long decline in per-person expenditure and is now spending $2,015 per person on public hospitals. This equates to 63 per cent of total spending on public hospitals, with 37 per cent coming from the federal government in 2022–23.

SOUTH AUSTRALIA

Dr John Williams

President, AMA SA

It's disappointing, although not surprising, that South Australia's emergency departments continue to perform well below the national average. The latest figures reflect the stubborn challenges our members confront on a daily basis — the overwhelming patient demand, the staffing shortages, the stretched resources. I'm sincerely grateful to the hardworking health staff who persevere in these difficult conditions. Their dedication to patients is admirable.

We must not become resigned to the failures of the system. This report makes for difficult reading, but the data empowers us to find a way forward. By quantifying the full extent of the pain points in our health system, we're better equipped to find genuine solutions.

AMA SA is leading the charge for change. In the coming months we'll bring together health decision makers and thinkers from across South Australia to develop strategies and innovations that we hope will initiate lasting change. We've also established a new international medical graduates (IMG) committee to break down barriers for overseas trained doctors who form a crucial component of our health workforce. Our trusted place in the community, and the power of our collective strength, means we have the power to shape policy and legislation for the better.

Increased support for primary care is key. General practice is the most effective and crucially the most cost-efficient way to keep our population well and out of hospitals. The AMA's plan to Modernise Medicare will bolster general practice, reducing avoidable hospital admissions, easing ambulance ramping, and leading to better experiences for patients.

Key takeaways

Despite a major improvement in the percentage of Category 2 planned surgeries occurring on time, South Australia has again seen historically poor emergency department performance in 2023–24. Both ED metrics measured by the AMA fell for the fifth consecutive year, reflecting a public hospital system in crisis.

Figure 1: South Australia performance 2023–24 compared to the previous year

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
✗	✗	✓	✓

Figure 2: South Australia performance 2023–24 compared to national average (below or above)

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
▼	▼	▼	▼

Emergency department performance — South Australia

South Australia's emergency department performance went from bad to worse in 2023–24. Last year's Public Hospital Report Card showed South Australia's emergency departments were performing at the lowest levels in recent memory, with this year's reporting period showing even further declines. Just 38 per cent of ED patients triaged as "urgent" were seen on time, down from 65 per cent 10 years prior. Meanwhile, only 50 per cent of ED presentations were completed in four hours or less, a near worst-in-class performance which represents a 12 per cent decline in the past five years.

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes — SA

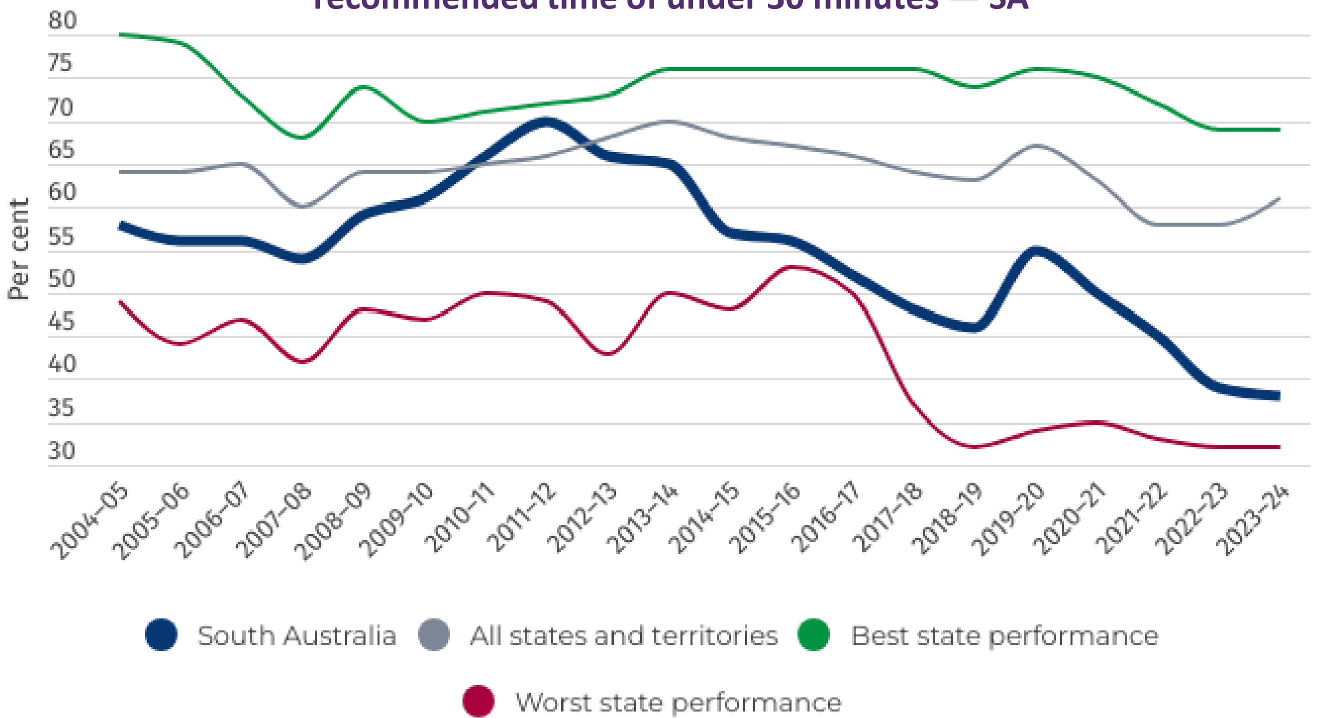
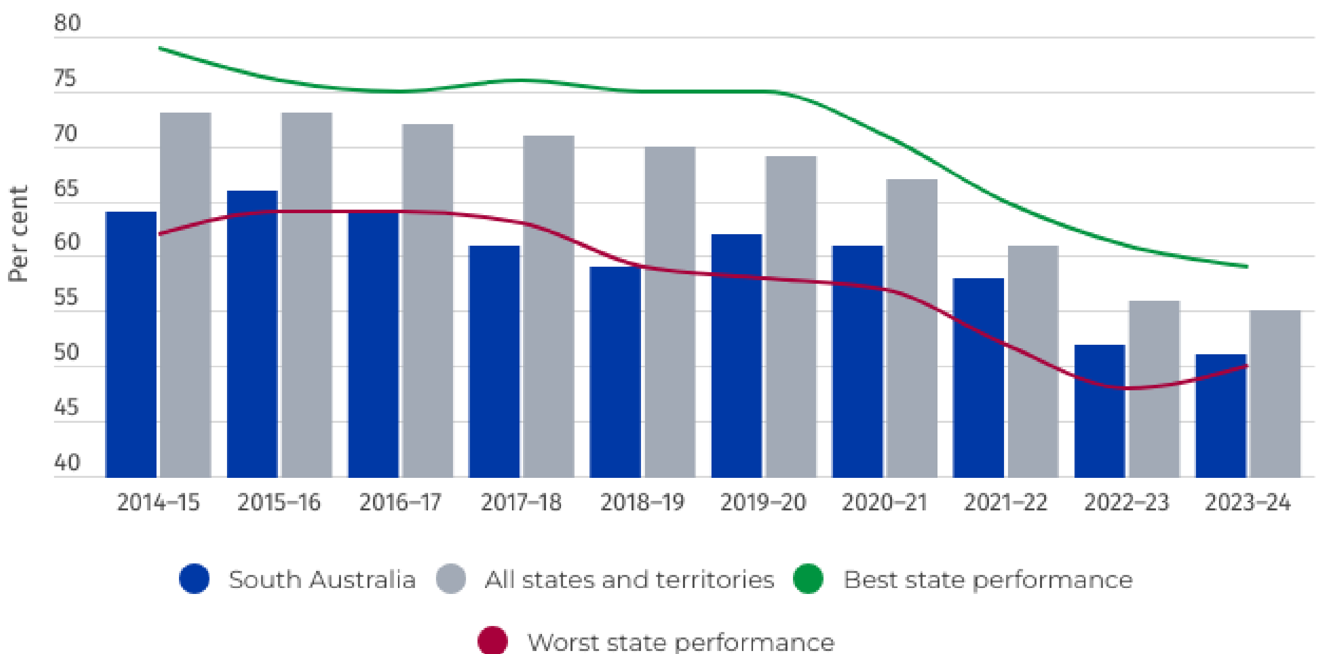


Figure 4: Percentage of ED visits completed in four hours or less — SA



Planned surgery performance — South Australia

While emergency department performance has fallen, South Australia has seen an improvement in both planned surgery metrics measured by the AMA. The median waiting time for planned surgery has fallen from 49 to 47 days. Despite this improvement, SA patients are still waiting 12 days longer for planned surgery than a decade prior. Fortunately, the state saw a minor improvement in the percentage of Category 2 patients being seen within the recommended time of 90 days, up from 62 per cent in 2022–23 to 63 per cent in 2023–24.

