


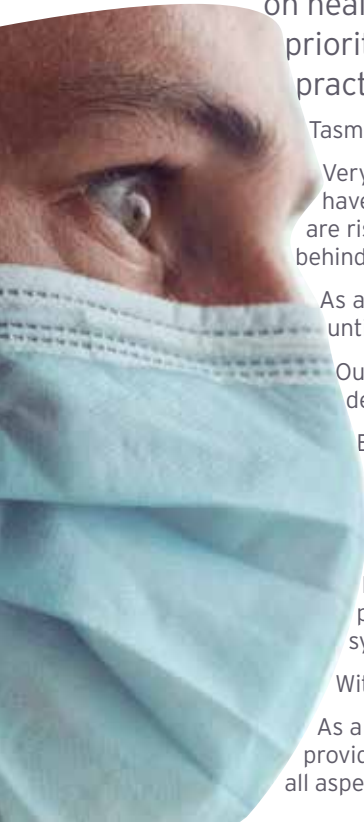


**2022**

**AMA TASMANIA  
FEDERAL ELECTION  
PLATFORM**

A healthcare worker wearing a blue scrub suit, a white surgical mask, a white hairnet, and white shoe covers is sitting on a grey bench in a clinical setting. The worker is looking down with their hands clasped in their lap. In the background, there is a white cabinet and a black piece of medical equipment on a shelf.

**AMA Tasmania  
supports the  
Federal AMA  
election platform.  
This document  
focuses on those  
issues that  
are specific to  
Tasmania.**



With COVID-19 continuing to require a strong focus on health, we must not forget other pressing priorities in our health system, from general practice to support for our acute hospitals.

Tasmania's health system is failing its people.

Very few GPs can afford to offer bulk billing, many practices have closed their books and the number of GP vacancies are rising exponentially, and therefore patients are being left behind.

As a result, Tasmanians are getting sicker and delaying care until they require an emergency department assessment.

Our hospital inpatient beds are full, and our emergency departments bed blocked.

Elective surgery and outpatient waiting lists are blowing out, and ambulances are frequently ramped.

Healthcare professionals are burning out, and recruitment is getting harder.

Fewer medical interns are choosing the general practice pathway, depleting an already stretched and overworked system.

With an older, sicker population, something must change.

As a funder of health services and contributor to state-provided health services, the federal government is critical in all aspects.

# DIGITAL HOSPITAL OF THE FUTURE



## INVESTMENT IN MODERN TECHNOLOGY

### THE ISSUE

Over the last eighteen months, the state government has invested over \$21m to build a new human resources system that will see doctors' rosters, hours worked, and payslips all managed electronically and a further \$15m in the last budget to commence the Health ICT Digital Transformation project. However, this is a drop in the ocean when compared against what is needed to modernise the Tasmanian health system.

Hospital doctors and general practitioners are desperate to see the rollout of a modern health IT system that does not rely on paper-based processes and which can communicate within and outside the hospital to all necessary health care systems in real time. Currently, Tasmanian hospitals still rely on paper drug charts, paper pathology ordering forms and paper radiology ordering forms. Modern IT systems increase patient safety, for example, electronic medication ordering has usual doses preset and auto checks for allergies when prescribing. The use of electronic ordering of pathology and radiology abolishes the need for paper forms which can be hard to read or go missing, creating the ability to check results for the medical practitioner who ordered a specific test, hence reducing missed test results. This would reduce errors, increase transparency, and improve the pickup of abnormal test results, as well as reducing the unnecessary duplication of tests where they had been recently undertaken.

### AMA TASMANIA'S ELECTION REQUEST:

The federal government provide the Tasmanian government with up to \$400m to build the digital hospital of the future, providing virtual care to Tasmanians no matter where they live and linking health professionals across the acute and primary sectors from the patient's bedside to their GPs surgery.

