AMA TASMANIA

ELECTION PRIORITIES 2025

AMA Tasmania's Priorities for Health and Mental Health

As this election takes place against the backdrop of a challenging budget environment, it is more important than ever that health remains a central priority for all political parties.

A strong health system is not a luxury: it is the foundation of a productive workforce, a fair and civil society, and a safety net that ensures every citizen has access to care when they need it most.

This document outlines AMA Tasmania's key health priorities for political parties to address in their election commitments on health issues. It also forms a list of issues an incoming Minister for Health and Mental Health in Tasmania will be asked to commit to act on, emphasising the need for a well-funded and sustainable health system. While many of these actions come with a cost, we cannot afford to ignore them. It is up to our political leaders to determine how health services are funded, with revenue being just as important a consideration as expenditure. AMA Tasmania stands ready to engage in honest, constructive conversations with both levels of government, as well as the community, about what is needed to secure long-term, sustainable healthcare funding. This includes the exploration of realistic revenue options that can underpin a health system capable of delivering timely, equitable care to all Tasmanians.

We strongly encourage the next government to collaborate with all elected representatives to meet the health needs of the Tasmanian population, which is older, sicker, poorer, less literate, and more geographically dispersed compared to other states. Collaborative efforts are necessary if we are to achieve optimal health outcomes for our vulnerable communities.

1. We want a commitment to fund our health system to meet demand

AMA Tasmania is alarmed by the ongoing inaction and failings by both levels of government to adequately fund health services to ensure patients receive care within clinically recommended timeframes. This underfunding places patients at risk and places increasing strain on Tasmania's health workforce and infrastructure.

AMA Tasmania believes Tasmania is ideally positioned to trial a single health funder model. This would enable genuine, system-wide reform, particularly in primary care, by fostering medically led collaboration and integrated, team-based care. A single funder approach could break down current fragmentation and ensure all healthcare professionals work together toward better outcomes for patients. Such a trial could form part of the next National Health Reform Agreement (NHRA).

It is critical that, following the election, the incoming State Government prioritises the negotiation of a new NHRA with the Commonwealth. This agreement must deliver a greater share of Australian Government funding to Tasmania's public hospitals to ensure the sustainability of services. The AMA has long advocated for a 50:50 funding split between the Commonwealth and State Governments to reflect the true cost of delivering public hospital care. At a minimum the Commonwealth contribution must not fall below 45% of hospital activity costs. To that end, the AMA identifies three major points of concern within the current NHRA arrangements:

a. **Delayed and Inaccurate Activity Data**
   Hospital activity data is often collected late and contains inaccuracies, resulting in

underreported activity. When eventually reviewed and costed - typically up to two years later - the true cost of service delivery is not captured in real time, limiting responsive funding.

b. **Inadequate Commonwealth Contribution**
The Federal Government is not meeting its obligation to contribute 45% of hospital activity costs. The resulting shortfall is being absorbed by the State Government, compounding Tasmania's existing health budget pressures.

c. **Restrictive Growth Cap**
The NHRA's growth cap limits the Commonwealth's funding contribution. Given the increasing gap between healthcare demand and available resources, this cap must be lifted or tailored to Tasmania's needs to ensure funding keeps pace with service requirements.

To be clear, it is the responsibility of political leaders to ensure the health system is properly funded and resourced to meet current and future demand and fit for purpose. How that is achieved is a matter for government, but the need for action is urgent.

2. We want a commitment to provide a clear funding pathway for infrastructure needs over the next ten years.

Tasmania's health infrastructure is no longer fit for purpose. While the Government has master plans extending to 2050, patients need modern, functional facilities now. Many proposed projects remain aspirational, with no clear funding pathway or realistic delivery timeline. To meet future demand safely and effectively, major investment is required over the next decade. While bricks-and-mortar infrastructure is essential, planning must also embrace new models of care that support patients at home and leverage advances in technology.

In Southern Tasmania, redevelopment of the existing Royal Hobart Hospital (RHH) site is proving slow, costly, and complex. K-Block has already fallen short—its scope reduced to cut costs—and a second tower has been abandoned. The Emergency Department expansion is a short-term solution that will be insufficient within the decade. A full-service review and infrastructure plan is urgently needed, including design and funding for a new RHH, operational by 2035, at an estimated cost of $2.5–3 billion. The plan should retain usable sections of the current site, with the new facility built within 10–15 minutes of its location.

