

Implementation Plan 2025-2028

Long-Term Plan for Healthcare in Tasmania 2040

November 2025



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Shaping the Future of Healthcare in Tasmania

In June 2023, the Tasmanian Government launched the *Long-Term Plan for Healthcare in Tasmania 2040* (Long-Term Plan), setting a bold and forward-looking vision to shape the future of healthcare across Tasmania.

The Long-Term Plan provides a comprehensive, system-wide strategy to guide the delivery of health services, with the goal of building a sustainable, integrated, and person-centred health system that delivers the right care, in the right place, at the right time for all Tasmanians.

The Long-Term Plan is underpinned by the strategic ambitions outlined in *Advancing Tasmania's Health* and focuses on six key action areas to drive transformation across the health system:

- 1 A single, integrated state-wide system,
- 2 Providing the right care, in the right place, at the right time,
- 3 Governed with our partners to proactively meet demand,
- 4 Investing in our future to deliver sustainable and environmentally responsible services,
- 5 Enabled by digital technology and infrastructure, and
- 6 Delivered by a valued and supported workforce.

To support implementation of the Long-Term Plan, the *Implementation Plan 2023–2025* was released in June 2024. This first phase focused on actions with the greatest immediate impact, laying the groundwork for long-term reform.

Key achievements highlighted in the *Progress Report 2023-2024* and *Progress Report 2024-2025* include modernising infrastructure, expanding digital capabilities, and strengthening workforce support, enhancing the foundations for future success.

Building on these achievements, the *Implementation Plan 2025–2028* will drive the next phase of reform. We will focus on deepening service integration, driving innovation in care delivery, and embedding both environmental and business sustainability across the health system. This phase reinforces Tasmania's commitment to delivering modern, high-quality, and accessible healthcare that evolves with community needs.

Success depends on strong partnerships. Ongoing engagement with communities, clinicians, and our partners ensures that reforms are grounded in lived and living experience and clinical expertise. Through this shared commitment, Tasmania is positioning itself as a national leader in delivering future-ready healthcare.

Progress updates will be shared through the Department's website, social media and formal reporting, keeping Tasmanians informed and involved as we realise the vision of Tasmania's future healthcare.

Phased Implementation: Delivering Health System Reform Over Time

Given the long-term nature of the Plan, it has been staged over several years. Priority will be given to those actions that will give the greatest immediate effect to improving Tasmania's health outcomes.

To guide this process, we have adopted a phased implementation framework, which sequences actions across multiple phases. This approach ensures that initiatives are strategically timed, resourced, and aligned with evolving system needs.

Phase One (2023-2025) Improving service delivery now

Actions in Phase One address critical challenges and have allocated budgets and resources. Some are key deliverables, while others lay the groundwork for future phases and inform upcoming budget cycles.

Phase Two (2025-2028) Enhancing priority areas

Phase Two will be shaped by the current health landscape. This phase involves developing new capabilities and resources to improve care quality across Tasmania.

Future Phases (2028-2040) Sustainability for the future

Future Phases will focus on long-term innovation, continuous improvement, and system-wide sustainability. It includes major infrastructure projects, digital transformation, workforce development, and sustainable service delivery.

This framework ensures that each phase builds on and learns from the last, embedding reform into a resilient and future-ready health system.



Phase One Achievements 2023-2025

Phase One established the groundwork for transformation, with key advancements in system capacity, infrastructure modernisation, digital capability, and state-wide access to care.

A snapshot is included below. For more information, please see the *Progress Report 2023-2024* and *Progress Report 2024-2025*.



Infrastructure and Masterplanning

Over \$789M invested in capital works, including NW Hospitals Masterplan, major hospital upgrades, new ambulance stations, and the LGH rooftop helipad



Virtual and Community-Based Care

Care@home services supported 50,000+ Tasmanians; state-wide virtual care links District Hospitals to specialist services; Rapid Access launched



Digital Transformation

Digital Health Transformation Program launched; state-wide eReferrals, rural hospital DMR rollout, and pharmacy authentication technology delivered



Primary and Urgent Care

Five Medicare Urgent Care Clinics treated 137,000+ presentations; community paramedics and alternate pathways improved response and reduced pressure



Workforce Development

Health Workforce 2040 supported 540+ scholarships, relocation incentives, rural training expansion; Nurse Practitioner and Midwifery strategies underway



Elective Surgery and Outpatient Services

Record elective surgeries and endoscopies delivered; new Outpatient Central Services and state-wide referral criteria improved access and coordination



Preventive Health and Wellbeing

\$7.6M awarded via Healthy Tasmania Fund; *Suicide Prevention Strategy 2023-2027* and Alcohol & Drug Sector Reform Agenda implementation underway



Rural and Regional Health

Tasmanian Rural and Remote Clinical Network established; rural access improved via Access to Health Services and GP sustainability grants



Patient Access and Flow

Hospital in the Home expanded state-wide; Criterion Led Discharge implemented to support safe, timely patient transitions home



Mental Health Reform

New services include NW Youth Mental Health Hospital in the Home, state-wide Mental Health Emergency Response, and planning for Devonport Mental Health Hub

Better Care For You

Over the next three years, we will work to make sure healthcare is more connected, responsive, and person-centred so Tasmanians receive the right care, in the right place, at the right time.

Here's what it means for you:

1. Safer and more inclusive care for children and families

Children, young people, and families will feel safe, heard, and supported through expanded paediatric services, parenting programs, dedicated child-safe zones, and stronger safeguarding practices across all health services.

2. Faster access to safe, person-centred care

You'll experience quicker access to surgery and specialist care, improved women's health services, safer medication and transport systems, and smoother transitions between hospital and aged care, delivering more personalised, high-quality care.

3. More care in your community and at home

You'll be able to access timely, high-quality care closer to home through new urgent care clinics, virtual services, and home-based care, reducing hospital visits and making it easier to manage your health locally.

4. Stronger mental health and wellbeing support

You'll have better access to compassionate, evidenced and community-based mental health and alcohol and drug services, with tailored support for children, youth, older adults, and families, so help is available when and where you need it.

5. A health system that's built to last

You'll benefit from more inclusive and culturally respectful care, stronger prevention and early detection, clearer health information, and a system that listens to your voice, uses resources wisely, and is committed to environmental sustainability.

6. Access to the latest treatments and research

You'll gain faster access to cutting-edge treatments and technologies, with Tasmania investing in research, genomics, and clinical trials, bringing innovation into everyday care and improving health outcomes.



Transforming Healthcare

The *DoH Strategic Priorities for 2024-2028* reflect a shared commitment across the Department to deliver world-class, innovative, and integrated health and wellbeing services for all Tasmanians.

The six strategic priorities are:

1. Strengthening child safeguarding across our health services
2. Providing high quality and safe patient-centred care
3. Reforming the delivery of care in our community
4. Enhancing our mental health and wellbeing services
5. Building a sustainable health service for our future
6. Conducting innovative and impactful research

The priorities provide a clear and unified framework for guiding Tasmania's health system transformation.

They are the foundation for action, shaping how we implement initiatives and allocate resources over the next phase of implementing the Long-Term Plan from 2025-2028.

Underpinning these priorities are our enablers for action from the Long-Term Plan:

- Leveraging digital technology to enhance the experience of patients and health professionals

- Investing in infrastructure to support improved models of care, services and people
- Building a valued, skilled and supported workforce

These enablers ensure our health system is equipped to foster innovation, adaptability, and sustainability.

Supporting these enablers are our strategic foundations that shape how we lead and deliver change:

- Leadership, culture, and governance that supports change
- A responsive, skilled, and valued workforce where our people feel supported
- Supporting innovation and adaptability to deliver change

These strategic foundations are underpinned by our CARE Values; Compassion, Accountability, Respect and Excellence, which guide how we work together and deliver care across the health system. These values shape everyday interactions, inform leadership behaviours, and support a culture where staff feel safe, respected and empowered to contribute to better outcomes for all Tasmanians.

Together, the strategic priorities and enablers provide a roadmap for the Department's work over the next three years, ensuring that each initiative contributes meaningfully to a healthier Tasmania.



STRENGTHENING CHILD SAFEGUARDING ACROSS OUR HEALTH SERVICES

We are committed to building a health system where children and young people feel safe, are heard, and are protected from harm. We will implement a comprehensive suite of initiatives that not only embed child safeguarding across all health services, but also enhance the quality, accessibility, and responsiveness of care for children, young people, and their families.

A key milestone in this journey is the development and implementation of the *Child Safeguarding Reforms and Recommendations Policy Framework 2024-2029*. This Framework responds to Recommendation 15.1 of the *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings*. It outlines the child safety reviews and reforms we have undertaken, and continue to progress, and reinforces our commitment to working collaboratively across agencies to deliver the Commission's recommendations.

The Child Safety and Wellbeing Framework sets out our approach to implementing the *Tasmanian Child and Youth Safe Standards* across health services.

It is supported by a Child Safety and Wellbeing Policy outlining the professional and legal responsibilities, including mandatory requirements for all Department of Health workers that contribute to a child safe culture.

To oversee this work, we have established the Child Safety and Wellbeing Service alongside mechanisms like the Children and Young People Advisory Group, supported by strengthened reporting processes and increased professional development opportunities for all workers.

These reforms are complemented by broader strategic actions, like expanding paediatric and mental health services, strengthening early intervention pathways, and supporting parents and caregivers, that collectively foster a safe, inclusive, and developmentally responsive health system.

We are committed to working collaboratively across sectors to promote the safety and wellbeing of children and young people. This collective approach ensures Tasmania's health system is safe, inclusive, and responsive to meet the needs of children and young people now and into the future.



Long-Term Plan Action	Strengthening child safeguarding across our health services
1.3.1 2.4.9	Develop a state-wide plan to improve access to hospital-focused paediatric services and meet current and future health needs of children, young people and their families
1.4.2 2.4.8 2.4.9	Deliver the Intensive Residential Parenting Unit (IRPU) in Hobart, including the development of a Model of Care, providing residential admission for parenting support
1.4.2 2.4.8 2.4.9	Collaborate with Tresillian Family Care to deliver a new Residential Parenting Unit operating from the Launceston Health Hub, offering support for parents with children aged from newborn to three years facing significant parenting challenges
2.4.8 2.4.9	Strengthen developmental screening processes and parental support to ensure timely access to early intervention and care for Tasmanian families, including initiating the Child Health Assessment under the <i>Lifting Literacy Implementation Plan</i>
2.4.2 2.4.9	Reform the delivery of Children and Young People Services in the community by promoting diversity and inclusion through awareness and engagement, with a focus on LGBTIQ+ inclusion via Rainbow accreditation and ensuring welcoming, accessible physical spaces for all
2.4.10	Expand the Emergency Department (ED) at the Royal Hobart Hospital (RHH) to include a dedicated paediatric zone and enhance the Launceston General Hospital (LGH) with the establishment of designated Child Safe Zones
2.4.10	Commence planning for a 12-bed, purpose-built Child and Adolescent Mental Health Inpatient Unit and Day Facility at St John's Park, in response to the Commission of Inquiry Report, to enhance state-wide mental health services and provide targeted in-reach support for youth in detention and post detention assertive case management
2.4.10	Develop an action and evaluation plan to support implementation and measure the effectiveness of the <i>DoH Child Safety and Wellbeing Framework</i> in embedding the Tasmanian Child and Youth Safe Standards across the organisation
2.4.10	Develop an engagement toolkit and supporting resources for health service areas and strengthen participation and feedback from children and young people, with a focus on diverse groups
2.4.10	Develop, implement, and evaluate the <i>Mandatory Reporting of Child Safety and Wellbeing Concerns Protocol</i> , to improve staff compliance with child safety reporting obligations
2.4.10	Develop a sustainable training model to support the ongoing delivery of child safeguarding training across the DoH
2.4.10	Develop a theme summary report to share child safeguarding safety reporting and learning system (SRLS) analysis, identification of lessons learned, and work undertaken to support systemic change within the DoH

PROVIDING HIGH QUALITY AND SAFE PATIENT CENTRED CARE

Delivering high quality, safe, and person-centred care is at the core of Tasmania's vision for a world-class, innovative, and integrated health system. We are rolling out a range of initiatives to make sure every Tasmanian gets the right care, in the right place, at the right time so that care is not just clinically effective, but also respectful of each person's needs, preferences and values.

Our approach is guided by the principles of equity, collaboration, and evidence-based practice, and is designed to meet the changing needs of Tasmania's growing and ageing population. The initiatives in this section focus on strengthening subacute care, improving health services in rural areas, and making prevention and early intervention a

bigger part of our health system.

Key programs will include better outpatient and intermediate care models, planning services that are tailored to local communities and targeted strategies to improve access and outcomes for priority populations. These efforts will be supported by digital transformation, workforce innovation, and strategic partnerships with consumers, clinicians, and community organisations.

Together, these actions will help create a more responsive, integrated, and person-centred health system, one that places Tasmanians at the centre of their care journey and delivers better health outcomes for everyone.



Long-Term Plan Action	Providing high quality and safe patient centred care
1.2.1	Review and update the Tasmanian Role Delineation Framework (TRDF) and regional Clinical Services Profiles (CSP) to ensure contemporary, fit-for-purpose planning tools to define the clinical activities delivered at each facility to support critical clinical service planning, infrastructure development and workforce planning
1.3.1 1.3.2	Develop and implement service strategies to improve patient care and outcomes, through the implementation of the <i>Tasmanian Cardiac Strategy and Action Plan for Tasmanian Cardiac Services 2025-2027</i>
1.3.2 4.2.1 4.2.2	Deliver comprehensive women's health initiatives by supporting access to IVF and fertility treatments, expanding specialist services in Northern Tasmania through The Bubble clinic and enhancing endometriosis care to improve access to healthcare for women across the State
1.3.3	Implement Years 1, 2, and 3 of the <i>Elective Surgery Four-Year Plan 2025-2029</i> to continue the delivery of timely, high-quality surgical care for the Tasmanian community
1.3.3	Implement the <i>Statewide Endoscopy Plan 2023-27</i> delivering more endoscopies and seeing more people within clinically appropriate times, and enhancing services to meet future demand
1.3.3	Implement a conscious sedation program, led by Dentists in the North, to reduce demand for dental surgery under a general anaesthetic in a hospital setting, improving access to theatre sessions for other urgent cases
1.5.1	Implement integrated patient flow initiatives such as direct admission pathways, criteria-led discharge and ED transfer improvements to deliver coordinated, patient-centric care
1.5.1	Strengthen safe and sustainable hospital pharmaceutical services to improve medication delivery and patient flow and enhance personalised care
1.5.3	Enhance Tasmania's patient transport system by delivering new ambulance vehicles, supporting community and non-emergency patient transport options, and develop an online application system for the Patient Travel Assistance Scheme (PTAS) to improve access, efficiency, and emergency response across the State
1.6.1 1.6.2 1.6.5	Work with the Australian Government to implement reforms associated with the <i>Aged Care Act 2024</i> and through the Strengthening Medicare Budget Allocation to help older Tasmanians access appropriate care and support after hospital stays through specialist residential respite care, hospital liaison officers and virtual outreach services
1.6.3	Deliver virtual reality dementia care training (D-Esc) to Tasmanian Health Service staff to improve patient safety, reduce behavioural emergencies, and enhance support for carers and families
1.7.1	Partner with Private Hospital Providers to increase timely access and to improve the sustainability of health services available in Tasmania, for example through arrangements to support increased access to elective surgery and the transition of Southern Tasmania Maternity Services
2.4.3 3.3.2	Develop a 10-year Tasmanian Cancer Strategy to reduce the impact of cancer, address disparities, and improve outcomes across the full continuum of care, informed by comprehensive analysis and aligned with the <i>Australian Cancer Plan 2023-2033</i>

REFORMING THE DELIVERY OF CARE IN OUR COMMUNITY

Tasmania's health system is changing to make sure people can get care closer to where they live, whether that's at home, in their community, or at a local health setting. Instead of always needing to travel to a hospital or stay in a hospital bed, new models of care will bring services to people in their own homes, aged care facilities, supported accommodation, or other community settings.

We will be rolling out reforms to shift the focus from hospital-based care to more community-based, integrated care. This includes expanding virtual care and home-based services, strengthening rural health infrastructure, and planning services that reflect the unique needs of each community.

Key initiatives include setting up virtual care navigation, improving outpatient and intermediate care, and maximising the potential of District Hospitals and Community Health Centres to deliver integrated, locally tailored care.

By taking a place-based approach and investing in multidisciplinary teams – including professionals from hospitals, primary care, and community services – as well as using digital health technologies and new workforce models, we'll deliver care that's more responsive and centred around people's needs.

These changes will help Tasmanians manage their health locally, reduce unnecessary hospital stays, and improve health outcomes across the State.

This section outlines the key programs and strategies driving this reform, making sure Tasmanians receive timely, high-quality care in the most appropriate setting to support healthier communities and a more sustainable health system.



Long-Term Plan Action	Reforming the delivery of care in our community
1.1.1 1.7.2	Release the Tasmanian Primary Healthcare Strategy and Action Plan in response to <i>Australia's Primary Health Care 10 Year Plan</i> to improve communication and information sharing between community and acute services, expand new workforce roles to improve community capacity, and strengthen integrated community-based service delivery models, such as intermediate care
1.1.3	Support the delivery of the new Legana Health Hub, and open five new GP bulk-billing clinics to expand local access to affordable, timely primary care and diagnostic services across Tasmania and ease ED pressure
1.1.4 2.2.3	Implement the <i>Transforming Outpatient Service Four-Year Strategy 2022-26</i> to ensure Tasmanians have access to quality specialist outpatient services, at the right time, in the right setting, by highly skilled health practitioners and staff and enabled by digital technology and virtual care.
1.1.6	Partner with key stakeholders to develop a Tasmanian Chronic Conditions Strategy that strengthens community-based care, reduces hospitalisations, and delivers coordinated support for people living with complex and multiple chronic conditions
1.5.2 2.2.1	Expand and enhance Care@home as a centralised virtual care navigation hub and single point of access for health information, referral, and navigation and offering acute monitoring, chronic disease management, and GP support
1.6.4	Collaborate with national and local stakeholders to enhance health and wellbeing outcomes for older Tasmanians by strengthening residential and community-based aged care services and reducing avoidable hospitalisations
2.2.1 2.2.2 6.5.5	Progress the integration of a Virtual Emergency Department (Virtual ED) model which will support health professionals, paramedics, nurses and GPs with access to an Emergency Medicine Specialist, to enhance virtual emergency care access
2.2.2	Expand the Hospital in the Home programs across Tasmania to deliver safe, hospital-level care in patients' homes, with a strong focus on integration of intermediate care services to enable a consistent state-wide approach to implementation and operationalisation of Hospital in the Home models of care
2.2.2 1.4.1	Enhance hospital avoidance pathways through enabling paramedics to refer patients via secondary triage and mental health emergency responses for safe remote monitoring and management in the community
2.3.1 2.3.4	Advance rural health service planning across Tasmania by implementing the Access to Health Services Project (A2HS), optimising service models through place-based planning to inform the District Hospitals and Community Health Centres masterplanning, and supporting workforce sustainability through targeted incentives such as the SEM pathway and rural general practitioner settlement incentive
6.1.1.	Explore a Tasmanian Public Homebirth Program to expand birthing options for women and support midwives to work in models where their full scope of practice is supported
6.5.6	Expand the scope and accessibility of community pharmacy services by investing in Pharmacist training to treat additional common conditions like ear infections and reflux and supporting extended operating hours to improve timely care, reduce pressure on GPs and EDs and enhance health outcomes

ENHANCING OUR MENTAL HEALTH AND WELLBEING SERVICES

Mental health and wellbeing are essential for the overall health of every Tasmanian. Over the next three years, we will deliver a range of initiatives to strengthen mental health and alcohol and other drug (AOD) services across the State. These efforts are guided by key strategies like *Tasmanian Suicide Prevention Strategy 2023–2027*, *Reform Agenda for the Alcohol and Other Drug Sector in Tasmania*, *Tasmanian Drug Strategy 2024-2029* and the development of a new mental health plan.

Our focus is on building a more integrated, person-centred system that makes it easier for people to get the right support, in the right place, when they need it. This includes expanding community-based mental health services and improving crisis response so people don't have to rely on emergency departments.

We are also working to make sure mental health and AOD services are better connected, so people with complex needs get seamless care. Importantly, we're embedding lived experience into how services are designed and delivered, recognising the value of peer support in recovery and wellbeing.

Through workforce development, digital innovation, and working closely with other sectors, we're creating a mental health system that's more compassionate, connected, and responsive.

This section outlines key programs and reforms that will be implemented to enhance mental health and wellbeing services, ensuring that all Tasmanians can access the support they need to live well.



Long-Term Plan Action	Enhancing our mental health and wellbeing services
1.4.1	Develop the next mental health plan for Tasmania, to build on existing reforms to improve integration, access, early intervention, and community-based mental health support
1.4.1 2.1.2	Establish the Tasmanian Eating Disorder Service with a state-wide community-based treatment program and a 12-bed residential facility at St John's Park to deliver integrated, specialist care and support recovery for Tasmanians with eating disorders
1.4.1	Plan for a 40-bed Older Persons Mental Health Facility as Stage 2 of the St John's Park Health and Wellbeing Precinct to deliver contemporary care for older Tasmanians with mental illness and complex dementia
1.4.1	In partnership with the Australian Government, through the Mental Health and Suicide Prevention Bilateral Agreement, pilot Medicare Mental Health Kids (formerly H2HKids) at Bridgewater/Jordan River, East Tamar, and Burnie to deliver integrated mental health assessment and intervention support for children 0-12 years and their families
1.4.1	Strengthen and expand the state-wide Child and Youth Mental Health Service (CYMHS) across programs like Youth Mental Health, Out of Home Care, and Youth Forensic Mental Health, to ensure tailored, trauma-informed, and multidisciplinary support for children and young people with complex mental health needs
1.4.1	Enhance hospital avoidance and after-hours mental health support for children and young people by expanding CYMHS consultation and liaison services in emergency departments, increasing after-hours response capacity, and the Youth Hospital in the Home pilot to deliver inpatient-equivalent care in community settings
1.4.2	Establish a new Mental Health Hub in Devonport to deliver a Safe Haven for crisis support, a Recovery College for mental health and recovery education, and an Integration Hub to connect community organisations and enhance services across the North West
1.4.3	Support the 10-year Alcohol and Drug Reform to increase access to alcohol and drug treatment services across Tasmania and reduce the harms associated with the use of alcohol, tobacco and other drugs, including the lived-experience advocate program
1.4.3	Implement Years 2, 3, and 4 of the <i>Tasmanian Drug Strategy 2024-2029</i> to guide collaborative action to prevent and reduce the health, economic, and social costs of alcohol, tobacco and other drugs use
1.4.3	Implement the <i>Tobacco Action Plan 2022-2026</i> to reduce the prevalence of smoking and the harm it causes, including a smoking prevention package for young people, action on e-cigarettes and expanded smoke free environments
1.4.4	Implement the <i>Tasmanian Suicide Prevention Strategy 2023-27</i> , to support a compassionate and connected community that works together to prevent suicide and suicide attempts and improve the wellbeing of Tasmanians
2.4.8	Develop a contemporary Tasmanian Promotion, Prevention and Early Intervention Framework for mental health and alcohol and other drugs
6.2.1	Implement the <i>One Health Culture Program Strategy 2022-2027</i> to foster a safe, inclusive, and supportive workplace staff, through initiatives such as critical incident response protocols, wellbeing programs, and diversity and inclusion frameworks

BUILDING A SUSTAINABLE HEALTH SERVICE FOR OUR FUTURE

Tasmania's health system is evolving to meet the changing needs of our communities. We are committed to creating a system that is financially, environmentally, and operationally sustainable that delivers real benefits for patients while making the best use of our resources. In an environment of increasing demand, we must take a strategic, values-based approach to how we plan, fund, and deliver care.

Financial sustainability is central to this. We are focused on improving how we allocate resources across the system to ensure long-term viability and better outcomes for Tasmanians. This includes aligning purchasing decisions with strategic priorities, advocating for fairer national funding arrangements, and investing in programs that deliver value and reduce future demand.

Workforce sustainability is also an opportunity to focus on utilising the clinical workforce we already have more efficiently.

This includes enabling clinicians to work to their full and extended scope of practice and improving distribution across regions.

At the same time, we are responding to the growing impacts of climate change, and the effect of these on health and service delivery.

Our approach also prioritises equity and inclusion. We are strengthening care for Aboriginal communities, people with disability, LGBTIQ+ Tasmanians, and those living in rural and remote areas. We are improving health literacy, expanding preventive health efforts, and embedding consumer and clinical voices in decision-making to ensure services reflect the needs and experiences of the people they serve.

Together, these efforts will ensure Tasmania's health system remains responsive, effective, and sustainable.



Long-Term Plan Action	Building a sustainable health service for our future
1.6.5	Implement the first three years of the <i>Disability Health Strategy 2025</i> to ensure all Tasmanians can access healthcare which is suited to their individual needs
1.7.2 2.4.2	Improve outcomes for Aboriginal Health through leading the implementation of commitments under Tasmania's <i>Closing the Gap Plan 2025-2028</i> and the <i>Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan</i>
2.4.1 2.4.4 2.4.5 2.4.6	Develop and release a whole-of-system, <i>20-Year Preventive Health Strategy</i> for Tasmania, including a corresponding implementation plan, that strengthens all levels of prevention, primordial, primary, secondary, and tertiary care, with a strong focus on preventing health problems before they occur and detecting them early to ensure every Tasmanian can live a healthy life
2.4.2 2.4.7	Develop and release the <i>Tasmanian Health Literacy Action Plan 2026-2030</i> , and implement Years One and Two to improve community awareness, build health-literate organisations, strengthen the capability of the health workforce, and foster partnerships that drive better health outcomes across Tasmania
2.4.3	Optimise the implementation of the National Lung Cancer Screening Program (NLCSP) across Tasmania by promoting access to low-dose CT screening for eligible high-risk individuals, enabling early detection and improving lung cancer outcomes state-wide
3.2.1	Strengthen consumer and community engagement across a range of activities to embed the consumer voice across planning and governance, guided by a new agency-wide framework and backed by a whole-of-agency remuneration guideline to recognise the contributions from individuals with lived and living experience outside paid roles
3.3.1 3.3.2 3.3.3 3.3.4	Strengthen clinical engagement by supporting state-wide forums such as the Clinical Networks, the Tasmanian Health Senate, and the Health Leadership Forum, acknowledging the expertise and leadership of clinicians who contribute beyond their formal roles
4.1.1	Lead the negotiation of the next <i>National Health Reform Agreement</i> and advocate for fairer funding for Tasmania to support high-quality, sustainable health services
3.1.1 4.1.1	Develop a four-year Statement of Purchasing Intent to align purchasing intentions with long-term strategy
4.3.1 4.3.2 4.3.3	Drive environmental sustainability across Tasmania's health system by implementing coordinated initiatives under the oversight of the DoH Environmental Sustainability Committee, progressing the Global Green and Healthy Hospitals (GGHH) goals, and supporting the Tasmanian Government's commitment to a net zero health service by 2030

CONDUCT INNOVATIVE AND IMPACTFUL RESEARCH

Innovation, research and translation are central to ensuring Tasmania's health system is ready for the future and meets the changing needs of our communities. We are committed to supporting research that leads to better health outcomes, helps our system run more smoothly and ensures we deliver high-value care.

We will work closely with leading research partners on priority areas like managing chronic diseases, improving care for people with complex needs, reducing low-value care, and evaluating how well our policies and service are working.

We will also expand our support for clinical trials, and research that turns discoveries into solutions, including the use of new technologies like genomics, artificial intelligence, and precision medicine. This means Tasmanians will have access to the latest treatments and research findings will be put into practice quickly.

This section outlines the steps we are taking to position Tasmania as a leader in health research and innovation, so our health system can keep evolving and deliver better care for everyone.



Long-Term Plan Action	Conduct innovative and impactful research
4.2.1	Develop and strengthen research infrastructure and clinical trial capability by investing in facilities, technologies, and systems that support health research across Tasmania, streamline governance, and promote the state as a destination for high-quality research
4.2.1	Recognise and promote research excellence by focusing on priority research areas and establishing mechanisms to celebrate achievements, drive innovation, and encourage continuous improvement across Tasmania's health research system
4.2.1	Enable and expand research collaboration and build a skilled workforce by fostering partnerships, developing training programs, and creating career pathways to strengthen research capacity and drive innovation across Tasmania, particularly in regional settings
4.2.1	Strengthen research governance and embed consumer, carer, and community involvement to ensure ethical, inclusive, and high-quality research that reflects the needs and priorities of Tasmanians
4.2.1	Strengthen access to linked health data to support impactful research, innovation and evidence-based health system improvements to understand trends, challenges and opportunities to inform service planning
4.2.2	Establish and operationalise the Centre for Impactful Research and Innovation (CIRI) through a phased implementation plan that builds governance, infrastructure, capacity, engagement, and sustainability to drive impactful health system innovation
4.2.2	In partnership with the Clifford Craig Foundation, complete and open the new Research and Innovation Centre to advance medical research and innovation excellence to benefit health services and patients in the North and North West
4.2.2	Establish and operate the Research Navigation Office (RNO) as a central support hub to guide researchers through ethics, governance, and resource access across the Tasmanian Health Service
4.2.2	Advance the implementation of the <i>Tasmanian Genomics Framework 2024-2029</i> to ensure all Tasmanians benefit from emerging genomics technologies and improvements in clinical care and public health

Enablers for Action

Our Strategic Priorities are supported by key enablers for action; leveraging digital technologies to improve the experience of patients and health professionals, investing in contemporary infrastructure that enables innovative models of care and service delivery, and fostering a valued, capable, and supported workforce.

These enablers ensure that the health system is equipped to support innovation, adaptability, and sustainability.

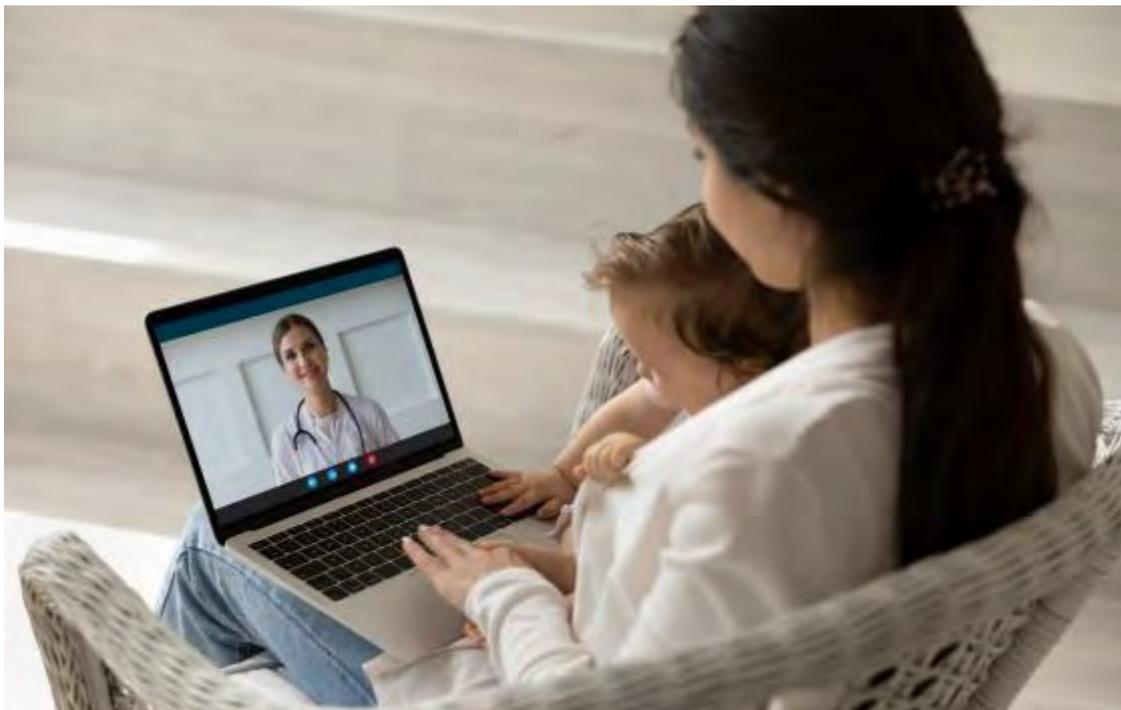
DIGITAL TECHNOLOGY

Tasmania's health system is on a path to become more connected and person-centred, and digital technology and innovation is playing a big part in this change. Over the next three years, we will fast-track the *Digital Health Transformation Program*, working together to re-design our health system so it meets the needs of all Tasmanians.

Digital technology will help us support the shift toward virtual and community-based models of care, make it easier for clinicians to make informed decisions, streamline the patient journey, and to provide people more control over their own health and wellbeing.

These efforts complement infrastructure and masterplanning, ensuring that digital and physical infrastructure grow together to meet Tasmania's future health needs.

By using digital solutions where they make sense, we can deliver safer, more connected, and more efficient care, whether that's in hospitals, clinics, or even at home.



Long-Term Plan Action	Enabled by digital technology
5.1.1	Implement a Statewide Electronic Medical Record (EMR) system to unify clinical workflows and patient information across Tasmania's health system
5.1.1	Upgrade Ambulance Tasmania's Electronic Patient Care Record (AePCR) system with a modern solution to improve handover processes and information sharing between paramedics, hospitals, and other care providers
5.1.1	Deliver infrastructure upgrades for the Wi-Fi Network and selected Mobile Duress solutions, including enhancements at key health sites to improve staff safety and operational efficiency
5.1.1	Rollout the Electronic Meal Management system to digitise meal ordering to ensure patients receive meals aligned with dietary needs, reducing errors and improving service quality & safety
5.1.1	Implement the Digital Solutions Design Governance Framework to ensure digital solutions used in hospitals and health services are co-designed with the right people, at the right time, and using the right information
5.1.1	Activate Rapid Access 'tap-on-tap-off' technology in major hospital pharmacies and emergency departments to save clinicians time and more effectively safeguard patient information
5.1.1	Expand and enhance ICT facilities to solidify the foundation of our digital health infrastructure, ensuring reliability, sustainability and security to meet the requirements of foreseeable digital solutions.

INFRASTRUCTURE AND MASTERPLANNING

Having modern, flexible, and well-located health facilities is key to making sure everyone in Tasmania can access high-quality, fair, and sustainable healthcare. We will continue to roll out our 20-Year Infrastructure Strategy, making sure capital investments match the needs of our health workforce, our communities and the goals set out in the *Long-Term Plan for Healthcare in Tasmania 2040*.

Over the next few years, there will be major upgrades and new redevelopments at our major hospitals, including the Royal Hobart Hospital (RHH), Launceston General Hospital (LGH), North West Regional Hospital (NWRH), and the Mersey Community Hospital (MCH).

We are creating new health precincts, like the St John's Park Health and Wellbeing Precinct to expand sub-acute and mental health capacity and support new ways of delivering care, particularly those that provide services closer to home and in community settings.

Masterplanning will also guide the best use of Tasmania's district hospitals and community health centres, so that people in rural and regional areas have access to facilities that meet their local needs.

Together, these infrastructure and planning initiatives will help us deliver care that is more connected, responsive, and resilient, supporting the broader transformation of Tasmania's health system.



Long-Term Plan Action	Enabled by infrastructure and masterplanning
5.2.1 2.3.3	Develop the 20 year Infrastructure Strategy for Tasmania and Masterplan for District Hospitals and Community Health Centres
5.2.1	Deliver a revised Southern Masterplan, including Stage 2 of the RHH Redevelopment to include an expanded and redesigned ED, second cardiology angiography suite and Pharmacy Redevelopment
5.2.1 1.3.4	Boost access to breast screening through new clinics at Glenorchy, Devonport, Kingston and Triabunna and through the completion of the Breast Care Centre in Hobart to improve access to public diagnostic breast imaging and mammography services
5.2.1	Deliver the Kingston Health Centre expansion to deliver more community health services for the growing region
5.2.1	Deliver new and expanded health services in the Huon Valley, including bulk-billed GP appointments, mental health services, and after-hours/weekend care
5.2.1	Plan for the delivery of Ambulance Station builds and upgrades at Bicheno, Longford, Legana, Snug, Cygnet and King Island to support regional areas and assist with community demand
5.2.1 2.1.1	Deliver a revised LGH Masterplan, including Stage 2 of the LGH Redevelopment to commence expanding the ED, build the Northern Mental Health Precinct and deliver a new multistorey car park
5.2.1	In partnership with the Australian Government, progress construction of the Northern Heart Centre to deliver a coronary care unit with inpatient cardiac and coronary care beds, two cardiac catheterisation (cath) labs, echocardiogram testing rooms, an exercise room and outpatient consulting rooms
5.2.1 2.1.1	In partnership with the Australian Government, deliver a dedicated hospice and hospice respite care facility located in the LGH precinct for people with life-limiting conditions and their families and carers
5.2.1	In partnership with the Australian Government, progress the redevelopment of the Kings Meadows Community Health Centre to expand access to renal services
5.2.1	Install a CT scanner at St Helens District Hospital to improve local diagnostic services
5.2.1 2.1.1	Deliver capital and infrastructure upgrades at the North West Regional Hospital (NWRH), through the North West Hospitals Masterplan, including upgrades to the ED and Ambulance Bay, upgrades to the acute care facility, and the new Mental Health Precinct
5.2.1	Deliver the Mersey Community Hospital Redevelopment, through the North West Hospitals Masterplan, including subacute services including a geriatric evaluation and management ward, cancer care and mortuary
5.2.1	In partnership with the Australian Government through the Aged Care Capital Assistance Program, deliver four new aged care bedrooms, new communal spaces, and support areas at the West Coast District Hospital and deliver eight new beds at the Midlands Multi-Purpose Centre in Oatlands.
5.2.2	Implement a dedicated Medical Equipment Asset Management System and a comprehensive Health Facility planning and delivery process to ensure efficient resource utilisation, strategic infrastructure development, and improved service delivery across Tasmania's health system

DELIVERED BY A VALUED AND SUPPORTED WORKFORCE

Tasmania's healthcare workforce is the foundation of a safe, high-quality, and person-centred health system. We are committed to supporting our workforce through implementing the *Workforce Sustainability Strategy and Plan 2025-2030* and building a skilled, flexible, and resilient workforce that is empowered to deliver care in new and evolving models.