# FUNDING HEALTH

## A SINGLE FUNDER FOR ALL HEALTH SERVICES

### THE ISSUE

Multiple funding sources mean it is difficult to have a continuum of care from the cradle to the grave planned and funded. As it is the state government is there for your birth; the federal government for your everyday medical needs delivered through general practice; the state government should you require an ambulance; the state government, with some federal government support, for your emergency, medical and surgical needs in hospital; the federal government for your aged care home or package and either the state or federal government (through GPs) for your palliative care needs. And then there is local government which, in some rural areas of our state, has been forced into financially supporting the provision of GP services in local communities. All of this is confusing to patients, not to mention for those working in the system when programs are funded and then defunded within a short period of time. The result is too many gaps for patients to fall through and so many opportunities for either government to cost shift to the other - it makes good health planning an impossibility. Instead, it enables one to blame the other and take little or no action to put in place common-sense solutions.

Pressures are growing on our emergency departments because people are getting sicker in the community either unable to get into a GP or afford to pay the gap fees. If the federal government continues to undermine our Medicare system and not adequately financially support the work of GPs in a way that attracts younger doctors into general practice, the problems are only going to get worse.

Single Funder reform has been contemplated in the past nationally. While all states face the same challenges as outlined above, until one state can show the benefits of a single funder model, no one is likely to want to change the status quo. Tasmania, as a small island state, with just over 500,000 people in the population, is well suited to trial such a funding model.

### AMA TASMANIA'S ELECTION REQUEST:

The federal government work with the Tasmanian state government to pilot a single funder for health services model in Tasmania.

# SUPPORTING GENERAL PRACTICE

“People can’t get into their GPs, and GP remuneration is rubbish for a very difficult speciality. Young GPs are leaving or going part time because it’s not worth it.”

Our general practitioners are at the front line of healthcare. They are the people we turn to first when we are sick. They are also a workforce in crisis and in need of support as they try to manage the increasing demand for their services on less and less returns. Many risk burning out and fewer are being attracted into the general practice speciality. Right now, there are a significant number of GP vacancies advertised across the state and a falling number of interns applying for the general practice fellowship. It is imperative that the Federal government increases the Medicare rebate to keep healthcare affordable for Australians while also ensuring that doctors are commensurably paid to their hospital counterparts to keep this pathway attractive for new medical entrants. If we do not do this, we risk losing our critical general practitioner workforce.

## GP REGISTRARS

### THE ISSUE

A growing issue for the future of the GP workforce is that of GP Registrars being paid less than their hospital-based registrar colleagues. The minimum conditions of employment for GP registrars mean that they can expect to be paid about \$500 per week less than their public hospital doctor counterparts. This is before penalty rates, shift loadings, educational allowances and other public sector entitlements are added in, which make the disparity even more pronounced.

Their leave entitlements are also much less generous, and unlike the public sector, this leave is not portable as they move around to satisfy their training requirements. If they get sick or must look after an unwell member of their family, their personal/carers leave entitlement will usually be exhausted in a matter of days. GP registrars who have children are also particularly vulnerable, with no access to paid parental leave other than the federal government’s own scheme. In contrast, public sector trainees can generally access between six and 16 weeks paid parental leave from their employer.

The loss of conditions is impacting on recruiting the next generation of GPs. Since 2015 the number of applications for GP training places have

almost halved and there has been a drop in the number of first year GP training posts filled. Similarly, there has been an overall decline in the number of medical students expressing interest in a general practice career at graduation. In 2019, only 15.2 per cent identified general practice as their preferred specialty for future practice. This is despite Australia now graduating around 3700 medical students each year.

The AMA is calling for a fairer model for the employment of GP registrars in Tasmania that delivers pay and conditions comparable to non-GP registrars employed in public hospitals, which improve the standards of employment for GP registrars and sustain general practice as an attractive vocational pathway for pre-vocational doctors. Without change, the GP workforce will continue to shrink causing more problems for patients to be able to access primary care services, pushing them towards an already overloaded acute care system. The shrinking workforce will also increase the level of burn out with more GPs retiring early further exacerbating the problem.

### **AMA TASMANIA'S ELECTION REQUEST:**

The federal government agree with the Tasmanian government to fund a 'single' employer model for GP registrars in Tasmania, designed in consultation with the profession, to deliver improved remuneration and employment conditions for GP registrars that achieve parity with their public hospital-based colleagues.

