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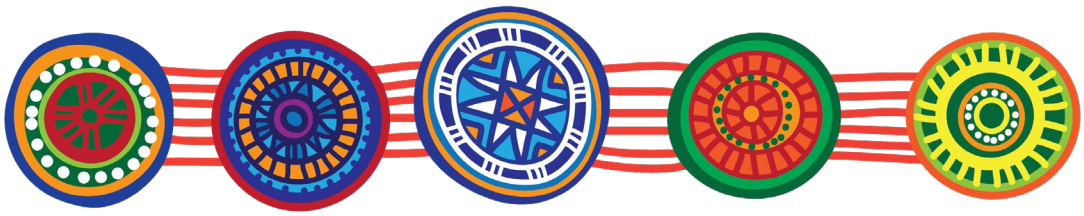
Prioritising Health

2024 Tasmanian Election Statement

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 21,000 physicians and 9,000 trainee physicians, across Australia and Aotearoa New Zealand, including 386 physicians and 132 trainees in Tasmania[1]. 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

The RACP and its Tasmanian Committee are committed to advocating for the development of policies that are based on evidence, informed by the knowledge and expertise of physicians including paediatricians, and that benefit the health of Tasmanians and the Tasmanian healthcare system.

Our advocacy is focused on ensuring the provision of high-quality healthcare that is accessible to all people, integrated across primary, secondary, and tertiary services, as well as across the public and private sectors.

Our priority areas reflect the clinical expertise and professional experience of our members, as well as the opportunities for improvement that physicians and trainees encounter in the course of their work across the state.

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

1. **Supporting the specialist workforce** to meet growing healthcare needs, particularly
    - Attracting and retaining physicians and trainees in rural, regional and remote areas
    - Tailored solutions where there are low numbers of physicians in certain specialties
    - Initiatives to ensure equitable access to telehealth.
2. **Fostering a culture of wellbeing** for physicians and trainee physicians to support the sustainable delivery of healthcare.
3. Improving **access to healthcare for priority populations**, including:
    - Older people
    - People living with a disability across their lifespan
    - Children, especially paediatric care in the community and care for children with mental health conditions.

The RACP is also calling for commitments to:

- **universal quality early childhood education**; and
- **evidence based school support** such as tutoring for students with disabilities and/or learning difficulties.

Contextualising the challenge: social determinants of health matter

Tasmania ranks poorly compared with other Australian states and territories on many health measures including chronic disease, overweight and obesity, mental health and suicide.[2] The self-assessed health-status of Tasmanians also falls behind the national average.[3]

Compared to Australia overall, Tasmania's age-standardised death rates are higher.[4] Tasmania continues to have the second lowest life expectancy rate of any jurisdiction, after the Northern Territory.[5]

Tasmania's overall health is influenced by a broad range of social and environmental determinants including the regional and rural settings where most Tasmanians live.[6] Chronic conditions are often lifestyle related and more common in areas with lower socioeconomic status.[7] Income and poverty is also an issue with approximately 16.2% of Tasmanians living in poverty compared with 13.4% across Australia.[8]

The RACP Health in All Policies statement recognises the role of health professionals in addressing the social determinants of health. The specialist physician workforce, clinical leaders, and hospital administrators require dedicated supports for development of ways to optimise the access to and participation in quality and safe health care for people from priority populations across the state.

We urge the next Tasmanian government to prioritise health by taking a Health in All Policies approach to government and governing, to ensure the wellbeing of Tasmanian's is front and centre not just in the health portfolio but across all policy portfolios.

We also urge immediate focus on the following policy areas that the RACP Tasmanian Committee, as representatives of the physician and trainee population in the state, identifies as priorities for the next government.

Our priority areas

1. Supporting the specialist workforce to meet growing healthcare needs

We must ensure the specialist workforce can meet increasing healthcare needs in Tasmania. This requires matching the specialist workforce to need, as well as growing and training the specialist workforce of the future.

Rural, regional and remote areas have higher rates of avoidable chronic health conditions, which means residents of those areas are in greater need of access to medical specialists.[9] People in rural, remote and very remote areas are more likely to indicate that not having a specialist nearby was a barrier to accessing the specialist healthcare they need (58% compared with only 6% of people living in major cities).[10]

Attraction and retention strategies should be developed that support quality professional development opportunities and attract physician trainees to rural and regional settings. We urgently need to retain junior doctors in rural and regional settings so that they can complete their training there. We are particularly concerned about the potential for increases in service delivery gaps in regional specialist workforce levels, including paediatric specialists. We recommend a renewed focus on workforce investment that serves the whole population equitably and efficiently.