In the north, the Launceston General Hospital (LGH) requires continued development, beginning with essential upgrades like comprehensive heating and cooling. While the Emergency Department expansion is welcome, the LGH consistently ranks among the nation's worst for emergency wait times due to broader patient flow issues. Elective surgeries continue to be delayed or cancelled, largely due to bed shortages.

In the northwest, some redevelopment is underway, including a new Mental Health precinct, but further investment is needed to ensure core services—such as maternity care—are delivered within the public system. AMA Tasmania supports a greenfield hospital as the preferred solution. If this is not pursued, existing masterplans must be fast-tracked.

AMA Tasmania estimates that delivering the required health and mental health infrastructure—including new builds, upgrades, and maintenance—will cost up to $6 billion by 2035. There is currently no clear strategy for how this will be funded.

Any infrastructure planning must also look at the persistent lack of access to subacute and non-acute beds which is severely limiting patient flow through the health system. This bottleneck compromises care quality which contributes to adverse outcomes and creates an unsustainable working environment leading to clinician burnout and moral injury. Addressing this gap is essential to improving system performance and workforce wellbeing.

The Tasmanian Government should commission a detailed cost-benefit analysis to assess the financial viability of investing in a dedicated sub-acute/non acute bed facility. This study should evaluate potential cost savings, patient outcomes, and the impact on acute care hospitals as well as analyse the cost effectiveness of sub-acute/non acute care at home programs against further investment in sub-acute/non acute hospital-based care

To ensure funding and prioritising of funds free of political interference, AMA Tasmania believes a dedicated Independent Health Infrastructure Fund with contributions from state and commonwealth should be established. This body would be responsible for health infrastructure planning and delivery of projects across the state.

3. We want a commitment to attract, retain and invest in a strong medical workforce.

Tasmania's health system is critically understaffed, particularly in the north and northwest, where services rely heavily on locums and international medical graduates (IMGs) some of whom require higher levels of supervision. This is unsustainable and unsafe. What we need is:

a. Immediate Rescinding of Workforce Policies

Department of Health measures to manage vacancies and reduce locum costs have been driven by government-imposed cost containment, hiring freezes, and savings targets. AMA Tasmania has repeatedly raised concerns that current policies are unfit for purpose. The Locum Engagement Policy particularly lacks appropriate delegation, which is contributing to unfilled rosters, compromising patient care, and adding to low workforce morale. Scrapping the policy could reduce costs. Currently, locums must be contracted for a minimum of 10 days -even when shorter coverage is needed - resulting in unnecessary expenditure.

b. Urgent Recruitment Action

AMA Tasmania has called for an urgent, targeted recruitment package for doctors commencing in January 2026. AMA Tasmania has called for an urgent and targeted recruitment package for doctors commencing in January 2026. The current over-reliance on locum doctors is increasingly unsustainable, and the dependence on international medical graduates (IMGs) in the North and Northwest exceeds the capacity for safe and effective supervision. This is particularly concerning at the Launceston General and Northwest Regional Hospitals, where staffing pressures have surpassed safe supervision limits.

To address this, there is a critical need to incentivise doctors to live and work in these regions. Measures should include guaranteed accommodation—both for those rotating through rural and regional placements as part of their training, and for those relocating permanently who may need transitional housing. Furthermore, an attraction and retention

allowance for the North—equivalent to that already in place for the Northwest—should be introduced to support 2026 recruitment efforts, reduce burnout, and improve workforce stability. Such a funding commitment is required within weeks even **before the election is decided**.

c. Updated Workforce Plan

The Tasmanian Health Workforce Plan must be updated to reflect demand across all care settings - public and private - and to model service delivery needs. It must also guide university placements, workforce targets, and training investment in public hospitals to ensure we have the medical pipeline in place to train and recruit the doctors we need.

University-level medical education reform should be integrated into broader health workforce planning. This includes increased investment in innovative training models—such as simulation centres and medical innovation labs—and the development of alternative career pathways for hospital-based doctors beyond traditional specialist training. These could include structured service registrar roles and rural generalist tracks. Tasmania is uniquely positioned to lead nationally as a test-bed for these reforms by embedding research, innovation, and data capabilities into frontline care. This approach would be underpinned by aligned frameworks for performance, safety, and continuous system learning, leveraging Tasmania's unique advantage as a single state, single health system, and single university environment.

d. Coordinated, Evidence-Based Team Care

AMA Tasmania does not support uncoordinated or non-evidence-based role or task substitution, for example, the use of physician assistants. Expanding scope of practice of non-medical roles risks undermining care quality. While collaborative, team-based care is vital, many health professions proposing increased independence are themselves experiencing critical shortages and are not the panacea to the workforce challenges facing Tasmania.

