



**RACP**  
**Specialists. Together**  
EDUCATE ADVOCATE INNOVATE

**Healthy workforce, healthy communities**  
2025 Tasmanian Election Statement

## About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 23,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand, including 413 physicians and 146 trainee physicians in Tasmania<sup>1</sup>.

The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine.

Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients and the community.



*We acknowledge and pay respect to the Traditional Custodians and Elders – past, present and emerging – of the lands and waters on which RACP members and staff live, learn and work. RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.*

## The RACP's key asks

In the lead up to the 2025 Tasmanian election, the RACP is calling on political parties and leaders in Tasmania to commit to:

### 1. Growing and supporting the specialist workforce to meet rising healthcare needs and ensure sustainable delivery to the community

- Growing the physician and trainee physician workforce, particularly the Aboriginal and Torres Strait Islander workforce.
- Fostering a culture of health and wellbeing for physicians and trainee physicians to maintain the sustainable delivery of healthcare.
- Tailored solutions to address low numbers of physicians and trainee physicians in specific specialties (including paediatrics) and locations, particularly rural, regional and remote Tasmania (including the North West).
- Ensuring physicians and trainee physicians have protected time for important non-clinical duties including training, learning, research and supervision, for professional development purposes and to foster healthcare innovation.

### 2. Ensuring all Tasmanians have equitable access to high quality healthcare

- Expanding access to high quality care for priority populations, including older people, people with disability, children and young people, and Aboriginal and Torres Strait Islander peoples across the state.
- Funding and supporting a dedicated paediatric neurodevelopmental service statewide that delivers holistic multidisciplinary care.
- Funding, supporting and prioritising the [Tasmanian 20-Year Preventive Health Strategy](#).
- Collaborate with the RACP and other key stakeholders on any proposed reforms to Attention Deficit Hyperactivity Disorder (ADHD) diagnosis and treatment pathways.

The RACP and its [Tasmanian Committee](#) are committed to working with the incoming Tasmanian government on these key healthcare priorities and advocating for the development of policies that:

- are based on evidence,
- are informed by the knowledge and expertise of physicians including paediatricians, and
- benefit the health and wellbeing of all people in Tasmania.

Please also see our [2024 Tasmanian Election Statement](#) for more detail on these key priorities.

## Tasmanians need a sustainable healthcare workforce and equitable access to high quality healthcare

Tasmania faces several healthcare challenges that require action from the incoming government.

- Self-assessed health-status of Tasmanians falls behind the national average.<sup>2</sup>
- Rates of chronic conditions including arthritis, asthma, cancer, osteoporosis, and cardiovascular disease are higher in Tasmania than in other states and territories.<sup>3</sup>
- Higher rates of disability, with 30.5% of the population reporting at least one disability compared to 21.4% of the national population.<sup>4</sup>
- Compared to Australia overall, Tasmania's age-standardised death rates are higher.<sup>5</sup> Tasmania continues to have the second lowest life expectancy rate of any jurisdiction.<sup>6</sup>
- Tasmania's overall health is influenced by a broad range of social and environmental determinants including the regional and rural settings where Tasmanians live.

- People living in rural, regional, and remote areas of Tasmania experience higher rates of avoidable chronic health conditions, increasing their need for access to medical specialists.<sup>7</sup> More than half of people living in remote or very remote areas (58%) report that not having a specialist nearby is a barrier to care compared to just 6% of people in major cities.<sup>8</sup>
- Compared to the rest of Australia, Tasmania has the lowest proportion of people living in the most advantaged areas (4.6%) and the highest proportion of people living in the most disadvantaged areas (37%).<sup>9</sup> Income and poverty is also an issue with approximately 16.2% of Tasmanians living in poverty compared with 13.4% across Australia.<sup>10</sup>
- In 2021, one in five Tasmanians were aged 65 years or over.<sup>11</sup> It has been projected that one in four Tasmanians will be aged 65 years or over by 2030<sup>12</sup>, and that nearly one in three Tasmanians will be aged 65 years or over by 2060.<sup>13</sup>