A greater focus on specialist attraction and retention in rural and regional areas would help more junior doctors complete their training in these areas and would create a specialist pipeline to improve patient access. Simultaneously, the incoming government should prioritise investment in technologies which enable greater connectivity of rural and regional communities to specialists, including telehealth facilities and video technology packages, where appropriate.

The RACP was pleased to contribute to the Tasmanian Long Term Health Plan, and made a detailed submission to the Select Committee on Transfer of Care Delays. This election statement draws on both documents. The RACP urges the incoming government to incorporate the knowledge and expertise of physicians and trainee physicians and to appropriately fund workforce strategies to meet healthcare needs.

Transfer of care delays (and other phenomena indicative of hospitals under stress) are the product of insufficient resourcing throughout the health system including emergency departments, and the product of limited access to appropriate non-hospital supports including residential aged care facilities, disability services, and age-appropriate care. In particular:

- Inpatient wards and emergency departments operating at or over capacity has consequences beyond overcrowding, and is a strong driver of clinician burn out.
- Virtual health has the capacity to accommodate increased demand for healthcare and should be expanded.
- Better collaboration with NDIS funded services is needed.
- Hospital in the Home is a good practice alternative to providing care to a hospital-grade standard at a patient's home where appropriate.
- Actions that must be taken to address the causes and effects of transfer of care delays include:
    - Additional funding for public hospitals
    - Establishing Urgent Care Clinics in Tasmania that are well resourced and planned in collaboration with physicians to effectively reduce pressure on hospital services
    - Establishing more ambulatory multidisciplinary care clinics in the community
    - Implementing innovative integrated models of care involving specialists
    - Investing in the expansion of the Tasmanian specialist healthcare workforce.

We call on the incoming Tasmanian government to:

A. Grow the specialist workforce in Tasmania
    - Increase career pathways for Career Medical Officers and Junior Medical Officers (JMOs) across the Tasmanian healthcare system by providing doctors with rural and regional experience, attractive training and career opportunities. These might include recognition of rural/regional training by medical colleges as equivalent to significant research, flexible contract lengths for the JMOs and the incentivisation of rural/regional training for Basic Physician Training and Advanced Physician Training.

- In partnership with the Commonwealth and specialist medical colleges, support the development of rural specialist training hubs to attract and retain specialist trainees across rural sites and facilitate the transition to ongoing rural specialist practice.
- Track, map, and research the effects of increased rural medical scholarships on long-term specialist workforce distribution.
- Support RACP advocacy for a dedicated national training program for the public health workforce to address the workforce shortages exacerbated by the pandemic.
- Provide funding to increase the number of Aboriginal and Torres Strait Islander health professionals, including the integration of specialist care into Aboriginal Community Controlled Health Services.
- Work with the RACP to develop tailored workforce solutions for RACP specialties and sub-specialities with low numbers of physicians, particularly where workforce shortages are urgent such as occupational and environmental medicine. Severe workforce shortages in the case of occupational and environmental medicine may have consequences not only for patient outcomes but for businesses' ability to comply with Tasmanian workplace safety laws. Short-term remedies may need urgent exploration and government support.
- Work with clinical leaders to improve adaptation of mainstream health services for patients from priority populations.

B. Improving access to quality healthcare for all Tasmanians
   - Commit to developing and implementing a culture of high-value care across Tasmania, including supporting the RACP's flagship Evolve initiative, led by physicians and the RACP to drive high-value, high-quality care.
   - Adequately fund additional video technology and telehealth packages for the Tasmanian healthcare system to improve timely connectivity between patients and specialists, including across the metropolitan, rural and regional divide.
   - Commit to working across sectors to remove barriers to discharge, including accessible rehabilitation, disability services and supported accommodation.
   - Ensure telephone-based specialist consultations are available, particularly for rural, regional and remote patients as well as priority communities.
   - Invest in trialling new models of telehealth and remote service delivery linking secondary and primary care settings, including telehealth hubs in rural, regional and remote areas.
   - Fund videoconferencing technology packages to building patient capacity and promote equitable access to telehealth, including in rural and regional areas, aged care settings and for patients with a disability.
   - Develop a funding model and mechanisms for health professionals to enable equitable access to health technologies.
   - Expand Hospital in The Home (HiTH) services, including geriatric evaluation and management in the home, across the state.
   - Ensure reasonable adjustments are available to enable equitable access to mainstream clinical services.