## **GENERAL PRACTICE AND THE MMM**

Our general practitioners are at the front line of healthcare. They are the people we turn to first when we are sick. They are also a workforce in crisis and in need of support as they try to manage the increasing demand for their services on less and less returns. Many risk burning out and fewer are being attracted into the general practice speciality. Right now, there are a significant number of GP vacancies advertised across the state and a falling number of interns applying for the general practice fellowship.

Medicare rebates once covered 85% of the AMA recommended fees. This is now well below. It is imperative that the Federal government increases the Medicare rebate to keep healthcare affordable for Australians while also ensuring that doctors are commensurably paid to their hospital counterparts to keep this pathway attractive for new medical entrants. If we do not do this, we risk losing our critical general practitioner workforce to higher paying medical specialities.

The application of the Modified Monash Model (MMM) has also created anomalies in Tasmania whereby towns serviced with excellent road infrastructure, e.g Georgetown sit in a different category of the MMM, to a

township such as Lilydale which is more isolated, but closer to the CBD of a major city centre. This affects what the practice is eligible for in terms of federal government financial supports. It also does not consider the issues general practice is confronting in trying to attract and retain GPs in a state that is entirely regional. A general practice fifteen minutes from the CBD of Hobart, in Risdon Vale struggles to recruit doctors in a community that is low-socio economic in nature and has high health needs.

### **AMA TASMANIA'S ELECTION REQUEST:**

1. Medicare Rebate is increased
2. Tasmania's Monash Modified Model classifications be reviewed to ensure all parts of the state are appropriately classified taking into account the challenges Tasmania as a whole faces, against the other larger states.



## **GP PREGNANCY CARE**

'GPs play a vital role in maternity care. They are usually responsible for pre-pregnancy care, the first antenatal visit, shared antenatal care, postpartum management, and care of the newborn. Enhanced relationships with a GP during pregnancy care may have long-term benefits for the entire family.' 'Maternity Care in Australia' first published in 2017 'A framework for a healthy new generation of Australians'

### **THE ISSUE**

AMA Tasmania supports women in Tasmania being able to access affordable pregnancy care from their general practitioner (GP pregnancy care). Receiving good maternity care and postnatal care is fundamental to the future health and well-being of the mother and child.

GP shared maternity care is an opportunity to practice collaborative holistic obstetric care. It is a cooperative arrangement whereby antenatal and postnatal care of the pregnant woman is shared between a general practitioner and a specialist obstetrician or hospital-based obstetric unit.

The MBS rebate available for women to see their GP for antenatal care falls far short of the fee GPs need to charge for their time. There is only one untimed MBS item number for an antenatal visit which attracts a similar rebate to a standard GP consultation but usually lasts much longer and is more complex than a standard consultation. (Other GP consultations attract higher rebates depending on duration and complexity). So, patients are likely to be significantly out of pocket when seeing their GP for antenatal care.



GPs must refer women to an obstetrician or obstetrician-led team by 20 weeks due to Medical Indemnity requirements. When women are referred for booking in at a public hospital, they predominantly opt for the free service offered by the THS midwifery models of care rather than return to their GP and incur out of pocket expenses. This not only results in fragmentation of care but also means public hospital antenatal clinics are full of routine appointments, making it difficult for women to obtain a timely appointment for urgent assessment. Thus, encouraging and facilitating GP pregnancy care would take the pressure off routine public antenatal clinic bookings and allow for more timely appointments for high-risk women and women with complications in pregnancy.

There needs to be a better system for women wishing to have pregnancy care in general practice so that patients do not make their choice of model of pregnancy care based on affordability of care, but rather which model of care is most appropriate and best for them, their baby, and their family as per RANZCOG recommendations.

AMA Tasmania would like the federal government to make GP pregnancy care consultation MBS item numbers tiered with respect to time and complexity and consultations with pregnant women to be assigned a double bulk bill incentive, which would make it more likely for GPs to be able to offer pregnancy care to patients with no out of pocket expenses.