Figure 5: Median waiting time for planned surgery (days) — SA

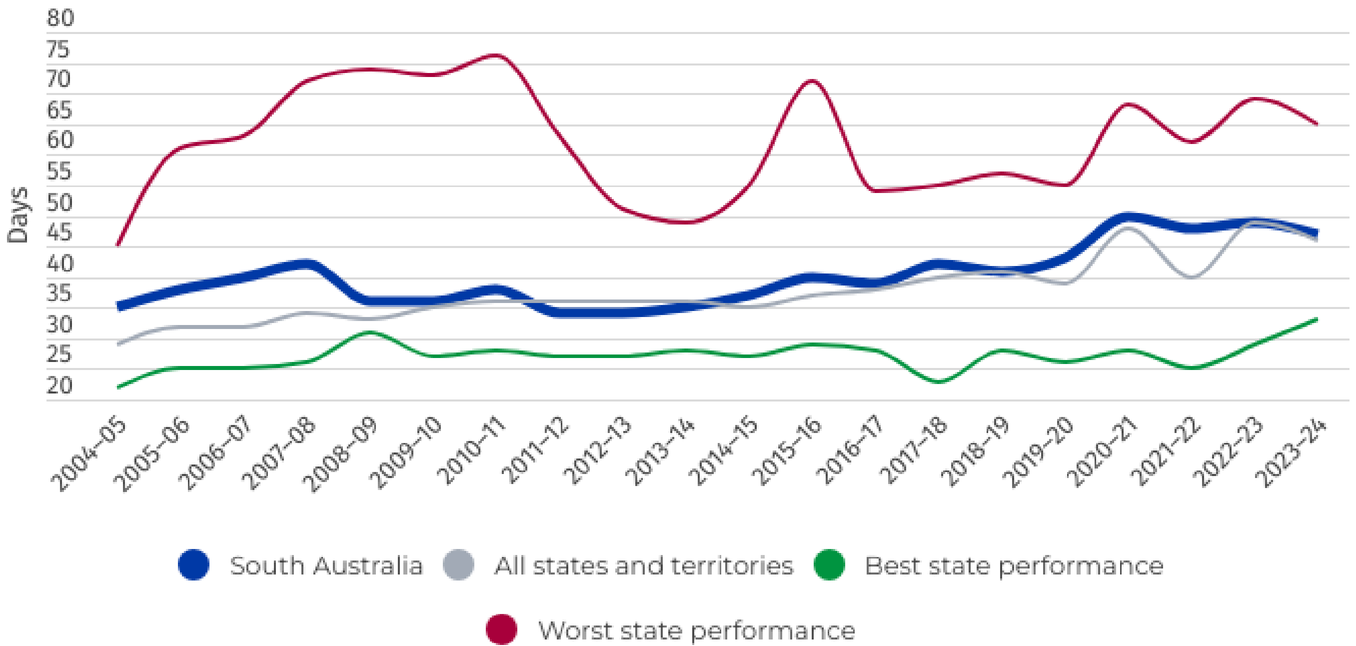
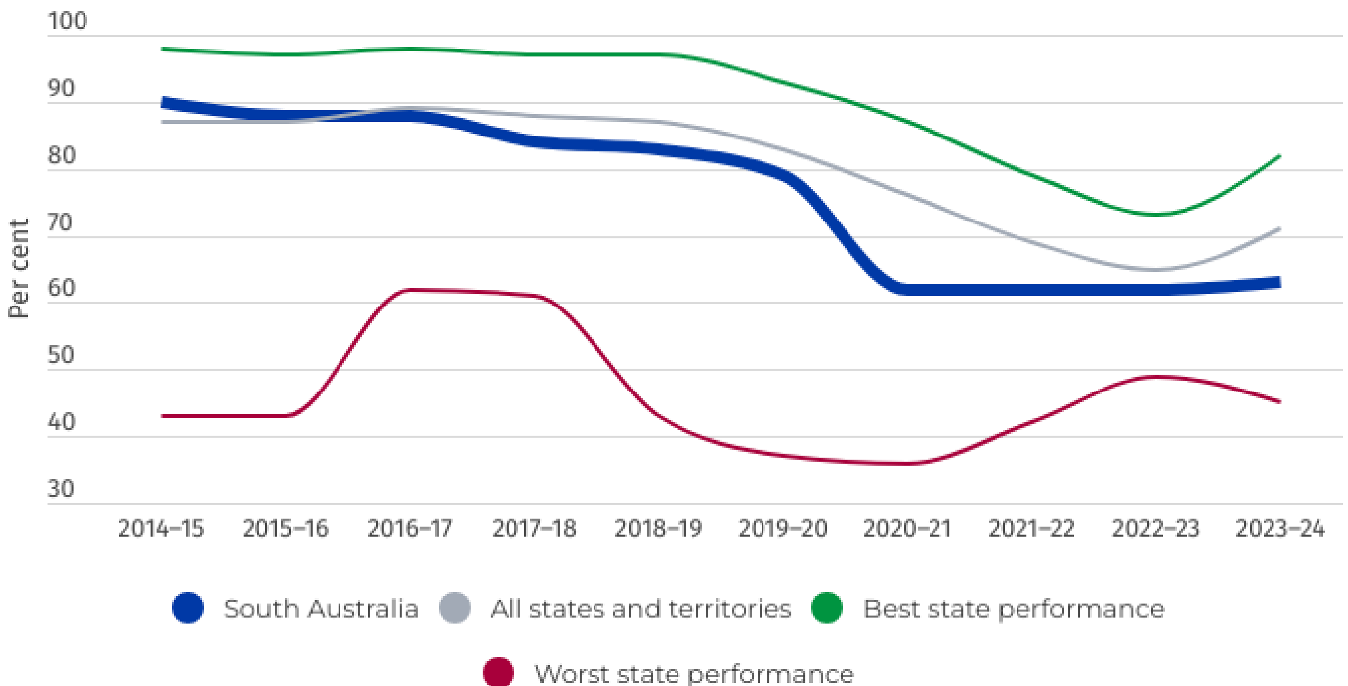


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) — SA

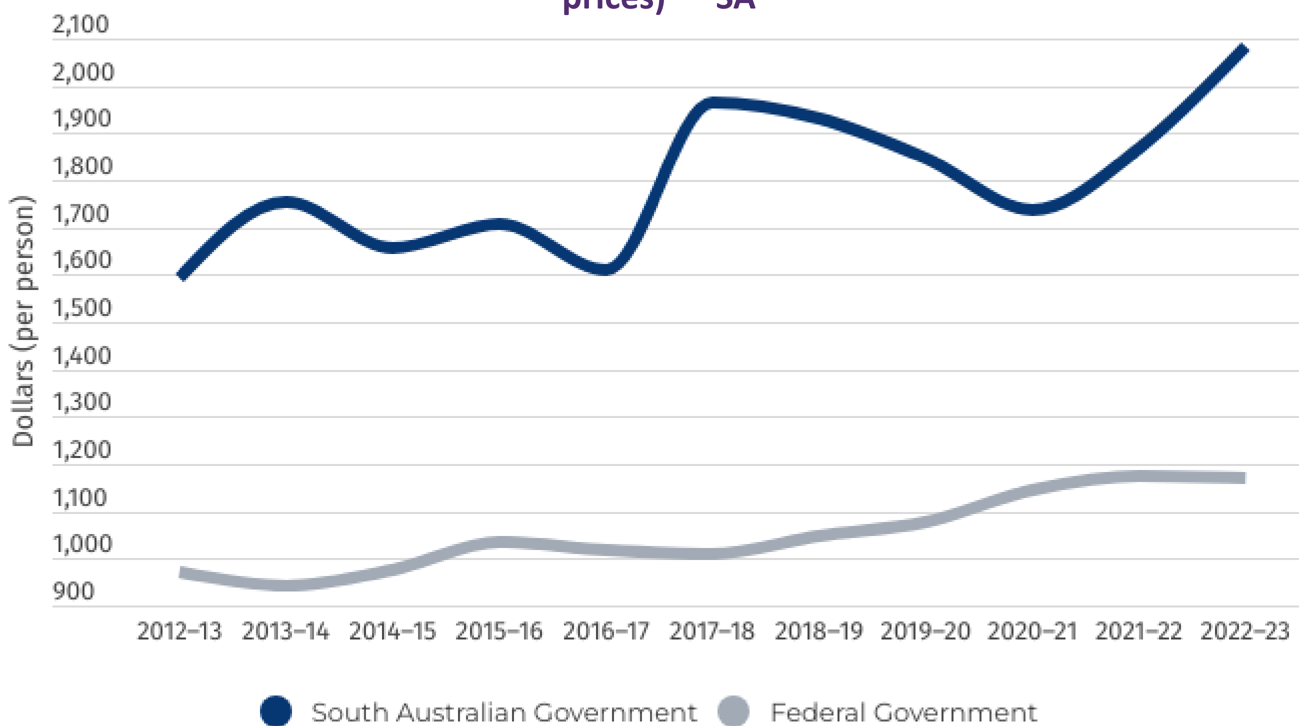


Public hospital expenditure — South Australia

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) — SA

	2012–13 to 2022–23	2012–13 to 2017–18	2017–18 to 2022–23
Federal	1.85%	0.77%	2.95%
SA Government	2.72%	4.28%	1.18%

Figure 8: Public hospital funding, per person, by government source (constant prices) — SA



The most recent public hospital funding data are from 2022–23. In South Australia, most public hospital funding (64 per cent) comes from the state government. This is largely in line with the national average of 61 per cent, even as most state and territories continue to take on most of the funding burden for our public hospital system.