## RACP priorities

### 1. Growing and supporting the specialist workforce to meet rising healthcare needs and ensure sustainable delivery to the community

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*A safe and well-resourced medical specialist workforce is essential to a functioning, effective and sustainable health system*

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#### We are concerned about:

- **Rising healthcare needs and hospitals / healthcare services at or over capacity**, increasing demands on the physicians and trainee physicians.
- **Persistent shortages of physicians and trainee physicians**, particularly
  - In the North and North West
  - Challenges in attraction and retention in regional, rural and remote areas
  - Ongoing difficulties filling Basic Physician Training positions at some hospitals, meaning insufficient numbers to meet future specialist demand
  - Long waitlists to access certain specialist services in Tasmania such as paediatric care.<sup>14</sup>
- **Physician and trainee physician wellbeing, with high workloads contributing to increased burnout.** This can impact both the quality of care provided and patient health outcomes.<sup>15</sup>
  - 54% of RACP trainee physicians considered their workload heavy or very heavy.<sup>16</sup>
  - 1 in 3 trainee physicians reported that the amount of work they are expected to do adversely impacts their wellbeing always or most of the time.<sup>17</sup>
  - Rising on-call demands negatively impact physician and trainee physician wellbeing and reduce career longevity.<sup>18</sup>
- **Challenges in training physicians and maintaining skills**
  - Physicians and trainee physicians having insufficient time for research, learning, training and supervision due to the increasing demands of clinical duties.
  - **Only 60% of trainee physicians reported that they can access protected study time / leave – a very significant problem for preparing future specialists.**<sup>19</sup>

#### We call on the incoming Tasmanian government to work with the RACP to:

- **Grow the physician workforce** (particularly the Aboriginal and Torres Strait Islander physician workforce)
  - Strategically support training in specific specialties / locations before critical

shortages.

- Develop **flexible attraction and retention strategies for rural, regional and remote settings** including North West Tasmania. This would enable more junior doctors to complete their training in these areas and would create a specialist pipeline to improve patient access to health care. It includes issues such as **access to childcare, rental affordability measures and moving assistance**.
- Provide trainee physicians with **contracts for the duration of their training**.
- Explore development of **training networks<sup>20</sup> for end-to-end Basic Physician Training** within Tasmania as in Queensland and New South Wales.
- Tailor **solutions for urgent workforce shortages**, such as paediatrics and occupational and environmental medicine, such as more paediatric training places to build a sustainable local workforce and meet future demand.
- Increase **career pathways for Career Medical Officers and Junior Medical Officers** by providing rural, regional and remote experiences, attractive training and career opportunities.
- Develop a **reliable locum system** to improve workforce stability, particularly in regional, rural and remote locations, covering leave and ensuring continuity of care and supervision.
- **Improve support for training and development**
  - Ensure **protected time for research, learning, supervision and professional development**, including sufficient staff to cover clinical duties.
  - Fund and support opportunities for physicians and trainee physicians to carry out **research to improve healthcare outcomes and build workforce skills**.
- **Ensure physician and trainee physician wellbeing**
  - **Combat discrimination, bullying, harassment, and racism** in healthcare.<sup>21</sup>
  - Enable and normalise **safe and healthy work practices**.
  - **Invest in Chief Wellness Officers in hospitals**.
  - Enhance workplace supports for trainee and overseas trained physicians.
  - **Promote work-life balance**, including strategies for flexible training, work hours, parental leave and other support mechanisms, and ensure all aspects of work, including leadership, training, and career development, are compatible with family and other caring responsibilities.
  - **More administrative support**, particularly for heads of department and supervisors.
  - Reduce frustrations of everyday practice such as **poor IT and challenges in timely access to key patient information**.