We are working on a range of initiatives to make sure our staff feel valued and supported, especially in rural and remote areas. This includes helping staff work to their full scope and investing in leadership and workplace culture, to ensure people are equipped to meet the challenges of a changing health landscape.

We are modernising our models of care and redefining the healthcare team to ensure the best care is delivered by the most appropriate professional. Key initiatives include the expansion of multidisciplinary rural workforce pathways, enhanced roles for nurse practitioners and paramedics, and the integration of lived experience roles into mental health and alcohol and other drug services. We will also continue to reform employment frameworks to support innovation and flexibility, and to embed wellbeing, inclusion, and child safety into the culture of all health services.

Together, these efforts will help us deliver care that is not only clinically effective but also compassionate, culturally safe, and responsive to the diverse needs of Tasmanians for now and into the future.



Long-Term Plan Action	Delivered by a valued and supported workforce
6.1.1 6.2.4	Strengthen Tasmania's health workforce by implementing years one, two and three of the <i>Workforce Sustainability Strategy and Plan 2025-2030</i> and actively contributing to national workforce reforms like National Medical, Nursing, Maternity, and Allied Health Workforce Strategies through the Medical Workforce Advisory Collaboration
6.1.1	Implement years one, two and three of the <i>Midwifery Matters: Tasmanian Midwifery Workforce Strategy 2025-2030</i> to support and grow the midwifery profession, focusing on workforce and system design, including expanding midwifery education through the Graduate Diploma at UTAS
6.2.1 6.2.2	Foster a respectful, inclusive, and values-driven workplace that reflects community diversity and promotes staff wellbeing by delivering the <i>One Health Culture Strategy 2025-2027</i> , through cultural improvement initiatives, education and development, strengthened governance, and capability building for sustainable healthcare delivery
6.2.1 6.3.2	Strengthen talent acquisition by streamlining recruitment workflows, enhancing brand visibility, improving candidate experience, building strategic talent pipelines and developing clear workforce plans for infrastructure and time-limited projects
6.3.1 6.5.3 1.7.2	Strengthen rural and remote healthcare by expanding rural generalist pathways for medical and allied health professionals, incentivising GP settlement and deploying crisis support services through GP Now
6.3.3 6.5.7	Support the extension of non-clinical health roles by upskilling the assistant and technician workforce, for example enhancing oral health services through finalising the Oral Health Coach training model and implementing the Oral Health Therapist Pathway with clinical placements and supervision
6.3.4	Support health professionals to work to their full and extended scope of practice by removing barriers, enabling upskilling through competency development to improve clinical capacity and multidisciplinary care and actively engage in national reform implementation following the Scope of Practice Review to maximise workforce capacity
6.3.5	Embed lived experience roles across alcohol and other drugs, mental health, and suicide prevention services, supported by the Lived Experience Training Hub in collaboration with the Mental Health Council of Tasmania
6.4.1 6.4.2 6.4.3	Strengthen workforce planning and rural health access by modelling future needs, engaging stakeholders, assessing capability gaps, and expanding flexible workforce models and digital health solutions to enable multidisciplinary care
6.5.1 6.5.2	Introduce Paramedic Practitioner roles and enable prescribing of select medications, allowing more Tasmanians to receive timely treatment at home, reducing ambulance transfers and easing pressure on EDs
6.5.1 6.5.6	Improve access to timely ADHD care by enabling Tasmanian GPs to diagnose, treat, and manage ADHD for children and adults, supported by legislative reform, expanded prescribing pathways and coordination with specialist and pharmacy services
6.5.4	Implement years one, two and three of the <i>Nurse Practitioner Strategy 2025–2030</i> to grow and strengthen the nurse practitioner workforce through person-centred care models, succession planning, public awareness, and targeted support for Registered Nurses to upskill via scholarships and rural workforce incentives

Keeping the Plan on Track

As we enter Phase Two of implementing the *Long-Term Plan for Healthcare in Tasmania 2040*, we build on the strong foundations laid during 2023-2025. The work completed in Phase One has positioned us to move forward with greater clarity, coordination, and confidence.

A strategic management approach will continue to guide our efforts. This approach ensures that all activities are well-governed, risks are managed, and resources are used effectively to deliver meaningful outcomes for Tasmanians.

We will do this through:

Smart Resource Management

We'll support dynamic resource allocation and capacity planning by analysing availability, skills, and workload. This helps ensure projects are well-staffed and sustainable.

Clear Prioritisation

Projects will be assessed based on how well they align with our strategic goals. This helps us focus on what matters most and resolve competing priorities.

Staying on Track

We'll minimise scope creep by keeping projects focused on their goals, deliverables, and milestones, ensuring that every initiative delivers what it set out to achieve.

Driving Alignment

Regular reviews will ensure all projects remain aligned with the Long-Term Plan, contributing to a unified and coordinated health system transformation.

Reducing Risk

Risks will be identified and managed at the program level, with proactive strategies in place to monitor and respond to challenges across multiple projects.

Accountability and Oversight

Clear roles and responsibilities for leaders and stakeholders will support timely decision-making and issue resolution. Program oversight will ensure progress is tracked and outcomes are delivered.

Structured Change Management

We'll continue to engage stakeholders, listen to feedback, and build strong relationships. Transparent communication will help people understand the benefits of change and stay informed throughout the journey.

Progress will be monitored through regular reporting, stakeholder engagement, and performance tracking. Regular reviews will assess the effectiveness of our approach, allowing us to adapt and improve as needed. This ensures that every step we take contributes to a sustainable, person-centred health system for Tasmania.

Appendix 1: Long-Term Plan Actions

The Long-Term Plan describes the priority initiatives we will undertake to deliver the right care, in the right place, at the right time.

Table 1. Summary of Action Areas

Action Area	Priority Initiatives
1. A Single, Integrated, State-wide System	1.1 – Strengthening our relationship with primary care 1.2 – Continuing system role delineation 1.3 – Distributing services for quality and access 1.4 – Integrating Mental Health Services 1.5 – Improving how we use our service network 1.6 – Supporting the health of older Tasmanians and those living with a disability 1.7 – Working together to enhance care
2. Providing the Right Care, in the Right Place at the Right Time	2.1 – Addressing subacute care needs 2.2 – More care delivered in the home and community 2.3 – Optimising rural health services 2.4 – Strengthening prevention and early intervention
3. Governed with Our Partners to Proactively Meet Demand	3.1 – Planning in a commissioning environment 3.2 – Partnering with consumers and communities 3.3 – Partnering with clinicians
4. Investing in Our Future to Deliver Sustainable, Innovative and Environmentally Responsible Services	4.1 – Value-based healthcare 4.2 – Research and industry development 4.3 – Environmentally sustainable healthcare
5. Enabled by Digital Technology and Infrastructure	5.1 – Digital health transformation 5.2 – 20 Year Infrastructure Strategy
6. Delivered by a Valued and Supported Workforce	6.1 – Implementing our Health Workforce 2040 Strategy 6.2 – Valuing and supporting our workforce 6.3 – Increasing capacity 6.4 – Improving workforce distribution 6.5 – Workforce flexibility

Appendix 2: Action Progress

The table below provides an overview of the progress of the actions of the Long-Term Plan.

Table 2. Action Progress

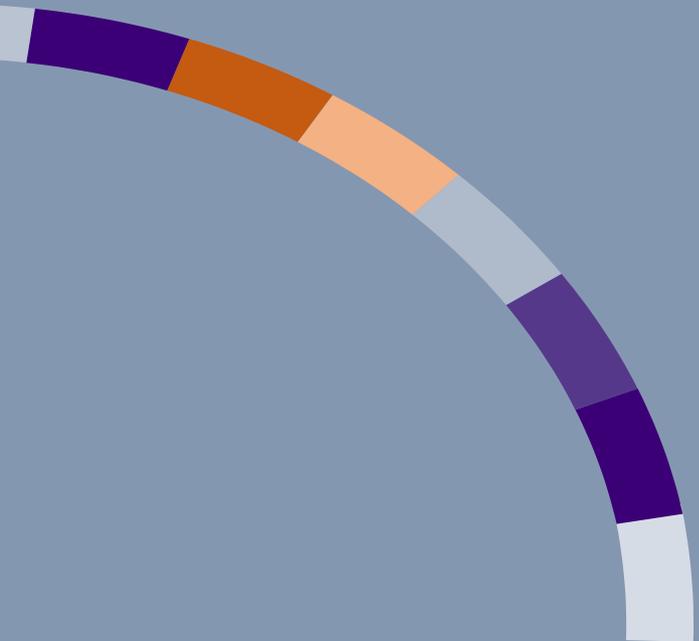
Priority Initiatives	Action	Starting Soon	Underway	Complete / Ongoing
1.1 – Strengthening our relationship with primary care	1.1.1 – Primary Healthcare Strategy and Action Plan for Tasmania		•	
	1.1.2 – Single Employer Model		•	
	1.1.3 – Framework after-hours and urgent care		•	
	1.1.4 – Health Pathways		•	
	1.1.5 – General Practitioners with a Special Interest			•
	1.1.6 – Tasmanian Chronic Conditions Strategy	•		
	1.1.7 – Enhance Tasmania’s outpatient eReferral system		•	
	1.1.8 – Mental Health and Alcohol and Other Drugs Central Intake and Referral Service			•
1.2 – Continuing system role delineation	1.2.1 – Tasmanian Role Delineation Framework and Clinical Services Profiles		•	
1.3 – Distributing services for quality and access	1.3.1 – Enhance service sustainability through the enhanced delivery of state-wide services and care networks		•	
	1.3.2 – Strengthen integrated care across the North and North West		•	
	1.3.3 – Planning for equitable access to elective surgery, endoscopy, dental care and outpatient services		•	
	1.3.4 – Co-design a new breast care centre for Tasmania		•	
1.4 – Integrating Mental Health Services	1.4.1 – Continue the implementation of Rethink Mental Health Reforms		•	
	1.4.2 – Establish mental health Integrated Care Hubs		•	
	1.4.3 – Strengthen the interface with Alcohol and Drug Services		•	

Priority Initiatives	Action	Starting Soon	Underway	Complete / Ongoing
	1.4.4 – Implement the <i>Tasmanian Suicide Prevention Strategy 2023-27</i>		•	
1.5 – Improving how we use our service network	1.5.1 – Improving co-ordination of patient flow into and out of our hospitals		•	
	1.5.2 – Provide enhanced information and navigation tools for consumers		•	
	1.5.3 – Enhance clinical transport		•	
1.6 – Supporting the health of older Tasmanians and those living with a disability	1.6.1 – Establish a frailty clinical network			•
	1.6.2 – Establish an Older Persons Strategy for Tasmania	•		
	1.6.3 – Enhancing dementia care for patients, carers and families		•	
	1.6.4 – Provide greater specialist support into residential aged care and supported accommodation		•	
	1.6.5 – Partnering with the Australian Government to enhance care to older Tasmanians and those living with a disability		•	
1.7 – Working together to enhance care	1.7.1 – Partnering with the private hospital sector to optimise care delivery and sustainability		•	
	1.7.2 – Collaborating with our partners to build a single, integrated state-wide health system		•	
2.1 – Addressing subacute care needs	2.1.1 – Enhancing subacute care services in the North and North West of Tasmania		•	
	2.1.2 – Establishing a Health and Wellbeing precinct at St John's Park servicing Southern Tasmania		•	
2.2 – More care delivered in the home and community	2.2.1 – Establishing central virtual care navigations hubs		•	
	2.2.2 – Establishing enhanced and integrated community and home-based services		•	
	2.2.3 – Changing the way we deliver outpatient services		•	

Priority Initiatives	Action	Starting Soon	Underway	Complete / Ongoing
2.3 – Optimising rural health services	2.3.1 – Adopt a place-based approach to rural health service planning, implementation and delivery		•	
	2.3.2 – Establishment of a Tasmanian Rural and Remote Clinical Network			•
	2.3.3 – Develop a Master Plan for Tasmanian District Hospitals and Community Health Centres		•	
	2.3.4 – Optimising rural service delivery		•	
2.4 – Strengthening prevention and early intervention	2.4.1 – Prioritising preventive health at all levels of the organisation		•	
	2.4.2 – Supporting priority population groups		•	
	2.4.3 – Apply population-based priority setting to deliver enhanced preventative health measures		•	
	2.4.4 – Applying a prevention lens		•	
	2.4.5 – Increase the dissemination of preventive health information		•	
	2.4.6 – Co-ordinate a multi-level system response to health prevention		•	
	2.4.7 – Embed prevention into our ways of working		•	
	2.4.8 – Enhance mental health and alcohol and other drugs early intervention and prevention		•	
	2.4.9 – Prioritising children and young people		•	
	2.4.10 – Increasing child safety and wellbeing		•	
3.1 – Planning in a commissioning environment	3.1.1 – Establish a stronger commissioning cycle		•	
3.2 – Partnering with consumers and communities	3.2.1 – Embedding the voice of lived experience in planning and delivery of services		•	
3.3 – Partnering with clinicians	3.3.1 – Strengthening our clinical engagement practices			•
	3.3.2 – Enhance Statewide Clinical Networks			•

Priority Initiatives	Action	Starting Soon	Underway	Complete / Ongoing
	3.3.3 – Establish the Tasmanian Health Senate			•
	3.3.4 – Establish Leadership 2040 Forum			•
4.1 – Value-based healthcare	4.1.1 – Applying a value-based approach to service design, commissioning, purchasing and procurement		•	
4.2 – Research and industry development	4.2.1 – Increasing access to health and medical research and harnessing new technology-led innovation		•	
	4.2.2 – Harnessing personalised medicine		•	
4.3 – Environmentally sustainable healthcare	4.3.1 – A net zero health service by 2030		•	
	4.3.2 – A strategic approach to cleaner health services		•	
	4.3.3 – Progressing the Global Green Healthy Hospitals (GGHH) goals		•	
5.1 – Digital health transformation	5.1.1 – Implementing the Digital Health Transformation Strategy		•	
5.2 – 20 Year Infrastructure Strategy	5.2.1 – Develop a 20 Year Infrastructure Strategy		•	
	5.2.2 – Implement an Asset Management System and Health Facility Planning and Delivery Process		•	
6.1 – Implementing our Health Workforce 2040 Strategy	6.1.1 – Implement the actions outlined in the <i>Health Workforce 2040 Strategy</i>		•	
6.2 – Valuing and supporting our workforce	6.2.1 – Implement the One Health Culture program		•	
	6.2.2 – Implement Ambulance Tasmania Cultural Improvement Action Plan		•	
	6.2.3 – Child Safe Governance Review of the LGH and Human Resources			•
	6.2.4 – Transforming the systems that support the capability, capacity and engagement of our people		•	

Priority Initiatives	Action	Starting Soon	Underway	Complete / Ongoing
6.3 – Increasing capacity	6.3.1 – Growing the multidisciplinary rural workforce		•	
	6.3.2 – Demand driven recruitment		•	
	6.3.3 – Supporting extension of non-clinical and support staff roles		•	
	6.3.4 – Health professionals working to their full scope of practice		•	
	6.3.5 – Embedding roles for people with lived experience into service provision		•	
6.4 – Improving workforce distribution	6.4.1 – Geographic workforce distribution in generalist service areas		•	
	6.4.2 – Distribution of specialist skills		•	
	6.4.3 –Skill-sharing and mobile workforce		•	
6.5 – Workforce flexibility	6.5.1 – Reform legislative and employment frameworks		•	
	6.5.2 – Enhance the role of our paramedic workforce		•	
	6.5.3 – Further support the Rural Generalist Pathway		•	
	6.5.4 – Enhance Nurse Practitioner models		•	
	6.5.5 – Technology assisted access to specialised health workforces		•	
	6.5.6 – Maximise scope of practice of pharmacists		•	
	6.5.7 – Increase utilisation of support roles		•	



Progress Report 2024-2025

Implementation Plan 2023-2025

Long-Term Plan for Healthcare in Tasmania 2040



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Acknowledgements

ACKNOWLEDGEMENT OF COUNTRY

The Department of Health Tasmania respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play and pays respect to Aboriginal Elders past and present.

RECOGNITION STATEMENT

Tasmanian Aboriginal people's traditional lifestyle promoted physical and emotional health and wellbeing, centred around Country, Kin, Community and Spirituality. Aboriginal people continue to value the importance of culture, community connection and being on Country as vital components of health and wellness. Through colonisation, Aboriginal people experienced displacement and disconnection, which has significantly affected their health and wellbeing.

We recognise Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge and learn from the ongoing work of Aboriginal organisations in ensuring continued health and wellness.

We commit to working in partnership with Tasmanian Aboriginal communities and health leaders now and into the future to improve health and wellbeing.

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Introduction

The Tasmanian Government is committed to transforming healthcare in Tasmania through the *Long-Term Plan for Healthcare in Tasmania 2040* (Long-Term Plan). Released in June 2023, this visionary plan provides a comprehensive strategy for delivering health services to achieve a sustainable, integrated, and balanced health system that delivers the right care, in the right place, at the right time for Tasmanians.

Achievements and Progress

The *Implementation Plan 2023-2025*, released in June 2024, outlines strategic priorities aimed at achieving immediate and impactful health outcomes.

The *Progress Report 2023-2024*, published in September 2024, highlights the foundational work undertaken to build a modern, integrated, and sustainable health system. Emphasising the importance of digital technologies and adaptable infrastructure, the Report showcases efforts to enhance healthcare capacity and optimise workforce utilisation.

Throughout 2024-2025, the focus remained on building a patient-centred healthcare system. The achievements during this period reflect the Department of Health's commitment to creating a world-class health system for Tasmania.

This Report details the initiatives completed over the initial foundation period and acknowledges ongoing projects that will continue to be monitored through relevant strategies and action plans.

We recognise and acknowledge the tireless work of our staff and partners in reaching these key milestones and the support of our community to work together to realise our vision.

Looking Ahead

Building on the successes of the past two years, an Implementation Plan 2025-2028 has been developed. This plan will engage key stakeholders, including health professionals, healthcare providers, researchers, technology experts, and the community, to further advance the Long-Term Plan.

Future planning and implementation phases will focus on enhancing the improvements and innovations established during the initial phase, aiming to position Tasmania as a leader in delivering innovative and accessible healthcare services.

Tasmanians can stay informed about the progress and implementation of the Long-Term Plan through the Department's website, social media channels, and annual reports.

Together, we are working towards a sustainable, patient-centred healthcare system that meets the needs of our community now and into the future.

2024-2025 Highlights



Launched Rapid Access 'tap-on-tap-off' time saving technology at major hospital pharmacies used by approximately 350 users, completing over 12,000 authentications per week



28 additional treatment spaces have been delivered through the RHH Emergency Department expansion



Awarding \$7.67 million through the Healthy Tasmania Fund to 309 organisations and communities, supporting 313 initiatives since its launch in September 2022



Released the *North West Hospitals Masterplan* setting out the long-term vision for capital development in the North West over the next 20 years



Launched Hospital in the Home North, providing safe hospital-level care daily through a virtual ward in patients' primary residences



Mental Health Emergency Response Service diverted 3,356 patients in 2024-2025



Opened an additional 298 beds statewide



Released the *Elective Surgery Four-Year Plan 2025-2029* to continue the delivery of timely, high-quality surgical care for the Tasmanian community



Released the *Tasmanian Cardiac Strategy and Action Plan for Tasmanian Cardiac Service 2025-2027* to guide high quality cardiac care that meets the needs of Tasmanians



168 scholarships were awarded through the Nursing and Midwifery Scholarship Program in 2024-2025



Ambulance Tasmania Secondary Triage program diverted 4,362 patients from an emergency ambulance response in 2024-2025



Delivery of the new Ambulance Superstations in Burnie and Glenorchy and new Ambulance Station in Oatlands



Under the *Statewide Elective Surgery Plan 2021-2025*, fewer patients are waiting beyond clinically recommended times, with a record 22,519 elective surgery admissions delivered in 2024-2025



Care@home assisted 4,596 patients to receive care in their preferred place of residence in 2024-2025



Delivered 706 891 outpatient attendances in 2024-2025, an increase of 62,594



Medicare Urgent Care Centres saw more than 100,000 presentations since opening, including two in Hobart and one each in Bridgewater, Launceston and Devonport

2024-2025 Highlights

Mental Health Emergency Response

The Mental Health Emergency Response (MHER) team is dispatched to mental health patients in the community experiencing crisis, following assessment by a Secondary Triage clinician or by direct referral if the case meets specific clinical criteria.

MHER is Tasmania's approach to mental health co-response services that include both the Police, Ambulance, Clinician Early Response (PACER) services that operate in the South and North of the State, as well as MHER NW operating in the North West of the State.

In 2024-2025, the teams attended 2,241 people in Southern Tasmania with 71.7 per cent able to remain in the community, and in the North West 828 people were attended with 72.8 per cent able to remain in the community. The service in the North commenced on 31 March 2025 and 287 people were attended in Northern Tasmania with 69.0 per cent able to remain in the community.



Youth Mental Health Hospital in the Home

The new Youth Mental Health Hospital in the Home pilot program in Devonport provides specialist clinical care for young people aged 15-24 with acute or complex mental health concerns.

The \$8.5 million pilot offers 12 Hospital in the Home beds. The multidisciplinary team includes psychiatrists, pharmacists, allied health professionals, nurses, youth workers and lived experience workers.

Mental health clinicians visit patients at least twice daily for up to 21 days. This initiative complements the statewide \$45.2 million Child and Youth Mental Health Services reform, aiming to enhance mental health care for young people and their families across Tasmania.

Tasmanian eReferrals

Since the commencement of the Tasmanian eReferrals project to the end of July 2025, a total of 288 public outpatient services have been used for eReferrals and 413,683 have been processed, eliminating the need for faxes, emails, or printed referrals. This initiative, part of the Digital Health Transformation Program, has led to an eight per cent increase in outpatient appointments, allowing more patients to receive timely specialist care.

The project, recognised with a TasICT Excellence Award, has significantly reduced referral triage times in major public hospitals by two to three days, transforming healthcare delivery in Tasmania.



Care@home

Care@home has supported tens of thousands of Tasmanians since its inception launching as COVID@home in December 2021. The service monitors patients via SMS and phone calls, and for higher-risk cases, provides virtual monitoring.

Care@home now offers two service areas. The Acute Virtual Monitoring Program is designed for short-term illnesses such as respiratory infections and post-hospital discharge care. Recently, it has started accepting health professional referrals for managing conditions like cellulitis, urinary tract infections, and gastroenteritis. The Chronic Disease Management Program focuses on ongoing conditions, including diabetes, heart failure, chronic obstructive pulmonary disease, and post-COVID syndrome, providing continuous support and monitoring for patients with these chronic illnesses.

Care@home helps alleviate pressure on the health system by reducing potentially preventable hospital attendances and admissions.

Strategic Priorities – 2024-2025 Achievement

In 2024-2025, the Department of Health (the Department) focused on ten strategic priorities to enhance current services and lay the foundations for the future. Each priority includes initiatives that support the Long-Term Plan.

EXTENSIVE MASTERPLANNING AND CAPITAL DEVELOPMENTS

The 2024-2025 Budget allocated \$789.6 million for Capital Investment in health infrastructure over the Budget and Forward Estimates. Extensive masterplanning and capital developments are underway to support the Long-Term Plan, ensuring future-focused health facilities that enable high-quality and safe care.

The following initiatives have been completed.

Status	Long-Term Plan: Masterplanning and capital development initiatives	2024-2025 Achievement
Complete	Begin planning for a new Northern Heart Centre including new Cardiac Care Unit beds in the Cardiac Ward and Intensive Care Unit (ICU) and two new catheterisation (cath) labs	<p>In 2024-2025, the Australian Government announced it will invest \$120 million to establish the Northern Heart Centre, delivering better healthcare for northern Tasmanians with heart disease.</p> <p>The Northern Heart Centre will consolidate and enhance cardiac care services for Northern Tasmanians, creating a dedicated cardiac service in one convenient location and enhancing health outcomes for the community.</p> <p>Construction is expected to begin in late 2026 and will be completed in late 2028.</p>
Complete	Develop a new Masterplan for the North West and local health facilities to guide future stages of the redevelopment	<p>The North West Hospitals Masterplan, released in September 2024, provides a long-term vision to guide capital development at the North West Regional Hospital (NWRH) and Mersey Community Hospital (MCH) over the next 20 years.</p> <p>The Masterplan maximises opportunities to support the delivery of safe, high-quality healthcare now and into the future at both site and proposes divestment from the Burnie Parkside site.</p>
Complete	Begin planning to build four new ambulance stations at Legana, Snug, Cygnet and King Island to assist with community demand	<p>In March 2024, the Tasmanian Government committed to building four new ambulance stations at Legana, Snug, King Island and Cygnet, to accommodate our extra paramedics and meet community demand.</p> <p>The Department has identified preferred sites for Legana, King Island and Cygnet and is working with stakeholders to identify a site for the Snug station.</p>

Complete	Redevelop and expand the Intensive Care (ICU) Unit at the Royal Hobart Hospital (RHH), providing space for an additional 12 beds	The expanded ICU at the RHH has been operational since August 2023, offering new and upgraded facilities and additional spaces for families and visitors. It marks an important milestone in Stage Two of the RHH Masterplan.
Complete	Deliver capital and infrastructure upgrades at the MCH, including additional endoscopy unit; expanded recovery and theatre spaces; expanded outpatient clinics; new and upgraded staff facilities; and new and upgraded building services and equipment	Construction of new operating theatres, endoscopy suites, outpatient clinics, and the Central Sterilising Supply Department have been completed.
Complete	Deliver a second Angiography Suite at the RHH to meet increasing patient demand and support improved patient care	The new Angiography Suite at the RHH has been operational since July 2024, following construction completion in May 2024 and commissioning activities and staff training in June 2024.
Complete	Delivery of a new state-of-the-art rooftop helipad at the Launceston General Hospital (LGH)	The new \$16 million LGH helicopter landing site was completed in October 2024. It marks an important milestone in Stage Two of the LGH Masterplan.

The following initiatives are well underway and will continue to be monitored throughout their delivery.

Status	Long-Term Plan: Masterplanning and capital development initiatives	2024-2025 Achievement
In Progress	Commence the establishment of a Breast Care Centre in Hobart, to improve access to public diagnostic breast imaging and mammography services	Construction has commenced on the new \$15 million Public Diagnostic Breast Care Centre, which is scheduled to be completed in 2026. The Centre will increase capacity, reduce wait times for public diagnostic breast imaging and mammography services, and support patients in making informed care decisions.
In Progress	Deliver the new Bridgewater, Beaconsfield, Queenstown, Bicheno, Burnie, Glenorchy, Longford and Oatlands Rural Ambulance Stations to support regional areas	The Tasmanian Government has delivered new ambulance stations in Bridgewater, Beaconsfield, Oatlands and Queenstown, and new Superstations in Burnie and Glenorchy. Construction of the new Bicheno station on Sinclair Street has commenced and is expected to finish in 2026, while the Longford station on Union Street is set to begin in early 2026.

In Progress	Begin capital and infrastructure upgrades at the NWRH including a new medical ward, clinical diagnostics, dialysis and lung function laboratory, new ambulance drop-off area and expanded Emergency Department (ED) entry, and the new Mental Health Precinct	<p>Stage 1 of the North West Hospitals Masterplan at the NWRH have commenced, with upgrades to the ED and ambulance bay expected to commence in mid-2026 and be completed in late 2027.</p> <p>Additionally, \$40 million has been allocated to build an inpatient mental health service at NWRH, replacing the Spencer Clinic, with 22 inpatient beds and five short stay beds. Construction is expected to begin in late 2026 and completed by early 2028.</p>
In Progress	Develop a Health and Wellbeing Precinct Masterplan for St Johns Park to provide a 20-year blueprint for the heritage sensitive revitalisation of this historic precinct into a contemporary health care campus to meet the public health needs of Tasmanians	<p>Released in 2023, the draft St Johns Park Health and Wellbeing Precinct Masterplan outlines a 20-year vision for transforming the historic precinct into a modern healthcare campus, addressing Tasmanians' public health needs while preserving its heritage.</p> <p>When released, the final Masterplan will communicate the Department's vision of a contemporary mental health, sub-acute, and community care services precinct. The Masterplan will focus on integrating these services within the precinct while safeguarding its cultural and architectural heritage.</p>
In Progress	Deliver a masterplan for District Hospitals and Community Health Centres in line with the place-based approach to rural health service planning outlined in the <i>Long-Term Plan for Healthcare in Tasmania 2040</i>	<p>The development of the masterplan for the 13 District Hospitals and 23 Community Health Centres is underway. These facilities are crucial health infrastructure assets, serving as hubs for delivering various local healthcare services to Tasmanian communities.</p> <p>The District Hospitals and Community Health Centres Masterplan is being developed.</p>
In Progress	Deliver the new multi-storey carpark at the LGH to improve access for patients	<p>The new LGH multi-storey car park will offer over 470 parking spaces, enhancing access to expanded healthcare services under the LGH Masterplan. Construction is expected to start in early 2026 and finish by late 2027.</p> <p>To address the temporary loss of parking during this period, a temporary car park will be established at the corner of Howick and Charles Streets.</p>
In Progress	Deliver a new, purpose built, sterile pharmaceutical production facility to the RHH	<p>The \$21.8 million redevelopment of the RHH Pharmacy will deliver sterile production for pharmacy, Jack Jumper Ant Venom Immune Therapy products and chemotherapy, as well as dispensary and new medication storage areas to increase service capacity.</p> <p>Work is well underway and is due for completion in mid-2026.</p>

In Progress	In partnership with the Australian Government, deliver a dedicated hospice and hospice respite care facility located in Launceston for people with life-limiting conditions and their families and carers	The new \$20 million, 12-bed, 24/7 hospice and hospice respite care facility will be situated within the LGH precinct, benefiting from existing public transport, parking, services, and staff. Construction is expected to reach completion by late 2026.
In Progress	Deliver the Kingston Health Centre (KCHC) expansion that will provide increased community health facilities for this growing region	In 2023-2024, the Tasmanian Government committed \$30 million over four years for Stage 2 of the KCHC, expanding services for Children, Women, and Family; Adult Health; Oral Health and Audiology. Planning and design are well advanced, with construction works expected in 2026 and completion in late 2027.
In Progress	Deliver an expanded and redesigned ED at the RHH	Stage One of the RHH ED expansion, which opened in January 2023, added 28 treatment points in the Lower Ground of H-Block. Planning for Stage Two is underway, aiming to provide more treatment points and points of care, with construction set to begin in early 2026 and finish by late 2027.
In Progress	In partnership with the Australian Government, progress the redevelopment of the Kings Meadows Community Health Centre (KMCHC)	The Australian Government has allocated \$10 million through the Community Health and Hospitals Program to expand renal services at the KMCHC. Construction is set to begin in early 2026 and is expected to be completed in early 2027.



Helicopter landing on the new LGH Helipad

IMPLEMENTING THE DIGITAL HEALTH TRANSFORMATION STRATEGY

The Tasmanian Government is revolutionising the State's health system through the Department's Digital Health Transformation Program, which aims to deliver digital initiatives to enhance efficiency and patient outcomes. The 2024-2025 Budget allocated \$120 million for the Program, with a total investment of \$476 million expected over the life of the Program.

The following initiatives have been completed.

Status	Long-Term Plan: Digital health transformation initiatives	2024-2025 Achievement
Complete	Implement a secure two-way video conferencing capability to support the delivery of telehealth and virtual care services	Telehealth Tasmania launched its upgraded video conferencing platform in July 2024. Microsoft Teams Virtual Appointments offer a user-friendly experience for consumers and healthcare professionals; with enhanced integration and improved picture quality.
Complete	Expand and enhance the Statewide Electronic Referral (eReferral) GP to Outpatients eReferral solution to include more referral services, internal referral capabilities and integration to support referrals from state-wide emergency departments to outpatient services	Tasmanians are benefiting from the nation-leading electronic referrals system. Since commencement to the end of July 2025, a total of 288 public outpatient services have used eReferrals and 413,683 have been processed. The system instantly logs referrals with specialist services or clinics and notifies GPs of receipt, ensuring patients receive healthcare sooner and spend less time on waiting lists.
Complete	Implement the Digital Medical Record (DMR) at rural hospitals across the State to allow clinicians real time access to patient information all in one place	The DMR has been implemented across rural hospitals to improve access to patient information and streamline communication through standardised systems and workflows. For example, in 2024, the Community Rehabilitation Unit transitioned to the Statewide Patient Administration System and DMR to enhance care coordination, system support, and access to patient data. The Sonic Pathology integration now enables direct statewide upload of pathology results into the DMR, allowing digital processing. Benefits include faster result availability, real-time access, and improved efficiency for clinicians and administrative staff.

Complete	Deliver digital enhancements and readiness through implementing Discharge Summary optimisation, Going Home, Obstetrics Integration and iPatient Manager (iPM) address validation	<p>Digital enhancements include:</p> <p>Optimising the Discharge Summary functionality supporting smoother transitions from hospital to community care to improve communication, care coordination, and recovery outcomes.</p> <p>Delivering the Going Home Plan for stroke patients at the RHH, by providing clear, personalised post-discharge goals, referrals, and care information.</p> <p>Upgrading Statewide Obstetrics System (Obstetrix) for better mother and baby care through electronic patient information transfer to the Statewide Digital Medical Record (DMR).</p> <p>Additionally, the iPM statewide patient administration system was successfully upgraded in November 2024, reducing technical debt risks and improving the experience for clinicians and support staff by resolving issues and enhancing capabilities.</p>
Complete	Implement the Rapid Access single sign-on solution across hospitals to reduce manual processes and ensure timely access to digital systems	Rapid Access 'tap-on-tap-off' technology has been successfully implemented at major hospital pharmacies. It eliminates the need for clinicians to repeatedly type their credentials when dispensing medication. This time-saving technology, used by approximately 350 users, completes over 12,000 authentications per week.

The following initiatives are well underway and will continue to be monitored through the Digital Health Transformation Program.

Status	Long-Term Plan: Digital health transformation initiatives	2024-2025 Achievement
New Direction	Implement a Clinical Viewer to provide a secure online interface to view key medical records to balance sharing patient information and maintaining privacy; the initial focus will be for GP access	<p>The Clinical Viewer Project was placed on hold in September 2024, with a new feasibility assessment undertaken.</p> <p>The required functionality will now be delivered through the Epic EMR platform, scheduled for Go-Live in September 2028.</p>
In Progress	Implement an online application system for the Patient Travel Assistance Scheme (PTAS) to make it easier for people who need to travel to seek healthcare to apply for travel subsidies	<p>The Tasmanian Government has approved 35 recommendations from a 2022 review, leading to improvements in the PTAS. The updated PTAS framework helps people in remote and regional areas access healthcare closer to home.</p> <p>PTAS is collaborating with Health ICT to explore sustainable online application options.</p>

In Progress	Upgrade telehealth infrastructure so that people in regional and remote areas of the State can access specialist services from the major hospitals without having to travel	<p>Upgrades to telehealth and virtual care infrastructure across the 13 District Hospitals are ongoing, providing a vital link to specialist expertise at major hospitals and allowing Tasmanians to see specialists without traveling.</p> <p>This effort is supported by the Outpatients Virtual Care Framework, to guide the implementation of virtual care services across outpatient, ambulatory, and hospital settings statewide.</p>
In Progress	Procure an Electronic Medical Record (EMR) and Ambulance Electronic Patient Care Record (AePCR) to establish a core system of records across clinical, administrative and operational domains to enable a fully integrated care platform	<p>A comprehensive procurement process was undertaken for the EMR system to ensure it meets the needs of Tasmanian healthcare providers and consumers. A preferred vendor has been identified, and the Department is working to finalise the contract.</p> <p>Additionally, the Department is working to replace the existing AePCR system with a modern and usable solution to streamline handover processes and information-sharing between Ambulance Tasmania, receiving hospitals, nursing homes and other clinicians involved in patient care.</p>
In Progress	Implement a new Electronic Meal Management System (EMMS) to support efficient ordering and provisioning of catering services in major hospitals	<p>The EMMS project is underway. Once implemented this solution will ensure patients receive meals that align with their dietary needs and allergies and reduce the risks of errors that can occur with handwritten orders.</p> <p>The system will also allow patients to order meals directly from their own devices – right meal, right place, right time.</p>
In Progress	Provide free wi-fi for patients within District Hospitals	<p>Free patient and visitor Wi-Fi has been fully deployed across Tasmania's main hospitals, and some District Hospitals, connecting patients and visitors with family and friends and providing easier access to information.</p> <p>Additionally, free public Wi-Fi has been extended to regional health sites, including Kings Meadows and St Mary's Community Health Centres, Flinders Island Multi-Purpose Centre, New Norfolk District Hospital, and King Island Hospital and Community Health Centre.</p>

IMPLEMENTING THE HEALTH WORKFORCE 2040 STRATEGY

The Tasmanian Government has invested \$15.7 million over four years to support the implementation of *Health Workforce 2040*. This Strategy aims to build, support, and maintain a highly skilled, competent, and flexible health workforce to deliver sustainable, high-quality services for all Tasmanians.

The following initiatives have been completed.