AMA Tasmania notes that, the Tasmanian Government announced a $5 million trial in the budget expanding pharmacists' scope of practice, including a pilot allowing pharmacists to directly prescribe medications within residential aged care facilities. This proposed autonomous pharmacy prescribing trial should be discontinued, with the funding instead redirected to a pilot that embeds non-dispensing pharmacists within multidisciplinary general practice teams, with a focus on chronic disease management. This evidence-based model supports continuity of care, reduces fragmentation, and positions Tasmania as a national leader in integrated, community-based healthcare.

e. GPs with Special Interests and Rural Generalists

GPs with advanced or subspecialty skills and Rural Generalists remain underutilised - especially in the North and North-West, where services are stretched thin. The Department must act to integrate these practitioners into the THS to support specialist clinics, enhance interprofessional learning opportunities and relieve workforce pressure.

f. Separate Role of Chief Psychiatrist and Chief Medical Officer

The positions of Chief Medical Officer and Chief Psychiatrist have typically been held by separate individuals. The workload for both roles is substantial and difficult for one person to

manage effectively. Given the reduced influence of doctors in hospital governance, it is important to consider separating these two roles again.

4. We want a commitment to improve the health of women, children and young people.

a. **Management of ADHD in children**

Outpatient paediatric assessments are failing to meet demand, particularly in neurodevelopmental concerns. It is well understood that early intervention is crucial for a child's development and learning capabilities. Delays in treatment can have lifelong repercussions.

AMA Tasmania supports a collaborative care model where GPs work with paediatricians and child psychiatrists to manage the ongoing treatment of patients with ADHD, this includes co-prescribing of ADHD drugs, enhancing accessibility and continuity of care across Tasmania. The findings of the parliamentary inquiry into these services must be released and acted upon as a matter of urgency.

b. **Clinical leadership and team based maternity care**

AMA Tasmania strongly opposes models of maternity care that sideline specialist obstetricians /gynaecologists and trainees in favour of independent midwifery-led care, including home births. Australia's world-class maternal outcomes are the result of medically led teams capable of responding to emergencies and ensuring safe outcomes for mothers and babies. For example, only a medically led team can provide time-critical interventions and resuscitation when needed for the mother or child. Birth trauma is more likely when care is fragmented or lacks clear medical leadership.

c. A hybrid residential parenting and perinatal infant mental health unit: Mother and Baby Unit

The first 1,000 days of life - from conception to age two - are critical for a child's development. During this time, the caregiver-infant bond is a key predictor of long-term mental health. For mothers experiencing moderate to severe mental illness, this period can be marked by distress, stigma, and isolation, placing both mother and baby at risk.

A hybrid residential parenting and perinatal mental health unit is urgently needed in Tasmania. Psychiatric parent-infant units (PIUs) provide evidence-based, therapeutic care for both mother and infant—supporting recovery, attachment, and healthy development.

These units:

- Admit mothers with moderate to severe psychiatric conditions (e.g. postpartum psychosis, bipolar disorder, major depression),
- Provide inpatient treatment while allowing mothers to remain with their babies,
- Are staffed by multidisciplinary teams (including perinatal psychiatrists, infant mental health clinicians, and maternal-infant nurses),
- Deliver dyadic interventions that strengthen the parent-infant bond.

These units go beyond parenting support: they treat the mental health of the mother, the development of the infant, and the relationship between them as core clinical priorities.

5. We want a commitment to invest in public sector diagnostic investigation services (medical imaging and pathology) to meet demand.

