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**RACP Submission on the Long-Term Plan
for Healthcare in Tasmania 2040 Exposure
Draft**

May 2023

About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,863 physicians and 8,830 trainee physicians, across Australia and New Zealand, including 371 physicians and 136 trainee physicians in Tasmania. 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.

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. The RACP acknowledges Māori as tangata whenua and Te Tiriti o Waitangi partners in Aotearoa New Zealand.



RACP Feedback on the Long-Term Plan for Healthcare in Tasmania 2040 Exposure Draft

Introduction

The RACP welcomes the opportunity to provide feedback on the *Long-Term Plan for Healthcare in Tasmania 2040 Exposure Draft* ('the Long-Term Plan').

The Long-Term Plan is an important platform for improving the current system and for promoting health as part of the Tasmanian Department of Health and Human Services' broader plan for *Advancing Tasmania's Health*.

The Long-Term Plan outlines important priorities and enablers for action.

The Long-Term Plan could be strengthened by a greater focus on equity and the social determinants of health, greater consideration of priority population groups and more specific actions about how to address workforce shortages and incentives for healthcare professionals.

The inclusion of measures, targets, milestones and horizons across all priorities for action and enablers for action would improve the Long-Term Plan and allow assessment of its performance and success.

The [RACP 2021 Tasmanian Election Statement](#) provides specific recommendations in key priority areas for improving health and healthcare in Tasmania.

In addition, we recommend that the Long-Term Plan:

- include a greater focus on health equity and the social determinants of health
- address cultural safety and be led by Aboriginal and Torres Strait Islander people
- prioritise delayed transfer of care concerns in Tasmanian hospitals
- prioritise the needs of priority population groups including older Tasmanians and Tasmanians living with disability
- identify clear actions to boost health reform and innovation
- include actions to better support patients with complex health needs to access appropriate healthcare
- clearly outline how it will increase the health workforce including specialists
- prioritise the need to improve physician wellbeing and the wellbeing of trainees.

The Long-Term Plan should have a greater focus on health equity and the social determinants of health

Tasmania ranks poorly compared with other Australian states and territories on many health measures including chronic disease, overweight and obesity, mental health and suicide.¹ The self-assessed health-status of Tasmanians also falls behind the national average.²

Compared to Australia overall, Tasmania's age-standardised death rates are higher.³ Tasmania continues to have the second lowest life expectancy rate of any jurisdiction, after the Northern Territory.⁴

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.⁵ Chronic conditions are often life-style related and

¹ *The State of Public Health Report*. Tasmania Department of Health. 2018.

² *Report on the Tasmanian Population Health Survey*. Tasmanian Department of Health and Human Services. 2019

³ *Statistics on the number of deaths, by sex, selected age groups, and cause of death classified to the International Classification of Diseases (ICD). Underlying causes of death (Tasmania)*. Australian Bureau of Statistics. Causes of Death, Australia. 2021.

⁴ *Life tables. Statistics about life tables for Australia, states and territories and life expectancy at birth estimates for sub-state regions. Life expectancy at birth by state and territory of usual residence*. Australia Bureau of Statistics. 2021.

⁵ *RACP Health in All Policies Position Statement*. Royal Australasian College of Physicians. 2016.

more common in areas with lower socioeconomic status.⁶ Income and poverty is also an issue with approximately 16.2% of Tasmanians living in poverty compared with 13.4% across Australia.⁷

The [RACP Health in All Policies](#) position statement recognises the role of health professionals in addressing the social determinants of health. The Long-Term Plan could be strengthened by more clearly addressing health inequities and the social determinants of health and aligning these to defined actions in the Long-Term Plan.

The Tasmanian Chronic Disease Strategy (Action 1.1.7 in the Long-Term Plan) should also address the social and environmental factors that impact on chronic disease including lifestyle, where people live, access to open space, fresh air and opportunities for walking, cycling and healthy eating.

The Long-Term Plan must address cultural safety and be led by Aboriginal and Torres Strait Islander people

The Long-Term Plan needs to address racism and unconscious bias within the health system. Research shows that institutional racism leads to a systemic failure of health services resulting in Indigenous people receiving less and lower quality healthcare.⁸ All health systems and services must actively demonstrate change and commit to providing culturally safe healthcare.