## 2. Ensuring all Tasmanians have access to high-quality healthcare

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*Improving specialist access, removing barriers to hospital discharge and a focus on preventive health are critical for ensuring timely care, reducing inequity, and preventing harm*

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### We are concerned about:

- **Health inequity**, particularly in children, older people, people with disability and Aboriginal and Torres Strait Islander peoples, and in the North West.
- **Inequitable access to high-quality specialist care in rural, regional and remote communities**, particularly in the North West.
- **Lengthy waitlists for paediatric services:**

- Particularly neurodevelopmental and behavioural care, delaying early diagnosis and intervention, potentially worsening conditions, increasing strain on families and resulting in poorer health outcomes.
  - Families are increasingly seeking care through interstate telehealth providers. Lack of any face-to-face consultation may not support accurate or holistic care. It can also create additional barriers to the coordinated, multidisciplinary support many children need across education, child protection, youth justice, and allied health services.
- Proposed reforms to the **ADHD diagnosis pathway to allow GPs to diagnose and treat ADHD** in children and young people without specialist input:
  - **This is a significant shift from the current comprehensive specialist-led assessment model involving paediatricians and psychiatrists.**
  - The RACP strongly supports integrated, cross-profession, team-based care
  - While the RACP supports efforts to improve access and reduce wait times for ADHD diagnosis and care, **diagnosing ADHD, particularly in children, requires specialist expertise**, to ensure accurate assessment and appropriate treatment.
- **Transfer of care delays**, linked to insufficient resourcing within the health system (particularly emergency departments) and limited access to non-hospital supports including residential aged care facilities, disability services and age-appropriate care.
- **For every \$1 invested in preventive health today, over \$14 is saved in healthcare and other costs in future.**<sup>22</sup>

#### **We call on the incoming Tasmanian government to work with the RACP to:**

- Prioritise the needs of Tasmanians most impacted by health and social inequities:
  - **Fund and support outreach clinics in North West Tasmania**, particularly specialties where permanent staffing is not feasible.
  - Enhance the effectiveness of clinical service delivery for patients from priority populations.
  - **Integrate culturally appropriate specialist care in existing Aboriginal and Torres Strait Islander primary care settings.**
  - Prioritise investment in technologies which enable greater connectivity of rural and regional communities to specialists, including telehealth.
- **Refine proposed reforms to the current ADHD diagnosis and treatment pathways:**
  - Engage early and consistently with the RACP and other key stakeholders.
  - Improve access to paediatricians in both the public and private sectors, including funding and supporting a dedicated Paediatric Neurodevelopmental Service.
  - Improve access to supports following ADHD assessment, including mental health.
- Design of **innovative models of care across specialties** that promote culturally safe care and address barriers to accessing health care.
- Develop and implement a culture of high-value care across Tasmania, including the RACP's flagship **Evolve initiative driving high-value, high-quality care.**
- Remove barriers to discharge from hospital care settings:
  - Provide accessible rehabilitation, disability services and supported accommodation.
  - Partner with social care services such as aged care, disability and mental health services in an integrated care manner.
- Adopt a Health in All Policies approach to ensure the wellbeing of Tasmanians is embedded across all government portfolios, not just within the health sector.
- **Fund, support and prioritise the [Tasmanian 20-Year Preventive Health Strategy](#) and commit at least 5% of the annual Tasmanian health budget to preventive health.**<sup>23</sup>

## The Way Forward

The RACP calls on all political parties and candidates to commit to the health and wellbeing of all people in Tasmania extending beyond the election cycle, and to deliver effective evidence-informed and expert-advised health policies.

We look forward to working collaboratively with the incoming government and all successful candidates to improve the health and wellbeing of all Tasmanians.

Please contact us to respond to these election priorities, arrange a meeting, or to seek more information about the RACP and the RACP Tasmanian Committee.