2. Fostering a culture of wellbeing for physicians and trainee physicians

Wellbeing of health practitioners is vital for safe and effective healthcare.

We are concerned that workloads, especially for physician and paediatric trainees, continue to intensify and burnout is worsening. Of the 2869 RACP trainees surveyed in the 2023 Medical Training Survey (the most recent surveyed year):

- 55% of RACP trainees considered their workload heavy or very heavy.
- 1 in 3 trainees reported that the amount of work they are expected to do adversely impacts their wellbeing always or most of the time.
- Only 59% of surveyed trainees reported that they can access protected study time/leave.

These numbers reflect the reality that the current system has failed to support our members and their wellbeing. Our physician educators are working in very tough circumstances to educate a future health workforce with very constrained resources, and this is not sustainable. This level of stress does not only affect trainees and

physicians. At the end of the day, their workload also can affect the quality of care and health outcomes of the patients they attend to.[11]

Our members see first-hand that junior doctors in particular report high rates of burnout and emotional exhaustion. All RACP trainees in Tasmanian are simultaneously engaged in postgraduate specialist medical training and work in accredited training locations throughout the state's health system. The RACP recognises that high-quality specialist training is demanding and that there are intrinsic pressures and stressors within medical workplaces.

We believe that improving the health and wellbeing of trainees requires the cooperation of government, hospitals, health services, specialist colleges, training supervisors, doctors' own primary and specialist clinicians, and doctors themselves.

The RACP is determined to take an active role in shaping a healthier training culture for physicians and paediatricans. Our accreditation standards now reflect our expectation that all training sites provide a safe, respectful working and learning environment and address any behaviour that undermines self-confidence or professional confidence as soon as it is evident.

Current working environments, hospital systems, and research and development opportunities are often not conducive to the provision of health care for patients from priority populations. As a result, patients from this group remain with relatively poor outcomes. The RACP seeks a commitment from the incoming Tasmanian government to work with us to optimise clinical service delivery for patients from priority populations.

Similarly, the RACP seeks a continuing commitment from governments to work in partnership with us to combat discrimination, bullying, harassment, and racism in healthcare settings. This includes taking proactive steps to enable, normalise, and accommodate safe work arrangements and practices, and to support all aspects of a physician's work, including leadership, training, and career development opportunities in a way that is appropriately mindful of family and other care responsibilities. Bullying or harassment of any kind is totally unacceptable – including to or from Fellows, trainees (of the RACP or other colleges), non-trainee junior doctors, other health practitioners, patients, or visitors. The RACP has zero tolerance for such behaviour.[12]

There are areas for improvement for senior doctors' access to research and professional development opportunities. Many physicians have only enough time for clinical duties. The RACP encourages the incoming government to explore measures that support senior doctors' ongoing professional development and flexibility to conduct research. To improve the quality of prevention, screening, diagnosis, treatment and recovery of our patients, we need our senior clinicians to be actively involved in medical research. We need to promote the connections between research and clinical work so that patients can achieve better health and wellbeing. The incoming government must fund and support opportunities for research and professional development to build the skills of our workforce into the future.

Regional, rural and remote specialists already face professional challenges that can impede good patient care as well as practitioner wellbeing. We urge a focus on regional, rural, and remote workplaces as part of the government's responsibility to maximise wellbeing.

Our recommendations reflect the RACP's strong support for building a safe and respectful training culture for junior doctors and high-quality specialist care for patients.

We call on the incoming government to:

- Commit to providing a positive workplace culture and working conditions for trainees and physicians and provide workforce models that support high-quality specialty training, including research support.
- Invest in Chief Wellness Officers (paid clinical positions with wellbeing responsibilities, including contributing to the evidence base for what works at supporting wellbeing).
- Work collaboratively with the RACP and other stakeholders to eliminate bullying and harassment.
- Boost the state's healthcare workforce by strengthening the capacity to train medical specialists and resourcing the overall system to serve the population's needs fairly and equitably.
- Support strategies for flexible training, work hours, parental leave and other support mechanisms for specialists and doctors in training within the Tasmanian health system and support our advocacy for national training and employment flexibility, where appropriate.