Status	Long-Term Plan: Health workforce initiatives	2024-2025 Achievement
Complete	Develop local North West career pathways in nursing and midwifery to promote placements in District Hospitals	<p>University of Tasmania (UTAS) Cradle Coast students receive priority for clinical placements, followed by students from other universities in the North West. In 2024, 49 new Registered Nurse (RN) graduates commenced in the North West – 30 at the NWRH and Primary Health and 19 at the MCH.</p> <p>It is estimated 54 new RN graduates will commence in 2025 – with 33 graduate positions offered at the NWRH and Primary Health and 21 graduate positions offered at the MCH.</p>
Complete	Evaluate the expansion of the Rural Medical Workforce Centre to include other clinical disciplines and regions	<p>Opened in 2023 at the MCH, the Rural Medical Workforce Centre is a collaboration between the Tasmanian Government and UTAS. It supports the training, recruitment, and retention of doctors and health professionals in the North West and beyond. It includes the Single Employer Model (SEM) Pilot, which has been extended until December 2028.</p> <p>The Centre offers attractive training posts for trainee rural doctors, providing opportunities to develop skills in specialties such as emergency medicine, rural general practice, anaesthetics, paediatrics, obstetrics, and gynaecology.</p>
Complete	Develop a statewide mental health workforce strategy and action plan to reflect international and national trends and local needs	<p>The <i>Statewide Mental Health Services Strategic Priorities 2024-2027</i> and the <i>Workforce Strategy into Action Work Plan 2024-2027</i> were developed in 2024.</p> <p>A valued workforce is a key priority, with a focus on attraction, recruitment, growing our own and retention.</p>

<p>Complete</p>	<p>Work with the Australian Government on the National Scope of Practice Review of barriers and incentives for all health professionals to work to their full scope of practice at all levels of Government and across the health sector to recommend appropriate settings that support the health workforce to work to their full scopes of practice</p>	<p>The final Scope of Practice Review Report was submitted to the Australian Government in October 2024. Tasmania’s Department of Health participated in each phase of the Review, commissioned by the Commonwealth Department of Health and Aged Care, identifying barriers, enablers, and regulatory settings to support health practitioners in working to their full scope of practice.</p> <p>Implementing several recommendations will require agreement from Health Ministers and ongoing collaboration between the Commonwealth, states and territories. Tasmania will continue to engage nationally on the reform implementation.</p>
<p>Complete</p>	<p>Develop a statewide supervised practice framework for nurses and midwives returning to practice or seeking to change their context of practice</p>	<p>Since the introduction of the <i>Supervised Practice Framework</i> in 2020, there has been ongoing demand for formal re-entry support for RNs, Registered Midwives, and Enrolled Nurses. This program employs nurses and midwives on a fixed-term basis, typically over six months, to help them return to practice. Ongoing employment is supported on completion of the re-entry pathway.</p>
<p>Complete</p>	<p>Continue to develop the Tasmanian Nursing and Midwifery Scholarship Program providing financial support for post registration study nurses and midwives living and working in Tasmania, including nurses and midwives working in rural and remote locations</p>	<p>Since its implementation in April 2022, the Nursing and Midwifery Scholarship Program has awarded 540 scholarships across four rounds. In 2024-2025, 168 scholarships were granted to support post-registration education, training, and professional development for Tasmanian nurses and midwives.</p> <p>Additionally, in 2025, 10 Ida West Aboriginal Health Scholarships were awarded to Tasmanian Aboriginal students enrolled in health-related entry-level or graduate courses.</p>
<p>Complete</p>	<p>Contribute to Robyn Kruk’s rapid review commissioned by the Australian Government, of the regulatory settings relating to health practitioner registration and qualification recognition for overseas trained health professionals and international students who have studied in Australia</p>	<p>Tasmania is contributing to implementing recommendations from the Independent Review of Health Practitioner Regulatory Settings (also known as the ‘Kruk Review’) to address health workforce shortages while maintaining high standards of care.</p> <p>Significant progress has been made in supply and demand modelling and data sharing. Stakeholders, including specialist medical colleges, are engaged through data-sharing agreements and ongoing collaboration to enhance data collection across the sector.</p>

Complete	Introduce relocation allowances for nurses and midwives to encourage them to move to Tasmania or back to Tasmania and introduce scholarships for graduate nurses to encourage them to remain in their home State	<p>In March 2024, the Tasmanian Government introduced incentives to attract and retain nurses and midwives. These include:</p> <ul style="list-style-type: none"> • A \$15,000 incentive for nurses and midwives who relocate to Tasmania to start with the Department between 28 April 2024 and 30 June 2025 and remain employed full-time with the THS for at least three years. • A \$10,000 scholarship for new Tasmanian graduate nurses and midwives who start with the THS and remain employed for at least three years. This scholarship closed in August 2024.
Complete	Introduce new legislation to protect frontline health workers from assault with increased penalties	<p>In June 2024, the Tasmanian Government introduced legislation to better protect frontline workers.</p> <p>Led by the Department of Justice, the new <i>Sentencing Amendment (Presumptive Sentencing for Assaults on Frontline Workers) Act 2024</i>, introduces a presumption of minimum sentencing for offences causing serious bodily harm to specified frontline workers, including health and safety officers and child safety officers.</p>
Complete	Support healthcare workers to study a Certificate in palliative care or a Specialist Certificate in palliative care to increase the availability of palliative and end of life care for Tasmanians	<p>The Department contracted Flinders University over a two year period from 2023-2025 to deliver subsidised online palliative care education courses.</p> <p>A total of 173 staff from the Tasmanian Health Service (THS) and Ambulance Tasmania (AT) completed certificate or specialist certificate courses during this period. Additionally, 15 THS specialist palliative care staff received scholarships to undertake a postgraduate certificate at Flinders University.</p> <p>Building on this success, UTAS will offer its own postgraduate certificate in palliative care from 2026.</p> <p>Additionally, AT received funding for a project to enhance staff capability in palliative care, including the development of education packages, updated clinical guidelines, electronic patient care record enhancements, face-to-face training, and a palliative paramedic framework.</p>

The following initiatives are well underway and will continue to be monitored through the *Health Workforce 2040*.

Status	Long-Term Plan: Health workforce initiatives	2024-2025 Achievement
In Progress	Develop a North West health workforce plan that is responsive to health service demands and aligns with <i>Health Workforce 2040</i> focus areas	The North West Workforce Plan is nearing completion, and the next step is to establish governance to support implementation. The Plan has been designed to align with the Long-Term Plan and the <i>North West Hospitals Masterplan</i> .
In Progress	Procure and implement a new, fully integrated Human Resources Information System (HRIS)	<p>The Tasmanian Government is reforming its Human Resource practices by creating a single, integrated HRIS for the Tasmanian State Service. This will enhance business systems, streamline HR processes, and harmonise HR services.</p> <p>The project has moved from the Department of Health to the Department of Premier and Cabinet (DPaC) to support a whole-of-government approach.</p> <p>The HRIS implementation aligns with recommendations from the <i>Commission of Inquiry into Child Sexual Abuse in Institutional Settings</i>, improving workforce visibility across all agencies and ensuring a consistent method for managing investigations.</p>
In Progress	Continue developing the Allied Health Rural Generalist Pathway to increase access to a highly skilled allied health workforce for rural and remote communities	<p>Building on the Allied Health Rural Generalist Pilot Project, the Department is collaborating with UTAS to establish the Allied Health Rural Generalist Pathway in Tasmania.</p> <p>Initial feasibility work is complete, and the program will be co-designed with stakeholders to align with Tasmania's healthcare needs and accreditation standards.</p>
In Progress	Develop a Nurse Practitioner (NP) Strategy to assist managers in identifying and planning for NP positions	<p>A <i>Nurse Practitioner Strategy 2025-2030</i> is being developed, with a draft expected to be released in late 2025.</p> <p>The Strategy outlines a plan to strengthen and expand the nurse practitioner workforce in Tasmania through person-centred care models, workforce growth, increased public awareness, and sustainable succession planning.</p> <p>The Strategy is accompanied by a Toolkit to offer guidance and structure on creating NP roles, NP models of care and NP candidate pathways.</p>

<p>In Progress</p>	<p>Develop the Tasmanian Midwifery Strategy which will include educational pathways to create a more flexible preparation model for midwives</p>	<p>Tasmania is developing a Midwifery Workforce Strategy. <i>Midwifery Matters</i> was released for public consultation in September 2025 and will aim to be finalised later in 2025.</p> <p>The Strategy aims to meaningfully strengthen and expand the midwifery workforce and improve access to midwifery models of care, including expanding Midwifery Group Practice models.</p> <p>The Strategy will also diversify education pathways, with the UTAS set to reintroduce a Graduate Diploma of Midwifery in mid-2026.</p>
<p>In Progress</p>	<p>Work with the Australian Government and other state and territory governments to ensure Tasmania is well placed to contribute to and benefit from national health workforce policy, planning and information sharing through the development of the National Nursing Workforce Strategy and Nurse Practitioner Workforce Plan</p>	<p>The Tasmanian Department of Health actively participates in the National Health Workforce Taskforce, collaborating with the Australian Government, other states and territories, and stakeholders. The Taskforce focuses on health workforce and employment reforms directed by Health Ministers, including:</p> <ul style="list-style-type: none"> • Overseeing the implementation of the <i>National Medical Workforce Strategy 2021-2031</i> through the Medical Workforce Advisory Collaboration. • Developing the National Nursing Workforce Strategy, Maternity Workforce Strategy, and Allied Health Workforce Strategy. • Collaborating on national workforce data modelling. <p>Tasmania also contributed to amendments to the Health Practitioner Regulation National Law, focusing on professional misconduct, reinstatement orders, and enhanced protections for notifiers.</p>

INVESTING IN PREVENTIVE HEALTH AND HEALTH PROMOTION

The Tasmanian Government has committed \$10 million over five years to implement the *Healthy Tasmania Five-Year Strategic Plan 2022-2026*, which supports preventive health initiatives. An additional \$8 million has been allocated to the Healthy Tasmania Fund through 2024-2025.

The Tasmanian Government is also reforming the Alcohol and Other Drug Treatment sector and implementing the *Tasmanian Suicide Prevention Strategy 2023-2027* to build a compassionate, connected community working together to prevent suicide.

The following initiatives have been completed.

Status	Long-Term Plan: Preventive health and health promotion initiatives	2024-2025 Achievement
Complete	Develop and action the <i>Alcohol and Drug Reform Agenda Implementation Plan</i> to guide reform action for the next year to increase access to alcohol and drug treatment services across Tasmania	The Tasmanian Government is advancing the <i>Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania</i> to improve access to services, support, and treatment for those affected by alcohol, tobacco, and other drug use. The Implementation Plan, released in December 2023, guides these priority actions. Most priorities have been completed, with work well underway on the remaining actions and sector priorities.
Complete	Implement and evaluate the Healthy Tasmania Fund grants program to support the work of local government and community organisations to take action on health and wellbeing	The Healthy Tasmania Fund supports preventive health projects aligned with the <i>Healthy Tasmania Five-Year Strategic Plan 2022-2026</i> . Since its launch in September 2022, \$7.67 million has been awarded to 309 organisations and communities, supporting 313 initiatives.
Complete	Review the <i>Move Well Eat Well</i> Program in all early childhood education and care and primary school settings to understand how to streamline and strengthen the program working with educators, schools and services to reimagine Move Well Eat Well	In 2024, consultations with primary schools and early childhood services across Tasmania provided valuable insights. These insights are driving exciting changes, including new resources, flexible participation options, incentives, and opportunities for sharing ideas, to meet the needs of school and service communities.

The actions below will continue to be monitored through relevant strategies and action plans.

Status	Long-Term Plan: Preventive health and health promotion initiatives	2024-2025 Achievement
In Progress	Implement the <i>Tasmanian Suicide Prevention Strategy 2023-27</i> , which sets out the Tasmanian Government's vision and priorities for preventing suicide over the next five years through actions to reduce suicide and suicide attempts and improve the wellbeing of Tasmanians	<p>The <i>Tasmanian Suicide Prevention Strategy 2023–2027</i> is progressing with \$3.75 million in ongoing funding. The second <i>Tasmanian Suicide Prevention Strategy Implementation Plan</i>, released in October 2024, guides actions through to December 2025, building on existing activities and introducing new ones from extensive consultations.</p> <p>The Tasmanian Centre for Mental Health Service Innovation has developed an evaluation framework to measure impact and ensure continuous quality improvement.</p>
In Progress	Implement and evaluate the <i>Healthy Tasmania Five-Year Strategic Plan 2022-2026</i> for all Tasmanians to have the opportunity to live healthy, active lives in communities that support connections to people, place and culture	<p>The <i>Healthy Tasmania Five-Year Strategic Plan 2022-2026</i> aims to help Tasmanians live healthier lives and reduce long-term pressure on the health system. The Healthy Tasmania reports highlight community stories to promote health and wellbeing. Progress is guided by research and evaluation from the Menzies Institute for Medical Research at UTAS, ensuring our actions are on the right path. The <i>Healthy Tasmania Five-Year Strategic Plan 2022-2026</i> will inform the development of the new <i>20-year Preventive Health Strategy</i>, due to be released in 2026.</p>
In Progress	Implement the <i>2022-2026 Tasmanian Tobacco Action Plan</i> to improve the health and wellbeing of Tasmanians by reducing the prevalence of smoking and the harm it causes, including a smoking prevention package for young people, action on e-cigarettes and expanded smoke free environments	<p>The <i>2022-2026 Tasmanian Tobacco Action Plan</i> aims to reduce tobacco use and its harms through partnerships and community action.</p> <p>The <i>Tobacco Action Plan Midway Report</i>, released in June 2025, provides an overview of current data and actions, and highlight priority issues to reduce smoking and vaping in Tasmania.</p>
In Progress	Develop a contemporary <i>Tasmanian Promotion, Prevention and Early Intervention Framework</i> for mental health and alcohol and other drugs	<p>The <i>Tasmanian Promotion, Prevention and Early Intervention Framework</i> for mental health, suicide prevention and alcohol and other drugs, will promote a human-centred approach.</p> <p>It builds on sector-specific government strategies and policies to enhance coordination and collaboration across these sectors.</p>

INITIATIVES TO IMPROVE PATIENT ACCESS AND FLOW THROUGH THE SYSTEM

The Department of Health is committed to improving healthcare access for all Tasmanians. The Statewide Access and Patient Flow Program has enhanced efficiency across the health system, improving patient flow and health outcomes. The Program's success relies on collaboration across all parts of the health system, regardless of location.

The following initiatives have been completed.

Status	Long-Term Plan: Improved patient access and flow initiatives	2024-2025 Achievement
Complete	Commence the establishment of a Statewide Integrated Operations Centre (SIOC) to direct the flow of patients and resources across the whole health system	The SIOC at the RHH is now operational. The SIOC provides real-time situational awareness of activity and demand across the hospital network, improving the management of patient flow and resources throughout the health system.
Complete	Develop and implement the SAFEST Patient Journey Home Framework in Tasmania to improve patient outcomes	The SAFEST Patient Journey Home Framework, recommended by the Major Tasmanian Hospital Emergency Department Review Final Report, uses various patient flow strategies and principles to ensure effective, efficient, accessible, integrated, and safe healthcare throughout the patient journey home.
Complete	Develop and implement Criteria Led Discharge (CLD) into our hospitals to enable clinicians to initiate discharge in line with pre-determined criteria and enable patients returning home from hospital as safely and quickly as possible	The CLD, recommended by the Major Tasmanian Hospital Emergency Department Review Final Report, aims to streamline the patient journey by discharging them as soon as they are well enough.
Complete	Implement Hospital in the Home capability with HiTH beds in the North to provide hospital equivalent care to people who can be cared for at home	Hospital in the Home North delivers daily hospital-level care through a virtual ward, providing interdisciplinary care in patients' primary residences or community facilities, ensuring hospital-level treatment in a safe and comfortable setting.
Complete	Implement the expansion of Hospital@home beds in the South, including the establishment of the Care@home service	Hospital@home in the South has expanded its virtual ward from 12 to 22 beds and offers rapid response services. This expansion significantly increases the amount of hospital-level care delivered in the community, alongside the virtual Care@home program.

<p>Complete</p>	<p>Implement the new Ambulance offload protocol to support patients arriving to the ED by ambulance to be transferred to the care of ED staff as soon as possible so that ambulances can get back on the road sooner to respond to new call outs</p>	<p>The Transfer of Care Delay Procedure, implemented in April 2024, aims to release Ambulance Tasmania crews within 60 minutes of arriving at a THS ED.</p> <p>Ambulance Tasmania also supports alternate care models to address the medical needs of lower acuity patients without requiring an emergency ambulance response.</p>
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The initiatives below are well underway and will be monitored through relevant strategies and work plans.

Status	Long-Term Plan: Improved patient access and flow initiatives	2024-2025 Achievement
<p>In Progress</p>	<p>Progress the recommendations of the Major Tasmanian Hospital Emergency Department Review to improve patient access and flow</p>	<p>In May 2024, the Tasmanian Government accepted the recommendations from the Major Tasmanian Hospital Emergency Department Review Final Report. The recommendations focus on:</p> <ul style="list-style-type: none"> • Capacity and Service Delivery Models (State Level) • Demand Management Strategies (Local Level) • Community and Home-Based Care • Statewide Mental Health Services • Ambulance Tasmania Redesign <p>All recommendations are currently being implemented.</p>
<p>In Progress</p>	<p>Optimise the use of transit lounges in our acute facilities to support the timely transfer of patients both incoming, outgoing and transferring through the hospital</p>	<p>The Statewide Transit Lounge Policy, implemented in 2024, ensures consistent use and safe, quality care across all facilities.</p> <p>Ongoing improvement of the utilisation of the transit lounge will continue to be a key component of the access and flow strategies.</p>
<p>In Progress</p>	<p>Implement the expansion of Hospital in the Home beds in the North West</p>	<p>Work is underway to optimise the Hospital in the Home North West service, with a strong focus on integration of intermediate care services to enable a consistent statewide approach to how Hospital in the Home models of care operate.</p>

<p>In Progress</p>	<p>Develop enhanced cardiology services at the LGH to provide principal referral cardiology services to the people living in Northern Tasmania</p>	<p>The <i>Tasmanian Cardiac Strategy and Action Plan for Tasmanian Cardiac Services 2025-2027</i>, released in mid-2025, outline a roadmap for high-quality cardiac care for Tasmanians.</p> <p>The Tasmanian and Australian Governments are partnering to enhance cardiac services in Northern Tasmania by building the Northern Heart Centre on the LGH campus. Planning and concept design are complete.</p>
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Hospital in the Home – North Team

ENHANCING VIRTUAL CARE IN TASMANIA AND DEVELOPING MORE CARE@HOME SERVICES

The Tasmanian Government has invested \$41 million over two years to enhance virtual care delivery. This will increase home and community-based care through more in-reach and home-based models, building on the success of programs like COVID@homeplus to expand virtual care options.

The following initiatives have been completed.

Status	Long-Term Plan: Enhanced virtual care initiatives	2024-2025 Achievement
Complete	Implement an In-Reach Pilot into residential aged care facilities for older persons mental health	A Rapid Access Service (RAS) Pilot commenced in the North in January 2024 to provide rapid, specialised in-reach psychiatric and nursing support to Residential Aged Care Facilities, allowing patients to remain in their residences.
Complete	Establishment of the Victorian Stroke Telemedicine Services (VST) at MCH to enable access to 24/7 on-call support from VST stroke specialists to optimise care provided to patients who present with stroke symptoms	The MCH has expanded its partnership with the VST service to enhance stroke care for the North West community. MCH clinical staff can access 24/7 on-call support from VST stroke specialists, enabling faster and more effective treatment for stroke patients.
Complete	Develop a framework to support the establishment of Care@home service models, to strengthen and integrate services provided in the intermediate care space	<p>Since its launch during the pandemic as COVID@home, the program has provided remote care to over 50,000 Tasmanians, mainly for respiratory conditions, allowing them to manage short-term illnesses at home and avoid hospital ED visits.</p> <p>In March 2025, the Acute Virtual Monitoring Program expanded Care@home to include a wider range of short-term conditions. This complements the Chronic Disease Management Program, launched in December 2024, which offers health coaching and care coordination to help Tasmanians manage chronic conditions long-term.</p>
Complete	Provide infrastructure in District Hospitals to support Tasmanians to access specialist virtual care services without needing to travel	<p>Statewide virtual care infrastructure is available at all District Hospitals, connecting them to specialist expertise at major hospitals and allowing Tasmanians to see specialists without traveling.</p> <p>This is supported by the Outpatients Virtual Care Framework, to guide the implementation of virtual care services in outpatient settings, including District Hospitals and Community Health Centres.</p>

<p>Complete</p>	<p>Expansion of Hospital@home services in Southern Tasmania to enable more patients in Southern Tasmania to be supported to return home from hospital sooner – or avoid presenting to a hospital altogether – with the expansion of the RHH Hospital@home program</p>	<p>Hospital@home in the South has expanded its virtual ward from 12 to 22 beds and offers rapid response services. This expansion significantly increases the amount of hospital-level care delivered in the community.</p> <p>Eight new geriatric care beds have been established, offering comprehensive assessment and management for older, frailer patients. This first-of-its-kind service in the State helps elderly Tasmanians maintain their independence longer. Additionally, two new acute care beds have been added to the virtual ward.</p>
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Virtual healthcare consultation

The initiatives below are well underway and will be monitored through relevant strategies and work plans.

Status	Long-Term Plan: Enhanced virtual care initiatives	2024-2025 Achievement
In Progress	Implement the enhanced Rapid Access In-reach Services and progress implementation into the North West to provide advice to GPs and Rural Medical Practitioners (RMP) in the community and District Hospitals to support and improve patient health outcomes	The Rapid Access In-reach Service helps prevent unnecessary ED visits and hospital admissions by providing GPs and RMPs with quick access to specialist advice from a multidisciplinary team, including medical specialists.
New Direction	Develop a Virtual Care Strategy and Implementation Plan to deliver more care in the community	<p>A Model of Care is being developed for the Care@home service, including key elements such as clinical governance, best practices, referral pathways, team roles and responsibilities, standards of care, escalation processes, and connections with other service providers. It also addresses safety and quality practices, data collection, and evaluation methods to ensure continuous improvement.</p> <p>Models of Care are dynamic and can be refined over time to reflect new evidence and better ways of working. The vision for virtual and intermediate care is a central pillar of the Tasmanian Primary Healthcare Strategy and Action Plan, to help refocus a move from episodic care to continuous care approaches.</p>
In Progress	Establish a central virtual care hub/s in Tasmania, including exploring a "digital front door" and a single streamlined point of access for health information, referral and navigation	<p>The Care@home program serves as a centralised hub, supported by various tailored community and home-based programs for patients.</p> <p>It has been established as a statewide navigation hub, which will expand to provide a single point of access for health information, referrals, and navigation for home and community-based care. This will make it easier for both consumers and clinicians to identify available care pathways and support people in their preferred environment.</p>

SUPPORTING URGENT AND AFTER-HOURS PRIMARY CARE

The Tasmanian Government supports after-hours primary care and urgent care services through its \$8 million Primary Care Support Initiative. This initiative helps primary care providers deliver after-hours and urgent care. Around \$25 million has been invested by the State and Australian Governments to support the five Medicare Urgent Care Clinics (UCCs) in Launceston, Devonport, Hobart and Bridgewater.

The following initiatives have been completed.

Status	Long-Term Plan: Urgent and after-hours primary care initiatives	2024-2025 Achievement
Complete	In partnership with the Australian Government establish more UCCs in Tasmania to provide care for people who need to see a medical professional for a health issue that is urgent and requires treatment, but does not require presentation to a hospital ED	<p>The Tasmanian and Australian Governments have partnered to deliver UCCs across Tasmania. These clinics help reduce pressure on emergency departments by focusing on less serious conditions.</p> <p>Currently, five UCCs operate in Tasmania: two in Hobart CBD, and one each in Launceston, Devonport, and Bridgewater. Open seven days a week, Tasmania's five UCCs have seen over 100,000 presentations in the period since opening to August 2025. Many of these would otherwise have presented to an emergency department.</p> <p>The 2025-2026 Federal Budget includes funding to provide an additional 50 UCCs across Australia. The Australian Government has confirmed locations for Burnie, Sorell and Kingston.</p>
Complete	Continue to deliver the GP After-Hours Grants initiative to increase access to after-hours primary and urgent care services for Tasmanians regardless of where they live through different practice settings, including community pharmacies, general practice, and urgent care clinics	<p>The GP After-Hours Support Initiative has provided 24 grants over four rounds.</p> <p>Rounds One and Two: Increased access to after-hours primary and urgent care, including community pharmacies, general practices, and other primary care services.</p> <p>Round Three: Focused on after-hours and general business hours primary care for vulnerable groups, such as remote and rural communities, homeless Tasmanians, and the LGBTIQ+ community.</p> <p>Round Four: Expanded and improved services for vulnerable groups, especially those experiencing homelessness or at risk of becoming homeless.</p>

<p>Complete</p>	<p>Develop alternate care pathways for lower acuity ambulance patients to improve the efficiency of the system and the experience for the patient, examples include mental health and palliative care pathways</p>	<p>Alternate care pathways for lower acuity ambulance patients include:</p> <ul style="list-style-type: none"> • Ambulance Tasmania Secondary Triage: Lower acuity patients calling Triple Zero are assessed by a paramedic or registered nurse and referred to alternate care pathways if an emergency ambulance is not needed. • Community Paramedics: Available across all regions to treat lower acuity patients within the community. <p>The Statewide Mental Health Emergency Response (MHER) Teams is Tasmania’s approach to mental health co-response services that include both the Police, Ambulance, Clinician Early Response (PACER) services that operate in the South and North of the State, as well as MHER NW operating in the North West of the State.</p> <p>Each service model is specifically tailored to its regional need bringing together mental health clinicians, paramedics and police to provide timely and appropriate mental health care in the community.</p>
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The following initiatives are well underway and will continue to be monitored through the relevant strategies and programs of work.

Status	Long-Term Plan: Urgent and after-hours primary care initiatives	2024-2025 Achievement
In Progress	In partnership with Primary Health Tasmania (PHT) develop an After Hours and Urgent Care Services Framework in Tasmania to ensure that service gaps are addressed whilst developing a structure that will provide the right care in the right place at the right time for all Tasmanians	<p>The Tasmanian and Australian Governments have successfully delivered five UCCs across Tasmania, with plans to expand to three additional locations in Burnie, Sorell and Kingston, as announced in the 2025-2026 Federal Budget.</p> <p>In collaboration with PHT, the Department is developing a Tasmanian Primary Healthcare Strategy and Action Plan, which aims to integrate and conceptualise these existing initiatives into a strategic direction for primary healthcare services in Tasmania, including Medicare Urgent Care Clinics, GP After-Hours Grants, Primary Health Support Initiative, Hospital Avoidance Co-Investment Fund, and virtual care models like My Emergency Doctor.</p>
In Progress	Establish extended care paramedics and community paramedics to enable a primary healthcare focus and extend the care options for patients closer to where they live	<p>Extended care and community paramedics focus on primary care and attend to lower acuity patients who call Triple Zero. Community paramedics receive additional training to enhance their clinical assessment skills, scope of practice and access to alternative care referral pathways.</p> <p>The Tasmanian Government's commitment to placing 27 community paramedics in District Hospitals is underway.</p>
In Progress	Enable Tasmanians in regional and remote areas to access specialised virtual urgent care in Tasmania, such as My Emergency Doctor to provide urgent and emergency care to Tasmanians regardless of where they live	<p>Building on the success of Care@home, the Virtual Care Program is exploring high-quality, effective, and safe virtual care opportunities to transform services and reduce unplanned hospital visits, admissions, readmissions, and hospital stays.</p> <p>This effort is complemented by the Care@home expansion into acute virtual monitoring, chronic disease management and increased GP access through the Care@home – GP NOW program.</p>

<p>In Progress</p>	<p>Begin recruitment of 10 GPs to establish a GP NOW Rapid Response Unit to be deployed into local communities where and when needed to support access to GP services</p>	<p>The Care@home – GP NOW service provides an agile and flexible approach to deployment to ensure continuity of holistic health services for communities or health care settings. Integrated into the Care@home program, it offers clinical consultations and supports GP Registrars and junior doctors with supervision and training.</p> <p>In 2025, Care@home – GP NOW has been deployed to support a THS facility, contributed to Care@home expansion, and provided supervision in rural locations such as Dover.</p>
<p>In Progress</p>	<p>Establish an after-hours palliative care pilot in the North and North West to provide enhanced care for patients when they need it</p>	<p>Specialist Palliative Care Services in the North operate seven days a week, providing nursing services during business hours on weekends and public holidays. This service supports Community Nurses, GPs, Residential Aged Care Facilities, and offers direct patient care when needed.</p> <p>The Genesys telephony and data platform, introduced in January 2024, handled 3,445 calls in its first year. Genesys has also been implemented in the North West's five-day specialist palliative care service. In the South, weekend services have been supported by Genesys since December 2024.</p>



Devonport Medicare Urgent Care Clinic

CREATING SUSTAINABLE ELECTIVE SURGERY, ENDOSCOPY AND OUTPATIENT WAITING LISTS

The Tasmanian Government allocated an additional \$196.4 million over four years starting from 2021-2022 to support the *Statewide Elective Surgery Four-Year Plan 2021–2025*. The 2022-2023 Budget includes \$36.4 million in recurrent funding for elective surgery to maintain wait list sustainability. Additionally, \$38 million over four years is dedicated to the *Statewide Endoscopy Services Four-Year Plan 2023–2027* to improve access to endoscopy services and ensure timely procedures for Tasmanians.

The following initiatives have been completed.

Status	Long-Term Plan: Elective surgery, endoscopy and outpatient initiatives	2024-2025 Achievement
Complete	Implement the <i>Statewide Elective Surgery Plan 2021-2025</i> and develop the new <i>Four-Year Elective Surgery Plan 2025-2029</i> , to be expanded to include surgical dental procedures	<p>The <i>Statewide Elective Surgery Four-Year Plan 2021-2025</i> has improved elective surgery provision by successfully increasing elective surgeries and reducing wait times. In 2024-2025 there were 22,519 elective surgery admissions delivered, which is a record level of activity.</p> <p>Building on this success, the new <i>Four-Year Elective Surgery Plan 2025-2029</i> was released in June 2025. The plan aims to further reduce wait times, promote equitable access to surgery, improve health outcomes and quality of life for Tasmanians, and achieve broader economic benefits for the community.</p>
Complete	Establish a Statewide Centralised Referral Hub for outpatient services in Tasmania, to ensure efficient and effective coordination of outpatient services	A new Outpatient Central Services team has been established to enhance communication between Tasmanian patients and outpatient clinics statewide. This successful initiative improves patient experience and health outcomes and is crucial for increasing the capacity to deliver health services to Tasmanians.
Complete	Implement Statewide Referral Criteria (SRC) into Outpatient clinics in Tasmania to provide GPs and other primary care providers with clinical decision support tools to help manage, refer and triage their patients	The SRC has been integrated into the new eReferral system to streamline patients' specialist outpatient experience. It ensures that referrals are assessed uniformly in outpatient specialist clinics, improving the timeliness and quality of referrals. This system also provides decision support tools for GPs to help manage their patients appropriately. SRC has been implemented in cardiology, gastroenterology, respiratory, and sleep medicine services across all regions.

Complete	Plan for the delivery of a new surgical robot at the LGH to improve clinical outcomes for patients undergoing urological, gynaecological and other precision procedures	In March 2024, the Tasmanian Government committed nearly \$4.7 million to purchase a surgical robot for urological, gynaecological, and other precision procedures. This technology can improve clinical outcomes by reducing complications, pain, blood loss, and infection, leading to shorter recovery times and hospital stays. The surgical robot has been delivered to the LGH and commenced operations in September 2025.
Complete	Provide additional funding through the Medical Equipment Fund to provide critical equipment for elective surgery and endoscopy	The Tasmanian Government has committed to a \$40 million hospital medical equipment fund for the purchase of critical hospital equipment such as endoscopes, ventilators, monitors and ultrasounds. Procurement of a wide range of equipment is underway and will continue over the life of the funding.

The following initiatives are well underway and will continue to be monitored through the relevant strategies and programs of work.

Status	Long-Term Plan: Elective surgery, endoscopy and outpatient initiatives	2024-2025 Achievement
In Progress	Implement the <i>Statewide Endoscopy Services Four-Year Plan 2023-2027</i> delivering more endoscopies and seeing more people within clinically appropriate times, and enhance services to meet future demand	Through the first year of the <i>Statewide Endoscopy Services Four-Year Plan 2023-2027</i> , more people have received an endoscopy in Tasmania than any year on record. A record 13,806 endoscopies were delivered in 2024-2025, 733 more than the yearly target.
In Progress	Develop a comprehensive service model to increase access to best practice models of care and pathways for people living with musculoskeletal conditions, including development of persistent pain and rheumatology services in the North and North West	Outreach clinics have been delivered in the North and North West and a statewide model of care for rheumatology is being implemented, which includes the establishment of permanent rheumatology service and enhanced persistent pain services in the North and North West in 2025.

<p>In Progress</p>	<p>Continue implementing the four-year <i>Outpatient Transformation Strategy 2022-2026</i> to better meet the needs of our community and ensure people have access to the services they need, when they need them</p>	<p>The 2023-2024 Budget included an additional investment of \$20 million over two years to transform outpatient services. This is in addition to \$1.8 million per annum in ongoing funding which commenced in the 2022-2023 Budget. Investment is being used for service delivery redesign, information technology and business process redesign.</p> <p>The Outpatient Transformation is allowing us to see more people within clinically recommended timeframes, deliver improved outcomes for individuals and broaden community access to specialist services for those that need them.</p>
<p>In Progress</p>	<p>Implement the Digital Outpatient Management Solution to improve the patient experience across their outpatient journey through delivering an enhanced user experience for consumers, clinicians, and administrators</p>	<p>Through the evaluation process involved in the procurement of the EMR solution, it has been determined that the EMR suite will incorporate this capability.</p>
<p>To Commence</p>	<p>Commence a clinician led trial of colon capsule endoscopy at the RHH to investigate the viability of this technology as a diagnostic tool within existing endoscopy services</p>	<p>In March 2024, the Tasmanian Government committed to investing in colon capsule endoscopy, an innovative diagnostic technology. This technology benefits patients by quickly triaging those most in need of a colonoscopy.</p> <p>A clinical-led trial is currently being investigated.</p>
<p>In Progress</p>	<p>Expand services to diagnose and treat endometriosis, with increased outpatient appointments at the RHH, LGH and the NWRH</p>	<p>In addition to the surgical robot for the LGH, the Tasmanian Government is investing \$1.2 million to boost awareness, diagnosis, and treatment of endometriosis across the public health system. Work on this program has commenced.</p> <p>During Endometriosis Awareness Month in March 2025, several community education and awareness activities and media events were completed.</p>

<p>In Progress</p>	<p>Establish a new outpatient service, employing two General Practitioners with a special interest (GPSIs) in Attention Deficit Hyperactivity Disorder (ADHD) to support diagnosis and treatment for children with ADHD</p>	<p>The Department is making it easier for specialists and GPSIs in ADHD to prescribe ADHD medications, extending their authorisation period from two to three years.</p> <p>As part of the <i>Outpatient Transformation Strategy 2022-2026</i>, the General Practitioners with Special Interests (GPSI) program was piloted during the 2024–2025. GPSIs worked across various paediatric conditions, including behavioural and neurodevelopmental issues, in partnership with paediatric specialist teams.</p> <p>The new GP specialist service for children with ADHD will build on this work, ensuring timely access to care for Tasmanian children with behavioural or neurodevelopmental concerns.</p>
<p>In Progress</p>	<p>Expand the use of Nurse Practitioners (NP) to deliver contemporary Models of Care, prioritising cardiology, paediatrics, persistent pain management, neurology and respiratory medicine</p>	<p>The NP service in Tasmania has expanded to improve patient access to specialised healthcare.</p> <p>The Clinical Nurse Consultant pathway to NP has been introduced to provide nurse-led Models of Care in outpatient clinics for cardiology and neurology services. Local areas lead recruitment, and performance is monitored through the Outpatient Transformation Program.</p>

ENHANCING RURAL AND REGIONAL HEALTH AND OPTIMISING THE UTILISATION OF OUR DISTRICT HOSPITALS AND COMMUNITY HEALTH CENTRES

Under the Long-Term Plan, the Tasmanian Government is committed to optimising health services in rural and remote communities. Efforts are already underway to strengthen these services through place-based approaches and innovative rural health workforce models. The Government has allocated \$500,000 for the District Hospitals and Community Health Centres Masterplan, which will guide capital investment in 13 District Hospitals and 23 Community Health Centres to meet community needs.

The following initiatives have been completed.

Status	Long-Term Plan: Rural and regional health initiatives	2024-2025 Achievement
Complete	Continue implementing the Single Employer Model (SEM) for Tasmania, an innovative new employment model for General Practitioners in training aimed at boosting the number of doctors in rural and remote areas	The Tasmanian and Australian governments have partnered to deliver the SEM initiative, aimed at removing barriers for doctors entering community-based GP training. The SEM Memorandum of Understanding has been extended, and the Pilot will run through to December 2028. The Pilot program is capped at 20 Registrars, with all positions currently filled.
Complete	Establish a model for GPSIs in Tasmania to extend their skills and work in hospitals and other health settings and optimise the use of GPSIs in areas of need	Following completion of the pilot, a formal evaluation was undertaken. The findings have informed a series of recommendations aimed at enhancing the program's long-term sustainability, operational efficiency, and alignment with broader health system objectives.
Complete	Develop a multi-year grant funding program to strengthen and sustain GP practices, with funding to support GP practices to implement changes like extended hours of service, to embed nurse practitioners into their model, or to deliver capital upgrades	In March 2024, the Tasmanian Government launched the General Practice Sustainability and Viability Initiative to support general practices in outer-urban, regional, and rural areas. The initiative is funded \$8 million over four years, as allocated in the 2024-2025 State Budget. Grant Round One was launched in August 2024, with \$1.8 million awarded to six successful applicants across Tasmania.
Complete	Establish a Tasmanian Rural and Remote Clinical Network (TRRCN) to understand rural healthcare needs, make connections and provide advice to health leaders for decision making	Established in 2023, the TRRCN aims to understand rural needs and offer expert advice on current and emerging issues. The Network will address rural health service planning, service improvements, equity issues, and workforce requirements at both statewide and local levels.

Complete	Deliver more dental healthcare for children and concession card holders in regional areas including East Coast, West Coast, Central Tasmania and the Huon Valley through a partnership with Royal Flying Doctor Service Tasmania (RFDS)	<p>The Tasmanian Government has partnered with the RFDS to continue providing dental care in rural and regional areas. Initially funded for the West Coast, Central Tasmania and Huon Valley, the service area expanded to the east coast, from St Helens to Orford, with increased funding from 2024-2025 over three years, starting 1 July 2025.</p> <p>The RFDS began delivering services from Campbell Town in January 2025 and are planning for services to start in Dover in early 2026.</p>
Complete	In partnership with the Local Government Association of Tasmania (LGAT) implement and evaluate the Local Government Health and Wellbeing Network	<p>All 29 Tasmanian Councils have received Lift Local Grants. They are working on various initiatives, including community consultation, data gathering, youth engagement, food security research, Aboriginal Cultural Awareness, inclusivity, and climate resilience.</p> <p>The Local Government Health and Wellbeing Network supports engagement and capacity building. An evaluation by UTAS has demonstrated this support helps councils learn and support each other to improve health and wellbeing.</p>
Complete	Establish a HECS debt repayment scheme to support General Practitioners who work in rural and regional areas of Tasmania for a minimum of five years	<p>In March 2024, the Tasmanian Government introduced the Rural GP Settlement Incentives to attract up to 40 new GPs to rural and regional areas.</p> <p>Originally a HECS repayment commitment, the program, redesigned to become the Rural GP Settlement Incentive, includes a \$100,000 settlement allowance to make it more appealing for GPs to settle and practice in these communities.</p>

The following initiatives are well underway and will continue to be monitored through the relevant strategies and programs of work.