TASMANIA

Dr Michael Lumsden Steel

President, AMA Tasmania

This report card should be read as a scathing assessment of the federal and state governments' failure to invest in Tasmania's health system to meet the demand. Politicians continue to make long-term promises for political gain with no short-term solutions.

It is essential to acknowledge how hard Tasmanian healthcare professionals work in an environment that is not resourced with enough beds, staff, IT systems, diagnostic services, and contemporary infrastructure to deliver excellent and efficient healthcare.

The primary objective must be to ensure Tasmania's hospitals meet clinical treatment 100 per cent of the time within clinically recommended time frames.

The Launceston General Hospital has some of the longest emergency department stay times in the country. This is further compounded by 40 per cent of the population not having access to private hospital emergency departments, placing all the pressure on the public hospital departments.

Tasmania's health system is failing those on wait lists for planned surgery as there are not enough specialists to see patients, there are not enough beds to meet admissions requirements, and there are delays in getting key investigations (MRI CT scans, ultrasounds and cardiac echo radiography) which delays time to diagnosis, treat, and discharge, and the resulting bed block results in patients waiting up to days in emergency departments before they are admitted to hospital.

We have failed to build capacity to support an ageing population and meet mental health needs, as well as shortfalls in paediatric care as per the Tasmania Health Service's own outpatient waiting time dashboard.

Elective surgeries are frequently cancelled on the day due to insufficient beds or the inability to support over-running operating theatres. Outsourcing of planned surgery continues unabated, as has the outsourcing of essential medical imaging.

Tasmania needs both levels of government to stop the blame game and work together to deliver the infrastructure-required masterplans in the north, northwest, and south.

The real question though is where will the federal and state governments find the extra billion dollars a year for the health budget in Tasmania, plus the $5–6 billion needed for health infrastructure maintenance, upgrades to mental health facilities, and the new Royal Hobart Hospital required in Tasmania?

It is time for less talk and more action.

Key takeaways

Tasmania's public hospital system remains in crisis, with all four metrics measured by the AMA remaining below national averages. The state saw a small reduction in the waiting time for planned surgery, an improvement that was offset by further falls in emergency department performance.

Table 1: Tasmanian performance 2022–23 compared to the previous year

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
✗	✗	✓	✓

Table 2: Tasmanian performance 2022–23 compared to national average (below or above)

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
▼	▼	▼	▼

Emergency department performance — Tasmania

Tasmania's ability to treat and discharge emergency department patients within the recommended timeframe is well below average. Only **43 per cent of Category 3 patients** are seen within the recommended timeframe, a major fall from the **66 per cent** figure of 10 years ago. Meanwhile, Tasmania's has now fallen to the bottom of the scorecard when it comes to the "four-hour rule", with only **50 per cent of ED visits being completed within four hours or less.**

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes — Tasmania

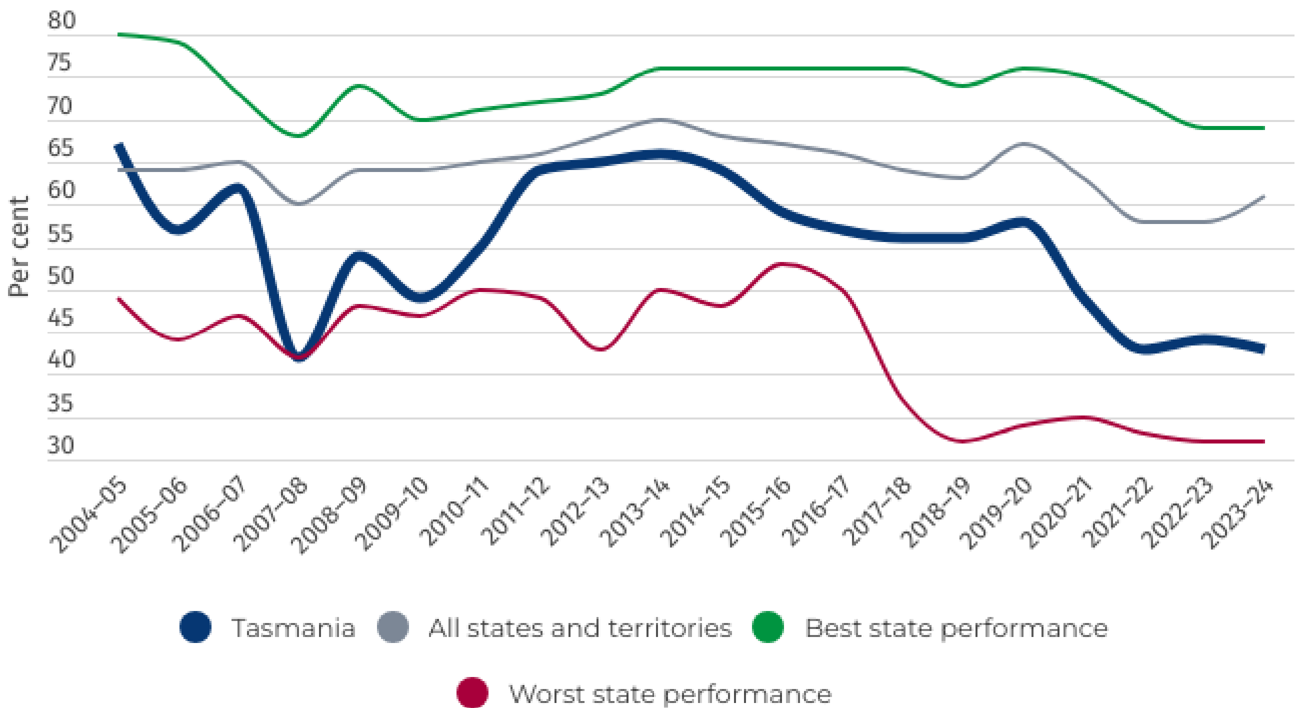
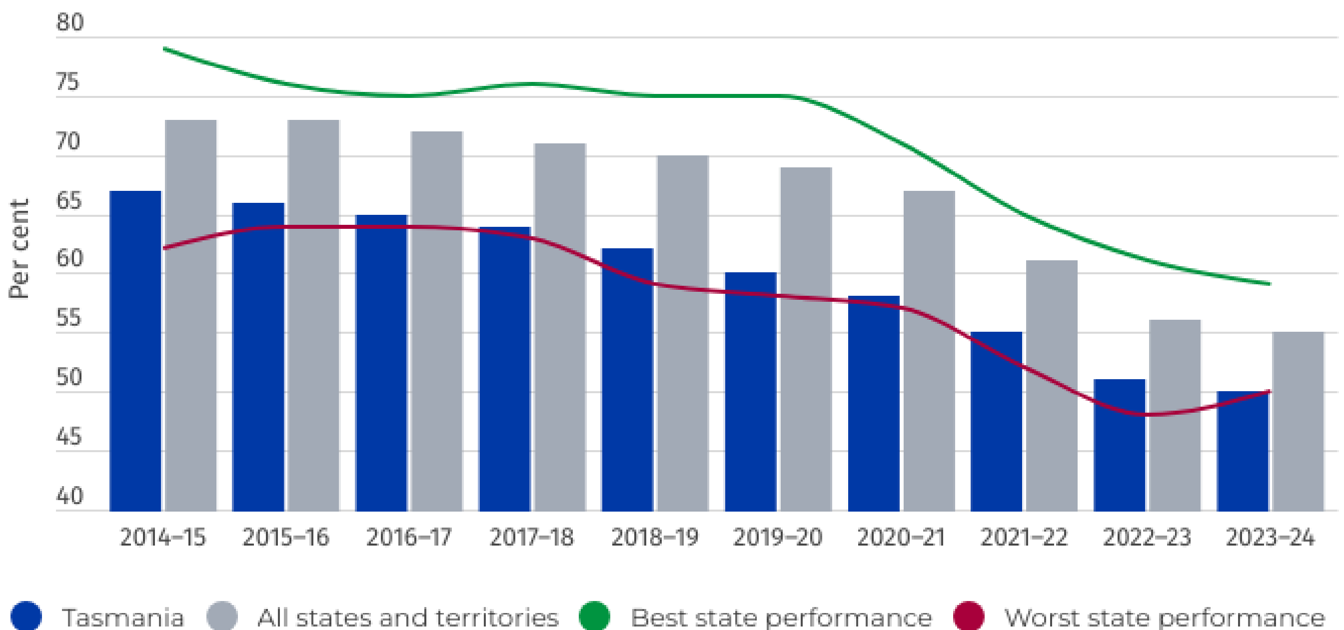


Figure 4: Percentage of ED visits completed in four hours or less — Tasmania



Planned surgery performance — Tasmania

Despite remaining below average in both metrics measured by the AMA, the performance of Tasmania's planned surgery continues its slow yet consistent climb towards an improved system. Noting that the low watermark in 2020–21 represented remarkably poor performance, Tasmania is the only state to have improved for four years in a row across both planned surgery metrics, a sign that small steps are being made to pull the system out of crisis.