- Develop a system of locum support to maintain service delivery in areas with specialist cover is provided by very few practitioners. This should cover routine planned staff leave plus leave for specialty continuing professional development, to encourage a highly trained and safe specialist workforce.
- Become a signatory to our Health Benefits of Good Work principles, an initiative from the RACP's Australasian Faculty of Occupational and Environmental Medicine to further champion health, wellbeing, and supportive workplace culture in the health sector.
- Join the RACP in committing to gender equity in medicine and health leadership, including endorsing the UN Women's Empowerment Principles.
- Urgently implement and appropriately fund mental health initiatives and practical supports for healthcare workers, offering a range of mental health initiatives and practical supports for them and their families.

3. Improving access to healthcare for priority population groups

The health needs of Tasmanians most impacted by health and social inequities must be prioritised

While we acknowledge that work to address health inequity is deeply embedded in much Tasmanian health and social policy, we are concerned that improvements in Tasmanian health outcomes are inequitably distributed across the Tasmanian population.

While all health inequity affects children, some groups of children are particularly at increased risk:

- Aboriginal and Torres Strait Islander children
- Children of refugee and asylum seeker families
- Children living in insecure housing, in situations of homelessness, and in other forms of poverty
- Children from culturally and linguistically diverse backgrounds
- Children living in rural and remote communities
- Children living in out of home care
- Incarcerated children and young people
- Children with disabilities, especially given the shortage of community paediatricians, and given the rising rate of outpatient referrals for behavioral and developmental problems.

Similarly, the burden of adult chronic illness falls inequitably across the Tasmanian population. We are concerned about:

- inequitable disability services (both NDIS and non-NDIS services)
- inequitable access to drug and alcohol treatment services and harm prevention efforts
- inequitable access to medical specialists by Aboriginal and Torres Strait Islander people.

Over and above working to address these specific inequities, the incoming government must:

- Urgently address these and other inequities throughout the state, especially in the north-west.
- Partner with Tasmanian health researchers and academics to publish an internal Tasmanian Atlas of Variation, which would serve to uncover inequities and supply a solid baseline for measuring efforts to address them.[13]
- Fund more physician-led research in Tasmania.
- Develop a state-specific action plan to optimise the use of telehealth facilities, where clinically appropriate, to maximise outpatient specialist care.

Access to healthcare for older people, people living with disabilities and children must be prioritised

Older people

Tasmania has the highest proportion of people in Australia aged 65 years or over (1 in 5 people) and 50 years or over (2 in 5 people).[14] This, combined with higher rates of chronic disease and co-morbidities,[15] has significant implications for health and aged care services across the state, and the plans for providing those services sustainably.[16] We particularly urge consideration of the need for appropriate supported accommodation (for example, residential aged care for elderly people and disability-appropriate accommodation for younger people for whom aged care is not appropriate), to thereby to enable rapid discharge from hospital wards when clinically appropriate.

While we acknowledge that residential aged care facilities (RACF) are predominately a Commonwealth responsibility, the Tasmanian Government can play an important role in improving the interface between hospital and residential care sectors, especially with regard to people with complex clinical and/or behavioural needs (e.g. due to dementia).

We see a similar role for the Tasmanian Government in providing the interface between hospital and residential and non-residential disability services – especially services that were, at the time of the NDIS's introduction, always intended to remain state responsibilities. Those services should expand as population and burden of disease/disability warrant.

People living with a disability

In 2018, over (26.8%) one-quarter of people in Tasmania had a disability – this was higher than all other states and territories.[17] As at 31 December 2019, Tasmania has the largest proportion of NDIS participants with a primary intellectual disability (30.1%).[18]

The RACP is concerned that some patients may remain in hospital for lack of appropriate accommodation or suitable disability or behavioural services – in some cases, for many months. Discharges can be delayed for non-clinical reasons; in other cases, discharge occurs to facilities that are not designed to meet the patient's needs. For example, it can take too long to provide post-hospital discharge care and accommodation for people who have intellectual disabilities and/or significant behavioural issues.

In addition, people with disabilities often require access to mobility aids, accessible communication, and appropriate resources.[19] A lack of access to any of these can cause significant delays to transfer of care. If family or other relevant people who may be needed for decision-making purposes are also not readily available, this too causes a delay to the delivery of healthcare that people with a disability need.