Medical imaging and pathology services within the THS are not keeping pace with demand. Increasing reliance on outsourced MRI scans, ultrasounds, cardiac investigations, and pathology testing reflects a serious capacity shortfall in the public system. Cardiac investigations, particularly echocardiography, remain critically under-resourced, with an ongoing shortage of cardiac sonographers available to perform essential patient scans.

a. Delays in Pathology Reporting

Pathology results, such as those from surgical specimens, must be returned within clinically recommended timeframes (typically five days). Delays of up to 10 weeks following procedures like colonoscopies are unacceptable and result in difficulties in timely patient follow-up and can result in adverse outcomes, including extended procedures or delayed cancer diagnoses.

b. Fragmented Medical Imaging

When imaging for public patients is conducted outside the THS, results are harder to locate, and external radiologists face challenges in comparing studies to detect disease progression, particularly in cancer care. The use of My Health Record for the sharing of results is also ad hoc with not all imaging providers being willing to upload test results, with the result expensive duplication can occur.

c. Triage of Diagnostic Services

The increasing need to triage pathology and imaging for reporting is unacceptable. This practice risks delayed diagnoses of unexpected cancers and other critical conditions, undermining patient safety and outcomes.

6. We want a commitment there will be adequate investment in digital transformation.

AMA Tasmania supports the Bluegum Transformation Program, and in particular the introduction of a state-wide Electronic Medical Record (EMR). This critical reform must be prioritised. Experience from around the country informs us that success will depend on adequately resourcing clinicians to meaningfully engage with this transformation. AMA Tasmania calls for guaranteed ongoing funding of Bluegum, a commitment to timely delivery of the EMR program, and funding for backfill for clinicians involved in the implementation of the EMR.

7. We want a commitment to improve co-ordination and resourcing of primary healthcare.

The AMA continues to advocate for the modernisation of Medicare, so that MBS services reflect the time and complexity of care patients require. High-quality care to patients is best delivered when it is coordinated, continuous, and led by doctors, not fragmented across disconnected providers.

While the Tasmanian Government has taken steps to address service gaps, there remains a lack of coordinated planning. These services delivered in the community must be clearly mapped, costed, and brought under the leadership of a Primary Health Care Specialist (Doctor). At present, this critical clinical governance is missing.

8. We want a commitment to investment in preventative health measures and research.

AMA Tasmania is deeply concerned by budget cuts to public health at a time when Tasmania's preventative health strategy is under review. Sustainable funding is essential to reduce the burden of preventable disease. Ongoing investment in research is also critical to inform effective policy and guide evidence-based interventions.

This is also an area where preventative health measure can also have a revenue positive impact. The AMA has long campaigned for a sugar tax and volumetric alcohol tax as both measures have the benefit of raising revenue while also influencing people's behaviour to lessen consumption of these harmful food and beverage products that lead to worse health outcomes.

9. We want a commitment to mental health and drug and alcohol services.

Tasmania's public mental health and alcohol and drug services have undergone significant reform across all specialised areas, from child and youth to older persons' care. It is essential that this momentum is maintained. These reforms are critical to improving outcomes for some of Tasmania's most vulnerable people, and any winding back or reduction in services would be unacceptable. Timely development of mental health infrastructure in all three regions is also critical to ensure we are providing the best therapeutic environment possible for patients.

10. We want a commitment to streamline inefficient processes.

a. **THS complaints process must be urgently reviewed**
   No one wants inappropriate behaviour in the workplace to go unaddressed, nor should there be an absence of consequences. However, the complaints process—now in place for nearly three years—is having unintended impacts on competent doctors. The principles of natural

justice are being compromised, with some doctors suspended before being given a fair opportunity to respond. Investigations are outsourced to external bodies, making the process costly and slow. In some cases, doctors remain suspended on full pay for over a year while expensive locums are brought in to cover their roles. These processes should be reserved for allegations involving serious harm, not used as a default mechanism for almost all complaints.

b. **Reduce layers of bureaucracy – Getting Rid of Stupid Stuff (GROSS)**
We need to reset and eliminate the unnecessary and burdensome processes that have crept into the Tasmanian Health Service. There are countless examples of paperwork, approval steps, and compliance requirements that lack meaningful or measurable benefit. These inefficiencies waste clinicians' time, reduce the hours available for patient care, and erode workforce morale. Queensland has already implemented the GROSS initiative, with similar efforts promoted in Victoria—Tasmania should follow suit. This includes delegations and approvals for industrial entitlements to be at the lowest level within the THS.

Summary

AMA Tasmania is committed to working with a new parliament and a new government to ensure Tasmanians receive the healthcare they need, when they need it, as close as possible to where they live as long as it is safe and sustainable to do so.