### RACP Policy & Advocacy Contact:

Ms Jessica Falvey, Policy & Advocacy Officer, via [policy@racp.edu.au](mailto:policy@racp.edu.au)

### RACP Tasmanian Committee Contact:

Ms Nancy Smit, Senior Executive Officer (Victoria/Tasmania), via [Tas@racp.edu.au](mailto:Tas@racp.edu.au)

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<sup>1</sup> Data as of 4 July 2025.

<sup>2</sup> Tasmanian Department of Health. Report on the Tasmanian Population Health Survey 2019 [Internet]. 2020 [cited 2025 Jun 20]. Available from: [https://www.health.tas.gov.au/sites/default/files/2022-05/Report\\_on\\_the\\_Tasmanian\\_Population\\_Health\\_Survey\\_2019.pdf](https://www.health.tas.gov.au/sites/default/files/2022-05/Report_on_the_Tasmanian_Population_Health_Survey_2019.pdf)

<sup>3</sup> Australian Bureau of Statistics. Chronic conditions [Internet]. Canberra: Australian Bureau of Statistics; 2018 [cited 2025 Jun 20]. Available from: <https://www.abs.gov.au/statistics/health/health-conditions-and-risks/chronic-conditions/latest-release>

<sup>4</sup> Primary Health Tasmania. Snapshot of Priority Populations in Tasmania [Internet]. Hobart: Primary Health Tasmania; 2024 [cited 2025 Jun 20]. Available from: <https://www.primaryhealthtas.com.au/wp-content/uploads/2024/04/Snapshot-of-priority-populations-in-Tasmania.pdf>

<sup>5</sup> Australian Bureau of Statistics. Causes of Death, Australia [Internet]. www.abs.gov.au. Australian Bureau of Statistics; 2023 [cited 2025 Jun 20]. Available from: <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>

<sup>6</sup> Australian Bureau of Statistics. Life expectancy, 2021 - 2023 | Australian Bureau of Statistics [Internet]. www.abs.gov.au. 2024 [cited 2025 Jun 20]. Available from: <https://www.abs.gov.au/statistics/people/population/life-expectancy/latest-release>

<sup>7</sup> Australian Institute of Health and Welfare. Rural and remote health [Internet]. Australian Institute of Health and Welfare. AIHW; 2023 [cited 2025 Jun 20]. Available from: <https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health>

<sup>8</sup> Australian Institute of Health and Welfare. Survey of Health Care: selected findings for rural and remote Australians, Summary - Australian Institute of Health and Welfare [Internet]. Australian Institute of Health and Welfare. 2018 [cited 2025 Jun 20]. Available from: <https://www.aihw.gov.au/reports/rural-remote-australians/survey-health-care-selected-findings-rural-remote/contents/summary>

<sup>9</sup> Australian Bureau of Statistics. Census of Population and Housing: Reflecting Australia – Stories from the Census, Socio-Economic Advantage and Disadvantage, 2016 [Internet]. Canberra: ABS; 2017 [cited 2025 Jun 20] Cat no. 2071.0. Available from: <https://www.abs.gov.au/statistics/people/people-and-communities/reflecting-australia-stories-census/2016/20710-socio-economic-advantage-and-disadvantage>

<sup>10</sup> Australian Council of Social Services (ACOSS). Rate of poverty by location in 2019-20, and change in poverty [Internet]. [cited 2025 Jun 20] Available from: <https://povertyandinequality.acoss.org.au/poverty/rate-of-poverty-by-location-in-2019-20-and-change-in-poverty/>

<sup>11</sup> Tasmanian Government Department of State Growth, Tasmania's Population Policy: Appendix – Population Strategy – Demographic Data and Related Tasmanian Government Strategies; 2022 [cited 2025 Jun 20]. Available from: [https://www.stategrowth.tas.gov.au/policies\\_and\\_strategies/populationstrategy/appendix](https://www.stategrowth.tas.gov.au/policies_and_strategies/populationstrategy/appendix)