Status	Long-Term Plan: Rural and regional health initiatives	2024-2025 Achievement
In Progress	Develop LGA based health service optimisation plans to ensure robust service planning for rural and regional Tasmania, incorporating workforce and infrastructure considerations	<p>The Department has conducted clinical services planning in our rural and remote areas of the State, to understand population changes and service need.</p> <p>This work will support the development of the Tasmanian District Hospitals and Community Health Centres Masterplan.</p>

In Progress	Develop a Primary Healthcare Strategy and Action Plan for Tasmania in response to Australia's <i>Primary Health Care 10 Year Plan</i> to strengthen the primary healthcare workforce, relationships between collaborating partners and community-based service delivery	<p>The Department is partnering with PHT to develop a Tasmanian Primary Healthcare Strategy and Action Plan, to enhance the delivery of primary healthcare and outline a path towards ensuring Tasmanians receive the right care, in the right place, at the right time.</p> <p>The Strategy will provide a comprehensive response to the national framework: <i>Future Focused Primary Health Care: Australia's Primary Health Care 10 Year Plan</i>. It considers and aims to support how Tasmania can deliver a stronger, more integrated primary healthcare system that considers the diverse health needs and circumstances of all Tasmanians.</p>
In Progress	Deliver the Access to Health Service Project (A2HS) to increase and improve access to health services in regional, rural and remote areas of North and North West Tasmania	<p>A2HS is operating in 11 Local Government Areas (LGAs) across the North and North West to trial and implement local solutions to improve access to health services.</p> <p>Lead organisations have been appointed for all 11 sites, to undertake data gathering, service mapping and community consultation to inform the development of a Health Services Access Improvement Plan. Subject to the approval of these plans, further funding will be released to support the implementation of the plans, with implementation continuing through to October 2026.</p>
In Progress	Work with the Australian Government to provide more aged care beds on the West Coast and work with the West Coast Council on their plan to adapt the Rosebery Health Centre to deliver more outreach home and community-based health services in the area	<p>The Tasmanian Government is collaborating with the West Coast Council to adapt the Rosebery Health Centre for more outreach home and community-based health services. The 2024 Model and Service review proposes a holistic healthcare approach, focusing on prevention, accessibility, and community collaboration.</p> <p>The Australian Government provided \$1 million through the Community Health and Hospitals Program for improvements to the West Coast District Hospital, with the Tasmanian Government adding \$650,000 to support additional aged care capacity. This project is now complete.</p>

ENHANCING OUR MENTAL HEALTH SERVICES

The Tasmanian Government is implementing several key strategies to enhance the health and well-being of Tasmanians, including *Rethink 2020*, the Tasmanian Mental Health Reform Program, the Agenda for the Alcohol and Other Drugs Sector, and the *Tasmanian Drug Strategy 2024-2029*. In the 2024-2025 Budget, approximately \$320.98 million is allocated to advance the Mental Health Infrastructure Program. This includes \$130 million in capital funding for two new Mental Health Services Precincts: \$90 million for the North and \$40 million for the North West.

The following initiatives have been completed.

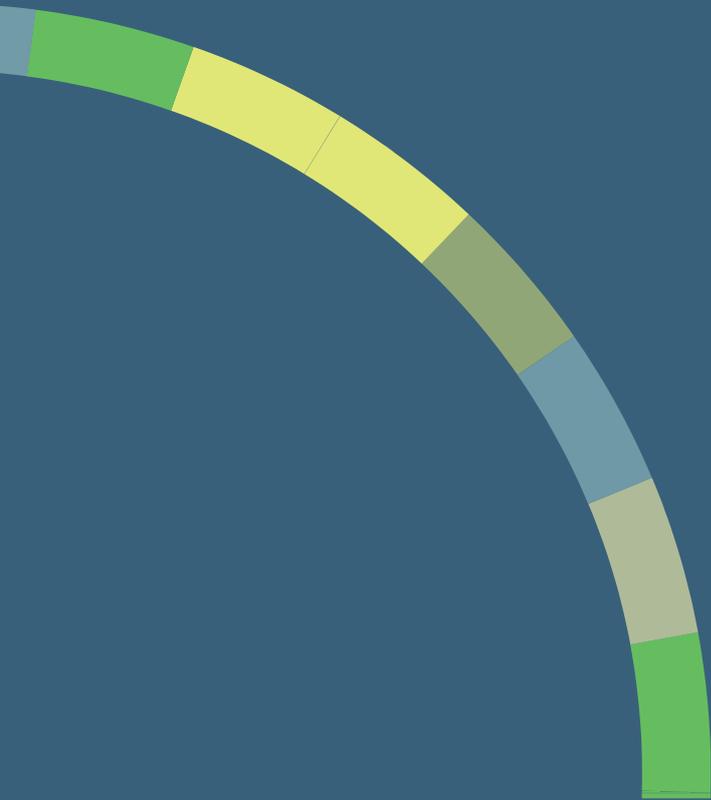
Status	Long-Term Plan: Mental health service initiatives	2024-2025 Achievement
Complete	In partnership with Primary Health Tasmania, establish a Mental Health and Alcohol and Other Drugs Central Intake and Referral Service (CIRS) to streamline mental health and alcohol and other drug support service access in Tasmania	<p>The statewide CIRS is operational and continues to be implemented in stages. It has fully integrated with the Head to Health Phone Service (now Medicare Mental Health), including GP eReferrals for mental health and alcohol and other drug services in Tasmania.</p> <p>Ongoing work includes expanding the multidisciplinary team through the CIRS Workforce Plan, collaborating with PHT to broaden service reach and support options, and preparing a local awareness campaign.</p>
Complete	Develop and action the <i>2023-24 Rethink 2020 Implementation Plan</i> to improve mental health outcomes for all Tasmanians	<p><i>Rethink 2020</i> is Tasmania's strategic mental health plan. Progress updates for actions from the <i>2023-24 Rethink 2020 Implementation Plan</i> are detailed in the 2023-24 Annual Report.</p> <p>Rethink concluded on 30 June 2025, with the <i>2024-2025 Rethink 2020 Implementation Plan</i> focusing on building a strong foundation, identifying priority areas and transitioning projects.</p> <p>The Department has commenced planning for Tasmania's next mental health plan in collaboration with key stakeholders while key priorities continue to progress.</p>
Complete	Deliver more mental health services for youth, including the Mental Health Hospital in the Home service in the North West	<p>The new Youth Mental Health Hospital in the Home pilot program based in Devonport, provides specialist clinical care for young people aged 15-24 years with acute or complex mental health concerns.</p> <p>The pilot offers 12 beds, operating seven days a week. The multidisciplinary team includes psychiatrists, pharmacists, allied health professionals, nurses, youth workers, and lived experience workers.</p>

<p>Complete</p>	<p>Develop the <i>Tasmanian Drug Strategy 2024-2029</i> to provide a strategic framework to guide collaborative action to support and improve Tasmanians' health and wellbeing, and prevent and reduce the health, economic, and social costs of alcohol, tobacco and other drugs use</p>	<p>The <i>Tasmanian Drug Strategy 2024-2029</i> and its first Implementation Plan were released in 2024. The vision is for an inclusive and safe Tasmania, where people are treated equitably and make informed health decisions regarding alcohol, tobacco, and other drugs.</p> <p>The Strategy promotes collaborative action among Government agencies, organisations, and the community to address alcohol, tobacco, and other drug use in Tasmania.</p>
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The actions below are well underway.

Status	Long-Term Plan: Mental health service initiatives	2024-2025 Achievement
<p>In Progress</p>	<p>In partnership with the Australian Government, establish three new Head to Health Kids (H2HKids) integrated within existing Child and Family Learning Centres at Bridgewater, East Tamar and Burnie to provide an integrated early intervention multidisciplinary service for children from birth to 12 years of age and their families experiencing emerging complexity</p>	<p>Through the Tasmanian Bilateral Agreement for Mental Health and Suicide Prevention, H2HKids is being piloted until mid-2026. The Bridgewater service began in March 2025, Burnie began in May 2025 and East Tamar began in July 2025.</p> <p>The program collaborates with Child Health and Parenting Services (CHaPS), Tasmanian Health Service Paediatric Services, the Department for Education, Children and Young People, and the School Nursing Program to complement existing services and meet local needs.</p>
<p>In Progress</p>	<p>Establish the Tasmanian Eating Disorder Service, with a statewide community-based treatment program for eating disorders, including group and day programs, and 12-bed residential facility at St John's Park to provide integrated, specialist care and assist Tasmanians to recover from eating disorders</p>	<p>The Tasmanian Government has committed \$24 million over four years from 2023-2024 to the Tasmanian Eating Disorder Service, to deliver residential and day and evening programs. Additional funding from the Australian Government through the Community Health and Hospitals Program and the Bilateral Schedule on Mental Health and Suicide Prevention. Service design is now complete through extensive stakeholder consultation.</p> <p>The Community-Based Intensive Treatment services will provide individual psychological interventions, group and day programs, medical monitoring, and meal support.</p>

In progress	Build on the after-hours child and youth mental health service at the RHH and expand this to the LGH and NWRH	Child and Youth Mental Health Services (CYMHS) has extended its hospital consultation and liaison service at the RHH to seven days a week, including after-hours to 10:00 pm, following a successful pilot. Recruitment is underway to pilot a tailored service at the NWRH, with scoping also in progress for a model at the LGH.
In progress	Begin service planning for a new four-bed Mother and Baby Unit in the new Launceston Health Hub	The Tasmanian Government has partnered with Tresillian Family Care Centre to establish residential and day services at the Launceston Health Hub. Construction at Launceston Health Hub for the Mother-Baby Unit has commenced and is expected to open in late 2025. The Centre will also include a co-located Gidget House to provide psychological services for parents experiencing perinatal depression and anxiety.
In Progress	Implement the <i>Tasmanian Suicide Prevention Strategy 2023-2027</i> , which sets out the Tasmanian Government's vision and priorities for preventing suicide over the next five years through actions to reduce suicide and suicide attempts and improve the wellbeing of Tasmanians	The <i>Tasmanian Suicide Prevention Strategy 2023–2027</i> is progressing with \$3.75 million in ongoing funding. The second <i>Tasmanian Suicide Prevention Strategy Implementation Plan</i> , released in October 2024, guides actions through to December 2025, building on existing activities and introducing new ones from extensive consultations. The Tasmanian Centre for Mental Health Service Innovation has developed an evaluation framework to measure impact and ensure quality improvement.
In Progress	Develop more Child and Youth outreach clinics in Kingston, Brighton and the North West	To support Tasmanian infants, children, and young people up to 18 years, CYMHS is increasing access to services closer to home. Outreach services are delivered in all regions and additional clinical services have been commenced or are in the process of development in Devonport, Kingston, Brighton and Launceston.
In Progress	Begin planning for a new Mental Health Hub in Devonport, which will offer a Safe Haven, Recovery College, and Integration Hub to support improved services in the North West	The Tasmanian Government has committed \$7.6 million to establish the Devonport Mental Health Hub, with additional funding from the Australian Government as part of the PHT co-located service and the Tasmanian Bilateral Agreement for Mental Health and Suicide Prevention. The Department has developed a clinical service plan, functional design brief, and accommodation schedule. Construction is expected to begin in 2026, with occupation of the building expected in early 2028.



Tabled - 17/11/2025
Minister for Health.

NOVEMBER 2025

Nurse Practitioner Strategy 2025 - 2030

Consultation Draft



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Version 1.0 – 10/09/2025

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The Department of Health Tasmania respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play.

We recognise their deep connection to land, waters, sky and community and acknowledge Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge and learn from the ongoing work of Aboriginal organisations in ensuring continued health and wellness.

We pay our respect to Aboriginal Elders, past and present.

1 Consultation Questions

The Department of Health is inviting stakeholder feedback on this Nurse Practitioner Strategy Consultation Draft and its suggested actions prior to finalisation.

To provide feedback:

Written feedback can be submitted using the link on the Department of Health website, [Nursing and Midwifery Strategies | Tasmanian Department of Health](#)

Feedback is invited until **21 December 2025**.

Formal consultations will be held between **25 November and 21 December 2025**.

The following questions are provided to guide your feedback; however, you are free to comment on any aspect of the draft Strategy and should not be limited by the questions.

Consultation Questions – Nurse Practitioner Strategy

1	Does the Nurse Practitioner Strategy provide an appropriate vision for Nurse Practitioners and Nurse Practitioner-led models of care in Tasmania? If no, please provide further information.
2	Do the suggested Strategic Themes and Actions provide a path forward for Nurse Practitioners in Tasmania? If no, please provide further information.
3	Do you have any suggested additions to the content or actions within the Nurse Practitioner Strategy? If yes, please provide further information.
4	Do you have any other comments in relation to the Nurse Practitioner Strategy? If so, please provide further information.
5	From your perspective, what would success look like in 2030 for the Nurse Practitioner workforce in Tasmania?

The draft Strategy should be read in conjunction with the draft Nurse Practitioner Implementation Toolkit: Nurse Practitioners and Nurse Practitioner Candidates (the Toolkit). The Toolkit and a link to provide written feedback are also available on the Department of Health website, [Nursing and Midwifery Strategies | Tasmanian Department of Health](#).

Consultation Questions – Implementation Toolkit: Nurse Practitioners and Nurse Practitioner Candidates

1	Does the Toolkit provide the appropriate guidance and information to establish Nurse Practitioner and Nurse Practitioner Candidate roles in Tasmania? If no, please provide further information.
2	Do the suggested Five Steps of the Toolkit provide an appropriate pathway for planning and implementing Nurse Practitioner and Candidate roles and models of care in Tasmania? If no, please provide further information.
3	Do you have any suggested additions to the content of the Toolkit? If yes, please provide further information.
4	Do you have any other comments in relation to the Toolkit? If so, please provide further information.

2 Introduction

2.1 Why do we need a strategy?

Tasmania, like many regions in Australia and internationally, is facing significant healthcare workforce challenges. This is compounded by increasing demand for healthcare, rising rates of chronic disease, and growing healthcare disparities. The healthcare system, particularly in rural and remote areas, is under pressure to meet the growing and diverse needs of its population. Public expectations about where and how healthcare is delivered are changing, and the use of digital health is increasingly offering new and innovative ways to provide care.

Nurse Practitioners represent an untapped resource and a highly skilled segment of the healthcare workforce. Realising the full potential of Nurse Practitioners in the Tasmanian health system creates the opportunity for more Tasmanians to receive health care sooner, as close to home as possible.

The Tasmanian Government and Department of Health are committed to working with, and supporting, Nurse Practitioners to work to their full scope of practice in settings across our health system, improving consumer outcomes and access to healthcare services, and helping to drive health reform. For example, the *Long-Term Plan for Healthcare in Tasmania 2024* aims to enhance Nurse Practitioner models to increase service access and efficiency and improve consumer experiences (Action 6.5.4 of the *Long-Term Plan for Healthcare in Tasmania*).¹

Several recent reviews have highlighted the significant role of Nurse Practitioners in the Australian healthcare system and have recommended removing barriers to practice and reviewing systems to support Nurse Practitioners to work to their full scope. The *Strengthening Medicare Taskforce Report 2022* and the *Unleashing the Potential of our Health Workforce – Scope of Practice Review 2024* (Cormack Review) have made recommendations to better enable Nurse Practitioners to practice to their full scope, thereby enhancing primary healthcare provision, improving access to healthcare, and streamlining care within multidisciplinary teams. The Cormack Review also noted that health professionals and consumers often have a limited understanding of the skills, capabilities and scope of practice of members of healthcare teams.^{2 3}

Historically, Nurse Practitioner models of care have been developed to respond to identified service gaps or staff shortages. More recently, models of care have focused on utilising Nurse Practitioners to exemplify service, enhance health systems, and improve access to healthcare. Contemporary Nurse Practitioner models are more innovative and aim to build on service capacity, and deliver quality, safe and sustainable care that meets community needs.

This Strategy is a blueprint to support the growth, recognition, and better utilisation of Nurse Practitioners in Tasmania. While Nurse Practitioners continue to face challenges such as misconceptions about their role, this Strategy is designed to guide and grow the Nurse Practitioner

¹ Department of Health. (2023). *Long-term Plan for Healthcare in Tasmania 2040*. Tasmanian Department of Health. Retrieved 26/06/2024. [{Our Healthcare Future | Tasmanian Department of Health}](#).

² Department of Health and Ageing. (2022). *Strengthening Medicare Taskforce Report*. Australian Government. Retrieved 28/06/2024. [{Strengthening Medicare Taskforce Report \(health.gov.au\)}](#)

³ Department of Health and Aged Care (Australia). (2024). *Unleashing the Potential of our Health Workforce – Scope of Practice Review*. Australian Government. Retrieved 29/01/2025 [{Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report | Australian Government Department of Health and Aged Care}](#)

workforce, to highlight opportunities for role expansion, and remove systemic restrictions and cultural barriers that influence their integration and ability to practice to their full scope.

2.2 Nurse Practitioners

A Nurse Practitioner is a highly experienced registered nurse endorsed by the Nursing and Midwifery Board of Australia (NMBA) and is considered an expert in their specialist field. Nurse Practitioners practice independently and collaboratively with an extended scope of practice. They are authorised to deliver advanced, autonomous, and clinically focused care across a range of settings in metropolitan, community, and rural and remote areas. Nurse Practitioners complete a minimum of 5,000 hours at an advanced clinical nursing practice level and a Master's level degree prior to NMBA endorsement.⁴

Operating within established professional, legislative, and regulatory frameworks, Nurse Practitioners provide a broad scope of services described by the NMBA Nurse Practitioner Standards for Practice. This includes:

- Comprehensive clinical assessments
- Diagnosis and treatment planning
- Prescribing medications and therapies
- Ordering diagnostic investigations
- Referral of patients to other health professionals.⁵

Nurse Practitioners integrate skills and knowledge across clinical care, education, research and leadership to build on and expand upon the registered nurse scope of practice. This is described by the Nurse Practitioner Standards Framework (Figure 1).⁶

Nurse Practitioner practice is also described by the five domains of the Strong Model of Advanced Practice (Figure 2):

- Direct comprehensive care (provision of comprehensive, evidence-informed clinical care)
- Support of systems (navigating complex healthcare systems, improving and enhancing service integration and improvement)
- Providing education (to consumers, families, peers and multidisciplinary teams)
- Leading and undertaking research
- Publication and professional leadership.⁷

⁴ Department of Health and Ageing. (2023). *Nurse Practitioner Workforce Plan*. Australian Government. Retrieved 28/06/2024 {[Nurse Practitioner Workforce Plan \(health.gov.au\)](https://www.health.gov.au/nurse-practitioner-workforce-plan)}.

⁵ Nursing and Midwifery Board of Australia. (2021). *Nurse practitioner standards for practice*. Australian Health Practitioner Regulation Agency. Retrieved 28/06/2025. { [Nursing and Midwifery Board of Australia - Nurse practitioner standards for practice](https://www.nmba.gov.au/nurse-practitioner-standards-for-practice) }

⁶ SA Health. (2022). *Nurse Practitioner Guide*. South Australian Government. Retrieved 28/06/2025. { [Nurse Practitioner Guide](https://www.sahealth.sa.gov.au/nurse-practitioner-guide) }.

⁷ Dunphy, L. M., Oscar-Porter, B., Winland-Brown, J.E., & Thomas, D.J. (2015). *Primary care: The art and science of advanced practice nursing* (4th ed.). F.A. Davis Company.

Figure 1: Nurse Practitioner Standards Framework⁵

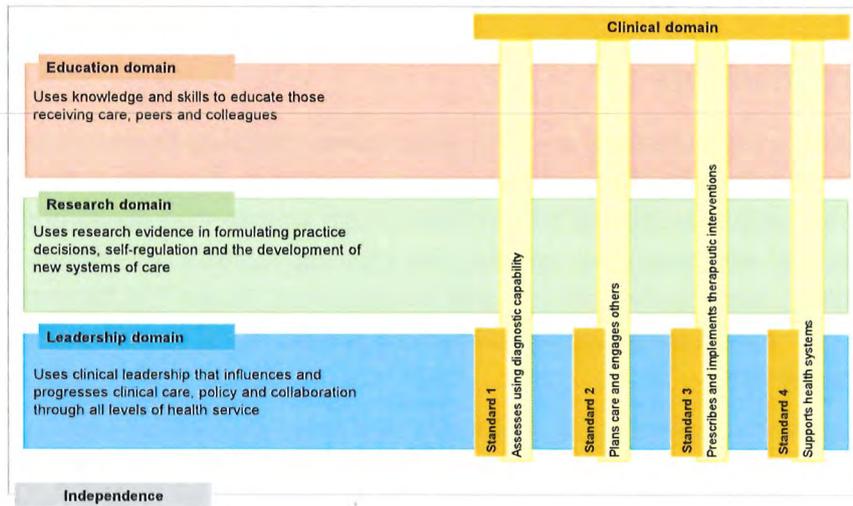
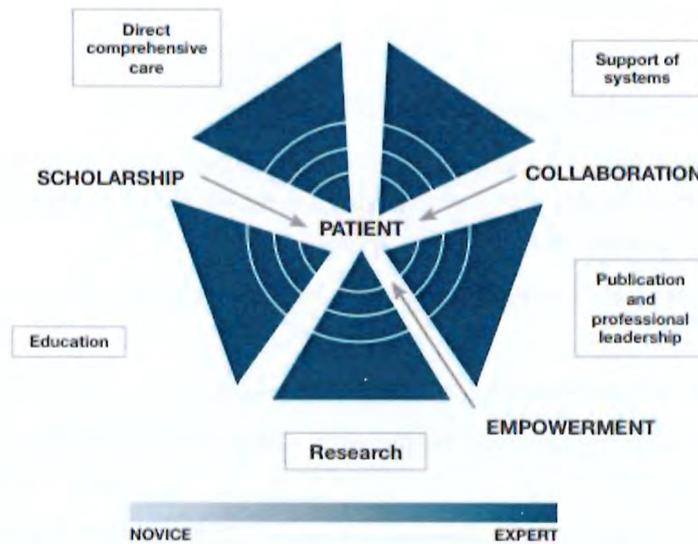


Figure 2: Strong Model of Advanced Practice⁸



Enabling Nurse Practitioners to practice at the full scope of their legislative and regulatory practice provides benefits for consumers, health professionals and health services. This includes a stable and consistent expert clinical nurse workforce, support and mentoring of early career staff, leading clinical research, implementing evidence-based care in practice and contributing clinical expertise to the development of healthcare policy and programs.^{9 10}

⁸ Chief Nursing and Midwifery Officers Australia. (2020). *Advanced Nursing Practice – Guidelines for the Australian Context*. Department of Health: Canberra.

⁹ Lutze, M., Fry, M., Mullen, G., O’Connell, J., & Coates, D. (2017). Highlighting the Invisible Work of Emergency Nurse Practitioners, *The Journal of Nurse Practitioners Vol. 14 (1)* pp26-32. Retrieved 24/07/2024. {[Highlighting the Invisible Work of Emergency Nurse Practitioners - ScienceDirect](#)}

¹⁰ Savard, I., A, Hakim, G., & Kilpatrick, K. (2023). The added value of the nurse practitioner: An evolutionary concept analysis. *Nurse Open, Vol. 10 (4)* pp2540-2551. Retrieved 24/07/2024. {[The added value of the nurse practitioner: An evolutionary concept analysis - PMC \(nih.gov\)](#)}

2.3 Tasmania's Nurse Practitioner Workforce

Nurse Practitioners have been working in Australia for more than 20 years. The introduction of the role was initially intended to improve access to healthcare in rural and remote areas of the country and has grown to provide diverse healthcare in rural and remote, community, and metropolitan settings.

In 2023-2024, there were 56 endorsed Nurse Practitioners in Tasmania. This represents 0.48 per cent of the Tasmanian registered nurse workforce. Nationally, 0.57 per cent of the registered nurse workforce are endorsed as Nurse Practitioners.¹¹

The flexibility and diversity of Nurse Practitioner roles across Australia demonstrate the ability of Nurse Practitioners to address a range of healthcare needs in a variety of practice settings. The flexibility of the Nurse Practitioner model of care can help improve service access, provide early intervention for acute and chronic conditions, decrease readmission rates, and improve follow-up care by providing services close to where the consumer lives and works.¹²

2.4 Current Context: state and national reforms and initiatives

Nursing workforce reforms span multiple levels of government and the public and private healthcare sectors. Cooperation and collaboration between different levels of government and healthcare providers are essential and can deliver value when people are the focus of reform. While we will continue to work with the Australian Government on national nursing workforce initiatives, such as the national *Nurse Practitioner Workforce Plan* and the *Unleashing the Potential of our Health Workforce – Scope of Practice Review*, the actions of this Strategy are not reliant on, but are consistent with and supported by, Australian Government reform.^{4 3}

2.4.1 Related Strategies and Initiatives

The Department's ***Strategic Priorities 2024-2028*** outlines six key priorities to achieve a vision that all Tasmanians are supported by a world-class, innovative and integrated health service. Nurse Practitioners can play a key role in the provision of high-quality and safe care, leading innovative and impactful research and reforming the delivery of care in the community.¹³

Tasmania's ***Long-term Plan for Healthcare in Tasmania 2040*** provides system-wide direction and strategy for health services. It aims to deliver better and more accessible care in the community, strengthen prevention and build the health workforce of the future.¹

The ***Health Workforce 2040 Strategy*** identifies six focus areas to shape the health workforce to better meet the health needs of Tasmanians, including the development of Nurse Practitioner candidate roles.¹⁴

¹¹ Nursing and Midwifery Board of Australia. (2024). *Annual Report 2023/24*. [Data Tables]. Retrieved 14/05/2025. [{Nursing and Midwifery in 2023/24}](#)

¹² Department of Health and Ageing. (2023). *Nurse Practitioner Workforce Plan*. Australian Government. Retrieved 28/06/2024. [{Nurse Practitioner Workforce Plan \(health.gov.au\)}](#).

¹³ Department of Health. (2024). *Strategic Priorities 2024-2028*. Tasmanian Government. Retrieved 26/06/2024. [{Strategic Priorities 2024-2028 overview | Tasmanian Department of Health}](#).

¹⁴ Department of Health. (2019) *Health Workforce 2040*. Tasmanian Government. Retrieved 24/07/2024. [{Health Workforce 2040 - Strategy | Tasmanian Department of Health}](#).

The Australian Government's ***Nurse Practitioner Workforce Plan*** aims to enhance the accessibility and delivery of person-centred care through a well-distributed, culturally safe Nurse Practitioner workforce and has informed the themes of this Strategy.¹⁵

Unleashing the Potential of our Health Workforce – Scope of Practice Review 2024 outlines reforms aimed at implementing the necessary system changes and improvements to enable health professionals to work within their full scope of practice.³

The ***National Nursing Workforce Strategy*** (due for release in 2025) will provide priorities for strengthening the sustainability of the nursing workforce and a framework to foster collaboration and action to shape the future of the nursing workforce in Australia.¹⁶

The ***Strengthening Medicare Taskforce Report*** identifies where investment is needed to rebuild primary care as the core of a modern health system.²

The Department's ***Healthy Tasmania Five-year Strategic Plan 2022-2026*** is a strategic plan for preventive health in Tasmania, including identifying and supporting people at risk of developing disease and managing care for people when they are unwell.¹⁷

¹⁵ Department of Health and Ageing. (2023). *Nurse Practitioner Workforce Plan*. Australian Government. Retrieved 28/06/2024 {[Nurse Practitioner Workforce Plan \(health.gov.au\)](#)}.

¹⁶ Department of Health and Ageing. (2024). *National Nursing Strategy*. Australian Government. Unpublished.

¹⁷ Department of Health. (2022). *Healthy Tasmania Five-year Strategic Plan 2022-2026*. Tasmanian Government. Retrieved 26/06/24. {[HEALTHY TASMANIA FIVE-YEAR STRATEGIC PLAN 2022-2026](#)}.

3 Vision and Strategic Directions

This Strategy provides a blueprint for growing and supporting the Nurse Practitioner workforce, aiming to deliver culturally safe, sustainable healthcare services that provide the right care, in the right place, at the right time. With a holistic view that integrates care across the health system, this Strategy aims to develop and promote flexible, responsive, innovative and person-centred models of care led by Nurse Practitioners practising autonomously and in collaboration with multidisciplinary teams.

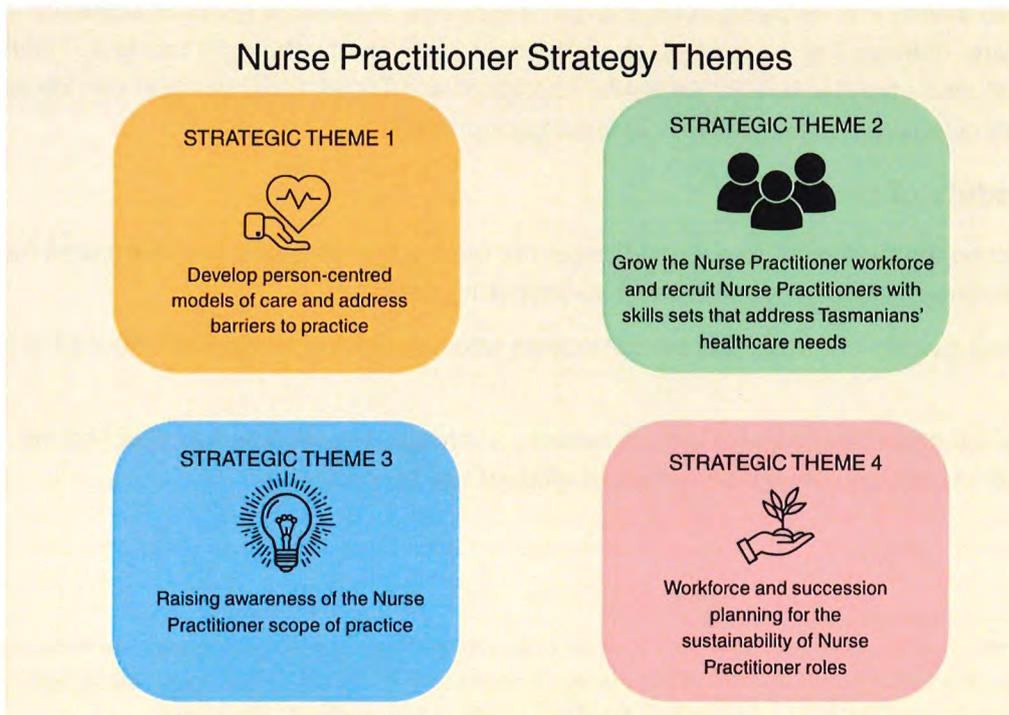
The Tasmanian Government and Department of Health are committed to enabling Nurse Practitioners to work to their full scope of practice in areas of critical need, such as chronic disease management, mental health and primary care, by focusing on person-centred care and innovative service delivery, especially in rural and remote areas. This Strategy creates the basis for a sustainable and effective Nurse Practitioner workforce that improves consumer outcomes and meets the current and future healthcare needs of Tasmania.

3.1 Vision

To create and support a sustainable, effective and integrated Nurse Practitioner workforce that is responsive to and meets the needs of the Tasmanian community now and in the future.

3.2 Overview of the Strategic Themes

Four strategic themes underpin the vision of this Strategy and support the development of nurse-led models of care that are flexible, responsive, innovative and person and family centred. These themes have been organised into four focus areas. The themes have been developed by distilling current and emerging issues from the literature, national policy and strategic healthcare reforms, and current practice issues raised through ongoing dialogue with the Australian College of Nurse Practitioners (Tasmania).



4 Strategic Themes

4.1 Strategic Theme One

Objective	Actions
Develop person-centred models of care and address barriers to practice.	Develop Nurse Practitioner-led models of care to improve access and early intervention for key priority areas of service delivery.
	Analyse current and future service delivery to determine the appropriate Nurse Practitioner model of care that is relevant, effective and sustainable.
	Explore models of care that expand Nurse Practitioner roles in Tasmania, especially in underserved and high-need populations/areas.
	Collaborate with stakeholders to develop Nurse Practitioner-led models of care across health sectors, such as acute care to community care.
	Address legislative and regulatory barriers to practice.
	Address cultural, organisational and policy barriers to practice.
	Ensure data is collected to inform workflow and scope of practice successes and impediments.

4.1.1 Person-centred care

Healthcare delivery must align closely with consumer needs and incorporate systematic planning and allocation of health resources. The National Safety and Quality Health Service Standards (Standard 2) advise that involving consumers in the design of services leads to authentic and inclusive care, delivered at the right place, at the right time, and by the right provider.¹⁸ Service design must also consider cultural safety for Aboriginal and Torres Strait Islander people and people from culturally and linguistically diverse backgrounds.

4.1.2 Models of care

Nurse Practitioner models of care should target the most vulnerable and disadvantaged members of the community who experience barriers to accessing services.

The following guiding principles will be considered when designing Nurse Practitioner-led models of care:

- Address the highest priorities in service delivery where gaps in service are impacting the continuity of care for patients and promote efficient use of resources.

¹⁸ Australian Commission on Safety and Quality in Health Care. (2021). *National Safety and Quality Health Service Standards: second edition – 2021*. Australian Government. Retrieved 14/05/2025. ([National Safety and Quality Health Service Standards \(second edition\) | Australian Commission on Safety and Quality in Health Care](#)).

- Include flexibility in delivery, such as virtual care, outreach and outpatient services to assist in creating and maintaining connection with the patient and lead to improved engagement with the care plan, prevent escalation of acuity and reduce readmission rates.
- Be based on best practice and include indicators for evaluation of success to promote the sustainability of and increased diversification and innovation of Nurse Practitioner roles.
- Be supported by an agreed clinical governance model to promote safety and quality through clarity of scope of practice and integration in the multidisciplinary team.

4.1.3 Barriers to practice

Addressing barriers to practice will improve the effectiveness of the Nurse Practitioner role, reduce duplication of services and fragmentation of care, and address frustration and discontent for the Nurse Practitioner workforce.

Strategies to remove such barriers include:

- Addressing misconceptions about Nurse Practitioner roles
- Identifying opportunities for role expansion
- Overcoming systemic and cultural barriers so that Nurse Practitioners can practice to their full scope of practice.

National healthcare reform has identified a need for cultural change to achieve the conditions that will allow more healthcare professionals to work to their full scope of practice.^{3 2} This is reflected in the literature as well as current practice issues that are regularly raised with the Department of Health through its ongoing relationship and dialogue with the Australian College of Nurse Practitioners (Tasmania).¹⁹

Creating more opportunities to practice across the health system has the potential to reduce unnecessary delays in healthcare. Models of care that integrate Nurse Practitioners with other healthcare professionals, supported by effective communication throughout the onboarding of the Nurse Practitioner role, should assist with a shared understanding and more effective workflow within the multidisciplinary team.

4.1.4 What success looks like

- Nurse Practitioner models of care that address areas of high need and populations that have trouble accessing services are identified and implemented.
- Multidisciplinary team care is led by or includes Nurse Practitioners.
- Consumers and other health practitioners are actively engaged in the design of Nurse Practitioner models of care.
- Legislative and organisational restrictions and barriers that restrict a full scope of practice for Nurse Practitioners are removed.
- Multidisciplinary champions advocate to advance Nurse Practitioner models of care.

19 Clarke, V., Lehane, E., Mulcahy, H., & Cotter, P. (2021). Nurse Practitioners' implementation of Evidenced-based Care into Routine Care: A Scoping Review. *Worldviews on Evidenced-based Nursing, vol.18 (3)* pp180-189. Retrieved 14/08/2024. {Nurse Practitioners' Implementation of Evidence-Based Practice Into Routine Care: A Scoping Review. - EBSCO}

4.2 Strategic Theme Two

Objective	Actions
Grow the Nurse Practitioner workforce and recruit Nurse Practitioners with skill sets that address Tasmanians' healthcare needs.	Support registered nurses to gain advanced practice knowledge and experience to undertake a Nurse Practitioner education pathway.
	Support the education and clinical supervision required to complete a Master of Nurse Practitioner.
	Support non-clinical time for the Nurse Practitioner to undertake continuing professional development and support access to multidisciplinary education sessions.
	Provide professional support, for example, mentorship and communities of practice, for Nurse Practitioners.
	Support education and practice to enable a Nurse Practitioner to expand their scope of practice to meet changes in service delivery needs.
	Financial support toward the cost of gaining a Master of Nurse Practitioner qualification.

4.2.1 Support for advanced practice pathways

Advanced practice describes a higher level of capability achieved through the development of professional knowledge, clinical reasoning and judgement, skills and behaviours.⁸ It is a level and type of clinical practice that involves cognitive and practical integration of knowledge and skills from the clinical, health systems, education and research domains of the discipline and positions the advanced practice nurse as a leader in nursing and healthcare.²⁰ Advanced practice nursing incorporates professional leadership, education and research into clinical-based practice. It is neither a title nor a role.⁸

However, Nurse Practitioner is both a title and a role and is the only identified advanced nursing practice role that is regulated in Australia. The regulation and legislation supporting the practice of Nurse Practitioners sets the role apart from other senior nursing roles, yet they share the same generic descriptor of advanced nursing practice.²⁰

Growing the Nurse Practitioner workforce will require strengthening advanced practice pathways, education, clinical supervision and professional support not only for Nurse Practitioner candidates but also for registered nurses wanting to pursue advanced practice more generally. A registered nurse seeking to undertake a pathway to endorsement as a Nurse Practitioner must demonstrate 5,000 hours of advanced practice prior to enrolling in a Master of Nurse Practitioner (or equivalent) program.²¹ An advanced practice nursing workforce not only provides a pathway to the role of

²⁰ Department of Health. (2023). *Advanced Nursing Practice: Workforce Framework*. Tasmanian Government: Hobart.

²¹ Nursing and Midwifery Board of Australia. (2022). *Guidelines: For nurses applying for endorsement as a nurse practitioner*. Australian Health Practitioner Regulation Agency. Retrieved 26/05/2025. [{Nursing-and-Midwifery-Board---Guidelines---For-nurses-applying-for-endorsement-as-a-nurse-practitioner---1-February-2016 \(2\).PDF}](#).