However, the average wait time for each patient that has not been admitted within the clinical timeframe is alarmingly high at 289.8 days for Category 2 (recommended to occur within 90 days) and 608.5 days for Category 3 (within 365 days).

Figure 5: Median waiting time for planned surgery (days) — Tasmania

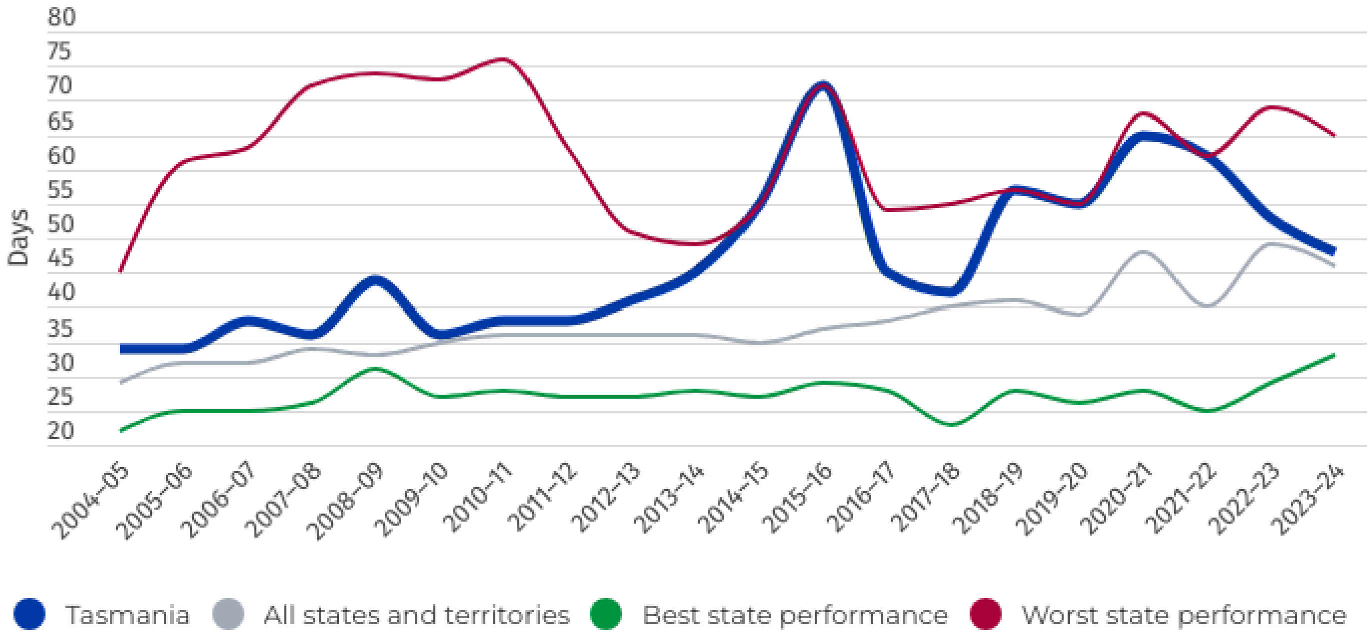
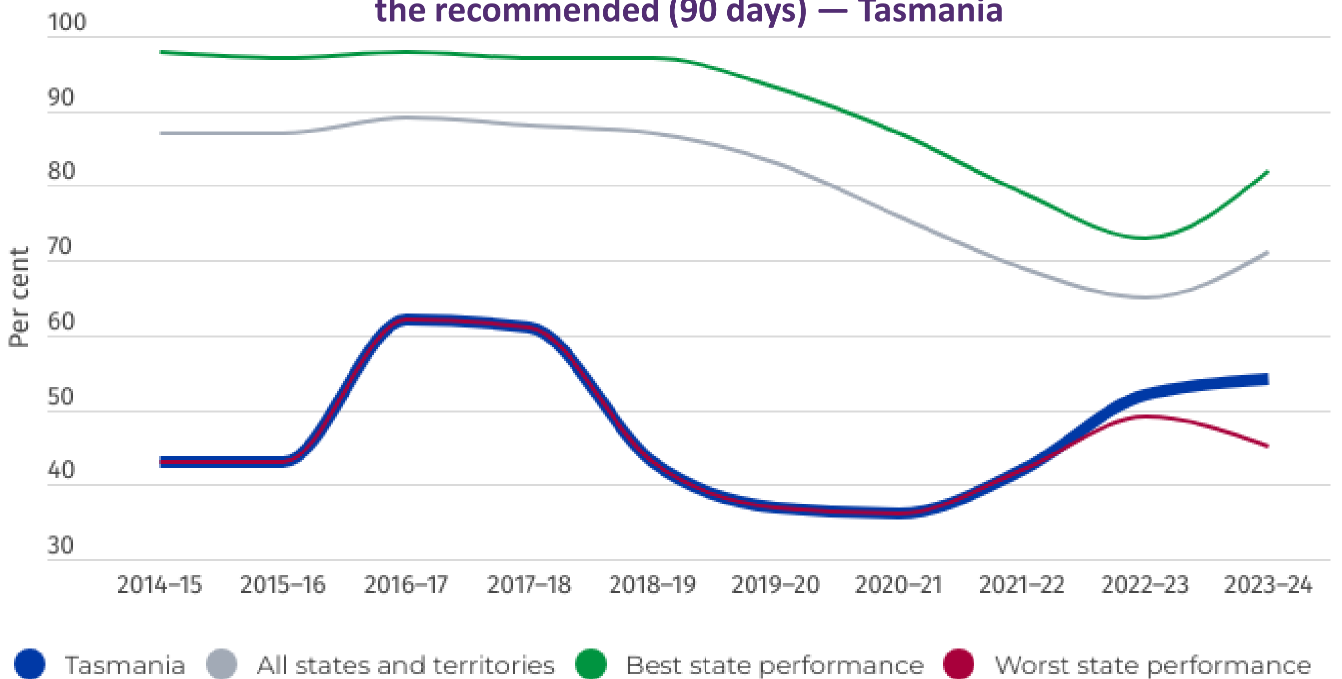


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) — Tasmania

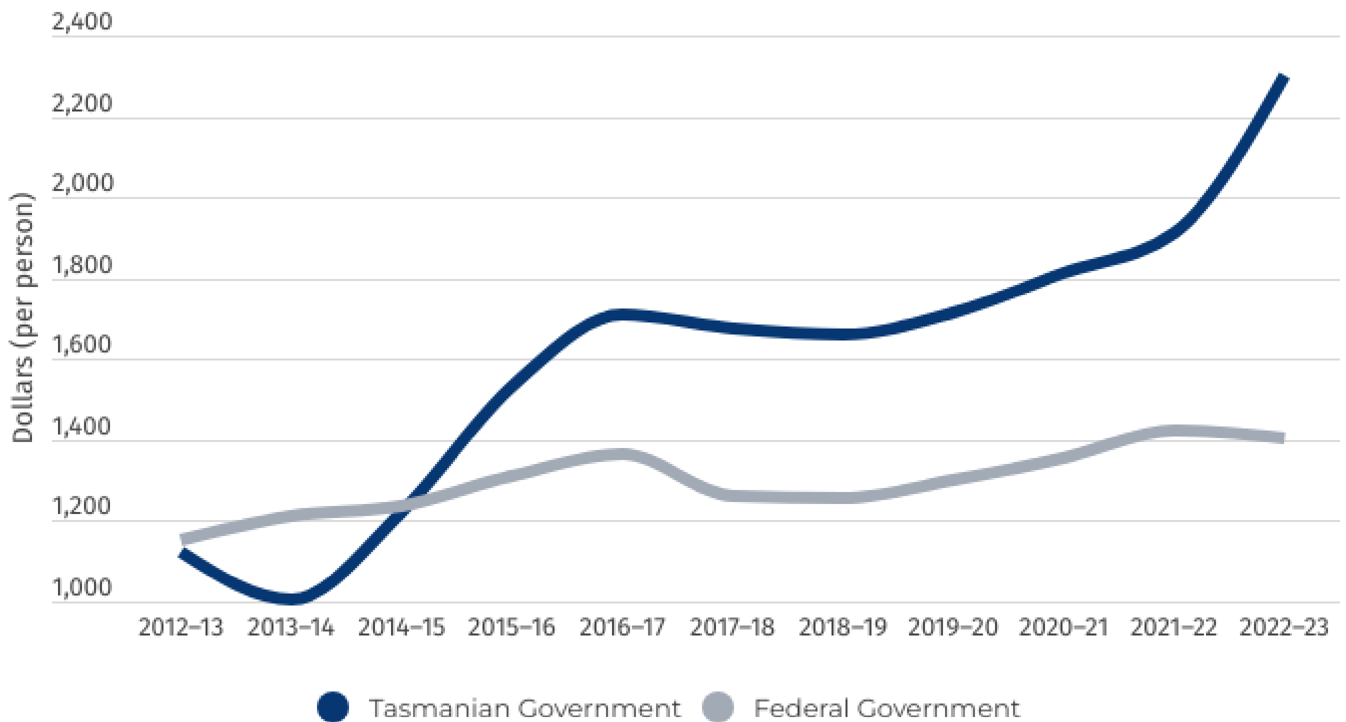


Public hospital expenditure — Tasmania

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) — Tasmania

	2012–13 to 2022–23	2012–13 to 2017–18	2017–18 to 2022–23
Federal	1.99%	1.84%	2.14%
Tasmanian Government	7.44%	8.32%	6.57%

Figure 8: Public Hospital Funding, per person, by government source (constant prices) — Tasmania



The most recent public hospital funding data is from 2022–23. In Tasmania, most public hospital funding (62 per cent) comes from the state government. This is largely in line with the national average of 61 per cent, as state and territory governments continue to take on most of the funding burden for our public hospital system.