Consequently, patients often spend prolonged periods in acute hospitals with significant resources being required to ensure the safety of the person and other inpatients and staff. Acknowledging the complex interplay of clinical decision-making, administrative requirements, and relative paucity of options, delaying patients in acute care settings often serves them poorly, in addition to being a poor use of resource-intensive acute hospital services.

Paediatric and child health, especially in NW Tasmania

We urge the incoming Tasmanian government to address two major areas of paediatric care which require greater investment:

- Neurodevelopmental and behavioural care
- Child and adolescent mental health.

These areas account for many outpatient referrals (especially neurodevelopmental and behavioural concerns) and presentations to emergency/crisis services (especially mental health concerns).

Neurodevelopmental and behavioural care

Currently in Tasmania, waitlist times for access to paediatric care for neurodevelopmental and behaviour concerns are excessive, anecdotally ranging from 12-18 months.[20]

Families struggle to access care in both public and private paediatric settings due to factors including:

- There is no statewide neurodevelopmental service.
- Public waitlists exceed reasonable timeframes for young children with neurodevelopmental concerns. This is inconsistent with the goals of early identification and intervention.
- The private sector paediatric workforce cannot meet increasing demand, and many paediatricians are unable to see new patients.
- Private paediatricians find that the Medicare system does not always align with the nature of complex care neurodevelopmental and behavioural patients, making it more challenging for them to provide care in these settings. Whilst this is a Commonwealth responsibility, the Tasmanian health service provides

care to these patients in hospital and community settings. However this can be expensive, relatively less efficient and sometimes come too late for optimal intervention.

- In recent years, there has been a trend for families who can afford services to access telehealth services interstate for assessments and diagnoses. There are concerns that this approach may not be in the best interests of the child, who may never have had the opportunity to be examined or observed face-to-face. Additionally, problems arise when the child requires prescription of medication or close follow-up that cannot be done with the prescriber located interstate. It also adds barriers for the many children that require multidisciplinary care across education, child protection, youth justice and allied health teams.
- As the situation has become increasingly more desperate for families with children with behavioural concerns, providers have entered the private sector with costly assessments. However, even on completion they still require engagement with a paediatrician to confirm the diagnosis. This further magnifies the socio-economic disparity between families that can and cannot afford to access services of this nature.

Tasmania should take the lead from other Australian states with dedicated neurodevelopmental teams and pathways including Victoria, New South Wales, Western Australia, Queensland, and Western Australia. Tasmania remains behind in these areas of paediatric care, which have significant ramifications over the course of a child's life and the impact on their family.

Lengthy wait times, and lack of services for children with developmental delays in Tasmania, reflect the urgent need for the next government to address these longstanding concerns and ease the burden on families. Additional pathways need to be established to better support children and parents to access timely services. The incoming Tasmanian government must be committed to addressing early neurodevelopmental concerns for the benefit of lifelong positive outcomes.

Child and adolescent mental health

Recent Census data shows Tasmania has the highest rate of mental health conditions (11.5%) in Australia, compared to a national average of 8.8%.[21]

Mental health concerns such as depression and anxiety are substantial components of overall disability and morbidity in the paediatric population. In Tasmania, the specialist care of these patients is predominantly provided by GPs and paediatricians.

Nationally, Australian data from AIHW shows almost 1 in 7 (14%) children and adolescents aged 4–17 years were estimated to have experienced mental illness in the previous 12 months.[22] Given recent census data identified above, there is reason to think the prevalence is greater in Tasmania.

Primary Care

Physicians and paediatricians are increasingly concerned about the lack of adequate services in the primary care setting. Primary care providers are well positioned to offer early intervention and ongoing support for children with neurodevelopmental issues and their families. However, the current system does not facilitate this role effectively. The inadequate allocation of resources to general practitioners, coupled with a lack of training and support in managing such complex cases, can lead to understandable reluctance among these professionals to engage fully in the care of these patients. This gap in service provision at the primary care level exacerbates the challenges faced by affected families, often delaying diagnosis and intervention, which are critical for achieving optimal outcomes.