Nurse Practitioner but also the necessary advanced clinical skills and roles that can support Nurse Practitioner-led models of care.

4.2.2 Support for clinical supervision

The Master of Nurse Practitioner course requires 300–500 hours of clinical supervision. Clinical supervision is provided by an experienced Nurse Practitioner or a Medical Practitioner to enable the Candidate to undertake integrated professional practice to meet the learning requirements for endorsement. The availability of a clinical supervisor can be problematic if there are not enough supervisors or if a supervisor leaves the clinical setting. Organisational support to sustain supervision capability is essential to meet the requirements of the education pathway. It is important that the clinical supervision model is confirmed and fulfils the requirements for NMBA endorsement.

4.2.3 Non-clinical time

Endorsement as a Nurse Practitioner requires not only the delivery of clinical care, but also leading research, providing education and leadership for the nursing team, and meeting continuous professional development requirements. Non-clinical time is essential but can be difficult to obtain due to the competing clinical demands. This creates additional pressure on the Nurse Practitioner to meet the annual renewal of endorsement.

4.2.4 Support for newly qualified Nurse Practitioners

For any health practitioner with a new qualification and role, a transition period will be necessary to build confidence and experience. There are a range of approaches to support Nurse Practitioners as they transition. These include mentorship and communities of practice. Mentorship provides an empowering relationship that enriches practice, while a community of practice is a source of professional and clinical support and problem-solving.²² These approaches are relatively easy to create but require ongoing commitment in the practice environment to sustain.

4.2.5 Support for ongoing education and expanding scope and context of practice.

In the context of lifelong learning, highly qualified health professionals continue to expand their knowledge and skills throughout their careers. This is a benefit to the employer as it enables the Nurse Practitioner to modify their scope (education) and context (clinical location and cohort) of practice to meet the changing needs of consumers and the organisation.

4.2.6 Financial Support

The cost of education can be a financial barrier to access. Therefore, financial support to uplift interest and access to the Master of Nurse Practitioner may be required for course fees, attendance at residential programs and conference registration.

²² Department of Health. (2017). *Mentorship*. Government of Western Australia. Retrieved 30/05/2025. { [Flyer https://www.health.wa.gov.au/-/media/Files/Corporate/general-documents/nursing-and-midwifery/PDF/NMO-Mentor-Network-Factsheet-1-Introduction-to-Mentoring.pdf](https://www.health.wa.gov.au/-/media/Files/Corporate/general-documents/nursing-and-midwifery/PDF/NMO-Mentor-Network-Factsheet-1-Introduction-to-Mentoring.pdf) Template}.

4.2.7 What success looks like

- Registered nurses are supported to enter pathways that articulate to Nurse Practitioner candidature.
- Nurse Practitioners are leading research to inform the delivery of evidence-based care.
- Nurse Practitioners and Nurse Practitioner-led services are supported by and articulate with networks, communities of practice and multidisciplinary champions.

4.3 Strategic Theme Three

Objective	Actions
Raising awareness of the Nurse Practitioner scope of practice.	Build greater understanding of the role and contribution of Nurse Practitioners for service leaders and managers, consumers, health professionals and the public.
	Promote awareness of Nurse Practitioner roles at all levels of the health system.
	Engage Nurse Practitioners in decision-making forums to influence healthcare policy, practice and support workforce planning.
	Develop practice models that build on the strengths of Nurse Practitioner roles with established and emerging healthcare professional groups.
	Identify methods to strengthen the integration of care and reduce fragmentation of care.

4.3.1 Improve awareness of the Nurse Practitioner's scope of practice

Raising awareness of the ability of Nurse Practitioners to contribute to consumer outcomes depends on system, organisational and cultural support to maximise Nurse Practitioner scope of practice.

This will involve:

- Promoting community, health professional and organisational awareness and understanding of the Nurse Practitioner role.
- Strengthening partnerships between Nurse Practitioners and other healthcare professionals.
- Creating opportunities for Nurse Practitioners to be recognised in local health system governance structures.
- Developing practice models that build upon the strengths of Nurse Practitioners with established and emerging healthcare professional groups.
- Promote the understanding of the Nurse Practitioner role and the benefits it brings for consumers, communities and healthcare professionals and teams.

4.3.2 What success looks like

- Consumers and other health professionals are aware of a Nurse Practitioner's scope of practice and the benefits of the role.
- Nurse Practitioners are fully integrated into service delivery across the health system.
- There is system-wide support and understanding of Nurse Practitioner roles and the benefits they bring to consumers and the broader healthcare team.
- Nurse Practitioners are involved in supporting the nursing profession.
- There are regular interprofessional learning and professional development opportunities to build resilient teams with a greater understanding and appreciation of Nurse Practitioner roles.
- Workplace and organisational culture across the Department of Health is inclusive and understanding of the variety of health practitioner roles.

4.4 Strategic Theme Four

Objective	Actions
Workforce and succession planning for the sustainability of Nurse Practitioner roles and services.	Analyse current and future service delivery based on modelling of future consumer needs.
	Create Nurse Practitioner positions and candidate pathways in areas of service need.
	Support Nurse Practitioners in areas traditionally challenging to employ health professionals, such as in rural and remote areas.
	Provide professional support for Nurse Practitioner models of care, particularly for isolated positions.
	Ensure credentialling structures to authorise area-specific practice to enable Nurse Practitioners to work to full scope of practice.
	Include succession planning when developing models of care to encourage the development of advanced practice within nursing teams.

4.4.1 Workforce planning

Health service, workforce and infrastructure planning must be integrated to ensure that healthcare can be effectively delivered by an adequate, well-prepared workforce within appropriate infrastructure. Nurse Practitioner workforce development will align with and integrate with the Department's broader health workforce planning strategies.

Nurse Practitioners, through their autonomous and advanced practice skills, are well-positioned to deliver innovative models of care. This Strategy will support actions arising from the *Long-Term Plan for Healthcare in Tasmania 2040* to increase service access and efficiency through innovative models and workforce flexibility. For example, flexible and innovative models of care could see Nurse Practitioners working to support multiple areas of the health system, such as acute care and aged care.

Workforce reforms will improve the collection of Nurse Practitioner-related data to better understand, monitor and evaluate Nurse Practitioner-led services. This will contribute to broader nursing workforce planning and better service planning decisions.

4.4.2 Succession planning

Succession planning is a sophisticated, deliberate, and planned process for identifying, developing, and supporting potential successor staff to fill critical clinical and leadership positions¹. It is a systematic, strategic process to identify future leadership gaps, develop potential leaders and senior clinicians, and support them to transition into critical service roles successfully.²³

Succession planning will also help organisations understand their talent pipelines and what different skills and abilities might be required of future clinicians and leaders². It is critical that succession planning for Nurse Practitioners is undertaken to ensure the sustainability of current and future services, especially for new models of care that serve people who experience poor health access and outcomes.²³

4.4.3 What success looks like

- Vacant Nurse Practitioner positions are filled with endorsed Nurse Practitioners or Nurse Practitioner Candidates.
- The Department of Health's Credentialling and Scope of Clinical Practice Committee considers Nurse Practitioner processes for Nurse Practitioner credentialling.
- Nurse Practitioner-specific measures are used to review and demonstrate the impact of Nurse Practitioner services.
- This Strategy undergoes continuous improvement to adapt and apply its Actions to best meet the health needs of the Tasmanian community.

²³ Department of Health. (2023). *Nursing and Midwifery Succession Planning: Guideline*. Tasmanian Government. Retrieved 16/06/2025. { https://intranet.health.tas.gov.au/system/files/2023-11/Succession_Planning_Guideline_V1.0_Feb_2023.pdf }.

5 What happens now

This Strategy provides a blueprint to strengthen the Nurse Practitioner workforce in Tasmania, addressing key healthcare challenges and improving consumer outcomes. By implementing this Strategy, Tasmania can leverage the unique skills of Nurse Practitioners to create a more sustainable, equitable, and effective healthcare system.

Planning for the development and integration of Nurse Practitioner roles will lead to a health workforce with flexible models of care. It will help to provide a sustainable workforce committed to improving access and early intervention.

Nurse Practitioner roles provide safe, effective and holistic care that is well-positioned to ensure continuous care for the patient. Integration of Nurse Practitioner roles into multidisciplinary teams can help reduce fragmentation of care and promote a shared approach to service delivery.

5.1 Nurse Practitioner and Candidate Implementation Toolkit

To support the development and growth of the Nurse Practitioner workforce, an *Implementation Toolkit: Nurse Practitioner and Nurse Practitioner Candidates* (the Toolkit) has been developed to guide managers in how to create a Nurse Practitioner model of care and inform aspiring registered nurses on the requirements of the Nurse Practitioner Candidate pathway.

The Toolkit will support operational-level managers in considering Nurse Practitioner and Nurse Practitioner Candidate roles that are supported and fit for purpose.

5.2 Action Plan

This Strategy will be underpinned by an Action Plan, which sets out actions for the Department of Health against each of the four Strategic Themes. The Action Plan will include both short-term and long-term actions to progress the four Strategic Themes over 2025-2030.

An annual review of the Action Plan will occur to evaluate progress and ensure work is inclusive of state and national policy developments, including work against the national Nurse Practitioner Workforce Plan, the implementation of recommendations arising from the Cormack Review and developments in Tasmanian health policy and planning.

5.3 Governance

Oversight of the strategy will be through the Department of Health's Board. The Chief Nurse and Midwife in the Department of Health is accountable for stakeholder engagement, implementation and reporting on progress to the Board and stakeholders.

OUR
HEALTHCARE
FUTURE

Elective Surgery Four-Year Plan 2025–2029

Investing in Better Surgery: Sustaining
High Volumes, Improving Outcomes,
and Reforming Systems for a
Healthier Tasmania

Acknowledgement of Country

The Department of Health Tasmania respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play and pays respect to Aboriginal Elders past and present.

Recognition statement

Tasmanian Aboriginal people's traditional lifestyle promoted physical and emotional health and wellbeing, centred around Country, Kin, Community and Spirituality. Aboriginal people continue to value the importance of culture, community connection and being on Country as vital components of health and wellness. Through colonisation, Aboriginal people experienced displacement and disconnection, which has significantly affected their health and wellbeing.

We recognise Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge and learn from the ongoing work of Aboriginal organisations in ensuring continued health and wellness. We commit to working in partnership with Tasmanian Aboriginal communities and health leaders now and into the future to improve health and wellbeing.

Dempster Plains, just South of Maytim (the Arthur River), is one of the largest button grass plains in lutruwita (Tasmania) and the site of the first Aboriginal cultural burn on a state managed park or reserve in lutruwita.

Photographer: Jillian Mundy

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Minister's Introduction



The Tasmanian Government is committed to delivering timely, high-quality surgical care for our community.

In 2021, we launched a bold Four-Year Plan to increase surgical capacity, strengthen our workforce, and improve infrastructure. That plan has delivered outstanding results.

Over the past four years, more than 82 000 Tasmanians received elective surgery, with year-on-year increases in surgical admissions and a significant reduction in waiting times.

In 2023–24, Tasmania achieved the highest per capita elective surgery admission rate in the country, a remarkable 38.7 admissions per 1 000 people. These achievements are a testament to the dedication of our healthcare workers.

With an additional \$70.2 million investment in the 2025–26 Budget, we will maintain these record levels of surgery, delivering around 87 720 procedures over the next four years. As we sustain this nationally leading performance, our focus now shifts to ensuring we maximise the benefits of this investment through targeted reform.

The 2025–2029 Four-Year Plan introduces a comprehensive reform agenda across five key areas of the surgical journey: systems and technology, non-surgical pathways, referral pathways, preparation for surgery, and surgical care itself. These reforms are designed to modernise our systems, expand access to early and non-invasive interventions, streamline referrals, and optimise surgical processes. We are embedding virtual care, investing in digital tools, and supporting innovative models of care such as same-day surgery and care closer to home – particularly for rural and remote communities.

We will work closely with doctors, nurses, allied health and other health professionals as we roll out the new plan. The Tasmanian Surgical and Perioperative Services Steering Committee – our chief surgical advisory body – will play a pivotal role in guiding reform, ensuring that clinical expertise informs every stage of planning, implementation, and evaluation. Their leadership and collaboration will be key to delivering a surgical system that is both high-performing and patient-centred.

I commend the achievements of our health system to date and look forward to the continued partnership with clinicians, consumers, and communities as we deliver the next phase of surgical reform for Tasmania.

Hon Jacquie Petrusma MP

**Minister for Health
Minister for Aboriginal Affairs
Minister for Veterans' Affairs**

Achievements from the 2021–2025 Four-Year Plan

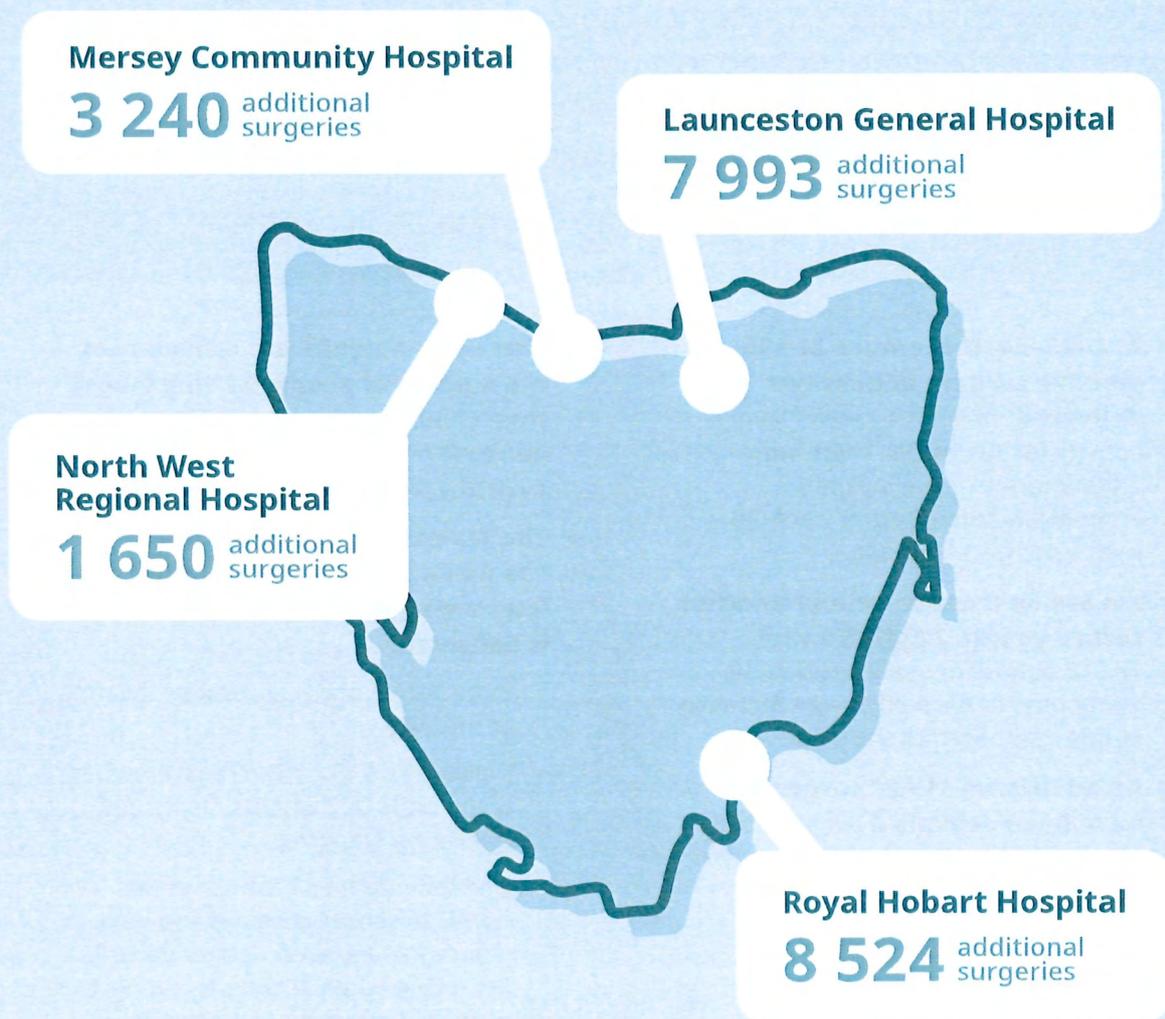
In 2021, the Tasmanian Government delivered a four-year plan to increase the number of surgical procedures provided to the Tasmanian community, increase our workforce, strengthen private partnerships and invest in new infrastructure and equipment.

Under this plan, elective surgery provision increased to record levels of activity.

- ✓ **In 2023–24, there were 22 196 elective surgery admissions delivered**, which is a record level of activity for Tasmania. There were 7 001 more elective surgery admissions compared to 2019–20 – a 46.1 per cent increase.
- ✓ **We are on track to deliver another record year in 2024–25** – with 18 518 admissions delivered in the 10 months to April 2025 – an increase of 464 compared to the prior year.
- ✓ **An additional 21 407 surgeries have been delivered** over the last four full financial years, compared to 2019–20 levels, with:
 - 7 993 additional surgeries for Launceston General Hospital (LGH) patients
 - 3 240 additional surgeries for Mersey Community Hospital (MCH) patients
 - 1 650 additional surgeries for North West Regional Hospital (NWRH) patients
 - 8 524 additional surgeries for Royal Hobart Hospital (RHH) patients
- ✓ **There was a significant reduction in the number of people waiting longer than clinically recommended**, with a decrease from 6 239 patients at June 2020 to 2 820 patients at June 2024.
- ✓ **The Tasmanian Health Service has made a wide range of other improvements to how care is delivered:**
 - Refurbished and opened new theatres at the LGH
 - Delivered a \$45 million redevelopment of the MCH Outpatients Clinics and Operating Theatres
 - Opened new medical beds at the NWRH to service demand and help reduce instances of medical patients occupying surgical beds, to support increased provision of surgery
 - Significantly increasing our surgical workforce, from 958 Full Time Equivalent (FTE) staff in June 2019 to 1 366 FTE in May 2025
 - Creating stronger partnerships with local private hospitals, to coordinate and maximise the volume of surgery we can deliver

This equates to around 15 additional surgeries each and every day over the period.

Achievements from the 2021–2025 Four-Year Plan



These achievements have been delivered during a period impacted by the COVID-19 Pandemic and are a testament to the hard working staff across Tasmania's health system.

Despite the landmark improvement and sustained record investment, we are continuing to see pressure on the waiting list with rising demand, which is why we must maintain delivery of high volumes of elective surgery and look at how we can reform and enhance the delivery of elective surgery over the next four-year plan.

The Elective Surgery Four-Year Plan 2025–2029



Vision

Investing in Better Surgery: Sustaining High Volumes, Improving Outcomes, and Reforming Systems for a Healthier Tasmania.

Guiding Principles

Sustainability

Planned surgery capacity must be consistently maintained and affordable to the State.

Equitable Access

Ensure all Tasmanians have equitable and timely access to safe and sustainable health services, regardless of where they live.

Person-Centred Care

Services are designed to be culturally safe and respectful of, and responsive to, the preferences, needs and values of individuals.

Diversity of Options

A diverse range of services are available to meet the complex and varying needs of the population.

Focussed on Prevention

Services are delivered in the right place at the right time as a way to prevent health deterioration and to avoid interventions.

Care as Investment

Investing in our health through surgical and non-surgical, services has broader social and economic benefits.

Reform & Redesign



**Systems and
Technology**



**Non-surgical
Pathways**



**Referral
Pathways**



**Preparing
Well**



**Surgical
Pathways**

Enablers

**Investing in the right
infrastructure**

**Clear operational governance
& performance framework**

Workforce skilled for our future

**Well managed, positive
Public-Private Partnerships**

**Adoption of appropriate
technologies**

**Expanding virtual care options
across all parts of journey**

Priority Population Groups

We commit to working with vulnerable and minority groups who are at greater risk of poorer surgical outcomes than the broader population and who may face barriers in accessing care and services that they need.

Continued record volumes of surgery

Building on these successes, we are taking the next steps to meet the needs of the Tasmanian community, with an additional investment of \$70.2 million in elective surgery over the next four years.

This funding will allow the number of elective surgeries provided each year to remain at an increased level of 21 930 surgeries a year, or 87 720 over the next four years.

This is 26 940 more over that time relative to 2019–20 levels, leveraging the increased hospital capacity developed under the first Four-Year Plan.

These levels of surgery are estimates based on the 2025–26 Budget investment in surgery. The final number and speciality mix of surgeries each year will be determined in close consultation with clinicians and may vary based on clinical priorities.

Investment in critical infrastructure

Over the next four years, we will continue to invest in updating our equipment, operating theatres, day surgery units, and other facilities where necessary to ensure they are fit for purpose and able to meet demand.

Key planned investments include:

- Operationalising the newly developed operating theatres and outpatient clinics at the MCH, supporting its role as a day surgery centre.
- Making ventilation upgrades to operating theatres and day surgery units at the NWRH.
- The RHH will develop a new purpose-built, sterile pharmaceutical production facility to meet the throughput needs of surgery and chemotherapy patients.
- The LGH will commence stage two of its redevelopment to create space and address service priorities, including capital works for elective surgery, which will include starting construction of the LGH Additional Operating Suites refurbishment program.

Our long-term master planning process will ensure that infrastructure planning aligns with workforce capacity, emerging models of care, demand modelling and capacity planning.



Evidence based reform

The Four-Year Plan's reform program focuses on driving efficiency and improving outcomes across the continuum of surgical care. Building on the record investment and surgical volumes, this reform program ensures we now focus on doing things better — delivering smarter, more sustainable care that maximises the impact of our investment.

To deliver more personalised, efficient, and outcome-focused care, our reform program will focus on key improvements across all phases of surgical care — including early intervention and alternatives to surgery where appropriate. These reforms aim to better support patients before they enter the surgical system, throughout their preparation and treatment, and beyond.

The reforms are divided into five areas that follow the key stages of a patient's pathway through the surgical system.

The five focus areas for reform are:

- 1** Review and refine **systems** and processes that underpin care delivery, supported by appropriate **technology**, to enable and sustain the broader reform agenda.
- 2** Increase the availability of evidence-based, **non-surgical pathways** and treatment options to support a better experience and better outcomes across the patient's surgical journey.
- 3** Enhance **referral pathways** and processes to ensure patients are directed to the right treatment pathway, improve communication between patients, their GPs and specialist teams, and prevent unnecessary delays for those who may benefit from non-surgical options.
- 4** Implement **preparing well** programs, including evidence-based and targeted approaches to prehabilitation, to better support patients to get ready for their surgery, improve outcomes, reduce complications and support more efficient, sustainable care.
- 5** Optimise **surgical pathways**, systems and processes that enable high quality and efficient care in the pre-operative, operative and post-operative periods.

The following section of the plan provides an overview of each of the five focus areas for reform, including a series of real-world case studies.

These examples highlight successful models of care and innovative practices already in place across Tasmania and other jurisdictions, showing how evidence-based approaches can be applied in practice to improve patient outcomes, enhance system efficiency, and support sustainable reform.

Elective Surgery Four-Year Reform Plan

Vision

Investing in Better Surgery: Sustaining High Volumes, Improving Outcomes, and Reforming Systems for a Healthier Tasmania.

1

Systems and Technology

- Re-imagine surgical patient journey through process redesign and implementation of appropriate digital technology
- Embed virtual care across the perioperative pathway

2

Non-surgical Pathways

Evidence-based, non-surgical pathways are high quality, consistent, and available when and where needed.

- Strengthen our non-surgical pathways
- Build on existing advanced practice pathways and roles
- Build and implement pathways for advanced practice roles

3

Referral Pathways

Referrals are managed efficiently and equitably, involving the right practitioner at the right time.

- Scope a central surgical hub
- Enhance integration with Primary Care sector

4

Preparing well

Patients on the surgery list are well monitored and managed and prepared well for surgery.

- Scope and implement prehabilitation strategies
- Scope and implement relevant preoperative strategies

5

Surgical Pathways

Patients requiring surgery are managed to ensure the best possible surgical outcomes.

- Scope and implement ERAS strategies
- Scope and implement theatre efficiency strategies
- Scale surgical capacity optimisation approaches

Ongoing Implementation, Monitoring and Review

eReferrals and Statewide Referral Criteria | Criteria-Led Discharge | Reduce low value care | Statewide Planned Surgery Access Policy | Clinical Service Procurement Framework

Reform Area 1: Systems and Technology

To modernise Tasmania's surgical care system and ensure it remains responsive, efficient, and patient-centred, we must focus on redesigning the surgical journey and embedding digital innovation. Having achieved record surgical throughput, we now turn to modernising the system to ensure every procedure is delivered as efficiently and effectively as possible.

By applying process mapping, user-centred design, and emerging technologies — including artificial intelligence and predictive analytics — we can improve safety, communication, and system performance. These efforts will help reduce administrative burden, enhance patient engagement, and build a more connected and adaptable health system.

This reform area comprises the following action areas:

Action 1.1 Surgical journey process redesign and technology implementation

- **Using technology to reduce manual tasks** – Technology can streamline workflows by automating repetitive administrative processes, freeing up clinician time for patient care.
- **Modernising outdated processes** – There is strong support among staff for replacing inefficient, paper-based systems with modern digital tools.
- **Exploring digital solutions like Customer Relationship Management (CRM) platforms** – CRM platforms can enhance patient engagement and care coordination by centralising communication and tracking.
- **Improving communication, reducing administrative burden and enhancing patient engagement** – Digital tools improve the flow of information, reduce paperwork, and keep patients better informed and involved.
- **Integrating with the statewide Electronic Medical Record (EMR)** – Integrating new systems with the EMR ensures consistency, data accuracy, and seamless care across regions.

Action 1.2 Embedding virtual care across the patient journey

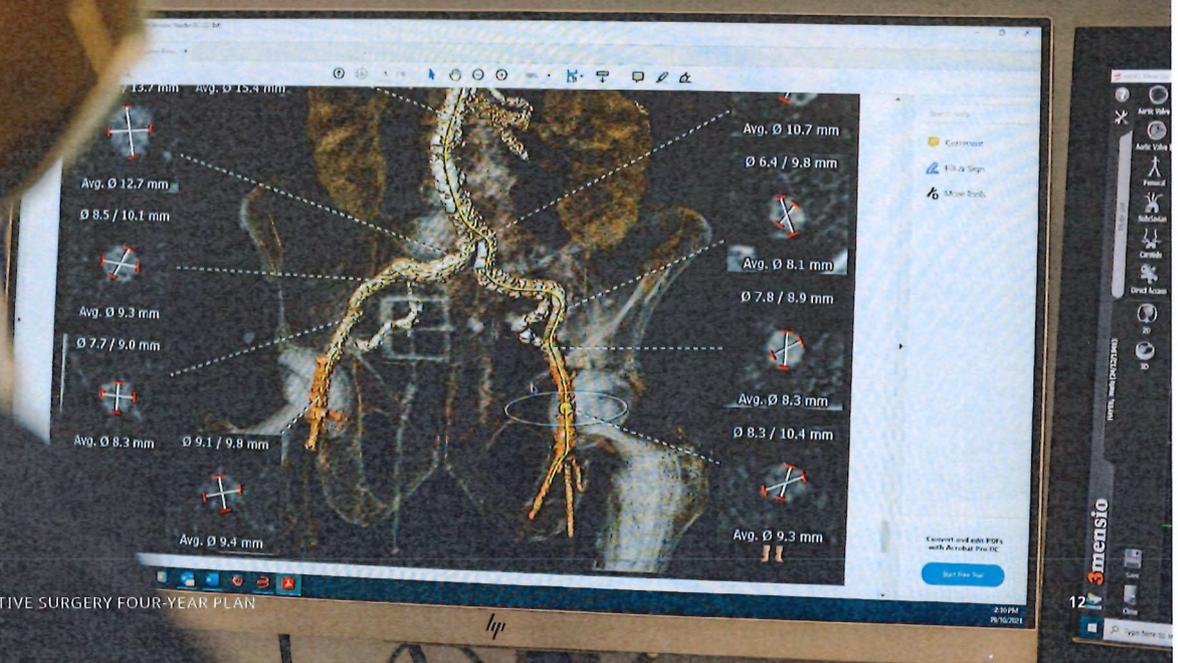
- **Harnessing virtual care as a critical enabler** – Virtual care can make surgical services more accessible and coordinated, focusing on patient-centred care.
- **Integrating virtual care at every stage of the surgical journey** – Virtual care should be integrated at every stage of the surgical journey to ensure continuity and quality of care.
- **Addressing digital literacy, improving connectivity, and building clinical readiness** – Improving digital literacy, connectivity, and clinical readiness is essential for effective virtual care implementation.

Expanding the Reach of the GLA:D® Program Through Virtual Care

The 'Good Life with OsteoArthritis from Denmark' (GLA:D®) program is an evidence-based education and group exercise intervention designed to support people with hip and knee osteoarthritis. Widely recognised across Australia, GLA:D® has been shown to reduce pain, improve physical function and quality of life, and delay or prevent the need for joint replacement surgery. By reducing progression to surgery, the program also contributes to lower overall healthcare costs and better long-term patient outcomes.

Despite its proven effectiveness, access to GLA:D® remains limited in many rural and remote communities due to workforce shortages and geographic barriers. Virtual care presents a promising solution to expand program reach. National and international studies have demonstrated that telehealth delivery of GLA:D® is not only clinically effective but also highly acceptable to patients and positively regarded by clinicians. This approach can help overcome access challenges and promote more equitable care for Australians living outside major population centres.

There is also potential to strengthen GLA:D® delivery through public-private partnerships, particularly in regional areas. Collaborating with local private providers can enhance community access to group-based exercise services while supporting the viability of rural health businesses.



Reform Area 2: Non-Surgical Pathways

Non-surgical treatment pathways provide evidence-based alternatives that can delay or reduce the need for surgery by alleviating symptoms and restoring function without surgery.

Often referred to as conservative management or 'upstream' services, these approaches can be clinically appropriate for certain conditions, reducing reliance on surgical interventions.

By integrating non-surgical management into patient care, we can decrease the number of patients referred to the surgical pathway, reducing waitlist pressure and freeing up earlier appointments for those who require surgery. This will ensure patients receive the right care, at the right time, and only undergo surgery when truly needed.

This reform area comprises the following action areas:

Action 2.1 Strengthening our non-surgical pathways

- **Timely access to evidence-based alternatives** – Providing timely access to evidence-based non-surgical alternatives can improve patient outcomes and reduce surgical demand.
- **New models of care including evidence-based alternatives to surgery** – Developing models of care that incorporate evidence-based alternatives to surgery can enhance patient treatment options.
- **Expanding and standardising non-surgical approaches** – Expanding and standardising non-surgical approaches across the state ensures consistent and effective patient care.

Action 2.2 Building on our advanced practice and other innovative roles

- **Consider the role of advanced practice clinicians** – Advanced practice clinicians play a crucial role in strengthening non-surgical pathways and improving patient outcomes.
- **Expanding and embedding advanced practice models** – Expanding and embedding advanced practice models statewide can enhance healthcare delivery and patient care.
- **Deliver benefits to the health workforce and career progression** – Advanced practice models offer benefits for the broader health workforce, including career progression opportunities.



Tasmania's Back Assessment Clinic, Rheumatology and Persistent Pain Services

Advanced practice models are well established in several clinical areas across Tasmania, providing a strong foundation for further growth. In one example, Tasmania's Back Assessment Clinic (BAC) Advanced Musculoskeletal Physiotherapists (AMPs) play a central role in managing patients with non-urgent lumbar spine pain referred to neurosurgical services. Our skilled AMPs provide expert assessment and management, helping to reduce unnecessary surgical referrals, ensuring that only those who truly need specialist input proceed to consultation. Research shows that AMPs demonstrate high diagnostic agreement with surgeons and contribute to improved patient flow, shorter wait times and excellent patient outcomes. The BAC model, now operating in both the south and north of the State, with the northern service delivering outreach to the north-west, highlights how AMP-led care can deliver accessible and efficient evidence-based spinal care across Tasmania.

Further investment has been allocated to expand service delivery of rheumatology and persistent pain services to Northern Tasmania, further expanding non-surgical care options across the state.

Reform Area 3: Referral Pathways

Ensuring patients are directed to the right treatment pathway is crucial for timely and accurate patient management. By ensuring effective referral processes, we will help those needing surgical care to access that care within clinically recommended timeframes, while preventing unnecessary delays for those who may benefit from non-surgical options.

This reform area comprises the following action areas:

Action 3.1 Exploring development of a central surgical hub

- **Strengthening referral pathways with timely, evidence-informed decisions** – Strengthening referral pathways with timely, evidence-informed decisions ensures patients receive appropriate care.
- **Better coordination of internal and external referrals** – Coordinating internal and external referrals improves patient management and care continuity.
- **Support for new and existing models of care** – Supporting new and existing models of care enhances the healthcare system's ability to meet patient needs.

Action 3.2 Enhancing integration with the primary care sector

- **Investment in streamlining communication pathways with the primary care sector** – Investing in streamlined communication pathways with primary care improves referral quality and patient outcomes.
- **Collaboration with primary care providers to enhance uptake and quality of referrals** – Collaborating with primary care providers enhances referral uptake and quality, ensuring patients receive appropriate care.
- **Exploration of innovative models of care like secondary consultations** – Exploring innovative models of care, such as secondary consultations, can improve patient management and outcomes.

Exploring a Central Surgical Hub

Tasmania is exploring the potential of a central surgical hub to improve how patients are referred into surgical care. A hub model could streamline the coordination of referrals to surgical outpatient clinics and elective surgery lists, ensuring patients are triaged efficiently and directed to the most appropriate care pathway – whether surgical or non-surgical – based on clinical need and service availability.

Such a hub could also enhance communication and consistency across the system. By supporting the application of statewide referral criteria and improving integration between general practice, outpatient services, and hospital-based surgical teams, the hub could help reduce delays, improve equity of access, and make better use of available surgical capacity across regions.

In addition to improving patient flow, a central hub could serve as a platform for innovation in referral management, including the use of digital tools, multidisciplinary triage, and secondary consultations. This aligns with broader reform goals to modernise systems, improve transparency, and ensure Tasmanians receive timely, high-quality care no matter where they live.

Reform Area 4: Preparing Well

To make the most of our investment in surgical capacity, we must also invest in preparing patients better.

The period leading up to surgery is a valuable opportunity for us to support patients in preparing well. By promoting evidence-based and targeted approaches to prehabilitation — such as physical activity, nutrition and psychological readiness — we aim to improve outcomes, reduce complications and support more efficient, sustainable care.

This reform area comprises the following action areas:

Action 4.1 Better prehabilitation

- **Deliver targeted prehabilitation to improve outcomes** – Targeted prehabilitation programs can improve surgical outcomes and reduce complications.
- **Use physiotherapy and evidence-based programs pre-surgery** – Using physiotherapy and evidence-based programs before surgery can enhance patient readiness and recovery.
- **Support patients not ready for surgery** – Supporting and reviewing patients who are not ready for surgery ensures they receive appropriate care and preparation.
- **Expand access through telehealth and digital tools** – Expanding access to prehabilitation through telehealth and digital tools increases patient reach and engagement.

Exercise Physiologists Enhancing Cancer Recovery

The Peter MacCallum Cancer Centre in Melbourne has embedded a model of care that incorporates Accredited Exercise Physiologists (AEPs) within its surgical pathway for patients undergoing treatment for gastrointestinal and gynaecological cancers. Patients at risk of physical decline due to cancer and the associated treatment regime receive individualised exercise programs to build strength, improve cardiorespiratory fitness, and manage fatigue prior to surgery. Post-operatively, AEPs continue to support recovery through tailored exercise aimed at restoring function and reducing complications. This approach has been formally adopted after the intervention demonstrated clear benefits including shorter hospital stays, lower readmission rates, and improved quality of life.

Action 4.2 Pre-surgery optimisation

- **Implement universal preoperative education programs** – Implementing universal preoperative education programs prepares patients for surgery and improves outcomes.
- **Investigate digital tools like virtual 'Surgery School'** – Investigating digital tools like virtual 'Surgery School' can enhance patient education and readiness for surgery.
- **Consider targeted interventions for certain conditions** – Targeted preoperative interventions for specific conditions can improve surgical outcomes and patient care.

Prehab Pays Off: The Case for Statewide Preoperative Physiotherapy

The important multicentre LIPPSMAck POP (Limitations in Physical Activity Post Major Abdominal Surgery) study, led by Tasmanian Senior Physiotherapist clinician researcher Dr Ian the Boden, demonstrated the significant impact of early, targeted physiotherapy in reducing post-operative pulmonary complications (PPCs) in patients undergoing upper abdominal surgery.

In this randomised controlled trial, a single pre-operative physiotherapy education session – comprising respiratory education and breathing exercise training – combined with early mobilisation, halved the incidence of PPCs compared to standard care (Boden et al, 2018). This model also proved to be highly cost-effective with hospitals seeing a 95 per cent probability of cost-effectiveness, with an incremental net benefit of approximately A\$4 958 for each PPC prevented. While quality-adjusted life year (QALY) gains were less definitive, trends suggested improvement, especially when the intervention was delivered by experienced physiotherapists (Boden et al, 2020).



Reform Area 5: Surgical Pathways

With record numbers of surgeries being provided, by standardising best practices and improving recovery, we can ensure patients receive the maximum benefit from every surgery.

There is opportunity to further enhance surgical outcomes, reduce complications and shorten hospital stays by reviewing, standardising, and streamlining our surgical services across the regions. Ensuring that established best practice for optimising recovery and minimising complications is consistently implemented statewide will enhance patient care and system efficiency.

Realising efficiencies in the operative and perioperative periods has the potential to increase productivity and efficiency, and therefore ensure more patients are seen on time, with improved outcomes.

This reform area comprises the following action areas:

Action 5.1 Improving recovery after surgery

- **Enhanced Recovery After Surgery (ERAS)** – The ERAS approach is a proven way to help patients recover faster and with fewer problems after surgery.
- **Standardising care pathways to shorten hospital stays and improve the overall patient experience** – By establishing standardised care pathways, hospitals can create a more structured and efficient approach to patient treatment, leading to shorter hospital stays while improving the overall patient experience.

Action 5.2 More efficient theatre

- **Development and implementation of a statewide theatre efficiency strategy** – Developing and implementing a statewide theatre efficiency strategy optimises surgical scheduling and reduces delays.
- **Optimisation of operating theatres to improve scheduling and reduce delays** – Enhancing and executing comprehensive strategies for theatre efficiency streamlines surgical scheduling and minimises delays.