AUSTRALIAN CAPITAL TERRITORY

Dr Kerrie Aust

President, AMA ACT

As ACT healthcare workers continue along the path of building a health system to be proud of, there's no denying the current system is under intense strain.

Only a few weeks ago, the ACT Government announced significant new health funding, in response to a worsening operating deficit. From here they then announced that efficiency measures will be introduced to bring the health expenditure back to a sustainable level, which we expect will impact on service delivery.

Some of this is foreshadowed in the latest Public Hospital Report Card with an increase in hospital attendances, reflecting the after-effects of COVID-19. During the period under review, ACT services were also disrupted due to a fire event at the North Canberra Hospital.

Despite these challenges, I want to acknowledge the incredible work being done by our doctors, nurses, allied health and support staff. With all the things that have been thrown at our healthcare workforce, they have performed magnificently.

It's encouraging to see improvements in performance in important parts of the ACT health system with ED waiting times a notable contributor. Unfortunately, elective surgery performance continues to struggle with little relief in sight.

While there's been many ups and downs over the past few years, there's reason to be optimistic about the future with a new acute services building opening at the Canberra Hospital and further bedding down of the Digital Health Record. In addition, work to streamline the services between the Canberra Hospital and North Canberra Hospital campuses is starting to be reflected in the wait time data.

Workforce continues to be a particular challenge for the ACT with a need to have adequate remuneration combined with a focus on improving hospital culture, clinical autonomy, and doctor well-being.

The way forward also includes better access to data on clinic and surgical wait times and improving the way we engage with patients, and their wider treatment team, to provide a truly integrated and seamless care experience.

Finally, we need to better support general practice and avoid alternative models of care that fragment patient care and often lead to multiple presentations to fix an issue. We need to reduce avoidable hospital admissions and increase the capacity for preventative care with the patient's regular general practitioner.

Key takeaways

Despite a notable improvement in ED performance, ACT hospitals continue to underperform compared to historical and national averages. Just 45 per cent of Category 2 planned surgeries are being seen within the recommended 90 days, while only 51 per cent of "urgent" ED presentations are being seen on time.

Figure 1: ACT performance 2023–24 compared to the previous year

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
✓	✓	✗	✗

Figure 2: ACT performance 2023–24 compared to national average (below or above)

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
▼	▲	▼	▼

Emergency department performance — ACT

The ACT has seen significant improvements in both the number of patients completing their ED presentation within four hours or less and the percentage of Category 3 patients being seen on time. Noting a worrying fall in national performance, the territory has risen from the worst performer to above average in terms of the "four-hour rule". Although the percentage of Category 3 emergency department patients being seen within the recommended time has improved for the fifth year in a row, the ACT's figure sits at **51 per cent, 10 per cent below the national average.** Note that data was not available for 2015–16.

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes — ACT

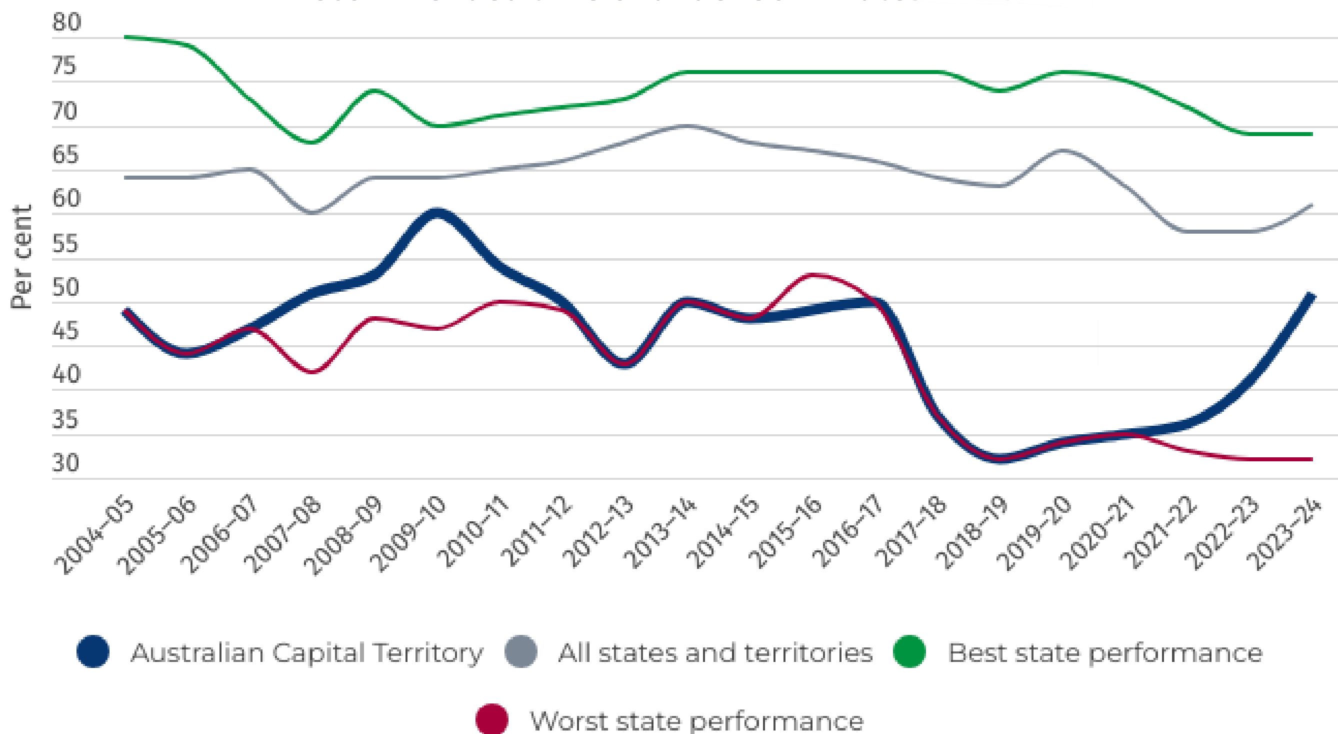
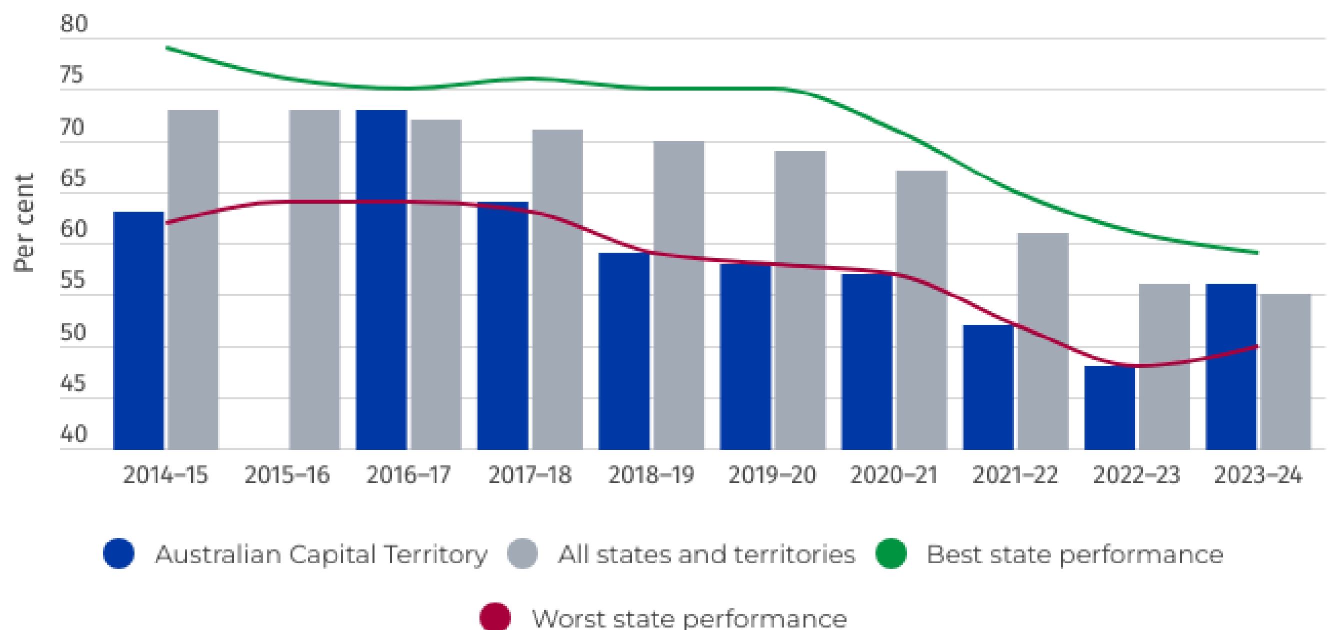


Figure 4: Percentage of ED visits completed in four hours or less — ACT



Planned surgery performance — ACT

The overall median waiting time for planned surgery has worsened slightly to an above average 50 days in the ACT. The percentage of Category 2 planned surgery patients being admitted within the recommended time has fallen for the sixth year running, dropping from **75 per cent to 45 per cent** between 2018–19 and 2023–24, making the ACT the worst performer in the country for this metric.