<sup>12</sup> Tasmanian Government Department of Premier and Cabinet, Strong, Liveable Communities: Tasmania's Active Ageing Plan 2017-2022 [Internet]. Hobart: Department of Premier and Cabinet; 2017 [cited 2025 Jun 20]. Available from: [https://www.dpac.tas.gov.au/data/assets/pdf\\_file/0025/237184/Strong\\_Liveable\\_Communities\\_-\\_Low\\_Res.pdf](https://www.dpac.tas.gov.au/data/assets/pdf_file/0025/237184/Strong_Liveable_Communities_-_Low_Res.pdf)

<sup>13</sup> Tasmanian Government Department of State Growth, Tasmania's Population Policy: Appendix – Population Strategy – Demographic Data and Related Tasmanian Government Strategies [Internet]. Hobart: Department of State Growth; 2022 [cited 2025 Jun 20]. Available from: [https://www.stategrowth.tas.gov.au/policies\\_and\\_strategies/populationstrategy/appendix](https://www.stategrowth.tas.gov.au/policies_and_strategies/populationstrategy/appendix)



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- <sup>14</sup> Royal Australasian College of Physicians (RACP). Submission on the Long-Term Plan for Healthcare in Tasmania 2040 [Internet]. Sydney: RACP; 2023 May [cited 2025 Jun 20]. Available from: [https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-on-the-long-term-plan-for-healthcare-in-tasmania-2040.pdf?sfvrsn=c3d21a\\_4](https://www.racp.edu.au/docs/default-source/advocacy-library/racp-submission-on-the-long-term-plan-for-healthcare-in-tasmania-2040.pdf?sfvrsn=c3d21a_4)
- <sup>15</sup> Panagioti M, Geraghty K, Johnson J, Zhou A, Panagopoulou E, Chew-Graham C, et al. Association Between Physician Burnout and Patient Safety, Professionalism, and Patient Satisfaction. JAMA Internal Medicine [Internet]. 2018 Oct 1;178(10):1317-30 [cited 2025 Jun 20]. Available from: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2698144>
- <sup>16</sup> [2024 Medical Training Survey – medicaltrainingsurvey.gov.au](https://www.medicaltrainingsurvey.gov.au)
- <sup>17</sup> [2024 Medical Training Survey – medicaltrainingsurvey.gov.au](https://www.medicaltrainingsurvey.gov.au)
- <sup>18</sup> National Academies of Sciences, Engineering, and Medicine, National Academy of Medicine, Committee on Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being. Factors Contributing to Clinician Burnout and Professional Well-Being [Internet]. Washington (DC): National Academies Press (US); 2019 [cited 2025 Jun 20] Available from: <https://www.ncbi.nlm.nih.gov/books/NBK552615/> We note the following comment on job demands from this source: “Globally considered, the evidence for an association between job demands and clinician burnout is arguably the strongest for any independent variable.”
- <sup>19</sup> [2024 Medical Training Survey – medicaltrainingsurvey.gov.au](https://www.medicaltrainingsurvey.gov.au)
- <sup>20</sup> [RACP Training Network Principles](#)
- <sup>21</sup> See [Respectful Behavior in College Training Programs](#), and [Statement on Safe and Respectful working environment](#).
- <sup>22</sup> Australian Government Department of Health, Health Protection, Preventive Health and Sport Budget 2023-24 [Internet]. Canberra: Department of Health; 2023 Oct [cited 2025 Jun 20]. Available from: <https://www.health.gov.au/sites/default/files/2023-10/health-protection-preventive-health-and-sport-budget-2023-24.pdf>
- <sup>23</sup> Australian Government Department of Health and Aged Care, National Preventive Health Strategy 2021-2030 [Internet]. Canberra: Department of Health and Aged Care; 2021 [cited 2025 Jun 20]. Available from: <https://www.health.gov.au/resources/publications/national-preventive-health-strategy-2021-2030>