RACP strongly supports tailored, culturally appropriate services which are First Nations led and informed by First Nations communities. Establishing genuine partnerships with Aboriginal and Torres Strait Islander peoples and their representatives and involving Indigenous peoples in leadership, decision-making, and management has been shown to improve outcomes through Indigenous empowerment and control.⁹

We note that the size of Tasmania's Aboriginal and Torres Strait Islander population is growing, as is the overall proportion of First Nations peoples in Tasmania. The 2021 Census counted 30,000 people who identified as Aboriginal and/or Torres Strait Islander, representing 5.4% of Tasmania's population (up from 4.6% in 2016 and 4.0% in 2011).¹⁰ Specific and tailored strategies are needed to boost and sustain equitable access to medical specialists for First Nations peoples in Tasmania.¹¹

The Long-Term Plan should prioritise delayed transfer of care concerns in Tasmanian hospitals

RACP physicians report that the delayed transfer of care in Tasmanian hospitals is a serious issue. Physicians are increasingly concerned about the number of patients who are medically cleared for discharge from hospitals in Tasmania but who are unable to leave due to a lack of suitable accommodation.

Immediate increases in the number of acute hospital beds, improved coordination, improved hospital processes and better coordination with emergency departments are needed to address this issue. In addition, a whole of government and whole of sector approach to ensure the right supports are available in the community to manage medical patients with complex conditions outside acute public hospitals is required.

Delayed discharge of long-stay disability, aged care patients and emergency access need to be prioritised in the Long-Term Plan. The Long-Term Plan must include clear strategies outlining how the Tasmanian Government will address the delayed transfer of patient care and how it will collaborate with the Federal Government to do this.

⁶ *Primary Health Tasmania Health Needs Assessment 2022–23 to 2024–25*. Primary Health Tasmania. 2022. [Health in Tasmania \(primaryhealthtas.com.au\)](https://www.primaryhealthtas.com.au)

⁷ *Rate of poverty by location in 2019-20, and change in poverty*. Australian Council of Social Service. 2020. [Poverty and Inequality \(acoss.org.au\)](https://www.acoss.org.au)

⁸ *RACP Indigenous Child Health Position Statement*. Royal Australasian College of Physicians. 2020.

⁹ Roach, P. and McMillan, F. *Reconciliation and Indigenous self-determination in health research: A call to action*. PLOS Glob Public Health 2(9). 2022. [<Reconciliation and Indigenous self-determination in health research: A call to action | PLOS Global Public Health>](#)

¹⁰ [Tasmania: Aboriginal and Torres Strait Islander population summary](#), 1/7/2022.

¹¹ For more detail please see the RACP's [Medical Specialist Access Framework](#), a principles-based guide to improving specialist access for First Nations people.

We also suggest that reference to “bed block” in the Long-Term Plan is replaced by the less prejudicial phrase ‘delayed transfer of care’.

The needs of priority population groups should also be prioritised in the Long-Term Plan

Older people, people living with disability, including intellectual disabilities, and refugee and asylum seekers face many barriers and health challenges. The Long-Term Plan must address the health needs of these priority population groups living in Tasmania. Their health needs must be embedded across all the six priorities and enablers for action in the Long-Term Health Plan with clear actions identified.

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).¹² This, combined with higher rates of chronic disease and co-morbidities,¹³ has significant implications for health and aged care services across the state.¹⁴

People living with a disability

While the majority of Tasmanians aged 65 years and older live in Hobart and Launceston, the highest proportion of people living in rural and remote areas along the East Coast and Flinders Island are aged 65 years or over.¹⁵ Older people living in rural and remote areas in Tasmania need access to health and specialist care services to meet their health needs.¹⁶

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

Refugee and asylum seekers

Refugees and asylum seekers in Tasmania have unique and complex health needs that require specific and comprehensive healthcare attention.¹⁹ Their healthcare needs are often compounded by barriers including language and cultural differences, financial barriers, institutional discrimination and restricted use of health services. Refugees and asylum seekers need equitable access to healthcare services that are culturally appropriate.

The Long-Term Plan should also outline how the Tasmanian Government will work with the Federal Government to address the health needs of all these priority population groups.

¹² *Health system: Effectiveness. Potentially avoidable deaths. Potentially avoidable deaths, age-standardised rate (per 100,000 population)*. Australia Institute of Health and Welfare. 2022.