### **AMA TASMANIA'S ELECTION REQUEST:**

Increase the MBS rebate for GP antenatal care or fund an antenatal plan that funds up to \$500 per pregnancy based on 10 antenatal visits with a GP.

## **GP LED URGENT CARE CENTRES**

### **THE ISSUE**

Many general practitioners are willing to extend their hours to see more patients that otherwise would end up in the emergency departments at our hospitals, for conditions such as, minor fractures, infusions, wounds, asthma, and diabetes. But to provide this service, they need access to after hours radiology or pathology services.

While the state government has provided funding to some GP surgeries to support extended hours, AMA Tasmania prefers the successful Urgent Care Centre model as seen in Christchurch, New Zealand that provides low level GP emergency care after hours and for short stay if required. They run under a cooperative model of GPs in the local community and have been highly successful in providing after hour GP services.

AMA Tasmania urges the federal government to work with GP communities

to establish Primary Care Short Stay and Treatment Units in Hobart, Launceston, and the North-West Coast. These services must be linked to quality telephone triage so that patients are referred to the Unit via GP services or after-hours services.

**AMA TASMANIA'S ELECTION REQUEST:**

Establish an Urgent Care Centres in each region of the state.

# PREVENTATIVE CARE

## PREVENTATIVE ILLNESS INITIATIVES

### THE ISSUE

Tasmanians suffer from higher rates of chronic disease than other Australians many of which are preventable if we could improve nutrition and exercise and lower the rates of smoking and drinking of alcohol in our community. Tasmania also has one of the lowest functional literacy rates which means that much of the available preventative education material is not in accessible formats to much of the population. Efforts need to be taken to encourage literacy at all ages and to make programs readily available.



Primary and population Health need to be supported to invest in preventative health programs to reduce the growing numbers of patients heading towards the acute system with illnesses that could have been prevented with early intervention. For example, we continue to have some of the highest rates of smoking and yet there has been no effort put in recent years to change our strategy to combat people taking up smoking at a young age. To the contrary, the government has stood in the way of initiatives such as Tobacco 21 that would have raised the legal age for purchasing cigarettes to 21 years.

Alcohol remains the drug of choice in our community and the cause of over 20 per cent of presentations and as high as 28 per cent of injury presentations to our Emergency Departments every day.

The Northern Territory has introduced a comprehensive alcohol reform program to reduce alcohol harm by restricting availability and increasing the price of alcohol through the introduction of an alcohol floor price. Government data shows that the reforms have led to a 22 per cent reduction in alcohol related assaults across the Territory, including a 15.5 per cent reduction in Darwin and a 40 per cent reduction in Alice Springs, and a 24.5 per cent decrease in alcohol-related emergency department presentations in Northern Territory hospitals between September–December 2018, compared to 2017. That trend has continued in the first quarter this year with a 22 per cent reduction (Fyles, 2019)

Restricting the availability of alcohol sale points is also important.

Stockwell et al (2011) published a study that found the total number of liquor stores per 1000 residents was associated significantly and positively with population rates of alcohol-related death. A conservative estimate is that rates of alcohol-related death increased by 3.25% for each 20% increase in private store density.

While these measures largely lie in the jurisdiction of the state government, the introduction of a volumetric tax is not. AMA Tasmania would support this as a nationwide initiative that would help to reduce alcohol consumption across Australia.

People suffering from alcohol induced injury can live with the consequences the rest of the lives, suffering from chronic pain, which can lead to other health and social issues too as well as on going reliance on the health system.

### **AMA TASMANIA'S ELECTION REQUEST:**

- » Introduce a volumetric tax on alcohol.
- » Introduce literacy programs across the population
- » Fund public education campaigns like we see for smoking for obesity, exercise, diet, mindfulness, and health literacy.



# HOMELESSNESS AND INTERGENERATIONAL DISADVANTAGE

## HOUSING

### THE ISSUE

The step-down process from the health system, and mental health specifically, is not catering for patient's needs. Added to this is the growing shortage in available housing. Too many people fall out of the system and are left homeless.