For the 55 per cent of Category 2 patients who do not receive their surgery on time in the ACT (recommended to occur within 90 days), the average wait time is alarmingly high at 214.7 days. 34 per cent of ACT Category 3 patients are not admitted in the clinically recommended time of 365 days. These patients are waiting on average 660 days, or almost two years, before receiving treatment.

Figure 5: Median waiting time for planned surgery (days) — ACT

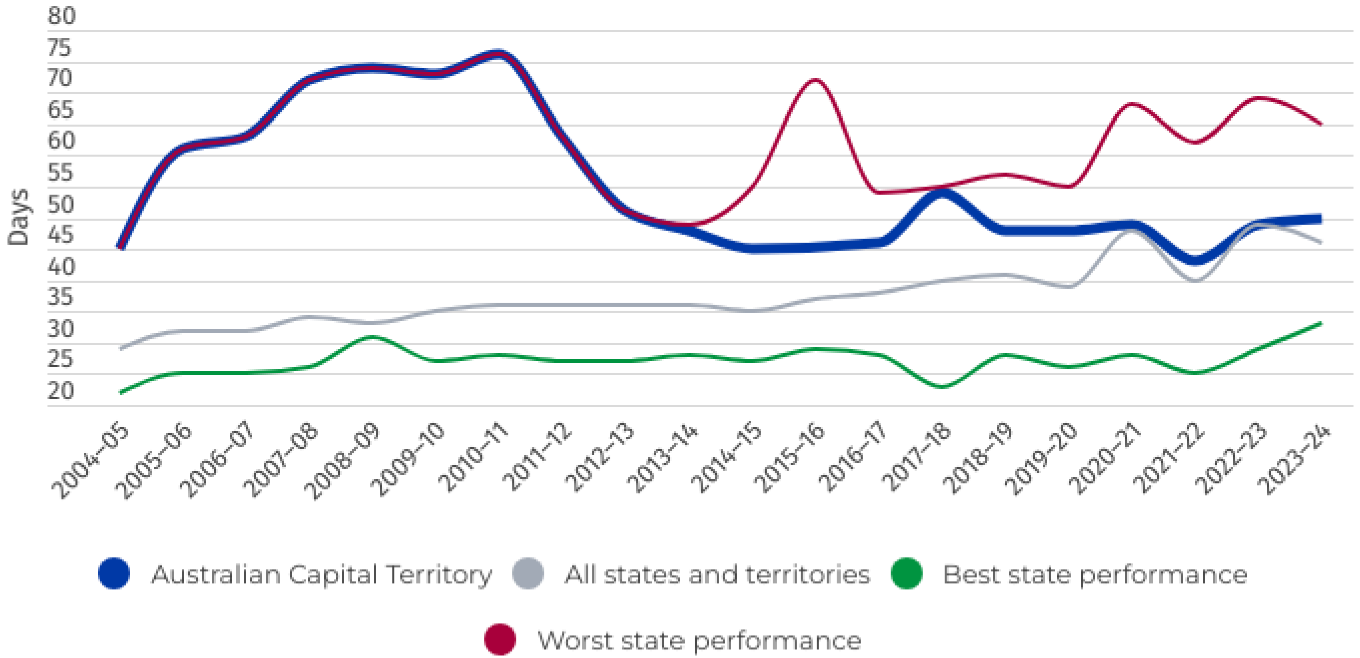
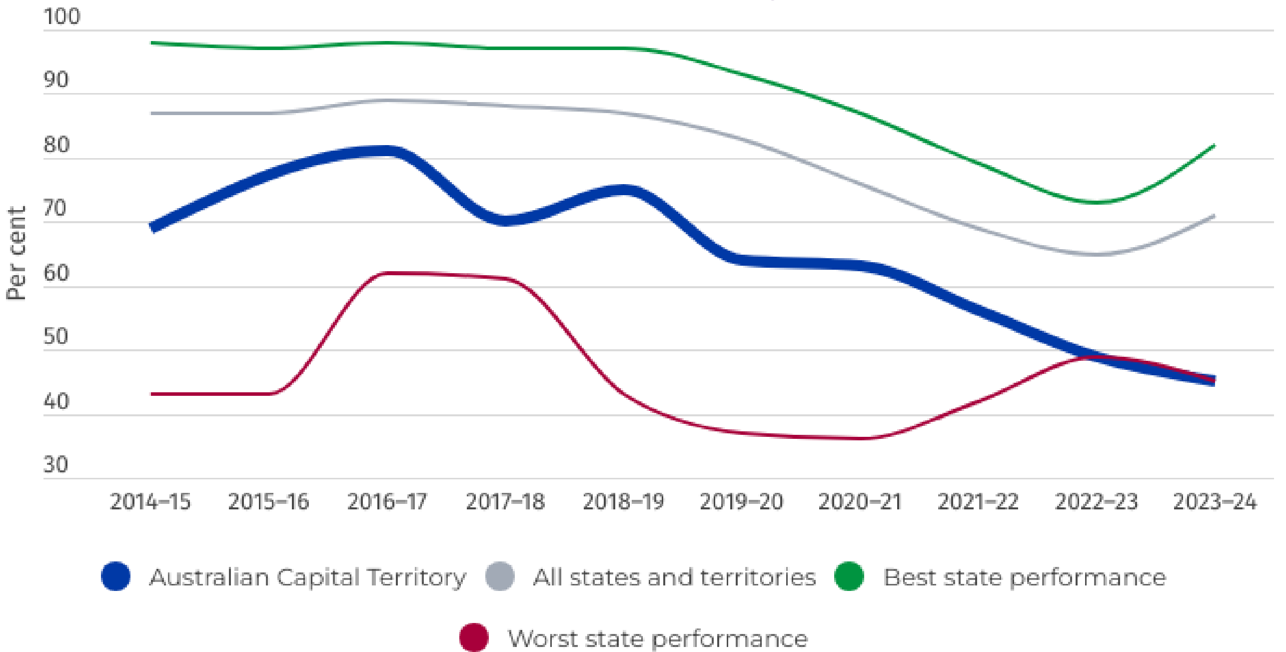


Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) — ACT

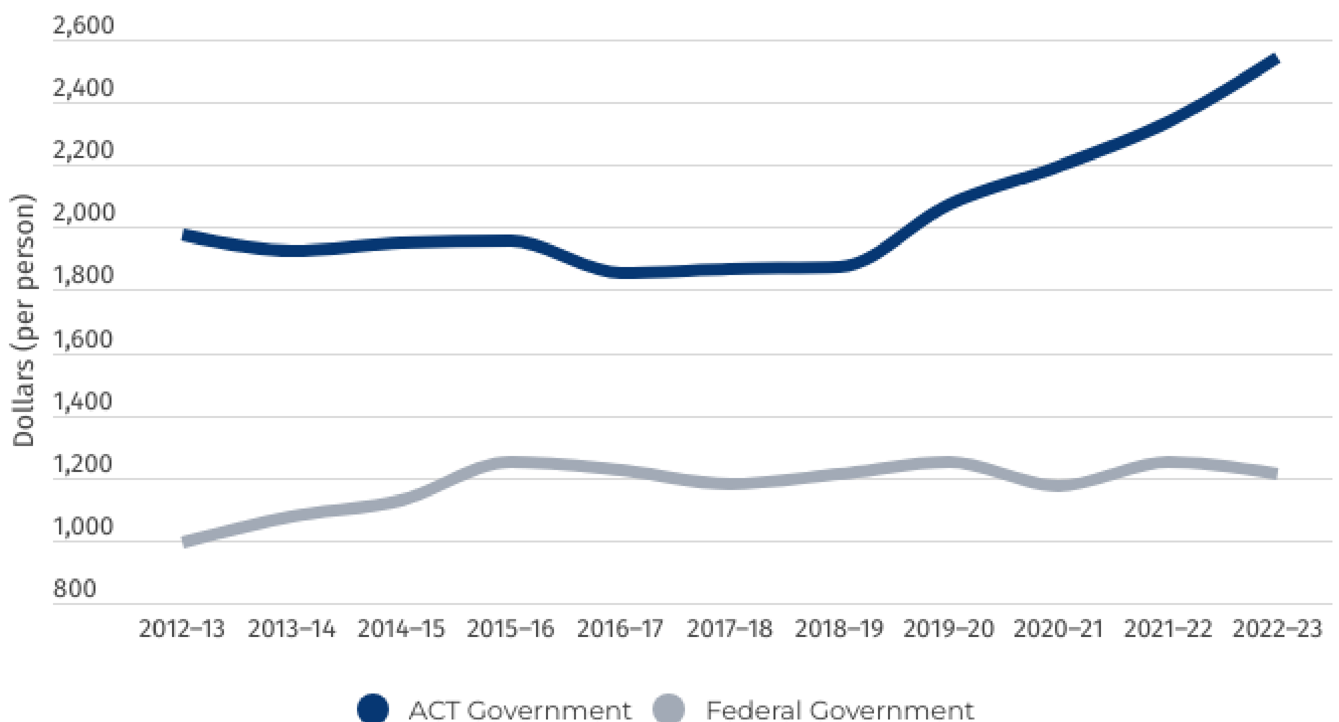


Public hospital expenditure — ACT

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) — ACT

	2012–13 to 2022–23	2012–13 to 2017–18	2017–18 to 2022–23
Federal	2.02%	3.58%	0.49%
ACT Government	2.54%	-1.18%	6.39%

Figure 8: Public hospital funding, per person, by government source (constant prices) — ACT



The most recent public hospital funding data is from 2022–23. In the ACT, the vast majority of public hospital funding (68 per cent) comes from the territory government. This is the highest proportion in the country, and far above the national average of 61 per cent.