¹³ *Ibid.*

¹⁴ *Regional population by age and sex. Statistics about the population by age and sex for Australia's capital cities and regions. Tasmania*. Australian Bureau of Statistics. 2021.

¹⁵ *Census Geo Packages*. Australian Bureau of Statistics. 2021.

¹⁶ Royal Australian and New Zealand College of Psychiatrists. *Relationships between Old Age Psychiatry and Geriatric Medicine*. 2022. [<Relationships between old age psychiatry and geriatric medicine | RANZCP>](#)

¹⁷ Australian Bureau of Statistics. *Disability, Ageing and Carers, Australia: Summary of Findings*. 2018.

¹⁸ *People with an Intellectual Disability in the NDIS*. National Disability Insurance Agency. 2019. [<PB People with an intellectual disability in the NDIS 31 December 2019 PDF.pdf>](#)

¹⁹ *Refugee and Asylum Seeker Health position Statement*. Royal Australasian College of Physicians. 2015. [<refugee-and-asylum-seeker-health-position-statement.pdf \(racp.edu.au\)>](#)

The Long-Term Plan should identify clear actions to boost health reform and innovation

The focus in the Long-Term Plan on reducing low value care is welcome. We support changes to models of care when they result in improvements to patient outcomes and experiences, and when they are developed with appropriate physician input and leadership. The challenge is to balance the need to deliver better value care while simultaneously supporting and promoting the ability of physicians and junior doctors to deliver it.

The RACP is leading the way with reforms like [Evolve](#), our flagship initiative to drive high-value, high-quality care in Australia and Aotearoa New Zealand, to ensure patients receive care that is proven to be necessary, safe, and effective. Evolve is physician-designed and led and aims to reduce low-value care by supporting innovation in clinical care, better decision making, and better use of resources.

The Long-Term Plan should reflect the principles outlined in Evolve and identify specific strategies to encourage healthcare innovation. The Long-Term Plan should also include a focus on the development of patient resources, quality improvement initiatives, change management strategies, and translational research across the health sector. This will maximise ongoing and effective use of health resources, promote clinical innovation and quality improvement, shared decision making, and improve clinical culture and patient outcomes.

The Long-Term Plan should include clear actions to support patients with complex health needs to access appropriate healthcare

Integrated service delivery structures are needed to better support accessible, patient-centred health services offered closer to home for patients with complex care needs and for diverse populations. The Long-Term Plan should outline clear actions to:

- support physicians/paediatricians to undertake their role in informing, planning, and contributing to care for patients with chronic, complex, and multiple healthcare needs,
- support physicians/paediatricians to work in community-based ambulatory care settings (both physically and virtually).

Chronic conditions often require care through the primary, secondary, and tertiary sectors. Without appropriate expert complex care, delayed or uncoordinated treatment of people with multimorbidity can lead to preventable unplanned, reactive hospital admissions due to exacerbations of one or more of their conditions. One of the key elements for this patient group is physician expertise.

The Long-Term Plan should also take note of contributions to health reform such as the RACP's [Model of Chronic Care Management](#) for people with co-morbidities at an 'intermediate' level of care which makes multidisciplinary team care more accessible and patient-centred.

The Long-Term Plan should clearly outline how it will increase the health workforce including specialists

Tasmania has experienced long-standing issues with workforce shortages, particularly in the north and north-west areas of the state. Maldistribution, difficulties with retention and recruitment, and inadequate access to and availability of healthcare services remain challenging.

The Long-Term Plan must outline a clear plan to incentivise physicians and trainees to work and train in Tasmania, particularly in rural and regional Tasmania. Clear targets and milestones should be identified.

While digital technologies such as telehealth assist Tasmanians across the state, this does not replace in-person specialist care needed in rural and regional Tasmania or the episodes of care that can only be provided in person. Digital services can be a vital means of accessing primary and specialist care, but digital-only access to primary care can risk fragmenting it if patients never have the same medical practitioner twice and do not have accurate electronic records. Regardless of telehealth availability or expansion, there needs to

be an increase of speciality care located in, and accessible from, rural and regional Tasmania.²⁰ Patient transport services can also support better access to some specialist services.