Action 5.3 Better surgical capacity optimisation – including same-day and Extended Day Only models

- **Look at high throughput and same-day surgery approaches** – High throughput and same day surgery approaches increase surgical capacity and efficiency.
- **Assess initiatives deployed in other jurisdictions** – Assessing initiatives from other jurisdictions can provide insights for improving surgical capacity and efficiency.

Enhanced Recovery After Surgery (ERAS)

Enhanced Recovery After Surgery (ERAS) is a modern, evidence-based approach that helps patients recover more quickly and safely from surgery. It involves a series of coordinated steps taken before, during and after surgery to reduce complications, shorten hospital stays and improve patient outcomes. ERAS is designed to support patients physically and mentally, ensuring they are well prepared for surgery and able to return to normal life sooner.

Before surgery, ERAS focuses on preparation — known as prehabilitation — which includes exercise, nutrition and education to improve strength and reduce anxiety. During surgery, techniques such as minimally invasive procedures and improved pain management are used to reduce stress on the body. After surgery, patients are encouraged to move, eat, and return to normal activities as soon as it is safe, supported by clear discharge plans and follow-up care.

ERAS has been successfully implemented in Tasmania and across Australia, showing strong results in reducing complications and improving patient satisfaction. It is a key part of Tasmania's surgical reform agenda, helping to ensure that the state not only delivers more surgeries but does them better — more efficiently, more safely, and with better outcomes for patients.

Peter MacCallum's ERAS success

Peter MacCallum Cancer Centre has established a comprehensive ERAS program that demonstrates how evidence-based perioperative care can lead to improved surgical outcomes, particularly for cancer patients. Initially focused on colorectal procedures, the program has expanded to other surgical specialties and is built around optimising patients before, during and after surgery. The approach includes proactive preoperative optimisation, such as support for smoking cessation, anaemia management, nutritional assessment and psychological preparation. Patients and their families receive standardised education from multidisciplinary teams to understand what to expect and how to actively engage in recovery. The use of minimally invasive surgical techniques, multimodal analgesia with reduced reliance on opioids, and early mobilisation and oral intake are central to the model. Defined discharge criteria and coordinated follow-up ensure continuity of care and reduce readmissions. The program is supported by strong clinical governance, regular audit and feedback, and a culture of continuous improvement. Tangible outcomes include shorter hospital stays, reduced complication rates, faster return to function and improved patient satisfaction.

Clinical engagement

Delivering sustainable, high-quality surgical care in Tasmania requires strong clinical leadership and collaboration across the health system, with a shared vision for delivering timely, high-quality care in Tasmania.

Tasmanian Surgical and Perioperative Services Steering Committee plays a pivotal role in ensuring that clinical expertise is embedded in the design, implementation, and evaluation of surgical reform.

As the chief surgical advisory body to the Department of Health, the Committee provides strategic and operational guidance on the delivery of surgical and perioperative services across the state.

Its membership includes senior representatives from the Department of Health, including the Tasmanian Health Service, medical, nursing and allied health clinical leadership and health system planners. This multidisciplinary composition ensures that decisions are informed by both frontline experience and system-wide perspectives.

The Committee is responsible for leading the implementation of the Elective Surgery Four-Year Plan, working closely with clinicians and services in each region of Tasmania.

Importantly, the Committee also serves as a forum for shared decision-making and clinical engagement. It fosters collaboration across regions and disciplines, enabling the health system to respond cohesively to emerging challenges and to scale successful innovations.

This inclusive approach supports a culture of trust, transparency, and shared accountability.

By embedding clinical leadership at the heart of reform, the Tasmanian Surgical and Perioperative Services Steering Committee ensures that the Elective Surgery Four-Year Plan is not only ambitious but achievable — delivering better outcomes for patients and a stronger, more resilient surgical system for the future.



Co-design with consumers



Ensuring that our surgical services meet the needs of Tasmanians requires meaningful collaboration with consumers at every stage of planning and implementation.

We are committed to working alongside patients, families and consumer representatives to co design services that are accessible, patient-centred and responsive to community needs.

Over the next four years, we will:

- ✓ **Strengthen consumer engagement** by embedding consumer voices in decision-making, including through advisory groups, feedback mechanisms and direct participation in service design.
- ✓ **Ensure transparency and accessibility** by providing clear, patient-friendly information about surgical pathways, list management processes and available supports.
- ✓ **Improve patient experience and outcomes** by integrating consumer insights into new models of care, digital tools and virtual care solutions to ensure they are user-friendly and effective.

By partnering with consumers, we will create a surgical system that is not only clinically effective but also tailored to the needs and experiences of the people who use it.

Priority populations

Our health system is for everyone in Tasmania.

The Department of Health works to reduce health inequity through programs that promote access to high-quality health care for all Tasmanians and recognise and address the needs of populations with higher needs.

Through actions developed under this plan, we will work with populations who do not enjoy the same health outcomes as the broader population and who face barriers to accessing surgery and perioperative services. These groups include:

- The Tasmanian Aboriginal people and Aboriginal and Torres Strait Islander people who live in Lutruwita/Tasmania
- People living in rural and remote areas
- People from culturally and linguistically diverse (CALD) backgrounds
- People in lower socioeconomic groups
- People experiencing homelessness
- Older Tasmanians
- People living with disability
- People living with a mental illness
- Lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+)



Closing the Gap

Achieving this goal requires a culturally safe, respectful, and responsive health system — one that acknowledges and actively addresses the longstanding disparities caused by factors such as culturally unsafe care, remoteness, affordability, past experiences of racism in healthcare settings, and fear of negative treatment.¹

To deliver on this, we will:

- Work in partnership with Aboriginal Community-Controlled Organisations (ACCOs) to design, implement and evaluate reforms.
- Develop culturally safe pathways into and out of surgical care, including better coordination between hospitals and primary care delivered by ACCOs.
- Improve identification and recording of Aboriginal status to enable accurate tracking of surgical wait times and outcomes.
- Monitor and report on access, waitlist status and outcomes for Aboriginal patients to support targeted improvement.

These actions will be aligned with the Tasmanian Closing the Gap Plan under the National Agreement on Closing the Gap and the *Improving Aboriginal Cultural Respect Across Tasmania's Health System Action Plan 2020-2026* and will support our broader commitment to equity and justice in health care for all Tasmanians.

¹ Cultural safety in health care for Indigenous Australians: monitoring framework, Module 3: Access to health care services – Australian Institute of Health and Welfare



Delivering change and monitoring progress

Delivering real and lasting change in elective surgery requires strong leadership, clear priorities and a shared commitment to improvement across the health system.

We have proven we can deliver more. Now, we are focused on delivering better — through reform, innovation and accountability.

The Tasmanian Surgical and Perioperative Services Steering Committee will guide the implementation of this Four-Year Plan, working in close partnership with surgical services in each region, to ensure reforms are clinically informed and grounded in frontline experience.

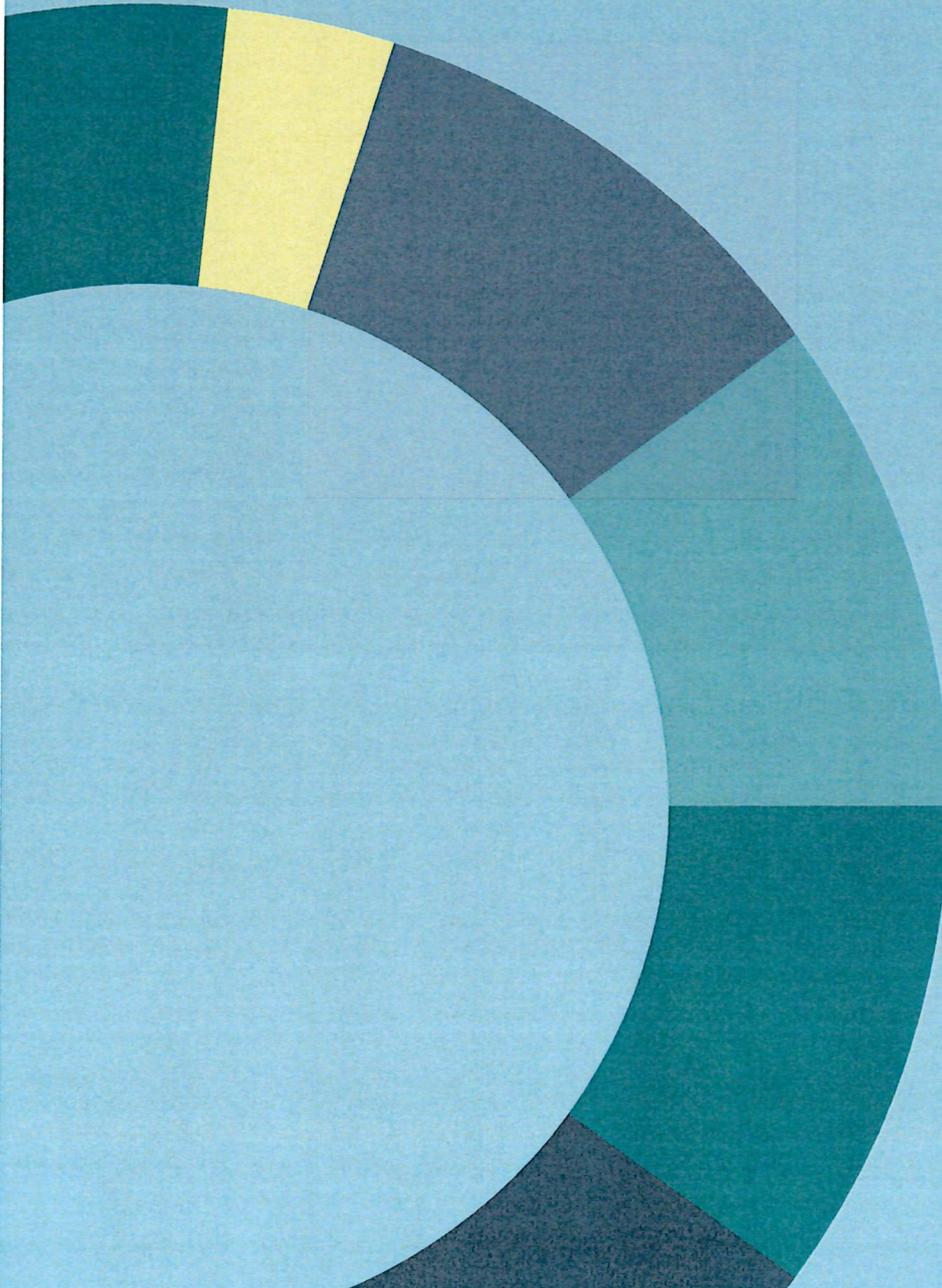
Progress will be driven through a series of annual action plans outlining activity across the five key reform areas.

The Tasmanian Health Service's annual Service Plans will play a key role in operationalising the Plan's objectives. They will reflect agreed activity targets, guide resource allocation and support accountability for delivery across regions and services.

Progress will be monitored and reported through an annual progress report.

Feedback from clinicians and consumers will be central to shaping future actions and ensuring the Plan continues to deliver meaningful benefits for Tasmanians.





OCTOBER 2025

20-Year Preventive Health Strategy Round 1 consultation summary report

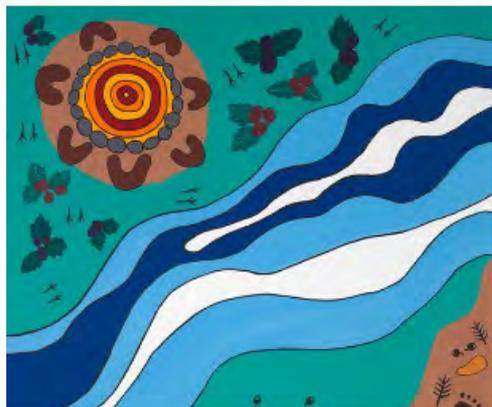
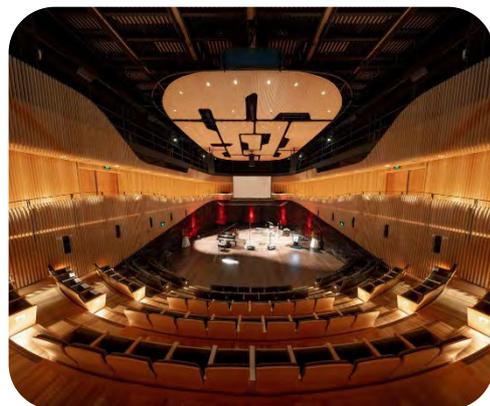


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Acknowledgement of country

We respectfully acknowledge Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play, and pay respect to Aboriginal Elders past and present.

Authors of this report

Section one of this report, the initial analysis of what we heard from you, was conducted by the Tasmanian Centre for Mental Health Service Innovation, a partnership between the University of Tasmania and the Department of Health.

Section two of this report, the process and methods we used to conduct the first phase of the consultation, has been compiled by the project team in the Department of Health.





Introduction

Analysis of community feedback for the Tasmanian 20-year Preventive Health Strategy

In 2025, the Tasmanian Government led a statewide consultation process to inform the development of Tasmania's 20-year Preventive Health Strategy. The consultation gathered views from community members and stakeholders through methods including surveys, written submissions, workshops, forums and interviews. More information about the Government's consultation process is outlined in the second part of this summary report.

A Discussion Paper was released to help spark ideas and conversations. It outlined the broad themes and focus areas under consideration and invited Tasmanians to share their own experiences, priorities and suggestions for prevention – whether or not they chose to respond to the guiding questions.

To read the Discussion Paper, visit www.health.tas.gov.au/20-year-preventive-health-strategy.

The Tasmanian Centre for Mental Health Service Innovation (TCMHSI) was engaged to independently review and synthesise all feedback collected.

This brief overview shares **early findings and key themes from the consultation feedback**. A full report will be released by TCMHSI in early 2026, providing a deeper exploration of stakeholder perspectives and priority actions for Tasmania's long-term preventive health strategy.

Consultation overview

Over 5000
people engaged

104 survey responses

95 workshops and forums

112 written submissions

59 stakeholder interviews

43 emails

“ *A healthy, active life is one in which people have their key needs met and can achieve their goals. This includes mental, physical and social wellbeing.*

Community member

Vision and priorities

What a healthy life looks like

Key themes from responses included:

- Feeling well in body and mind at every age, with help and support available when needed.
- People want access to safe homes, clean air, good food, and easy ways to move every day (including walking paths, bike lanes, and parks).
- Feeling part of a caring community. This includes support for carers, older adults, people with disability, and LGBTIQ+ people so everyone feels welcome and safe.
- Access to services that help early: parenting help, playgroups, school programs, general practitioners (GPs) and dental check-ups.

Views on the Discussion paper focus areas

There was broad support for the proposed focus areas, with different stakeholders wanting clearer links to areas such as mental health, social connection and health literacy.

- Many want life course prevention to start earlier (pregnancy, early childhood).

Views on the Discussion paper strategy enablers

There was strong support for a “whole-of-government, whole-of-community” approach, with shared goals across health, education, transport, housing, urban planning, and local councils.

Suggestions included:

- Stable, long-term funding, developing a skilled prevention workforce (including peer workers), and better, joined-up data systems.
- Clear expectations that lived-experience groups help design, deliver, and review programs, as well as routine community involvement in decisions.
- Simple, public progress reporting so communities can see what is changing.

“ We agree, in principle, that the enablers are appropriate – with the proviso that good intentions must be supported with meaningful actions and investment.

Community peak body

“ A healthy, active life extends far beyond physical well-being; it encompasses mental health, secure housing, meaningful employment, accessible education, accessible and affordable healthcare, and opportunities for community connection. These elements are interconnected and essential for fostering resilience, purpose, and belonging.

Healthcare professional

“ The focus areas are appropriate as they address critical elements such as food security, exposure to harmful products, and health equity. However, they must account for emerging challenges like climate change’s impact on health, technological advancements, and evolving social dynamics.

Community member

Actions and services for community wellbeing

Suggested actions for focus areas and enablers

A wide range of actions were put forward, including to:

- Design towns for walking and riding with trees, shade, and safe paths.
- Lift food skills through school kitchen and community garden programs.
- Tighten smoke-free and vape-free rules and protect kids from marketing.
- Build hubs that co-locate services, add peer navigators, and link systems with simple electronic referrals.

“More support, education and outreach for improving health literacy.”

Healthcare professional



Services and supports people want more of

Many services were considered valuable for preventive health, including:

- Social prescribing linking people to walking groups, Men’s Sheds, neighbourhood houses, and classes.
- Community mental health and peer support groups.
- Inclusive sexual health and gender-affirming care.
- General practice, dental, and easy screening (breast, bowel, skin, oral health) in every region.
- Easy vaccine access.
- Plain-language information.
- Community Connector roles.
- “No wrong door” service navigation.
- Prehabilitation programs.
- Delivering prevention where people already are (schools, workplaces, libraries, neighbourhood houses, community clinics).

“Walking groups... They deliver not just physical activity but social connection, helping address isolation.”

Health advocacy group

Existing successful initiatives

A broad cross-section of initiatives were mentioned, including:

- Community walking groups and Park Run.
- School health nurse and dental programs.
- Smoking cessation partnerships.
- Telephone health coaching.
- Mobile screening vans.
- Child and Family Health Services
- Housing and accommodation support services.
- School education programs (health literacy, drug and alcohol, sexual health).



Improving preventive health initiatives

How to redesign for impact

Suggestions included to:

- Shift from short pilots to multi-year commissioning with clear outcomes, built-in evaluation, regular learning cycles, and public scorecards.
- Link hospital “teachable moments” to prevention pathways.
- Map services to reduce duplication.
- Create cross-system governance.

Ensuring cultural inclusivity and respect

- Co-design with lived experience and Aboriginal leadership.
- Provide plain-language and translated materials, Easy-Read and Auslan formats.
- Ensure venues are physically accessible.
- Keep messages trauma-informed and stigma-free.

Preferred way to share information

Suggestions include to:

- Use plain language with simple numbers and real stories.
- Share regular micro-messages across trusted local channels.
- Show “you said, we did” updates
- Equip local leaders with simple briefing packs.
- Keep an up-to-date website with simple navigation and a public dashboard.
- Use short, clear messages on TV, radio, social media, and posters in places people visit.
- Run community talks and forums with trusted local champions.

How communities can be involved

Suggestions include:

- Local roundtables and working groups for each focus area.
- Co-design with lived-experience members, young people, carers, and priority groups.
- Volunteer and peer programs that build connection and skills.
- Community-led planning and regular feedback sessions.

“ *It's about designing the environment in which choices are made to encourage people towards more beneficial outcomes for themselves or society.*

Peak body

“ *Empower people with confidence that their ideas will happen and their needs will be met, regardless of their education and current health.*

Community member

“ *Lifting educational levels is a long-term health intervention in itself.*

Healthcare provider peak body

Community leaders and partners for prevention

Who to work with

Suggestions included:

- Local councils, schools, youth services, neighbourhood houses.
- General practitioners, dentists, pharmacists, nurses, allied health.
- Community groups in alcohol and other drugs, carers, injury prevention, road safety, and others.
- Transport, planning, housing, sport and recreation, and employers.
- Health and community peak bodies and advocacy groups.
- Volunteers and community champions.
- Sports and community clubs.

Strategy implementation

How to keep the strategy up to date

Suggestions included:

- Review after 8-10 years, using clear indicators to track change.
- Use four-year action plans within the 20-year strategy so actions can be updated and scaled.
- Shift funding toward what works, based on evidence and community feedback.
- Fund pilots and scale what works; retire what does not.
- Keep listening to communities and report what changed because of their input.

Government's role in coordination

Suggestions included:

- Lead and coordinate across health, education, transport, planning, housing, and local government.
- Consider arm's-length or statutory prevention bodies.
- Give peaks and lived experience a seat at the table.
- Legislate and fund councils' preventive role.
- Support shared facilities and co-located services so people can meet several needs in one place.

Partnering with the private sector

Suggestions included:

- Leveraging partnerships for scaling up of programs and sustainability.
- Co-invest with private sector, councils, employers, and community groups in active transport, age-friendly spaces, and co-located hubs.
- Partner on healthy retail (placement, reformulation, pricing).
- Enable employer-supported volunteering.

Working across sectors

Suggestions included to:

- Plan jointly across health, education, housing, transport, justice and community services.
- Apply Health in All Policies and One Health approaches to ensure public policy considers health across all government sectors and manages infection and environmental risks.
- Leverage partnerships to scale up programs sustainably.
- Maintain peak-body forums and lived-experience panels.
- Build shared referral and data systems.

Regulation and sustainability

Rules and laws to consider

Suggestions included:

- Strengthened alcohol and gambling controls.
- Better infection-safe standards in public buildings (air quality, hygiene).
- Planning rules that put walking, cycling, and green space first in new developments.
- Green-space quotas and energy-efficiency standards in housing.
- Limits on fast-food outlet density.
- Rental healthy-housing standards.
- Health Impact Assessments in planning.
- Data sharing standards.

Funding mechanisms for sustainability

Suggestions included:

- Creating a dedicated Prevention Fund with a fixed, indexed share of the budget (many call for five percent of the health budget).
- Multi-year (often five-year cycles), flexible core funding for proven community services.
- Outcome-based contracts with evaluation budgets.
- Regional block funding with community co-decision.
- Funding active transport, walking and cycling links within transport budgets.
- Investing in shared data systems and the prevention workforce.
- Micro-grants to remove participation barriers.

“ Funding plays a critical role in the success and sustainability of preventative health programs that support maternal education and health outcomes.

**Healthcare provider
professional body**

“ Establish a competitive grant program for community-led preventive health initiatives... Ideally grants should be for at least five years, so that programs that can deliver significant benefits at scale can be developed and rolled out.

Healthcare peak body





In summary

This brief overview provides a snapshot of the feedback gathered through the Tasmanian 20-Year Preventive Health Strategy consultation conducted by the Tasmanian Government.

The synthesis of consultation feedback is ongoing, and a report will be produced by the Tasmanian Centre for Mental Health Service Innovation early in 2026.

The final report will provide more detailed insights into community and stakeholder recommendations to help shape Tasmania's 20-year Preventive Health Strategy.

Section one of this summary report was independently prepared by the Tasmanian Centre for Mental Health Service Innovation. Read on to find out more about the community and stakeholder consultations.

“ Tasmania still struggles with a silo mentality. One solution is to bake collaboration into funding agreements - not as a tick-box exercise, but with real shared reporting and responsibilities. All funding contracts could be reviewed to require cross-sector collaboration.

Health peak body





Consultation process

This section tells you about the method - how we **shared the word** and **created opportunities to listen**.

When you see the words 'we', 'us' or 'our', it can mean the State of Tasmania, the Tasmanian Government, or the Department of Health (Tasmania).

You can't build a 20-year plan for health and wellbeing without asking Tasmanians what matters to them. It just wouldn't stick.

How we listened, learned and are building it together

After hearing what Tasmanians told us, it's just as important to show how we listened. The next section explains the process behind the consultation – how we reached people, kept it fair and accessible, and made sure every voice was treated with care and respect.

Why we asked Tasmanians

Prevention happens in everyday life, and communities know best what helps, what harms, and what gets in the way.

That's why we are building the 20-Year Preventive Health Strategy from the ground up. We went out across the state to listen, test ideas, and make sure the final plan will reflect real life in Tasmania.

Our goal is to make the Strategy something that every Tasmanian can see themselves in – a plan shaped by Tasmanians, for Tasmanians – that's practical, fair and built to last.

What we set out to do

- **Listen first.** Hear directly from Tasmanians and design a Strategy and first four-year Action Plan that reflect what matters most.
- **Reach the quieter voices.** Partner with trusted community organisations so people who aren't usually heard could take part.
- **Keep the conversation going.** Set up engagement that lasts the whole 20 years, not just one round.
- **Build understanding.** Grow awareness of why prevention matters and how it fits into daily life.

What we wanted to find out

- **What matters most.** Find out the top priorities for living a good life in Tasmania.
- **Where we're heading.** Work out the shared long-term goal – the “dream” we're all aiming for together.
- **What helps and what harms.** Identify the things that make it easier (or harder) to be well.
- **What's working.** Keep and scale the good stuff, and stop, fix or replace what isn't.
- **Who's at the table.** Be clear about who needs to be involved, what they bring, and how we can work better together across sectors.
- **What's bold,** what's next, and what's doable. Get the big ideas, then sort them into what we can do now, what's next, and what's later.
- **How to fund it.** Find the best ways to back the plan with money and work out who needs to contribute.
- **How to make it stick.** Put the basics in place – the right people, skills, fair processes, and good systems to keep it on track.
- **How to measure success.** Get ideas on the measures and targets we can track and keep learning from as we go.
- **How to stay connected.** Work out how to keep in touch, keep listening, and keep Tasmanians involved.



How we went about it

We didn't want this Strategy written behind closed doors or built on one-off feedback.

That's why we set up a multi-step process so Tasmanians could shape it, check it, and keep improving it along the way.

Listen first

Reach the quieter voices

Keep the conversation going

Build understanding

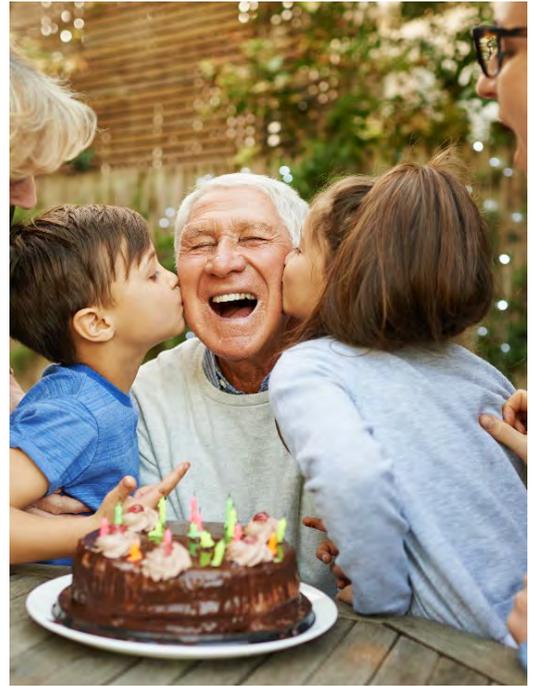


How the process will work

First stage (Round 1) - setting the direction (late 2024 to mid 2025): Tasmanians helped identify the big priorities, map barriers and enablers, stocktake what's already happening, and spark new ideas. Some groups joined a little later (up to July 2025) when resourcing allowed.

Round 2 - testing the drafts (late 2025 to early 2026): Tasmanians will test the draft Strategy. This stage is about making sure what came through in Round 1 comes across clearly, makes sense in practice, and feels ready to put into action.

Ongoing conversations: Along the way, we've kept in touch with a wide range of stakeholders to check we're on the right track and start planning for delivery. Throughout 2026, we'll run more workshops to design things like how we govern, partner, and evaluate.



What happens next

With Round 1 consultation now complete, the next step is opening the draft Strategy for comment, starting in late November 2025.

This will give Tasmanians the chance to test the draft Strategy, to make sure what came through in Round 1 is clear, makes sense in practice, and feels ready to put into action.

Simultaneously, the draft Strategy will also go through an independent review by The Australian Prevention Partnership Centre (TAPPC) and its network of more than 900 experts across Australia, to make sure it's backed by solid evidence.

The Strategy and first Action Plan will launch in mid-2026.



How we made it safe

We wanted the consultation to be fair, accessible, and consistent no matter who you were or how you chose to take part. Even though this wasn't a research study and didn't need formal ethics approval, we still borrowed the same high standards used in research to make sure people's voices were respected, their information protected, and the process was trustworthy.

To guide how we ran things, we used the National Statement on Ethical Conduct in Human Research (2023) and the NHMRC's Human Research Ethics Application (HREA) framework.

The next few pages provide more details of the steps we took to make it safe for all participants.



Clear information for everyone

Before taking part, people were given an information sheet called a Participant Information and Consent Form.

It explained:

- what the 20-Year Preventive Health Strategy is about
- why we were asking for input
- how people could get involved
- how their feedback would be used and protected.
- we also created plain-language, Easy Read and translated versions (in 18 languages) so more Tasmanians could access them.





Getting permission

We made sure everyone who took part understood what they were agreeing to. Participation was always voluntary, and people could choose how and when to take part or stop at any time.

All of this was explained in the Participant Information and Consent Form, and extra consent steps were added where needed to make sure everyone's participation was clear and informed.

Tools to keep things on track

We used ready-made templates for invitations, agendas, session plans, facilitator notes, and note-taking.

These made sure every session (whether in-person, online, or hybrid) ran smoothly, asked the same key questions and followed a safe and respectful process.

We also had protocols in place to support people if they felt distressed.

Helping partners spread the word

We gave community organisations and stakeholders a simple promotional pack with everything they needed to get the word out.

This included key dates, ready-to-use text, images for newsletters and social media, and links to surveys, the discussion paper, and translated resources.

Closing the loop

We want everyone who took part to see how their input made a difference. That means:

- publishing this *Round 1 consultation report* in late 2025, before the draft Strategy is released
- sending direct updates to participants who left their contact details
- sending updates to everyone invited, even if they didn't participate
- sharing tailored summaries with priority groups, either directly or through partner organisations
- publishing the full consultation report in 2026 so all Tasmanians can see the results
- we'll start putting a range of the consultation submissions online for everyone to see, not just a summary.

For groups who might face extra barriers, we

took a staged approach to make sure participation was safe, respectful, and accessible:

First, we worked with experts and

representative bodies – like the Commissioner for Children and Young People and the Disability Commissioner – to review our plans and confirm the minimum requirements for safe participation.

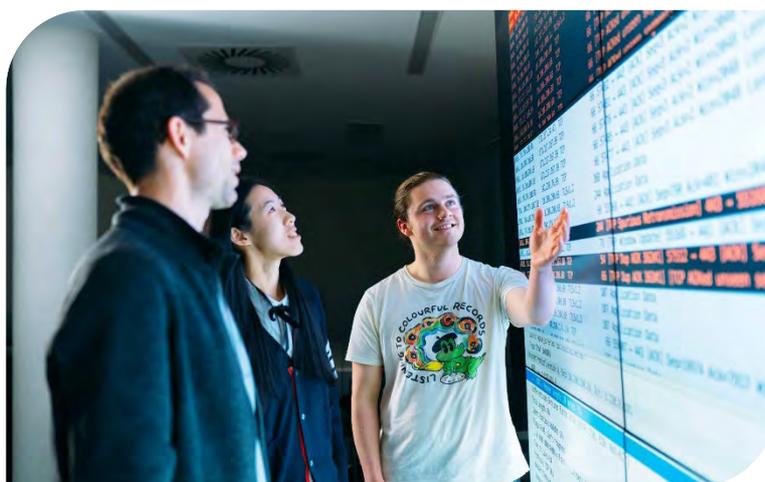
Next, we co-designed the approach with a small, trusted group of people with lived experience from that community, to understand how they wanted to be consulted and what support they needed.

Then we opened up the process to the wider community of people with lived experience, using what we learned earlier to make sure it worked well for everyone.

Planning who to talk to and how

We mapped more than 10,000 stakeholders and used the International Association for Public Participation (IAP2) Spectrum of Public Participation and Methods tools to choose the right way to connect with each group.

We made sure the process was fair and independent by following laws and guidelines – so powerful voices, special deals, or private interests couldn't drown out what Tasmanians had to say.



Accessibility and inclusion

We worked to remove barriers wherever possible so more Tasmanians could take part. We followed Tasmanian Government accessibility requirements.

A wide mix of consultation formats was used so people could choose what worked best for them. Wherever possible, sessions were tailored based on advice from the communities we wanted to reach.

Materials were adapted for priority groups – for example, Speak Out Advocacy developed an Easy Read version, and we had 18 language translations available to help more people have their say.

For groups who might face extra challenges, we partnered with representative bodies and co-designed approaches with people with lived experience to make sure the right supports were in place, so everyone had the chance to take part.

Keeping information confidential

We collected only the minimum details we needed (like name, organisation, or email for follow-up). Extra details were only asked in special cases where it was really needed.

All feedback was de-identified so individual responses stayed private and securely stored in line with government privacy laws. We may share your words, but never your name – unless you've told us it's okay.

Information is managed under the Right to Information Act 2009. If someone later asks to see consultation materials through this process, we'll respect confidentiality requests before deciding what can be released.

Managing data safely

We kept careful track of all consultation activities to make sure nothing was missed. All notes, recordings, and transcripts were stored securely, and only authorised team members could access them.

All information was handled in line with the Department of Health's Records and Information Management Policy, the Personal Information Protection Act 2004, and the Archives Act 1983 to keep people's information safe and private.

Participants can also ask to see or correct their own personal information in line with the Personal Information Protection Act 2004.



Submissions

All written formal submissions from organisations and individuals will be published on the Strategy website, in line with Tasmanian Government policy on public consultation. Individual submissions will be de-identified to protect privacy.

We may also share summaries of workshops and survey results in a de-identified way, because not everyone took part through written submissions.

Informal feedback won't be published. This helps protect privacy and keep things manageable, given how many Tasmanians we've spoken with.

If something wasn't right

We followed the Department of Health's standard complaints process, so participants could raise any concerns easily. The information sheet explained how to do this before people took part.

Getting the word out

We didn't just put the consultation online and hope for the best – we made sure the invite travelled far and wide, despite limited access to paid advertising.

Using what is sometimes called a “snowball” approach, we asked others to help spread the word, and like any good snowball, it gathered size and speed as it went.

- Emailed more than 10,000 people and organisations directly – our “starter snowball”
- Asked those contacts to pass it on to their networks
- Saw it pop up on Facebook, LinkedIn, and community noticeboards
- Watched it appear in newsletters, Communities of Practice, and inboxes across the state
- Promoted it through social media, newspaper ads, our website, and staff news
- Encouraged professional associations, peak bodies, and service providers to share it with their members
- By the end, the message reached far more Tasmanians than we ever could have managed on our own – thanks to lots of generous helpers.

- **10,000 direct emails** started the ‘snowball’
- People **shared on socials** and community networks
- We **promoted in media** and websites to keep momentum
- Health organisations **shared with members**
- Spreading the word far and wide **for Tasmanians** to get involved



Where we promoted it

We wanted as many Tasmanians as possible to know about the consultation, and to feel welcome to get involved.

Here's how we got the message out:

- Posted on Facebook, Instagram and LinkedIn
- Ministerial media release
- Ran ads in major newspapers
- Shared stories on our website and in staff news
- Asked every government agency to share it with their staff and communities
- Sent 10,000+ email invitations to mapped stakeholders
- Contacted health and allied health professional associations
- Reached out to peak bodies and service providers
- Engaged Heads of Agency
- Sent letters from our Minister to other Ministers and MPs

We didn't just advertise – we also went out and talked with people. We gave short presentations at community forums, leadership groups and stakeholder meetings, often using gatherings that were already happening.

This helped us reach more people without extra cost and connect with Tasmanians who don't always get a say.



Discussion Paper

It's hard to give feedback if you don't know what something's about. That's why we put together a discussion paper – to **explain the issues, share some background data, and give people questions** to think about.

It provided a **simple starting point** to get ideas flowing and help people imagine what prevention could look like in Tasmania over the next 20 years.

We published it on the Department of Health **website and linked** it in all our emails, social media posts, and promotional materials **so it was easy to find**.

The paper was the **main reference point** for the consultation. All survey questions were based on it, and people were encouraged to **read it first, then share their views** in whatever way suited them best.

Here's a snapshot of the **methods we used in Round 1** to hear from as many Tasmanians as possible:

- Discussion Paper
- Community survey
- Stakeholder survey
- Open email submissions
- Formal submissions
- Phone responses
- Regional forums
- Community co-design
- Key informant interviews
- Tasmanian Health Senate
- Premier's Health and Wellbeing Advisory Council
- Priority group consultations
- Sector and community workshops
- Local Government workshops
- Focus groups with workstreams
- Collation of existing consultation findings

Round 1 consultation

Round 1 was about hearing from as many Tasmanians as possible, from big organisations and councils to community groups and individual voices.

Because people connect in different ways, we used a whole mix of methods: surveys, forums, workshops, interviews, co-design sessions, and written submissions.

Some people wanted a quiet way to share their views; others preferred group discussions or direct conversations.

Using lots of different formats helped make sure we heard from every corner of the state, not just the loudest voices or those who usually take part in government consultations.



Community survey

Not everyone wants to join a workshop or meeting. Some people prefer to share their thoughts privately, in their own time. To make that possible, we set up an online community survey that anyone in Tasmania could complete.

The survey included key questions from the discussion paper, plus a few extra ones written especially for community members. All questions were open-ended with no word limits, so people could say as much or as little as they wanted, in their own words.

We kept it simple on purpose – no demographic questions and no mandatory answers. The goal was to make it easy, flexible, and safe for anyone to take part.

The survey ran for the full consultation period and was available through the Strategy website.

Stakeholder survey

We also set up an online survey just for stakeholders – like service providers, local councils, community organisations, health professionals, researchers, and industry partners. It gave people and organisations a way to share their views privately, in their own time, without needing to attend a forum or meeting.

The survey included key questions from the discussion paper, plus a few extra ones written especially for stakeholders. All questions were open-ended with no word limits, so people could say as much or as little as they wanted, in their own words.

Responses could be provided by individuals or on behalf of an organisation. We kept it simple on purpose – no demographic questions and no mandatory answers. The goal was to make it easy, flexible, and safe for anyone to take part.

The survey ran for the full consultation period and was available through the Strategy website.



Open email submissions

Some people prefer to share their views in their own way – sometimes in words, sometimes not, and not always in a structured format. To make that possible, we offered a simple option: people could email their feedback directly to the consultation inbox at any time during the consultation period.

Emails could include whatever people wanted to share – written comments, letters, photos, videos, or other documents. Responses came from both individuals and organisations, in whatever format suited them best.

Formal submissions

Some organisations and stakeholders want to put their official views on record and show where their sector stands. That's why we invited formal written submissions: longer, more detailed pieces of feedback that pulled together ideas, evidence, and recommendations from organisations, groups, and individuals.

Often, these submissions represented the combined input of many people, especially when sent by peak bodies, councils, or large organisations.

There was no set template, so people could send their submission in whatever format suited them best. We encouraged everyone to use the discussion paper as a guide, but there were no set questions or rules.