NORTHERN TERRITORY

Dr Robert Parker

President, AMA NT

The data (and lack of data) in the report below is indicative of the continuing high pressure on NT hospitals as a result of the significant burden of illness in the NT population along with chronic underfunding of NT health services over many years.

The NT has the highest proportion of Aboriginal and Torres Strait Islander people compared to other Australian states and territories and a significant number of these individuals live in rural and remote locations. The Indigenous population, unfortunately, has a very high burden of chronic illness underling the "Close the Gap" mortality data. This results in high and extended rates of hospitalisation that places significant pressure on hospital beds and treatment times.

The lack of aged care beds in the NT also means that a significant number of individuals who should be better cared for in aged care or disability accommodation are currently being cared for in hospital beds, adding to the hospital bed block and reduced efficiency of core hospital services such as surgical waiting times. This has led to Royal Darwin and Palmerston Hospitals having frequent "Code Yellow" situations over the period of the report where hospital services (such as elective surgical waiting lists) have to be adjusted to compensate for the constant pressure.

This is, unfortunately, not likely to improve in 2025.

Key takeaways

This year, the Northern Territory failed to provide any performance metrics relating to planned surgery, with members raising concerns about the uptake of a new data management system in the territory. Only 41 per cent of Category 3 (urgent) ED patients are being seen within the recommended time of 30 minutes.

Figure 1: NT performance 2023–24 compared to the previous year

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
✕	✕	?	?

Figure 2: NT performance 2023–24 compared to national average (below or above)

Cat 3 ED on time	4-hour rule	Median surgery wait	Cat 2 surgery wait
▼	=	?	?

Emergency department performance — NT

In the Northern Territory, the proportion of ED patients being seen within four hours has risen to the national average of 55 per cent in 2023–24, a 7 per cent increase from the year prior.

Worryingly, only 41 per cent of Category 3 (urgent) ED patients are being seen within the recommended time of 30 minutes. This represents a 19 per cent fall from four years prior, and the lowest figure in the past 20 years, highlighting a crisis in capacity within the Northern Territory's emergency departments.

Figure 3: Percentage of Category 3 (urgent) ED patients seen within the recommended time of under 30 minutes — NT

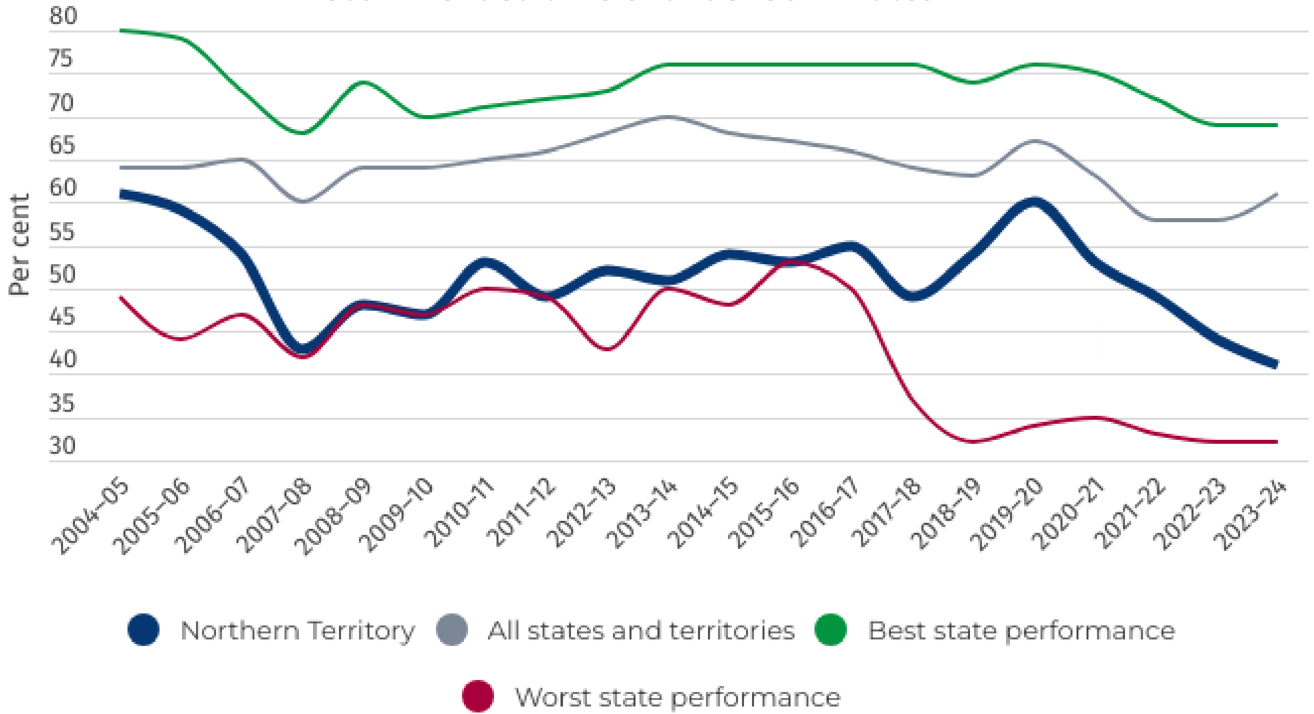
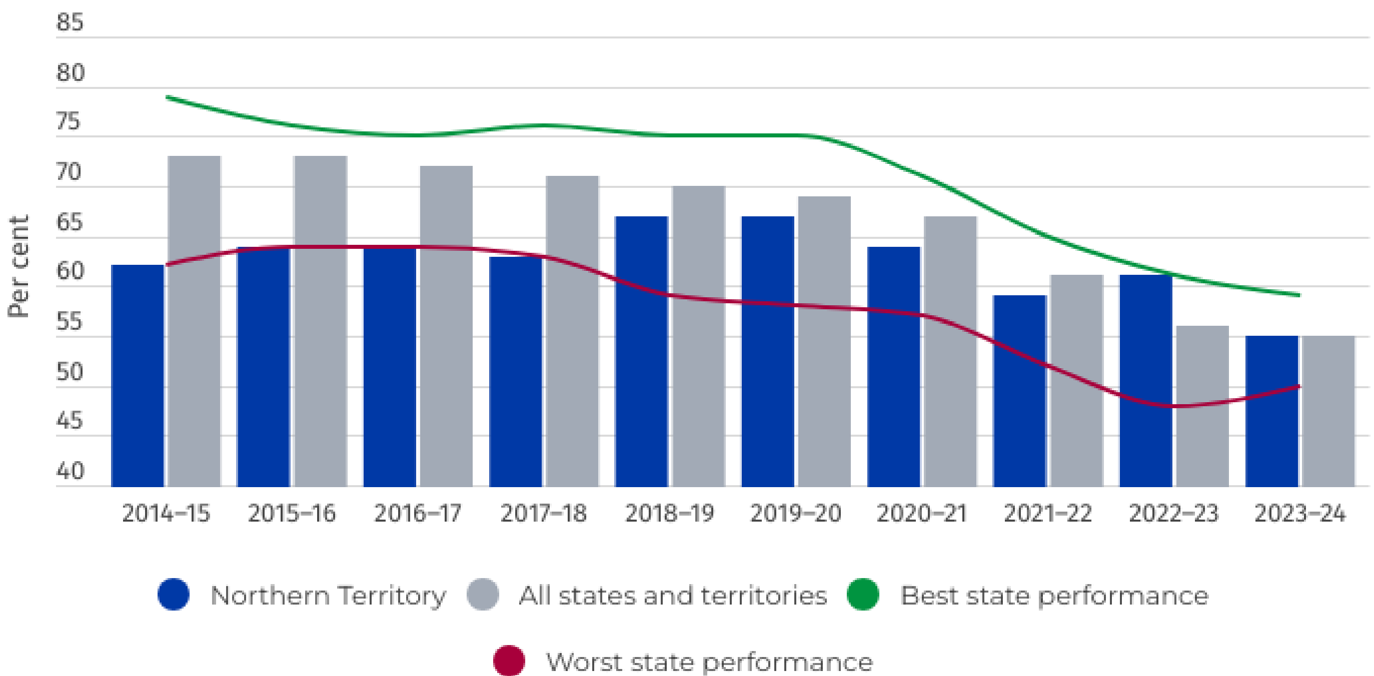