As a priority, housing for those with mental health and criminal histories (often overlapping) is critical. No one can get better when they have nowhere safe to sleep. Improving access to social housing will provide savings across health and other sectors. Patients with diabetes (high incidence in this group) cannot store insulin on the street.

Youth homelessness is significantly under reported, but many young people are at high risk of exploitation due to the lack of age-appropriate emergency accommodation. "Couch surfing" is the new norm for many young people. Child Safety services are overwhelmed with finding urgent placement for the most vulnerable in our community and often do not provide support when over 14 years of age. The government needs to provide more supportive accommodation and living arrangements, as well as opportunities for education, all of which are vital for the health and well-being of young Tasmanians.

### **AMA TASMANIA'S ELECTION REQUEST:**

- » Establish more age-appropriate emergency accommodation and youth shelters in each region.
- » Prioritise the needs of homeless people in all government decision making.
- » Help fund affordable housing initiatives.
- » Bring back the National Rental Affordability Scheme to help subsidise the costs of private rental for low-income Australians.



# **CLIMATE CHANGE**

## **ADOPTING CLIMATE CHANGE INITIATIVES**

### **THE ISSUE**

“Doctors see the impact on patients’ health, including heat-related conditions, cardio respiratory illnesses, infectious disease outbreaks and post-traumatic stress disorder for those who have lived through flood and fire events. Even more alarming than the evidence linking air pollution and heat exposure with adverse pregnancy outcomes is the climate anxiety many Tasmanian women are experiencing leading them to reconsider or question their future fertility intentions. They know that if we don’t do more to fight

climate change now, the effects on the health of their children will only get worse.”

AMA Federal and AMA Tasmania have declared a Climate Change Medical Emergency. Tasmania’s climate, Australia’s climate is warming. Doctors are already seeing the effects on their patients. Presentations at emergency department’s increase by around five per cent on heat wave days in Tasmania. Added to this, more people are becoming homeless as people move to Tasmania looking for cooler climates, pushing locals out of their rental properties and increasing mental stress.

Tasmania needs a climate and health action plan that includes reducing Tasmania’s greenhouse gas emissions and plans for Tasmanians’ future medical needs because of climate change impacting on people’s health. Around seven per cent of carbon emissions are emitted by the health sector. Steps must be taken to ensure we are doing every possible to reduce these emissions. A plan could look at initiatives such as:

- » Installing solar panels on hospital roofs
- » Returning to sterilisable and cleanable equipment (hospitals expect clinicians to throw scissors out after single use to cut bandages, to throw out the wires used to connect diathermy to the power points etc
- » Composting food scraps from hospital food services
- » Introducing returns and possibly buy backs of unused medications at pharmacies, to be repackaged / resold and reduce waste, like refunds for recyclable bottles

#### **AMA TASMANIA'S ELECTION REQUEST:**

- » Support the establishment of a national sustainability unit for healthcare to reach net zero emissions by 2040.
- » Support the establishment of a national net zero expert panel to assist in guiding interim emission reduction targets and pathways for the healthcare sector.
- » Support Tasmanian householders to install solar energy, government purchase only electric vehicles and support companies to invest in electric vehicle fleets to help achieve a target of having only electric powered vehicles for sale post 2030.



# INVESTING IN INFRASTRUCTURE

## ONE HOSPITAL FOR THE NORTHWEST COAST

### THE ISSUE

The Northwest coast has struggled for the past twenty years or more to staff its two hospitals adequately. Both hospitals have been heavily reliant on locum doctors to ensure essential medical services could be covered. Locum doctors, while necessary, are less than ideal. They come and go leaving no continuity of care for patients. They are not invested in the community nor able to support the training needs of junior doctors. COVID-19 exposed the service's fragility relying on locums, with the Mersey Hospital Emergency Department having to operate on reduced hours for some months and other services depending on permanent doctors covering additional shifts. Neither solution was sustainable. While necessary at times to cover shortages of staff, ongoing reliance on locum staff does not provide the best or safest healthcare for the community.