In line with Tasmanian Government policy, submissions from organisations will be published on the Strategy website unless confidentiality was requested. Many organisations have also shared their submissions publicly on their own websites.

Phone responses

Some people prefer to talk things through rather than write them down. To make that possible, we offered a phone option so anyone could share their thoughts by calling during the consultation period.

People could ring the Public Health Hotline to share feedback if they couldn't, or didn't want to, take part online, in writing, or face-to-face. Operators took short notes about what was said (no calls were recorded), and if someone needed more time, the project team called them back to ensure their feedback was heard.



Regional forums

It's important for people to be able to get in a room together, to hear different voices, share experiences, and connect with others they might never normally meet.

We held regional forums so Tasmanians could talk through ideas face to face or online. These were interactive, workshop-style sessions where people could share what matters most for prevention.

Forums were held in Hobart, Launceston, and Burnie, plus three statewide online sessions so people could join from anywhere. Each session ran for about two hours and included group activities based on the consultation questions.

With limited resources, we focused on a small number of in-person and online events to make sure sessions were high quality and accessible to people right across the state.

Building on what Tasmanians have already told us

Preventive health is a big topic, and many of the issues that matter for this Strategy have already been talked about in other consultations on health and wellbeing. To avoid asking people the same questions again, we reviewed what Tasmanians had already said in those consultations.

This means we can build on existing insights, respect people's time, and reduce consultation fatigue, while still making sure those ideas were captured and used.

We looked at findings from:

- Access to Health Services (A2HS) consultations, from 11 Tasmanian communities - Circular Head, Kentish, Waratah, Break O'Day, West Coast, King Island, Northern Midlands, George Town, Meander Valley, Flinders Island, West Tamar (Beaconsfield)
- Primary Health Tasmania consultations
- TAZREACH consultations
- Past consultations with Tasmanian Aboriginal people
- Past consultations with culturally and linguistically diverse (CALD) Tasmanians
- Past consultations with LGBTIQ+ Tasmanians
- Past consultations with children and young people
- Past consultations with older Tasmanians
- Past consultations with people with disability

For some groups, there weren't any recent consultations we could draw on. We made sure to include as much as possible from what was already available.

Community co-design

A lot of people don't take part in consultations – and it's easy to see why. There are so many happening all the time, and you can spend hours caring, sharing, and giving feedback, and may not see where it goes or what it changes.

Sometimes people also feel more comfortable speaking up when government isn't in the room – or the way consultations are run just doesn't fit how they'd like to share their stories and experiences.

Real participation takes more than just an invitation. It takes trust, connection, and often a warm introduction from someone you already know. And as a state government, we knew we couldn't be everywhere, and we often don't have the deep, local relationships that communities themselves do.

That's why we wanted to make sure Tasmanians could take part in ways that felt comfortable, familiar, and community led – in their own spaces, in their own words, and through the networks they already trust.

To make that happen, we partnered with Health Consumers Tasmania (HCT) to lead a community-driven co-design process, run by locals, for locals.

The process happened in three stages:

Stage 1: HCT reviewed community feedback they'd already collected and worked with their Consumer Advisory Panel to spot common themes, so we didn't waste what had already been said.

Stage 2: Small "kitchen table" conversations were held around Tasmania plus an online session for anyone who couldn't attend in person:

- Tasman Peninsula
- Huon Valley
- Dorset Area
- Central Coast
- Ouse
- St Mary's

Stage 3: More than 100 people came together at a statewide summit to share ideas and set priorities for a healthier Tasmania.

We also reached out to the Department of Health's three Consumer and Community Engagement Councils (CCECs) to ask how they wanted to be involved. These councils are often busy with hospital and health service matters, so they chose to have their say later – once the draft Strategy was ready – rather than take part in a separate co-design process. Some members also joined in HCT's sessions and stayed connected that way.

And this work isn't over. HCT and its community networks continue to stay involved, helping shape how ideas turn into action. These local voices don't just bring the ideas – they're also the ones who help make them happen.

What is co-design?

Designing with people, rather than for them, to create solutions that are more relevant, inclusive and reflect lived experience.

Trust.

Sharing power and decision-making to get outcomes that are better grounded in community needs.

Connection.

We partnered with Health Consumers Tasmania to undertake a community led co-design process.



Premier's Health and Wellbeing Advisory Council

The Premier's Health and Wellbeing Advisory Council (PHWAC) brings together experts and leaders from across sectors to advise the Premier on how to improve the health and wellbeing of Tasmanians. It focuses on the big-picture issues that need everyone working together – the kinds of challenges no single agency or organisation can fix on its own.

During the consultation period, we worked with the Department of Premier and Cabinet (DPAC) to dedicate several Council meetings entirely to the 20-Year Preventive Health Strategy.

Tasmanian Health Senate

In May 2025, we brought almost 100 people together in Launceston for a two-day Tasmanian Health Senate focused on prevention. The event was attended by Senate members, senior health executives, and the Secretary of Health, alongside clinicians, service leaders, researchers, community organisations, local government, and consumer representatives.

We worked with the Health Senate Steering Committee and the Department's Health Planning team to design the program. It kicked off with a tradeshow showcasing the amazing prevention work already happening across Tasmania, thanks to the many partners who set up stalls to share what they're doing.

Key informant interviews

Everyone has a role to play in prevention. It takes decision-makers in every sector to care about it, prioritise it, and make it part of their work.

That's why we sat down for over 60 one-on-one or small group conversations with leaders from government, business, community and non-government sectors.

Talking directly like this meant we could get practical advice, build shared ownership, and better understand how prevention can work across the whole system, not just health.

More than 60 conversations with **leaders from across Tasmania** and beyond

Practical advice

Build shared ownership

Understand the big picture

Keep the conversations going

Priority group consultations

We knew some Tasmanians don't usually take part in consultations – sometimes because the process doesn't feel safe, welcoming, or accessible or we haven't provided the right supports.

To make sure their voices also shaped the Strategy, we put extra effort into creating safe, respectful spaces where people could take part in ways that suited them.

We held special consultations for a broad range of priority groups each with unique lived experience. A snapshot of how we engaged with each group is included in this summary report to provide context for the consultation process.

How we did it

We started by looking at what these communities had already told government in recent consultations, so we didn't waste people's time asking the same questions again.

We then worked with trusted experts and representative bodies to ask how their communities wanted to be involved and what would make participation safe and fair.

Step 1 was small co-design groups with people who have lived experience. Together we designed the consultation questions, tested different formats, and worked out what support people needed to take part.

Step 2 was the broader consultation. Once the plan and materials were ready and checked back with communities, we partnered with trusted organisations to deliver it.

They promoted the consultation through their networks and supported people to participate in safe and culturally appropriate ways.

Who we couldn't reach

We couldn't reach everyone that we planned to in the Round 1 consultation. Some groups were also harder to reach because they were being asked to take part in too many consultations at the same time.

Health Consumers Tasmania helped fill part of this gap by running local, place-based co-design sessions, which made it easier to reach people who are usually left out.

We know these voices are important and recognise these gaps, and we'll keep working to bring them into the Strategy as it moves forward, in addition to .

Priority groups

are people that may have **poorer health outcomes** or **greater barriers** to access services.

We created spaces to be

Safe

Welcoming

Supported

Accessible



Aboriginal people and communities

We wanted to make sure the Strategy reflected the voices, knowledge, and leadership of Tasmanian Aboriginal people in a way that was safe, respectful, and led by community priorities.

To start, we looked at what Aboriginal people and communities had already said through recent consultations, so we could respect that time and knowledge instead of asking the same questions again.

We then worked in partnership with the Tasmanian Aboriginal Centre (TAC) and the Tasmanian Aboriginal Health Reference Group (TAHRG) so they could decide how, when, and if they wanted to be involved, and what support was needed. This approach recognised that Aboriginal organisations already carry a big workload and face many consultation requests.

In August 2025, the TAC hosted an online workshop with staff and community members. Together they looked at what had already been committed through Closing the Gap and other processes, what was still missing, and what Aboriginal priorities should look like over the next 20 years.

A follow-up session with community leaders is planned to build on these ideas and refine them for inclusion in the draft Strategy and first Action Plan, at a time that fits with TAC's capacity and other priorities.

The Tasmanian Aboriginal Health Reference Group (TAHRG) will continue to be invited to guide how they wish to be involved throughout the process in ways that align with their own priorities and capacity.

A further Aboriginal Health Roundtable in February 2026 has been identified as another key opportunity for Aboriginal input into the Strategy.

Priority group consultations



We worked with the **TAC and TAHRG** to seek advice and find out how they wanted to be involved

They looked at **Closing the Gap and other processes** to see what was still missing.

Further opportunities are planned.

An Aboriginal Health Roundtable is proposed for February 2026.

Priority group consultations

We partnered with key CALD organisations across Tasmania.

We linked with the DPAC multicultural team to align with other government initiatives.

Regional staff and community workshops are being planned.



Culturally and linguistically diverse (CALD) Tasmanians

We wanted to make sure culturally and linguistically diverse (CALD) Tasmanians could be part of shaping the Strategy in ways that felt safe, respectful, and accessible.

To start, we translated consultation materials into 18 languages so more people could understand the process and questions.

We also looked at what CALD Tasmanians had already said through recent consultations, so we could respect that time and knowledge instead of asking the same questions again.

We then worked in partnership with key organisations – including the Multicultural Council of Tasmania, Migrant Resource Centre Tasmania, Welcome Cultural Services Northern Tasmania, and the Migrant Support Network – so they could decide how, when, and if they wanted to be involved, and what support was needed.

This approach recognised that CALD organisations already carry a big workload and face many consultation requests.

We also linked with the Department of Premier and Cabinet's (DPAC) multicultural team to make sure this work lined up with other government initiatives.

CALD partners told us the best way forward would be to hold regional staff and community workshops. These workshops are now being planned with partners, at a time that works best for the sector's capacity and priorities.

While they haven't happened yet, we're committed to making sure CALD voices are heard and included as the Strategy takes shape.

Priority group consultations

We partnered with key organisations through the **DoH LGBTIQ+ Reference Group** to plan options that were **safe and inclusive**.

Partnering with **Working it out**, We ran an **online survey** and **online focus groups**.



LGBTIQ+ Tasmanians

We wanted LGBTIQ+ Tasmanians and their allies to have a safe and inclusive way to share their voices in shaping this Strategy. We worked with community organisations and leaders to design the process together through the Department of Health's LGBTIQ+ Reference Group.

The Reference Group includes:

- Equal Opportunity Tasmania
- Equality Tasmania
- Health Consumers Tasmania
- Intersex Peer Support Australia
- Parents, Friends and Allies of the LGBTIQ+ Community (PFLAG)
- Primary Health Tasmania
- Tasmanian Council on AIDS, Hepatitis & Related Diseases Inc. (TasCAHRD)
- Women's Health Tasmania
- Working it Out

Using their advice, we created a plan and developed materials together with the group. On their guidance, we ran:

- An online survey open to LGBTIQ+ Tasmanians and allies.
- A series of online focus groups, co-facilitated with Working It Out, to explore issues in more detail.

Trusted organisations also helped spread the word through their networks, and invitations went out to Reference Group members, community partners, and Department of Health LGBTIQ+ Champions to help reach as many people as possible.

Older Tasmanians

We worked with Council on the Ageing (COTA) Tasmania to design a process that worked for older Tasmanians.

With COTA's advice, we created different ways for older people to get involved:

- Workshops held in familiar community spaces.
- Peer-led resident groups in residential aged care or retirement villages.
- Online options for those who preferred to join remotely.

Every residential aged care facility and independent living village in Tasmania was invited to host small group conversations, and we spread the word through councils, University of the Third Age (U3A) groups, and community programs across the state.

Children and young people

We wanted to make sure children and young people had a real say in shaping the Strategy – not just as participants, but also in designing how the consultation itself worked.

To make sure the process was safe and inclusive, we sought advice from the Commissioner for Children and Young People and other key partners. We then ran an expression of interest for young people to join us in designing the consultation itself. Partners who helped guide and share this process included:

- Commissioner for Children and Young People
- Premier's Youth Advisory Council
- Youth Network of Tasmania (YNOT)
- Headspace Youth Reference Groups (YRG)
- Department of Health Children and Young People Advisory Group

At the co-design workshop, young Tasmanians helped decide the best ways to take part, what kinds of questions to ask, and how to make sure we reached more young people right across the state. They told us it was important to offer different ways to get involved, so that everyone could have their say in a way that worked for them, and as many young people as possible could be involved.

With their help, we created a mix of ways to participate including an online survey, online workshops, postcards with simple questions, email submissions and creative submissions live drawings and stories.

To spread the word, we partnered with youth organisations and schools across the state. Participation packs were sent to every public, Catholic, and independent school in Tasmania (over 180 in total). Youth organisations, social media, and community networks also helped promote the consultation.

Priority group consultations



People who are deaf or hard of hearing

We partnered with Expression Australia, as part of the broader disability co-design process, to make sure people who are deaf or hard of hearing could share their views in accessible and inclusive ways.

Workshops were held across the state with full Auslan interpretation and other supports, and Expression Australia helped promote the opportunity through their networks so more people could take part.

People with disability

We wanted to make sure people with disability had safe, accessible, and comfortable ways to share their views for the Strategy.

To do this, we worked directly with people with disability and disability organisations to design the process together.

To make sure the process was safe, we asked for advice from key partners and ran an expression of interest for people with disability to help co-design the consultation process. Partners included the Minister's Disability Consultative Group, Premier's Disability Advisory Council, Disability Voices Tasmania, Speak Out Advocacy, Expression Australia, The Association for Children with Disability, and Second Echo Theatre Company.

At the co-design workshop, participants helped decide the best ways to take part, what questions to ask, and how to make sure everyone could contribute in a way that worked for them. Using this advice, we ran a series of workshops across the state and online, hosted by trusted partners who helped make sure the right supports were in place. These organisations also spread the word through their networks, helping more people with disability get involved and have their voices heard.

Veterans and ex-serving members

We worked with the Veterans' Reference Group, the Department of Veterans' Affairs (DVA) Tasmania Consultative Forum, and RSL Tasmania to design and co-host engagement with veterans and ex-serving members.

Workshops and discussions were held across the state, including sessions with the Veterans' Reference Group, local drop-in events at RSL clubs and Veteran Wellbeing Hubs, and a statewide workshop with the DVA Tasmania Consultative Forum. Forum member organisations included Advocacy, Australian Federation of Totally and Permanently Incapacitated Ex Servicemen and Women (Tasmanian Branch) Inc., Hobart Legacy Inc., Launceston Legacy Inc., Mates4Mates, Naval Association of Australia, Returned & Services League of Australia (Tasmania Branch) Inc., Royal Australian Air Force Association, TAS Div Inc., Serving ADF Representative, Vietnam Veterans' Association of Australia, and the Veterans Reference Group.

Priority group consultations



Neurodivergent Tasmanians

We worked with organisations including ADHD Australia, the Australian Autism Alliance, Autism Spectrum Australia (Aspect), and the Australian Psychological Society to make sure consultation with neurodivergent Tasmanians was inclusive and followed the latest guidelines for engaging well with neurodivergent people.

With their support, we designed accessible online workshops and materials that made it easier for people to take part and share their views.

Our partners also helped promote the opportunity through their networks, alongside direct invitations to community and professional organisations, to reach a broad cross-section of neurodivergent Tasmanians.

Women's perspectives

We reached out to the Australian Women's Health Alliance, Women's Health Tasmania, and the Department of Premier and Cabinet's Women's Policy and Prevention of Family and Sexual Violence (PFSV) Unit to seek advice on how best to consult with women across Tasmania.

We also met with the National Women's Health Advisory Council Secretariat to align our approach with national women's health priorities and the National Women's Health Strategy.

Our partners helped adapt the workshop materials for women and promoted the opportunity widely. Around 100 organisations and partners were invited to take part or share the opportunity through their networks.

Men's perspectives

We worked with Men's Resources Tasmania (MRT) and the Tasmanian Men's Health Network to make sure we captured views from men across Tasmania to inform a gendered approach to prevention.

We met with the Tasmanian Men's Health Network to introduce the Strategy and get advice on how to gather men's perspectives. From there, we worked with MRT to design and co-host a workshop focused on men's experiences and priorities.

MRT helped shape the discussions and supported participant recruitment. We also sent direct invitations to a wide range of organisations and networks to encourage participation from men across different communities and backgrounds, including members of the Tasmanian Men's Health Network.

Parents and friends

We worked with parent representative bodies from public, Catholic, and independent school sectors to design engagement that suited parents and friends. Our partners included:

- Tasmanian Association of State School Organisations (TASSO)
- Catholic School Parents Tasmania
- Australian Parents Council and Independent Schools Tasmania.

Together, we adapted materials for workshops and shared invitations through association networks, newsletters, school principals, and social media pages.

Workshops were held online at different times of day to make it easier for working parents and caregivers to take part.

Priority group consultations



Local Government

We worked with the Local Government Association of Tasmania (LGAT) to design engagement that suited councils' roles in community wellbeing.

Together, we ran:

- A statewide workshop with mayors and deputy mayors, to hear directly from local leaders.
- Two workshops with LGAT's Health and Wellbeing Network, which includes council officers working on local wellbeing and community initiatives.
- A one-on-one interview with the CEO of LGAT to gather insights on how state and local governments can work more closely together to support prevention.

We ran **eight workshops to engage** with public health services staff to gain their insights and ideas.

We held **focus groups with 40 government teams** to build a picture of existing work and any gaps.



Talking with government teams

We held a series of focus groups with around 40 government teams to gather detailed information about data, evidence, what's already happening, who delivers services, and what could make prevention work better in practice. These sessions helped fill in important gaps that couldn't be covered through public consultation.

Meeting with these teams helped build a clear picture of what prevention already looks like inside government, where the gaps are, and how the new Strategy can fit with existing work.

We're continuing to meet with teams as part of an ongoing process to make sure the actions coming through from consultation are practical, achievable, and ready to be implemented, since many rely on these teams to deliver.

This work isn't finished – it continues as part of a rolling planning process under the Strategy, updating the evidence and data and clarifying how each team will play its part in putting the Strategy into action.

Workshops with sectors and communities

Between January and July 2025, more than 15 sector and community workshops were held across a wide range of fields connected to prevention, such as sport and recreation, built environments, research, early years, and justice. We had planned to hold a workshop for every sector covered in the Discussion Paper, but this wasn't possible because of limited time, staff, and budget.

Our partners helped us reach people across their sectors, and thousands of invitations were shared directly through networks, newsletters, and community channels.



Thank you

A heartfelt thank you to everyone who took part – and to the many partner organisations who helped make this consultation possible.

Your generosity, time and commitment meant we could hear from more Tasmanians in more places than ever before.

Thanks again for being part of this journey – we hope you'll stay involved.

Stay informed

Check our website for updates: www.health.tas.gov.au/20-year-preventive-health-strategy

Sign up for our [mailing list](#) to get the latest news straight to your inbox.

Questions or ideas? Reach out to the team at: consultation@health.tas.gov.au.

A Respectful, Age-Friendly Island: Older Tasmanians Action Plan 2025 – 2029



Accessibility

If you are deaf, or have a hearing impairment, or complex communication needs, phone the National Relay Service on 13 36 77, or Speech-to-Speech Relay Service on 1300 555 727.

Acknowledgement

We acknowledge and pay respect to Tasmanian Aboriginal people as the traditional owners and continuing custodians of this land, lutruwita/Tasmania.

In particular we acknowledge Elders – those who are deeply respected in their community and recognised as custodians of Aboriginal knowledge and holders of wisdom, who provide guidance and profoundly care about their Country and people.

We also acknowledge all older Tasmanian Aboriginal people. Their lived experiences should never be understated or overlooked in designing contemporary government programs and ensuring workplaces and services funded by the Tasmanian Government are experienced as culturally safe.

Like everyone, older Aboriginal people want to age well. We acknowledge the vital role of extended families, communities, and Aboriginal community-controlled organisations in supporting older Tasmanians.

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Appreciation

The Tasmanian Government thanks the more than 1,500 Tasmanians who generously shared their concerns, aspirations, and recommendations about ageing well in Tasmania through the *Healthy, Engaged, and Resilient (HEAR) Active Ageing Consultation Outcome Report*.

Your views have shaped the vision, outcomes and priorities outlined in *A Respectful, Age-Friendly Island: Older Tasmanians Action Plan 2025-2029 (the Plan)*.

We thank the Council on the Ageing Tasmania (COTA Tas) for organising the statewide consultations and for the organisation's continuing support as the peak body representing the interests of older Tasmanians.

The Plan's development has benefited greatly from the views and expertise provided by two Tasmanian Government Reference Groups. We would like to thank members of the Older Tasmanians Action Plan Reference Group and the State-Wide Elder Abuse Prevention Committee (SEAPAC).

We welcome feedback on the Plan email: olderpersons@dpac.gov.tas.au

Acronyms

ABS – Australian Bureau of Statistics

Advocacy Tas – Advocacy Tasmania

COTA Tas – Council on the Ageing Tasmania

DoH – Department of Health, Tasmanian Government

DoJ – Department of Justice, Tasmanian Government

DPAC – Department of Premier and Cabinet, Tasmanian Government

DSG – Department of State Growth, Tasmanian Government

Homes Tas – Homes Tasmania, Tasmanian Government

LGAT – Local Government Association Tasmania

MRC Tas – Migrant Resource Centre Tasmania

NHT – Neighbourhood Houses Tasmania

NILS – No Interest Loan Scheme

PHT – Primary Health Tasmania

SDAC – Survey of Disability, Ageing and Carers

SEAPAC – State-Wide Elder Abuse Prevention Advisory Committee

SSMO – State Service Management Office, Tasmanian Government

Tas Legal Aid – Tasmania Legal Aid

TCCI – Tasmanian Chamber of Commerce and Industry

TSS – Tasmanian State Service

Welcome – Welcome Cultural Services

WHO – World Health Organisation

Minister's Foreword

Older Tasmanians are immensely important in our community, and we recognise the valuable contributions they make to our society and our economy.

Tasmania has the oldest population and is ageing faster than any other state or territory in the nation.

The Tasmanian Government's vision is a respectful, age-friendly island where older Tasmanians are valued, connected, and supported.

A Respectful, Age-Friendly Island: Older Tasmanians Action Plan 2025-2029 seeks to enable an environment that supports the well-being, potential and value of older Tasmanians and address the unique challenges associated with ageing in Tasmania.

The Plan also incorporates actions to progress *Lifelong Respect: Tasmania's Strategy to end the abuse of older people 2023-2029*.

Recognising, responding to, and preventing the abuse of older Tasmanians is a priority for the Tasmanian Government. Older Tasmanians have the right to be an integral and respected part of the community, living free from abuse.

The Tasmanian Government has committed over \$3 million to deliver key priorities to support older Tasmanians and end the abuse of older people over the next two years. There will be an interim review of progress against the actions to ensure the Plan's relevancy and inform future focus areas to achieve the outcome areas.

I would like to thank our dedicated community sector, particularly COTA Tasmania, for their engagement and contribution in developing the Plan and for partnering with the Tasmanian Government to support the delivery of key initiatives across the state.

Older Tasmanians are integral to the diversity and strength of our communities, and we will continue to work collaboratively across all levels of government and with the community to achieve the vision in our Plan.

Hon Roger Jaensch MP
Minister for Community Services



Introduction

Although there is a global trend towards living longer lives, not everyone ages in the same way.

A longer life should mean more time to enjoy a healthy lifestyle with family and friends and the rewards of wisdom and experience. Increasing longevity, however, can also present challenges for people.

Many older Tasmanians endure ill-health, stigma, isolation, insecurity, neglect and even abuse during their later years.

The factors contributing to these negative experiences and disparities can be prevented or mitigated with targeted interventions within all life domains - social, economic, health and wellbeing, educational, cultural, and technological.

It is vital that older Tasmanians, regardless of their background, are supported to lead healthy, active, safe, connected lives. We have a shared responsibility to value the immeasurable contribution made by older Tasmanians and to respect their human rights and dignity.



Closing the Gap

As a signatory to the *National Agreement on Closing the Gap*, the Tasmanian Government is committed to achieving the Closing the Gap outcomes.

What this means in practice is that:

- Initiatives included in this plan will be culturally respectful and inclusive of Aboriginal people, including by acknowledging Aboriginal people are considered 'older' at the age of 50 years, and adjusting policies and practices, including eligibility criteria, accordingly.
- Closing the Gap priority reforms are reflected across actions committed to in this plan, to enable real and sustainable improvements for older Aboriginal people.
- In implementing this plan:
 - o Opportunities to engage with Aboriginal people and organisations will be developed, including to support shared decision making about programs and services for Aboriginal people;
 - o Development of partnerships with Aboriginal community-controlled organisations will be considered for the supply of programs and services to older Aboriginal people;
 - o Opportunities to build the Aboriginal community-controlled sector will be considered;
 - o Workplaces, programs, services, and information funded by the Tasmanian Government will be culturally respectful and work to meet the needs of Aboriginal people; and
 - o Opportunities to provide Aboriginal organisations with access to relevant data will be progressed.

The Tasmanian Government's new Plan builds on *Strong, Liveable Communities – Tasmania's Active Ageing Plan 2017 – 2022*, which prioritised support for older Tasmanians within health, lifelong learning, participation, and security.

It also incorporates actions to achieve the vision in *Lifelong Respect - Tasmania's Strategy to end the abuse of older people* (the Elder Abuse Strategy) for all older Tasmanians to be safe, respected, and live free from abuse.

This Plan will contribute to outcomes in the *National Agreement on Closing the Gap*, including that Aboriginal people enjoy long and healthy lives and that Aboriginal people enjoy high levels of social and emotional wellbeing. For older Aboriginal people, this includes supporting participation in family, community, and cultural life for as long as possible.

The development of the Plan has been guided by the extensive feedback from over 1,500 Tasmanians across generations about their concerns, aspirations, and recommendations on ageing well in Tasmania.

These views, along with those of the service providers who work closely with Tasmanian communities, have shaped the Plan's vision, outcomes, priorities, and actions for the next five years.

Consultation feedback requested a shift from 'active ageing' which may reinforce the idea that ageing is a problem rather than celebrating the diversity of experiences and contributions of older Tasmanians. Active ageing can also be viewed as exclusionary, particularly for marginalised groups such as people with disability or those living in poverty.

The Plan focuses on enabling equity, empowerment and self-determination for Aboriginal Tasmanians 50 and over and non-Indigenous Tasmanians 65 and over by focusing on enhancing capabilities and addressing the social, structural, cultural, and environmental determinants of ageing and wellbeing.



Who are Older Tasmanians?

“Tasmania is ageing both structurally and numerically. Around 21 per cent of Tasmanians were aged 65 years and older in 2023.”

Tasmania's Population Policy: Planning for our Future, Tasmanian Government, 2024

Definition

Older Tasmanians are aged 65 years and over. Older Tasmanians include anyone living in Tasmania, regardless of visa status.

In recognition of historical factors and social determinants of health, Aboriginal Tasmanians 50 years and over are considered older.

Aboriginal people have lived in lutruwita (Tasmania) for over 40,000 years.

Aboriginal Elders are people who are highly respected in their community as custodians of cultural knowledge and for what they do for their community. This status is not bestowed by age.

Older Tasmanians are a diverse group of people at different stages of life with a range of backgrounds, experiences and lifestyles. There are also important similarities.

What does our Older Tasmanian population look like?

Tasmania has the oldest population and the Tasmanian population is ageing faster than any other state or territory in the nation.

↑ 48

Median age:

- o In 2024 the median age of Tasmanians was **42**, compared to **38** across Australia.
- o The median age of Tasmanians is predicted to increase to **48** by 2041.ⁱ



Older Tasmanian population:

Nearly a **quarter of Tasmanians** (120,921) are older Tasmanians.ⁱⁱ

1 in 5

Older Aboriginal Tasmanians:

7,145 of Tasmania's Aboriginal population of 33,857 are **aged 50 years and over**.ⁱⁱⁱ

1 in 5

Cultural diversity:

One in five older Tasmanians were born overseas.^{iv}



Gender:

62,756 older Tasmanians are **women**, compared to 56,593 men.^v

2 in 5



Disability:

2 in 5 Tasmanians with disability are aged 65 and older.^{vi}



Where is home:

- o Nearly a **quarter** of older Tasmanians live in regional Tasmania.
- o **One in five** older Tasmanians live in greater Hobart.^{viii}

13%

Who we live with:

13 per cent of older Tasmanians (29,827) resided alone.^{ix}



Ageing population:

The number of Tasmanians aged 85 and over is expected to rise from over **14,000 in 2024 to just over 33,000 by 2041**.^x



Older Tasmanians play a key role in:

- o Providing care for others, often another older person.^{xi}
- o Volunteering in their community.^{xii}

1 in 6

The abuse of older people (elder abuse):

- o **1 in 6 older Australians** reported experiencing abuse in the previous 12 months.
- o **Only one third** of older people experiencing abuse sought help.^{xiii}



Who informed the Plan?

The HEAR Active Ageing Consultation

The Tasmanian Government funded COTA Tas to deliver the Healthy, Engaged and Resilient (HEAR) Active Ageing Consultation Report.

Over 1,500 Tasmanians contributed to a state-wide consultation to inform the Plan. COTA Tas received over 1,150 survey responses and held 41 community consultation sessions around the state, reaching a further 449 people.

Participants in the survey and group discussions identified good health, having enough money, having good relationships, and maintaining independence as both positively and negatively impacting on their quality of life and wellbeing.

Concerns about housing, cost of living and access to appropriate healthcare were among the top priorities in all areas COTA Tas visited.

Similarly, access to and confidence with digital technology was frequently cited in the survey and community discussions as impacting people's overall sense of connection and involvement in their communities.

The HEAR Report is available on the COTA Tas website: www.cotatas.org.au

Reference Groups

Building on the HEAR Report, DPAC consulted with the Older Tasmanians Community Reference Group on the direction of the Plan.

The State-wide Elder Abuse Prevention Advisory Committee (SEAPAC) informed *Lifelong respect: Tasmania's Strategy to end the abuse of older people 2023-2029*. Actions under the Strategy have been incorporated into *A Respectful, Age-Friendly Island: Older Tasmanians Action Plan 2025-2029*.

What are older Tasmanians' Priorities?

We heard clear messages that the Plan needs to address the social, structural, cultural, and environmental determinants of ageing and wellbeing.

We heard:

- Ageism is inhibiting quality of life, wellbeing, equity, a sense of value and empowerment for older Tasmanians.
- Tasmania needs to continue creating age-friendly or 'liveable' communities to ensure older Tasmanians can live safe, healthy, and respected lives.
- Encouraging intergenerational participation in all areas of life benefits us all.
- Preventing and addressing the abuse of older Tasmanians is a priority to ensure continued self-determination and empowerment as we age.
- Aged care reforms need to deliver appropriate and sufficient services to extend independent living and ageing at home.

We also heard clear messages about programs and services that could promote wellbeing and participation for older Tasmanians:

- Enabling social connection and participation in sporting, social and cultural activities keeps us connected, and both empowers and celebrates older Tasmanians as active contributors in our communities.
- Supporting access to and confidence with digital technology boosts opportunities for participation and access to services and supports.
- Recognising and valuing older Tasmanians' skills and encouraging continuation in the labour force where desired, supports wellbeing and financial security.
- Older Tasmanians require access to healthcare that's timely and close to home, and supports active ageing and independence.
- The lack of affordable, appropriate, and secure housing options is undermining long-term independence and wellbeing.

These priorities have shaped the Tasmanian Government's vision, outcomes, and actions over the next five years of this Plan.





Ageism

The World Health Organisation (WHO) defines ageism as:

The stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) directed towards people on the basis of their age. It can be institutional, interpersonal or self-directed.

“Age discrimination is real – people are overlooked as overqualified and not provided opportunities because of their age.” HEAR report participant

Ageism has serious and far-reaching consequences for people’s health, wellbeing, and human rights. For older Tasmanians, ageism can be associated with a shorter lifespan, poorer physical and mental health, slower recovery from disability and cognitive decline.

“Ageing – we are all going there, no escaping it! But people make assumptions based upon your age.” HEAR report participant

Ageism can drive the abuse and mistreatment of older Tasmanians by creating an environment where they are not valued by the community as equal members and services are not designed with their needs in mind.

We need more age-friendly or ‘liveable’ communities

Age-friendly environments, also called ‘liveable communities’, ensure older Tasmanians are free from age-related barriers that prevent participation and engagement in their communities.

What we currently do:

- COTA Tas offers a **Liveable Communities Toolkit** for local government and communities to support Tasmanians of all ages and circumstances to achieve age-friendly communities.
- Tasmanian Planning Policies are being rolled out across the state. These policies will deliver consistent planning rules across Tasmania and influence strategic land-use activities and physical environments, which in turn can improve the daily life of all Tasmanians, helping to work towards ensuring age-friendly environments.
- Active Tasmania is currently developing *Active 2030* for all Tasmanians, aimed at ensuring everyone has equal access and opportunities to sport and active recreation in the state.

The abuse of older people

“Preventing elder abuse is a priority.” HEAR report participant

Tasmania uses the WHO definition of elder abuse:

A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.^{xiv}

Abuse can take many forms and older Tasmanians can experience one form of abuse, or a combination. Types of abuse can include physical abuse, psychological or emotional abuse, financial abuse, sexual abuse, systemic abuse, social abuse, spiritual abuse, cultural abuse and neglect. Coercive control is also recognised as a pattern of behaviour that over time establishes and maintains power and dominance over another person.^{xv}

It can be deliberate or unintentional, subtle or overt. It can occur within family and close personal relationships, such as adult children, grandchildren, spouse or partners, carers, neighbours, or friends, where there is a trusted relationship. It can also occur in service and institutional contexts where there is an expectation of trust or more formal duty of care.

Abuse can destroy an older person’s quality of life, and significantly increase their overall risk of death. It is critical the whole community takes responsibility for safeguarding older Tasmanians so they can live safely and free from any form of abuse.

The National Plan to respond to the Abuse of Older Australians recognises that ageism can contribute to an environment in which individuals who abuse older people fail to recognise that their behaviour constitutes abuse; other members of society fail to notice these negative behaviours or take action to stop them; and older people experiencing elder abuse blame themselves and are too ashamed to seek assistance.^{xvi}

Recognising, responding to, and preventing the abuse of older Tasmanians remains a priority for the Tasmanian Government.

This Plan includes actions to implement priorities outlined within *Lifelong Respect: Tasmanian’s Strategy to end the abuse of older people (Elder Abuse) 2023-2029*, which was launched on 15 June 2023 – World Elder Abuse Awareness Day.



What we currently do:

- The *‘It’s OK to ask the question’* Tasmanian elder abuse awareness campaign (the campaign) has been a successful awareness raising tool and has been shared on television, social media, and radio.
- The Tasmanian Government also funds a range of community organisations to support older Tasmanians who may be experiencing abuse. This includes a suite of services to assist older Tasmanians and their families respond to the abuse of older Tasmanians with advice, referrals, counselling and mediation, including the Tasmanian Elder Abuse Helpline and the Relationships Tasmania Elder Relationships Service.
- The Tasmanian Government has also provided funding to COTA Tas, Advocacy Tasmania, Migrant Resource Centre Tasmania and Welcome Cultural Services to raise awareness of the important issue of elder abuse and to advocate on behalf of older Tasmanians.

Intergenerational understanding and engagement

“We need more opportunities for older people and younger people to come together so we can better understand one another. We all have a story.”

HEAR report participant

Intergenerational programs promote social inclusion by creating opportunities for interaction between generations. Research suggests bringing people of different ages together in an intergenerational program can provide benefits for all involved.

These benefits can include providing stimulation and learning for older and younger Tasmanians, and increased awareness and understanding between generations.

Aged care reforms

Aged care provides support and care for older Tasmanians to meet their everyday needs and help them live active, self-determined and meaningful lives. This support can be delivered in people’s homes or in residential facilities.

“[We] need more information and guidance on planning for later years.”

HEAR report participant

Over 25,000 Tasmanians aged 65 and over accessed aged care services in 2022, primarily through the Commonwealth Home Support Program, which reflects a growing preference for Tasmanians to receive care at home.

The aged care system, administered by the Australian Government, is in the process of significant reform following the Royal Commission into Aged Care Quality and Safety.

The focus of reforms is to ensure a better standard of care for older Tasmanians including greater choice and independence, better access to services that respect and meet their needs, and support Tasmanians to stay independent as they age.

“The impact of past trauma is not well understood in aged care settings.”

HEAR report participant



“Everyone deserves access to high quality care and support as they age.”

HEAR report participant

What we currently do

- The Tasmanian Government is working with the Australian Government to improve aged care services in Tasmania and ensure that older Tasmanians can get the care and support they need as they age.
- This includes initiatives to improve pathways between health services and aged care services while enhancing home-based support to promote independence and reduce hospitalisations.

Framework

The plan sets out the Tasmanian Government’s vision, outcomes and actions for the next five years with a focus on the wellbeing, potential and value of older Tasmanians, addressing the unique challenges associated with ageing in Tasmania.



What we want to see	Our vision		
	A respectful, age-friendly island where older Tasmanians are valued, connected and supported.		
	Our priority themes		
	We feel valued and respected	We are connected and engaged	We are enabled and supported
How will we know we’re achieving our vision?	Our outcomes		
	Ageism in all forms is reduced.	Older Tasmanians feel their potential is nurtured and harnessed to contribute and achieve.	Older Tasmanians feel they are recognised and their needs are met.
	Older Tasmanians feel valued, safe, respected and free from abuse.		
What should we do to achieve this?	Our focus areas		
	Addressing ageism and fostering lifelong respect	Social connection, cultural, civic and active participation	Healthcare, mental health and wellbeing
	Advancing older Tasmanians’ rights	Education and learning	Housing, transport, cost of living
	Recognising, responding and preventing the abuse of older Tasmanians	Economic participation	
What will help us to achieve this?	Our enablers		
	Governance: Community-led design, implementation and review.		
	Consultation: Strong understanding of our communities’ needs.		
	Strategic alignment: Responsive policies, programs and services across levels of government.		
	Data and evaluation: Strong understanding of impacts through relevant data, monitoring, reporting, planning.		
	Inclusion and equity: An intersectional lens for programs, services and workforce development.		
	Partnerships: Design, delivery and review of policy, programs and services across levels of government and with service providers.		
Resourcing: Actions are planned and timed to enable adequate resourcing.			



Our Vision

A respectful, age-friendly island where older Tasmanians are valued, connected and supported.