Furthermore, the implementation of the National Disability Insurance Scheme (NDIS) has had unintended consequences for the accessibility and affordability of allied health services. While the NDIS was designed to improve service provision for individuals with disabilities, its current structure has led to a significant shift of allied health professionals from the public to the private sector. This migration is driven by the opportunity to service individual NDIS clients, leaving a vacuum in the public sector that adversely affects the availability of services for the broader pool of public patients. As a result, children with neurodevelopmental problems and their families often face considerable challenges in accessing the necessary support services, exacerbating the inequities in health and social care.

The incoming Tasmanian government must implement and resource:

- expanded paediatric outreach services
- improved accessibility to developmental delay assessments by paediatricians
- culturally appropriate integration of specialist care in existing Aboriginal and Torres Strait Islander primary care settings
- telehealth follow up for community outreach
- expanded research into health needs of rural Tasmanian population groups, with a focus on equity including geographical equity of access to services.

Implement universal access to quality early childhood education programs for all three-year-olds

Early childhood education currently focuses on children aged 4-5 years in the year before they commence school. However, evidence shows the importance of including 3-year-old children, especially for disadvantaged children, who should be prioritised for access, as two years of early education has proven to have better outcomes compared to just one year.

The early years shape the rest of a child's life, with early child development setting the foundation for lifelong learning, behaviour, and health. Inequities experienced by children at a young age can significantly undermine their physical, social and emotional development, often resulting in poorer health outcomes in adulthood. These effects can last a lifetime, with some children often impacted disproportionately, such as Aboriginal and Torres Strait Islander children, and children with a disability.

As outlined in the RACP's Kids Catchup Campaign, initiatives such as universal access to quality early childhood education programs for all 3-year-olds are a chance for Tasmania to prevent an accumulation of disadvantage and health inequities throughout the life course and have a positive impact on the health system and health outcomes for all people.

Evidence based school support such as tutoring for kids with learning disabilities

While the available support services in our schools are welcomed, accessing assistance within the education system was difficult for many prior to the COVID-19 pandemic. A 2019 survey by Children and Young People with Disability Australia found that students with disability are routinely excluded in their education. COVID-19 has exacerbated these issues with many caregivers reporting further decreased and disrupted supports. Early intervention for children with disability and/or learning difficulties involves timely provision of an optimal nurturing and learning environments, and evidence-informed interventions that aim to maximise developmental and health outcomes, reducing the degree of functional limitations. Additional learning supports that are evidence-informed enable children to re-engage with school and their peers.

The incoming Tasmanian government must:

- Contribute to the implementation of the National Children's Mental Health and Wellbeing Strategy in Tasmania.
- Expand intensive learning support programs throughout Tasmania including among priority populations and students with a disability and/or learning difficulties.
- Fund appropriate research and feasibility studies into making ongoing catch-up style learning support a normal part of public education in Tasmania.

The Way Forward

The RACP calls on all political parties and candidates to commit to the health of all people in Tasmania extending beyond the election cycle, and to deliver effective evidence-based and expert-informed health policies. We look forward to working collaboratively with the incoming government and all successful candidates to improve the health of all people in Tasmania.

To respond to these election priorities, make commitments to implement our recommendations, or to seek more information about the RACP and the RACP Tasmanian Committee, please contact Ms Nancy Smit, Senior Executive Officer (Victoria/Tasmania), by emailing tas@racp.edu.au.

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[12] See Respectful Behavior in College Training Programs, and Statement on Safe and Respectful working environment (7 February 2019).
[13] We note that the Australian Commission on Safety and Quality in Health Care publishes a state summary for Tasmania as a whole, but research and statistical analysis is needed into regional variation within Tasmania and what investment and strategies are needed to deliver equitable healthcare to all people.
[14] AIHW. Deaths in Australia, Age at death [Internet]. Australian Institute of Health and Welfare. 2023 [cited 2024 Mar 11]. Available from: https://www.aihw.gov.au/reports/life-expectancy-deaths/deaths-in-australia/contents/age-at-death
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[19] For example, please see the AHRC's 2020 Guidelines on the rights of people with disability in health and disability care during COVID-19 (including the section on involuntary hospital discharges for a consideration of circumstances when discharge is facilitated in unavoidable but suboptimal circumstances).
[20] It does not seem that the waitlist times are in the public domain so we are not in a position to cite them, but we understand they are in the range here specified. Even if the lower end of the range were typical this is still a clinically excessive wait in the context of time-critical development. For some services, e.g. the Tasmanian Autism Diagnostic Service, the waitlist is currently in excess of 18 months and has been for many years.
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[22] Ibid.