Figure 4: Percentage of ED visits completed in four hours or less — NT



Planned surgery performance — NT

n/a — no information provided

Figure 5: Median waiting time for planned surgery (days) — NT

n/a — no information provided

Figure 6: Percentage of Category 2 planned surgery patients admitted within the recommended (90 days) — NT

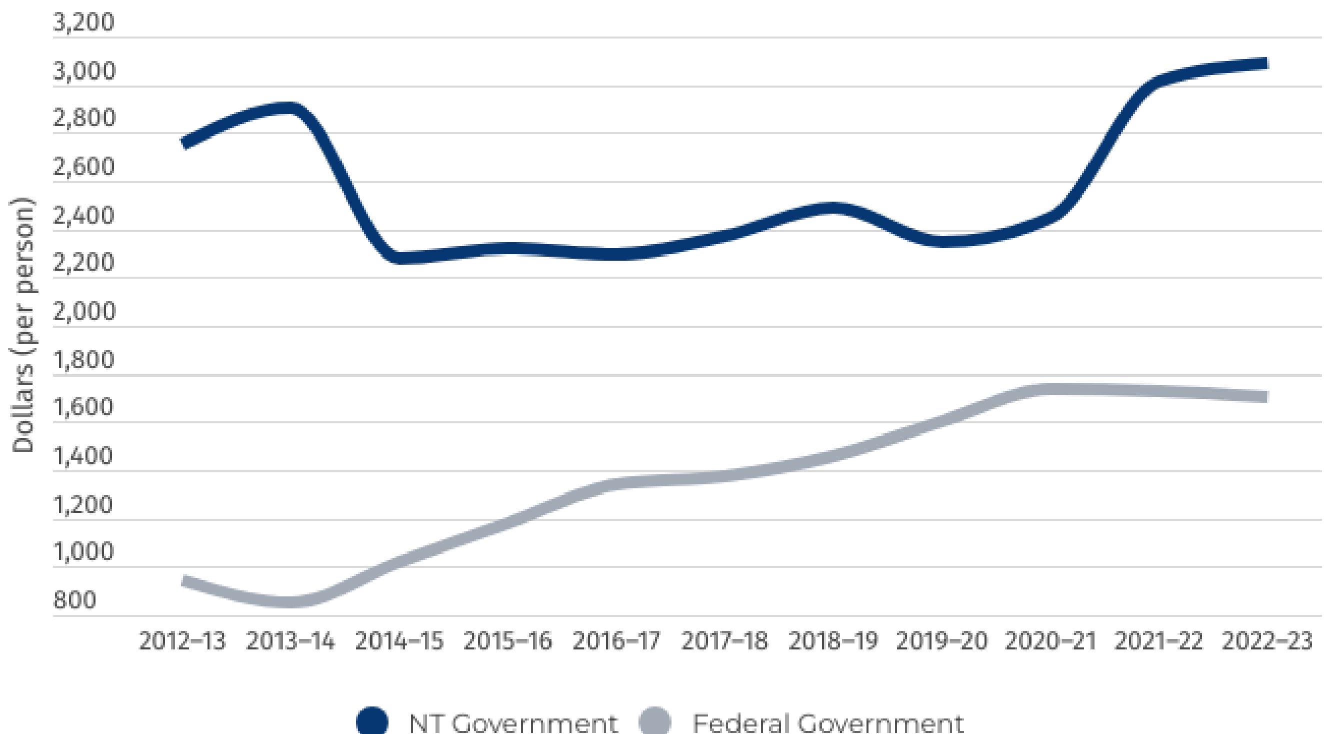
n/a — no information provided

Public hospital expenditure — NT

Figure 7: Per person average annual percentage increase in public hospital funding by government source (constant prices) — NT

	2012–13 to 2022–23	2012–13 to 2017–18	2017–18 to 2022–23
Federal	6.09%	7.87%	4.33%
NT Government	1.15%	-2.97%	5.45%

Figure 8: Public hospital funding, per person, by government source (constant prices) — NT



The most recent public hospital funding data is from 2022–23. In the NT, most public hospital funding (64.5 per cent) comes from the territory government. This is higher than the national average of 61 per cent, with the NT also paying the highest per-person cost for public hospitals in Australia at $3,089 per person.

Data sources and references used in this report card

The 2025 Public Hospital Report Card uses data from two sources: the Australian Institute of Welfare, and the Australian Bureau of Statistics. Rather than referencing each graph individually, this section provides a guide for the data sources referenced throughout the report card.

All population data are taken from current and past ABS "National, state and territory population" data downloads. The most up to date version at the time of publication is:

- Australian Bureau of Statistics (2024) — *"National, state and territory population";* data downloads — data cubes; National, state and territory populations, Table 6. Accessed 10 January 2025 from: https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/jun-2024/31010do001_202406.xlsx
- Note: some figures and statistics have been calculated internally by the AMA using the referenced sources.

National figures

Figure 1: Australian population compared to public hospital beds for every 10,000 Australians

- Australian Government — Australian Institute of Health and Welfare (2024) "*Admitted Patients";* Hospital resources 2022–23 data tables — Table 4.5. Available at: https://www.aihw.gov.au/reports-data/myhospitals/sectors/admitted-patients.
- Compared to ABS data (as above).

Figure 2: Population compared to public hospital patient days — by age

- Australian Government — Australian Institute of Health and Welfare (2024) "*Admitted patients";* Admitted care 2022–23 3 Who used these services? – Table S3.2. Available at: https://www.aihw.gov.au/getmedia/cae89d60-fbcb-4706-a3c3-042040b17689/3-admitted-patient-care-2022-23-tables-access.xlsx
- Calculations conducted internally, compared to ABS data (as above).

Figure 3: Australian public hospital beds per 100 population, aged 65 and over

- Australian Government — Australian Institute of Health and Welfare (2024) "*Admitted Patients";* Hospital resources 2022–23 data tables — Table 4.5. Available at: https://www.aihw.gov.au/getmedia/06f2c08c-f00f-439e-b57c-9a825ffc505c/Hospital-resources-tables-2022-23.xlsx
- Calculated with ABS data (as above) and historical AIHW data archived by the AMA.

Figures 4, 5 and 6:

- Australian Government — Australian Institute of Health and Welfare (2024) "*Emergency Department Care";* Emergency department data extract 2011–12 to latest. Available at: https://myhospitalsapi.aihw.gov.au/api/v1/measure-downloads/myh-ed

Figure 7: Median waiting time for elective surgery (days)

- Australian Government — Australian Institute of Health and Welfare (2024) *"Elective Surgery";* Elective surgery waiting times 2023–24 data tables — Table 4.3. Available at: https://www.aihw.gov.au/getmedia/d1f39fa7-644f-4b46-95a0-a4d04360f2b1/Elective-surgery-waiting-times-2023-24.xlsx
- This graph also uses historical AIHW data archived by the AMA.

Data sources and references used in this report card

Figure 8: National Category 2 planned surgery admissions — proportion seen on time

- Australian Government — Australian Institute of Health and Welfare (2024) *"Elective Surgery";* Elective surgery waiting times 2023–24 data tables — Tables 4.11–4.18. Available at: https://www.aihw.gov.au/getmedia/d1f39fa7-644f-4b46-95a0-a4d04360f2b1/Elective-surgery-waiting-times-2023-24.xlsx
- Calculations conducted internally.

Figures 9 and 10:

- Australian Government — Australian Institute of Health and Welfare (2024) *"Health expenditure Australia 2022–23"* (Website Visualiser). Accessed 15 January 2025 from: https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2022-23/contents/main-visualisations/overview

State-by-state figures

Note that all state and territory figures use the same data sources to compare state-by-state performance. Tables 1 and 2 from each section provide a summary of each state's results in comparison to the previous year and this year's national average.

Figures 3 and 4:

- Australian Government — Australian Institute of Health and Welfare (2024) "*Emergency Department Care";* Emergency department data extract 2011–12 to Latest. Available at: https://myhospitalsapi.aihw.gov.au/api/v1/measure-downloads/myh-ed
- Figure 3 also uses historical AIHW data archived by the AMA.

Figures 5 and 6:

- Australian Government — Australian Institute of Health and Welfare (2024) *"Elective Surgery";* Elective surgery waiting times 2023–24 data tables — Tables 4.11–4.18. Available at: https://www.aihw.gov.au/getmedia/d1f39fa7-644f-4b46-95a0-a4d04360f2b1/Elective-surgery-waiting-times-2023-24.xlsx
- Figure 5 also uses historical AIHW data archived by the AMA.

Figure 7 and 8:

- Australian Government — Australian Institute of Health and Welfare (2024) *"Health expenditure Australia 2022-23"* (Website Visualiser). Accessed 15 January 2025 from: https://www.aihw.gov.au/reports/health-welfare-expenditure/health-expenditure-australia-2022-23/contents/main-visualisations/overview

February 2025
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