It is well known that there are very long waiting lists to access some specialist services in Tasmania. Long waitlists for paediatric services in Tasmania are frustrating for families and paediatricians alike, but there are long waitlists for other specialties too, and some RACP-trained specialties are simply no longer available within the Tasmanian public system (e.g. occupational and environmental physicians). For those who seek private physicians and paediatricians, out-of-pocket costs are incurred. Community child health services should be expanded to increase the availability of public paediatric services to maximise access, through increased resourcing of paediatric registrar positions. Accrediting private settings for training could be explored. Such exploration should be in collaboration with the RACP and other stakeholders.

We note that greater clarity around the method and statistical validity of approaches for measuring waiting times and community need are also crucial to assessing workforce shortages. The RACP could support Government in the design of community burden of disease measurement approaches. This information is instructive for forecasting future specialist workforce demand.

Decisions regarding the procurement and implementation of the Tasmanian Electronic Medical Record should involve specialists to ensure the systems are fit for purpose – in particular supporting interoperability between digital platforms and rapid information sharing for safe, timely, effective patient centred care. Our experience with digital health and electronic medical record projects is that they are most effective and useful when designed in a way that is cognisant both of physicians' clinical workflow and clinical decision-making and leadership roles.

Meeting clinical service needs is only part of the role performed by paediatricians. We strongly encourage robust mechanisms for supporting (and protecting time for) research, education, training, administration, and mentoring.²¹ This is especially important to support an increase in paediatric training positions –trainees would need sustained supervision, training, and support in order to succeed.

The Long-Term Plan should identify strategies to improve physician wellbeing and the wellbeing of trainees.

Doctors' health and wellbeing is a key priority of the RACP. We are mindful that parts of the existing Tasmanian physician workforce are already burdened by current workload. We also observe that burnout is an acute problem with critical consequences. We note that Tasmanian trainees within the RACP are simultaneously engaged in postgraduate specialist medical training and work in accredited training locations throughout the state's health system, and that this often brings unique stressors and pressures.

Senior specialists are often consumed with clinical duties and supervision, impeding their ability to undertake ongoing professional development and conduct research. These factors have contributed to significant burnout throughout the physician workforce, including in Tasmania.

Burnout has been fuelled by a lack of appropriate or accessible resources, workforce shortages, and increased workload. This has been felt most acutely in the north and north-west sections of the state. Greater challenges in the regions have led to high staff turnover and greater reliance on locum doctors.²²

The [RACP Tasmanian Election Statement 2021](#) identifies workforce shortages as a key priority for the Tasmanian healthcare system and recognises the importance of fostering a culture of wellbeing for physicians and trainee physicians.

²⁰ The RACP's [Telehealth Guidelines and Practical Tips](#) addresses this point (page 7): "Specialists should aim to provide telehealth services according to usual referral lines, which are traditionally based on the nearest available specialist. Telehealth does enable a specialist at a greater distance to help provide services to a region where specialists may be overloaded (such as where there are workforce shortages). It is most important that the provision of specialist care via telehealth does not undermine the role of the regional physician and, in turn, impede recruitment and retention of specialists to regional centres."

²¹ For detail, please see the RACP's [Framework for Educational Leadership and Supervision](#), and [Basic Training Accreditation Requirements for Paediatric & Child Health](#).

²² Report on Rural Health Services in Tasmania. Legislative Council Government Administration Committee "A". Pg. 157. 2022. Parliament of Tasmania.

Any changes to workforce models or strategies should be informed by, and be consistent with, the National Medical Workforce Strategy, which has been endorsed by the nation's health ministers and the RACP.

Action 6.4 – *Valuing and Supporting our Workforce* in the Long-Term Plan should more clearly address work-life balance, flexibility, workload, burnout and physician wellbeing. The Long-Term Plan should explore pathways for developing medical leadership and management skills and facilitating their deployment throughout health service structures. Attraction and retention strategies should be developed in conjunction with physicians. These should be evidence based and should focus on the professional and social dimensions of retention. The [draft RACP Regional, Rural, and Remote Physician Workforce Strategy](#) may be useful in this regard. We will provide a copy of the final Strategy to the Department of Health when it is completed later in 2023.

Conclusion

The Long-Term Plan for Healthcare in Tasmania 2040 Exposure Draft is an opportunity to improve the health and wellbeing of all Tasmanians by improving the provision of healthcare across Tasmania and the physician workforce.

Thank you for the opportunity to provide feedback and we look forward to reviewing the final version. Should you require any further information about this submission, please contact Michael Carney, Senior Executive Officer, via tas@racp.edu.au.