The COVID-19 outbreak at Burnie also exposed the ageing infrastructure, which is no longer suitable for the new environment in which we live. Handover rooms are too small, there are no built for purpose negative pressure rooms (some less-than-ideal retro-fitted negative pressure rooms are being built), and the ward spaces are small. There is also limited room for expansion at either site to deal with the growing demand for services. Once the domain of the Royal Hobart Hospital and Launceston General Hospital, issues like bed block are now also issues at the Northwest Regional Hospital.

We know the demand for services will only continue to grow in the Northwest, and we also know the best way to attract and retain staff is

not by asking them to work across two sites in older infrastructure, but to consolidate into one modern hospital where collegial support is stronger, where fewer on-call rosters are required and where more time can be invested in supporting the ongoing education of doctors-in-training.

The decision to build a new hospital is not a politically easy one. Communities are likely to fear the loss of service before accepting the gains that would be achieved by bringing acute services together. They are likely to argue about whether the new hospital should be closer to the West Coast or closer to the population growth areas around Devonport.

What is important for the next term of government is not delivering a new hospital but beginning and supporting a community conversation about why one is important for the Northwest Community and what else the existing infrastructure could be used for to support other health services in the community. This would form the basis for planning for a new hospital to aim for a new hospital being built over the next decade.

In summary, the benefits of a new hospital include:

1. Modern Infrastructure: ready for any future pandemics
2. Modern Design: attraction and retention of staff
3. Mass of staff: collegial support, need for fewer locums, invest more in training.
4. Bring back public maternity services: consolidate all maternity services in the one location
5. Maintain a co-located Private Hospital: ensure a private hospital remains viable in the NW.

### **AMA TASMANIA'S ELECTION REQUEST:**

The federal government provides funding to build a new single hospital for the Northwest coast.

## **ROYAL HOBART HOSPITAL**

### **THE ISSUE**

The Australian government initially provided \$340m to help fund the building of the K-block at the Royal Hobart Hospital as part of stage one of the redevelopments of the old hospital site.

As a result of K-Block, some progress is being made with increased bed capacity at the Royal Hobart Hospital and planning now being progressed on an expanded emergency department. However, presentations continue to increase daily and the emergency department waiting rooms continue



to overflow. There are no signs that demand is going to decrease. On the contrary, we have an ageing population with chronic complex health conditions and an increasing population.

Our health infrastructure must keep up with demand. While the commitment in the 2021-22 budget to expand the Stage two redevelopment of the Royal Hobart Hospital was welcomed by AMA Tasmania, we need more than a piecemeal approach to the redevelopment of the Royal Hobart Hospital and the repat. For instance, we need the 85-purpose built mental health beds to be brought online at the repat as quickly as possible, freeing up a floor in K Block for medical patients, which is not the ideal environment for mental health patients. We need a commitment to bring the 30-year Master Plan forward, and with a federal election in the New Year, there is no better time than now to seek federal government financial support.

Tasmanians cannot afford to wait thirty years to have their entire new hospital finished.

**AMA TASMANIA'S ELECTION REQUEST:**

Federal government provide funding to help complete the entire redevelopment of the Royal Hobart Hospital Master Plan.

## **LAUNCESTON GENERAL HOSPITAL**

### **THE ISSUE**

The Launceston General Hospital continues to suffer from ambulance ramping and bed block in the Emergency Department. Demand across its services is outstripping its ability to supply beds. It is hoped the additional beds announced as part of the COVID-19 response will help to alleviate the stress in the system. The ongoing redevelopment of the Launceston General Hospital should also bring more beds online over the next couple of years as well as the anticipated beds in the co-located private hospital, which can be purchased as needed. However, in the meantime, there will need to be effort put into working with aged care and other providers to help move sub-acute patients out of acute beds as well as more use of programs like Hospital in the Home to increase bed capacity as well.

We would also urge the government to look to provide or purchase other services that can be provided in the home, such as rehabilitation services, anti-natal services, and chronic disease care.

**AMA TASMANIA'S ELECTION REQUEST:**

Provide infrastructure funding that will ensure that the Master Plan is implemented.







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