Outcomes

Our priority themes, outcomes and focus areas have been informed by what we heard Tasmanians need to age well.

Our themes	We feel valued and respected	We are connected and engaged	We are enabled and supported
Our outcomes	<p>OUTCOME 1: Ageism in all forms is reduced.</p> <p>OUTCOME 2: Older Tasmanians feel valued, safe, respected, and free from abuse.</p>	<p>OUTCOME 3: Older Tasmanians feel their potential is nurtured and harnessed to contribute and achieve.</p>	<p>OUTCOME 4: Older Tasmanians feel they are recognised, and their needs are met.</p>

Enablers: to help us achieve our vision

There are a number of enablers that will help us deliver our actions and achieve our outcomes. These are summarised here and described throughout the Plan.

Enabler	Action
Governance	Establish a Governance Group to contribute to the oversight implementation of the Older Tasmanian Action Plan and advise on new and emerging issues.
Consultation	Continue to seek the views of older Tasmanians to inform policies and programs.
Strategic alignment	Ensure older Tasmanians needs are considered across Tasmanian Government policies.
Data and evaluation	Explore age-related outcomes data for the Tasmanian Government's Wellbeing Framework.
Inclusion	Continue to celebrate and showcase the successes of older Tasmanians.
	Consider diversity within the needs of older Tasmanians.
Partnerships	Expand partnerships across tiers of government, with Aboriginal community-controlled organisations and service delivery to meet the needs of older Tasmanians.
Resourcing	Adequate resourcing to deliver actions and achieve outcomes.

“Community attitude towards ageing process needs to change – should be celebrated not feared.” HEAR report participant



Actions

Summary

Our priority actions for the next five years will contribute to outcomes across all three of our themes.

Under each theme, we have summarised our actions, described how we will undertake each action and over what period, and indicated the lead Tasmanian Government Agency.

Short-term actions

Short term actions will be delivered in year one and two of the Plan.

Medium-term actions

Medium-term actions will commence from year three of the Plan and will be informed by progress in the first two years.

Refreshing actions

There will be an interim review of progress against the actions to ensure the Plan's relevancy and inform future focus areas.

We feel valued and respected

This priority focuses on the structural and behavioural inhibitors older Tasmanians told us need to be addressed to create an age-friendly island and for them to feel valued and respected. This will include fostering respect across generations.

Outcomes and focus areas

Our outcomes	Ageism in all forms is reduced. Older Tasmanians feel valued, safe, respected, and free from abuse.		
Our focus areas	Addressing ageism and fostering lifelong respect.	Advancing older Tasmanians' rights.	Recognising, responding, and preventing the abuse of older Tasmanians.

We feel valued and respected - actions summary

Focus Area	No#	Action	Lead Agency
Addressing ageism and fostering lifelong respect.	1	Develop and deliver an ageism awareness campaign.	DPAC
	2	Develop an Age Friendly Language guide contributing to a cultural change in how we view the ageing process.	DPAC
Advancing older Tasmanians' rights.	3	Raise community awareness about supporting, respecting, and valuing older Tasmanians' decisions, and their legal and ethical rights to self-determination.	DPAC, DoJ
	4	Raise awareness of the importance of planning ahead for decision making in later years and rights and obligations in relation to enduring instruments.	DPAC, DoJ
Recognising, responding, and preventing the abuse of older Tasmanians.	5	Raising awareness: Promote a whole-of-community response in recognising, responding to, and preventing elder abuse through state-wide awareness activities including on World Elder Abuse Awareness Day.	DPAC
	6	Raising awareness: Explore new and existing initiatives that focus on younger people, raising awareness of abuse, promoting intergenerational value and the harm of stigmatising language and attitudes.	DPAC
	7	Raising awareness: Increase awareness and develop responses that recognise that older Tasmanians may experience abuse in different ways (including cultural and language differences), and experience additional forms of discrimination, making them more vulnerable.	DPAC

Focus Area	No#	Action	Lead Agency
Recognising, responding, and preventing the abuse of older Tasmanians.	8	Raising awareness: Work with intergovernmental partners to review government standards for language in communication materials and policies around elder abuse.	DPAC
	9	Preventing and Responding: Strengthen the capability of services and staff that directly interact with older Tasmanians to recognise, respond to, and prevent abuse.	DPAC
	10	Preventing and Responding: The Department of Health will develop a departmental policy on the abuse of older Tasmanians and support this with the delivery of clinical education.	DoH
	11	Preventing and Responding: Explore further opportunities to support frontline Tasmanian Government staff with awareness and information around referral pathways.	DPAC
	12	Preventing and Responding: Engage and educate services and businesses interfacing with older Tasmanians so they can recognise the underlying drivers of the abuse and respond to and prevent the abuse of older Tasmanians.	DPAC
	13	Safeguarding: Strengthen existing and develop new initiatives to safeguard older Tasmanians against abuse.	DPAC, DoJ
	14	Safeguarding: Promote the improved safeguards to Tasmania's communities with a focus on empowering community members to recognise, respond to and prevent abuse, and to counteract its underlying drivers.	DoJ

We feel valued and respected - actions

Addressing ageism and fostering lifelong respect

Action 1: Develop and deliver an ageism awareness campaign.

Following on from the success of the Tasmanian elder abuse awareness campaign *'It's OK to ask the question'*, consideration will be given to the development of an ageism awareness campaign across multiple mediums and target audiences.

DPAC will work with the Governance Group and COTA Tas to develop campaign strategies and deliver them over the five years of the Plan.

Timeframe: short to medium-term

Action 2: Develop an Age Friendly Language guide.

An Age-friendly language guide will be developed and available on the DPAC website for use by Tasmanian Government agencies, local government, community organisations, businesses, media, volunteer organisations and the wider community. The guide will contribute to a cultural change in how we view the ageing process.

Timeframe: medium-term

Advancing older Tasmanians' rights

Action 3: Raise community awareness about supporting, respecting, and valuing older Tasmanians' decisions, and their legal and ethical rights to self-determination.

DPAC and DoJ will work with key partners and the Governance Group to design and deliver initiatives that are tailored to the needs of specific audiences.

Timeframe: short-term

Action 4: Raise awareness of the importance of planning ahead for decision making in later years and rights and obligations in relation to enduring instruments.

DPAC will work with the Older Tasmanians Governance Group to ensure older Tasmanians have access to materials, resources and information about individual advocacy and legal representation that support informed decision-making on all aspects of their life.

Timeframe: short-term

Recognising, responding, and preventing the abuse of older Tasmanians

Action 5: Promote a whole-of-community response in recognising, responding to, and preventing elder abuse through state-wide awareness activities including on World Elder Abuse Awareness Day.

DPAC will work with COTA Tas and other key stakeholders to continue state-wide awareness activities including on World Elder Abuse Awareness Day.

This may include exploring opportunities with sectors such as Neighbourhood Houses, Local Government Association Tasmania (LGAT) and the Tasmanian Chamber of Commerce and Industry (TCCI) to:

- a) promote and raise the awareness of abuse of older Tasmanians, the drivers, how to prevent it and how to respond appropriately when encountering it.
- b) support community services to provide awareness of service availability to older Tasmanians.

Timeframe: short-term

Action 6: Explore new and existing initiatives that focus on younger people, raising awareness of abuse, promoting intergenerational value and the harm of stigmatising language and attitudes.

DPAC will work with COTA Tas and other key stakeholders to consider how new and existing initiatives may better focus on young people to positively shift their understanding of abuse and the harm of stigmatising language and attitudes and increase the sense of intergenerational value.

Timeframe: short to medium-term



Action 7: Increase awareness and develop responses that recognise that older Tasmanians may experience abuse in different ways (including cultural and language differences), and experience additional forms of discrimination, making them more vulnerable.

Support Aboriginal community-controlled organisations and non-indigenous Tasmanian communities to self-determine how best to raise awareness in their communities, including needs and education materials.

Timeframe: short to medium-term

Action 8: Work with intergovernmental partners to review government standards for language in communication materials and policies around elder abuse.

DPAC will liaise with Tasmanian Government agencies to refresh policies and resources that guide language and behaviour towards the prevention of abuse.

Timeframe: short to medium-term



Action 9: Strengthen the capability of services and staff that directly interact with older Tasmanians to recognise, respond to, and prevent abuse.

DPAC will work with the Governance Group to design and develop proposals for information, education and training initiatives designed to strengthen the capability of Tasmanians to recognise, respond to and prevent abuse across a wide range of frontline services regularly interacting with older Tasmanians.

Timeframe: medium-term

Action 10: The Department of Health will develop a departmental policy on the abuse of older Tasmanians and support this with the delivery of clinical education.

In line with *Lifelong Respect: Tasmania's Strategy to end the abuse of older people 2023–2029*, DoH will work with stakeholders to develop a departmental policy on the abuse of older Tasmanians which will be supported with the delivery of clinical education.

Timeframe: short-term

Action 11: Explore further opportunities to support frontline Tasmanian Government staff with awareness, and information around referral pathways.

DPAC will liaise across the Tasmanian State Service and the Governance Group to explore further opportunities to boost awareness raising and referral responses.

Timeframe: medium-term

Action 12: Engage and educate services and businesses interfacing with older Tasmanians so they can recognise the underlying drivers of the abuse and respond to and prevent the abuse of older Tasmanians.

DPAC will work with the Governance Group to develop proposals for information, education and training initiatives that strengthen the capability of Tasmanians to recognise, respond to and prevent abuse across a wide range of businesses and services that may encounter older Tasmanians.

Timeframe: medium-term

Action 13: Strengthen existing and develop new initiatives to safeguard older Tasmanians against abuse.

DPAC, with support from DoJ, will map what initiatives are already in place to safeguard older Tasmanians against abuse and explore ways to share relevant findings.

DoJ will continue to progress initiatives to safeguard all older Tasmanians against abuse.

DPAC and DoJ will continue to support current community education for communities and targeted professionals about planning for the future, including how to support older Tasmanians to manage family expectations.

Timeframe: short to medium-term

Action 14: Promote the improved safeguards to Tasmania's communities with a focus on empowering community members to recognise, respond to and prevent abuse, and to counteract its underlying drivers.

Ensure that any resources developed include culturally appropriate materials and specific resources for Aboriginal Tasmanians, culturally and linguistically diverse Tasmanians, LGBTIQ+ Tasmanians and Tasmanians living with disability.

Timeframe: ongoing

We are connected and engaged

This priority focusses on strengthening and expanding social connections for all older Tasmanians.

This includes through enhancing digital literacy to expand opportunities to participate in social, cultural and civic and learning activities, as well as enable access to information and services.

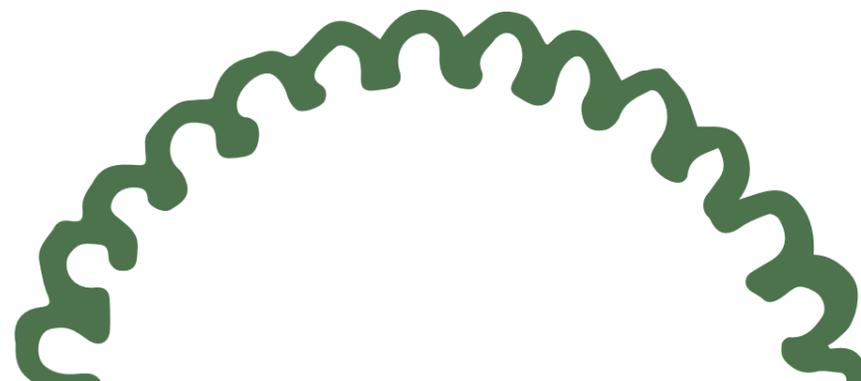
It also includes expanding empowerment and financial security through continued participation in the labour force for those who would like to.

This priority addresses critical cultural change by encouraging age-friendly environments that make participation in social, economic and learning easier.

Creating cultural change will also be achieved by encouraging intergenerational understanding and engagement to promote wellbeing for all Tasmanians.

Outcomes and focus areas

Our outcomes	Older Tasmanians feel their potential is nurtured and harnessed to contribute and achieve.		
Our focus areas	Social connection, cultural, civic and active participation.	Education and learning.	Economic participation.



We are connected and engaged - actions summary

Focus Area	No #	Action	Lead Agency
Social connection, cultural, civic, and active participation	15	Explore opportunities to strengthen Tasmania's Age Friendly environment.	DPAC
	16	Encourage and support intergenerational programs to foster better understanding and relationships between generations.	DPAC
	17	Trial a Ticket to Wellbeing program for the health and wellbeing of older Tasmanians.	DSG
	18	Expand services to increase social engagement activities for clients of Older Persons Mental Health Services, particularly clients who are socially isolated.	DoH
Education and learning	19	Improve the digital literacy of older Tasmanians.	DPAC
Economic participation	20	Evaluate the Mature Aged Workers Program to inform future supports for older Tasmanians who wish to remain engaged in the workforce.	DPAC
	21	The Tasmanian State Service will nurture and harness the skills and experience of our older workforce by exploring further initiatives that enhance their retention.	DPAC/SSMO

We are connected and engaged - actions

Social connection, cultural, civic, and active participation

Action 15: Explore opportunities to strengthen Tasmania's Age-Friendly environment.

DPAC will map existing initiatives across the Tasmanian State Service targeted at creating liveable communities with a focus on work undertaken by DSG.

Timeframe: short to medium-term

Action 16: Encourage and support intergenerational programs to foster better understanding and relationships between generations.

DPAC will continue to support COTA Tas to deliver intergenerational opportunities through initiatives such as Seniors Week and community connection programs.

DPAC will liaise across the Tasmanian State Service, Aboriginal community-controlled organisations and with the Governance Group to design and deliver new opportunities to embed intergenerational initiatives across social and cultural activities, volunteering opportunities, within the education curriculum and through employment and training.

Timeframe: short to medium-term

Action 17: Trial a Ticket to Wellbeing program for the health and wellbeing of older Tasmanians.

The new *Ticket to Wellbeing* program for seniors will be based on the successful *Ticket to Play* voucher system that has been successful in encouraging children and young people to be active and participate in community life.

Two vouchers worth up to \$100 each will be available to those listed on a Services Australia Health Care or Pensioner Concession Card. This will provide real savings and help older Tasmanians stay active and engaged in their communities.

Timeframe: short-term



Action 18: Expand services to increase social engagement activities for clients of Older Persons Mental Health Services, particularly clients who are socially isolated.

The Older Persons Mental Health Services (OPMHS) will enable clients to maximise their mental health and wellbeing by expanding opportunities to connect with social activities. For example, a new Operational Service Model (OSM) is being developed for the Roy Fagan Day Centre (RFDC) as part of the ongoing reform implementation in OPMHS. The OSM incorporates programs such as the Men’s Bus Trip and the Men’s Shed collaboration tailored for this client group.

The RFDC is a program designed to develop, maintain, or support independent living and social interaction and reduce isolation and loneliness.

Timeframe: short-term

Education and learning

Action 19: Improve the digital literacy of older Tasmanians.

DPAC will partner with COTA Tas to develop and deliver digital inclusion initiatives for older Tasmanians.

This will include implementing a digital inclusion peer worker model of one-on-one support for older Tasmanians.

Timeframe: short-term

Economic participation

Action 20: Evaluate the Mature Age Workers Program to inform future supports for older Tasmanians who wish to remain engaged in the workforce.

DPAC will liaise with the Governance Group to review and refresh initiatives to break down barriers between older job seekers and employers in recruitment and retention in the labour force.

Timeframe: medium-term

Action 21: The Tasmanian State Service will nurture and harness the skills and experience of our older employees by exploring further initiatives that enhance the benefit of a multigenerational workforce.

The Tasmanian State Service is one of the State’s largest employers and values the skills, knowledge, and experience of older employees. SSMO within DPAC will review current strategies to ensure Tasmania’s older workforce is valued.

Timeframe: short-term

We are enabled and supported

This priority focuses on developing accessible and appropriate services for older Tasmanians, regardless of the range and complexity of their needs. It builds on actions in the previous themes.

It also focuses on key service areas identified by older Tasmanians including independent living with or without the need for aged care supports, mental health and preventative healthcare.

Outcomes and focus areas

Our outcomes	Older Tasmanians feel they are recognised, and their needs are met.	
Our focus areas	Healthcare, mental health and wellbeing.	Housing, transport, cost of living.

We are enabled and supported - actions summary

Focus Area	No#	Action	Lead Agency
Healthcare, mental health and wellbeing	22	Continue to monitor and respond to Australia's Aged Care Reforms.	DPAC
	23	Implement peer workers into Older Persons Mental Health Services, including in community teams.	DoH
	24	Continue addressing the challenges of frailty and improve patient outcomes through Tasmania's Frailty Network.	DoH
Housing, transport and cost-of-living	25	Deliver more accessible dwellings that enable older Tasmanians to age in place.	Homes Tas
	26	Help Tasmanians on low incomes with 2,000 more No Interest Loans available each year and ongoing funding to the Energy Saver Subsidy.	DPAC/ DSG
	27	Half price bus and ferry fares.	DSG

We are enabled - actions

Healthcare, mental health and wellbeing

Action 22: Continue to monitor and respond to Australia's Aged Care Reforms.

This action will ensure Tasmanians are enabled and supported to age well at home and within residential care through complementary supports.

Timeframe: ongoing

Action 23: Implement peer workers into Older Persons Mental Health Services, including in community teams.

Under this action, DoH will implement peer workers into the Department's Older Persons Mental Health Services (OPMHS), which provides care to older adults with severe and complex mental health problems. The role of new Peer Carer Workers will be to maintain connected relationships with family and friends and be a point of contact and source of information and support for families and friends.

Peer workers use the skills and knowledge acquired from their own lived experience of mental illness to support other people currently accessing mental health services. These workers therefore play an important role in building recovery-oriented approaches to care, provide meaningful support to people by modelling positive outcomes, and are integral to contemporary practice in mental health care.

Timeframe: short-term

Action 24: Continue addressing the challenges of frailty and improve patient outcomes through Tasmania's Frailty Network.

The Tasmanian Frailty Network (the Network) is a multidisciplinary group focussed on supporting the integration of frailty-aware care across the care continuum in Tasmania. The Network comprises representatives from the aged care sector and DoH.

The Network provides education and advice, whilst supporting research and quality improvement strategies that aim to improve the care of persons with frailty. In order to address the challenge of frailty and its impact on health outcomes for older Tasmanians, through the Network, DoH will continue to support the clinical led statewide integration of best practice models of frailty assessment and care.

Timeframe: short-term

Housing, transport, cost-of-living

Action 25: Deliver more accessible dwellings that enable older Tasmanians to age in place.

The *Tasmanian Housing Strategy: Action Plan 2023-2027* acknowledges that older Tasmanians can be particularly vulnerable to homelessness.

To enable older Tasmanians to age in place, Homes Tasmania will deliver more two-bedroom dwellings that are accessible and adaptable. These homes are counted towards the Government's commitment of 10,000 more social and affordable homes by 2032. Progress towards this commitment is reported on Homes Tasmania's Dashboard.

Timeframe: short to medium-term

Action 26: Help Tasmanians on low incomes with 2,000 more No Interest Loans available each year and ongoing funding to the Energy Saver Subsidy.

The Tasmanian Government will work with the No Interest Loans Scheme Network of Tasmania (NILS Tasmania) towards offering 2,000 more loans per year to Tasmanians by 2026-27. Funding to 2027-28 will be provided to NILS to continue to fund the Energy Saver Subsidy, which offers a 50 per cent subsidy on the cost of an energy-efficient appliance, such as a fridge, freezer, or washing machine when combined with a NILS loan.

Timeframe: short to medium-term

Action 27: Half price bus and ferry fares.

The Tasmanian Government is halving the cost of general access buses and ferries across all fare types: adult, concession, and students, delivering thousands of dollars daily in immediate relief to Tasmanians.

Half price fares will be implemented from 1 June 2024 until 30 June 2025, connecting Tasmanians right across the State.

Timeframe: short-term



Governance

Community-led governance

A community-led Governance Group will be established to monitor and support the implementation of the Plan and advise on new and emerging issues.

Establishing the Governance Group will be one of the initial actions undertaken by DPAC and will involve consultation with COTA Tas, other SEAPAC members and other members of the Older Tasmanians Community Reference Group who supported the development of this Plan.

This will ensure the voices of older Tasmanians continue to inform and drive the Tasmanian Government's priorities for a respectful, age-friendly island where older Tasmanians are connected, supported, and valued.

Monitoring and Evaluation

We need to maintain a strong understanding of our older populations.

This means we need ongoing meaningful data on who older Tasmanians are and the impacts of policies and programs designed to enable ageing well. This includes intersectional data on older Tasmanians – by sex, gender, culture and ethnicity, disability, and key needs.

DPAC is leading the development of Tasmania’s Wellbeing Framework which will provide a common language and coordinated way for the Tasmanian Government and communities to measure, assess, and prioritise policies and interventions.

The Wellbeing Framework aims to enhance the quality of life of Tasmanians and reduce inequities.

This will include monitoring the longitudinal wellbeing of older Tasmanians.

On-going Consultation

Given the diversity and changing nature of Tasmania’s older population, it is critical for the Tasmanian Government to remain informed about older Tasmanians’ experiences through many mechanisms.

The Tasmanian Government will work with COTA Tas as Tasmania’s peak body representing the concerns of older Tasmanians, Aboriginal community-controlled organisations and other key organisations that understand the diversity of our older population to develop and maintain ongoing mechanisms that understand emerging needs and ensure policies and programs remain relevant and agile to emerging issues and grounded in evidence-based practice.



Monitoring and Reporting

DPAC will liaise with Tasmanian Government Agencies and the Older Tasmanians Governance Group to develop an evaluation framework that monitors the progress of actions.

DPAC will liaise with the Older Tasmanians Governance Group to review priorities to ensure actions remain relevant to the emerging needs of older Tasmanians.

There will be an interim and final report on progress against the actions and outcomes.

“[We’re] treated with respect in the community, don’t feel treated differently due to age. Younger generations look after old folk.” HEAR report participant

Strategic Alignment

Globally

This Plan aligns with the United Nations *Decade of Healthy Ageing 2021–2030* which sets out the vision ‘for a world in which all people can live long and healthy lives.’ WHO is leading the implementation of this vision through a focus on age-friendly environments, combatting ageism and integrated and long-term care for older people.

Nationally and in Tasmania

This Plan focuses on addressing priorities identified by older Tasmanians to support them to age well. However, there is a wide range of strategic policies and initiatives that impact on the lives and trajectories of older Tasmanians, due to other elements of their personal and family identities, or more broadly, as service users and community members.

Tasmania’s Population Policy: Planning for our Future addresses Tasmania’s age-related demographic change.

Intersectional strategies that seek to improve and address issues in the lives of older Tasmanians include:

- *National Agreement on Closing the Gap* and the *Tasmanian Implementation Plan 2024-27*;
- *National Gender Equality Statement and Equal Means Equal: Tasmanian Women’s Strategy 2022-2027*;
- *Australia’s Disability Strategy 2021-2031* and Tasmania’s *Disability Strategy* (forthcoming);
- *Supporting Tasmanian Carers: Tasmanian Carer Action Plan 2021-25* and the *National Carer Strategy 2024-2034*;
- Tasmania’s *Multicultural Action Plan* (forthcoming), and
- Tasmania’s *LGBTIQA+ Action Plan* (forthcoming).

Other strategies and reforms directly impacting on older Tasmanians include:

- **Aged Care:** *Australian Government Aged Care Reform Road Map 2022-2025*.
- **Prevention and Addressing Elder Abuse:** *National Plan to Respond to the Abuse of Older Australians 2019-2023* and *National Plan to End the Abuse and Mistreatment of Older People* (forthcoming), *Lifelong Respect: Tasmania’s strategy to end the abuse of older people (Elder Abuse) 2023-2029*.
- **Lifelong learning and economic participation:** *26TEN Tasmania: Tasmania’s strategy for adult literacy and numeracy 2016-2025*, *Tasmanian Veterans Employment Strategy 2023-2027* and the *Tasmanian Government Digital Inclusion Strategy* (forthcoming).
- **Health and wellbeing:** *Long-Term Plan for Healthcare in Tasmania 2040*, *Healthy Tasmania Five-Year Strategic Plan 2022-2026*, *Healthy Active Tasmania: Discussion Paper: 20-Year Preventative Health Strategy*, *Rethink 2020: Implementation Plan 2023-2024*, the *Health Literacy Action Plan 2019 – 2024*, and the *Tasmanian Volunteering Strategy and Action Plan* (forthcoming).
- **Housing, Cost of Living, Transport:** *Food Relief to Food Resilience: Tasmanian Food Security Strategy 2021-2024 and Action Plan 2023-2025*, and the *Tasmanian Housing Strategy 2023-2043*.



Endnotes

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- v ID. Social Atlas – *Tasmania Age Structure by Sex*, Tasmanian Department of State Growth, 2021.
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- xiii Australian Institute of Family Studies, 2021, *National Elder Abuse Prevalence Study: Final Report*
- xiv World Health Organisation, *A Global Response to Elder Abuse and Neglect: Building Primary Health Care Capacity to Deal with the Problem Worldwide*. Geneva, Switzerland, 2008
- xv Tasmanian Government, *Lifelong Respect: Tasmania's strategy to end the abuse of older people (Elder Abuse) 2023-2029*
- xvi Australian Government, *National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023* (ag.gov.au)





Lifelong Respect:

Tasmania's Strategy to end the abuse of older people (Elder Abuse) 2023–2029



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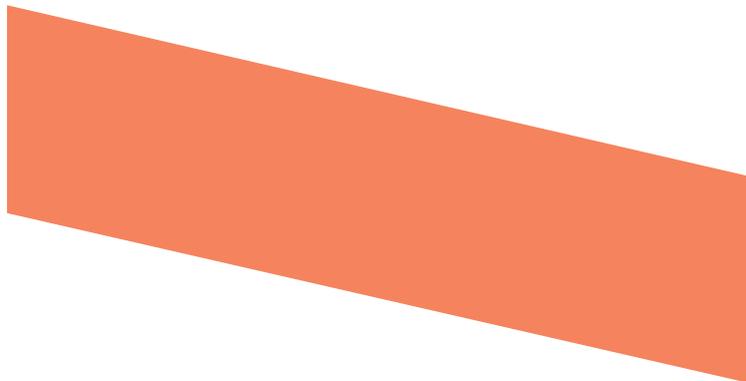


Acknowledgements

The Tasmanian Government acknowledges and pays deep respect to Tasmanian Aboriginal people as the traditional and original owners and continuing custodians of Tasmania. We pay our respects to Elders, past, present and emerging.

The Tasmanian Government would like to acknowledge that Aboriginal people refer to 'Elders' as well-respected knowledge holders who provide guidance with authority on cultural customs, that are attached to their obligations and responsibilities to their people. We have moved away from the term 'Elder Abuse' in this strategy and where possible have used the term the 'abuse of older people/older Tasmanians'.

The Tasmanian Government also recognises that 'Elder' has a different meaning and context in many Culturally and Linguistically Diverse (CALD) communities.



Minister's message

The Tasmanian Government's vision is to build an age-friendly state in which all Tasmanians can stay active, healthy, resilient, and connected to their community and economy.

In achieving our vision, it is important to recognise that preventing and responding to the abuse of older Tasmanians is a whole-of-community responsibility.

It requires a shared commitment between Government and the community to ensure that everyone is involved in ending the abuse of all older people.

The Tasmanian Government, with our community partners, continues to take action to prevent and respond to the abuse older Tasmanians experience, through a standalone Strategy.

Lifelong Respect: Tasmania's Strategy to end the abuse of older people (Elder Abuse) 2023-2029 builds on the achievements of the previous two elder abuse prevention Strategies.

I thank members of the Statewide Elder Abuse Prevention Committee (SEAPAC) who have provided valuable advice and feedback regarding the Strategy's development, including representing the lived experience of many older Tasmanians.

As Minister for Community Services and Development, I am pleased to release the *Lifelong Respect: Tasmania's Strategy to end the abuse of older people (Elder Abuse) 2023-2029* which provides the foundation for the Government's ongoing commitment to older Tasmanians' right to be safe, respected, and live with dignity.

Hon. Nic Street MP

Minister for Community Services and Development

Why does Tasmania need a strategy?

Recognising, responding to, and preventing the abuse of older Tasmanians is a priority for the Tasmanian Government and the Tasmanian community. Older Tasmanians have the right to be an integral and respected part of the community, living free from abuse.

Lifelong Respect: Tasmania's Strategy to end the abuse of older people (Elder Abuse) 2023–2029 (the Strategy) builds on the achievements of the past two Tasmanian Strategies, which have each brought the issue into greater prominence, to ensure there is a specific and tangible focus and response to the abuse of older Tasmanians.

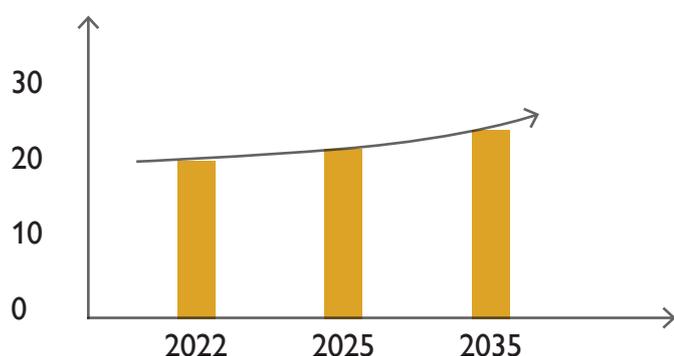
The vision of the Strategy is for all older Tasmanians to be safe, respected, and live free from abuse.

Tasmania has a population with significant risk factors for the abuse of older Tasmanians¹ including the highest per capita ageing population in Australia.² The number of older people has increased in all Tasmanian regions during the past 10 years and this trend is expected to continue.

In June 2022, there were 571,540 people living in Tasmania. Of these, 119,347 Tasmanians were aged 65 years (20.9 per cent) and 232,196 Tasmanians were aged more than 50 years (40.6 per cent).³

It is estimated that by 2025, 22.6 per cent of Tasmanians will be aged more than 65, jumping to 25.1 per cent by 2035 (or 1 in 4 people).⁴

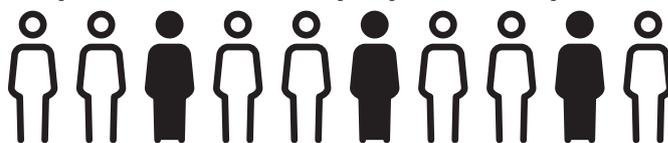
Increase of Tasmanians aged <65 years



One in six older Australians experienced abuse



Only one third of these people seek help



In 2021, The National Elder Abuse Prevalence Study (Prevalence Study)⁵ found that almost one in six older Australians surveyed reported they experienced abuse in the previous 12 months, and only about one third of those people sought help.

Incidents of older people experiencing abuse will likely grow as Tasmania's population ages, and the number of older Tasmanians increases. A whole-of-community commitment to recognise, respond and prevent the abuse of older Tasmanians is therefore required.

Fostering a confident and inclusive society where all people are treated fairly, with respect and without discrimination is crucial to achieving the goals of this Strategy. This is why it is critical the Strategy takes an intersectional approach to recognising, responding and preventing the abuse of older people in Tasmania. An intersectional approach explores how different aspects of someone's identity can overlap, exposing them to greater discrimination and marginalisation and therefore a greater risk of violence, systemic barriers, and social isolation.⁶

The Strategy has four high-level Priority Areas detailing the outcomes to be achieved:

- Awareness
- Self-determination
- Responsiveness
- Safeguards.

Two-year Action Plans will be developed in consultation with stakeholders to achieve the outcomes during the life of the Strategy. This will ensure a contemporary approach, and most importantly, reflect the voice of lived experience.

At a national level the Tasmanian Government will continue to collaborate with the Commonwealth and other jurisdictions to continue the delivery of the National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023⁷ (National Plan) and contribute to the development of future National Plans.

Consistent with the Tasmanian Government's commitment to the National Agreement on Closing the Gap, the abuse of older Tasmanians will be addressed. This work will be approached through a lens of cultural safety, overcoming power imbalances of places, people, and policies through actions which recognise, respect, and nurture the cultural identity of Aboriginal people.⁸



What is the abuse of older people

In Tasmania the abuse of older people is defined as; “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person.”⁹

Older people are defined as Aboriginal people aged over 50 years, and all others aged over 65 years.¹⁰

The abuse of older Tasmanians is a confronting and complex issue that remains largely hidden within the community. It is caused by an interplay of multifaceted individual, interpersonal, community and social factors. Signs of abuse can be subtle and hidden, often because they are mistaken for illness or ageing.

Signs to look out for include:¹¹

- Injuries: bruises, fractures, cuts, and injuries that have not been treated which can be both external and internal
- Unexplained weight loss, including signs of malnutrition
- An unexplained deterioration of personal hygiene
- Unexplained disappearance of personal effects and belongings
- Large bank withdrawals, a sudden decision to sell property, changes to wills or documents such as power of attorney and guardianship arrangements
- Social isolation

- Depression, anxiety, and confusion, including anxiety around a particular person or people.
- Unexplained sexually transmitted disease and/or incontinence.

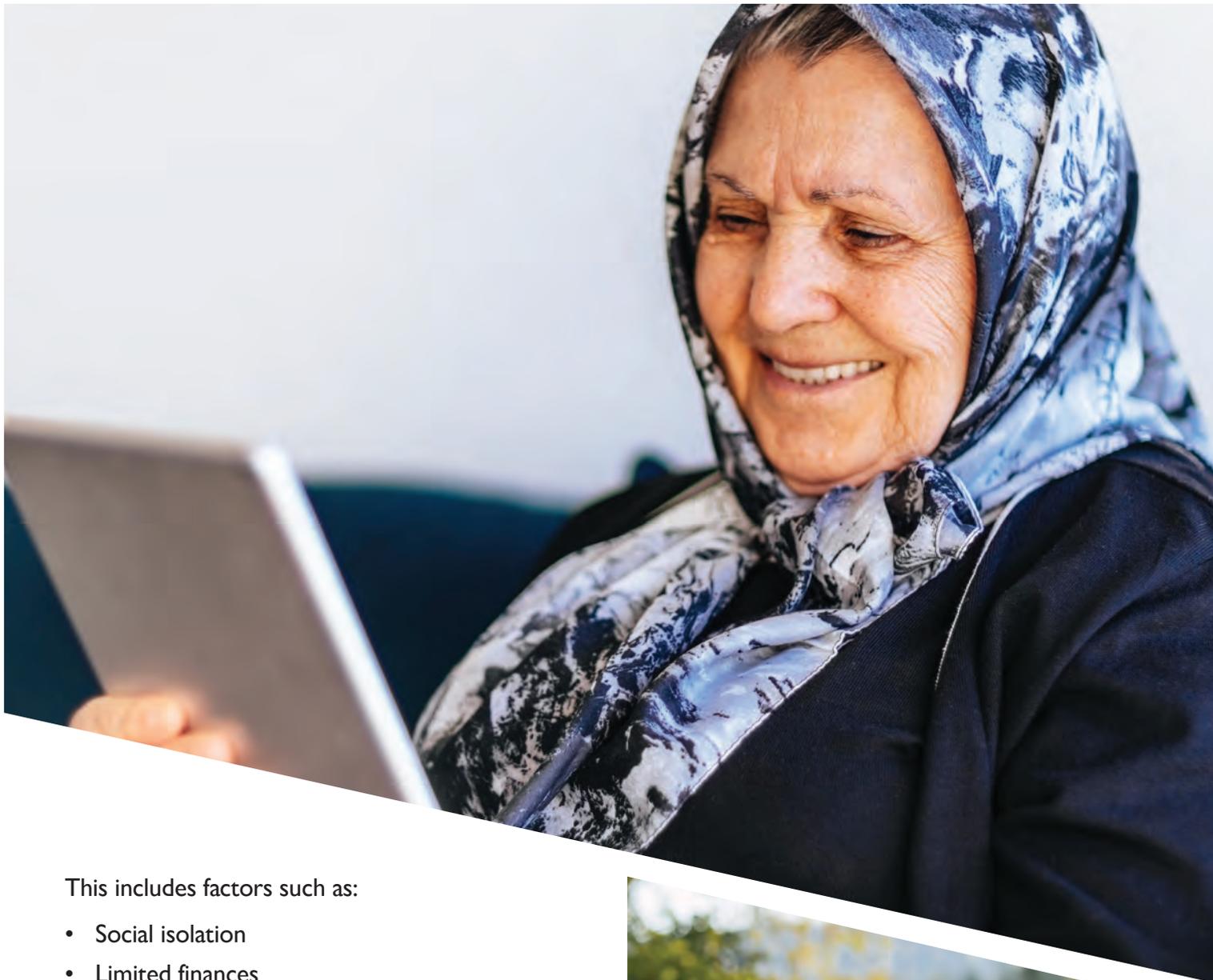
Older people experiencing abuse will generally know the person causing them harm. While this could be a family member, friend or acquaintance, adult children have been found to be the category of individuals most likely to abuse older people.¹²

Abuse may be unintentional or unconscious. This can be when a person believes they are acting in an older person’s best interest. However, in enacting this belief, they have often taken away an older person’s choice and control by not respecting their right for self-determination in all aspects of their life.

The abuse of an older person can be a criminal or non-criminal act. In Tasmania in instances where the abuse is committed by an intimate partner, it is considered family violence under the *Family Violence Act 2004*.¹³

Older people may not report the abuse or seek help because of feelings of embarrassment and shame, or fear of the repercussions for themselves or the person causing them harm, particularly when this person is a child or family member. Sometimes actions may not be perceived as abuse, leading to a lack of understanding of what abuse is and how to seek assistance. This may be compounded where English is a second language and for people with disability.

In preventing and responding to the abuse of older people it is important to address its underpinning drivers. Ageism, including community stereotypes, attitudes and unconscious bias towards older people is linked with the complex social, environmental, and economic risk factors associated with the abuse of older people in our communities.



This includes factors such as:

- Social isolation
- Limited finances
- Poorer physical and mental health
- Access to transport and supports.

While the community prevalence of ageism is a major driver of abuse, it is important to recognise older Aboriginal Tasmanians and other groups of older Tasmanians, including CALD communities; Lesbian, Gay, Bisexual, Transgender, Intersex, Queer+ (LGBTIQ+); and persons with disability, face a wide range of discrimination which compound the social, environmental, and economic risk factors and may place these people at greater risk of abuse. Specific responses and actions will therefore be required with an intersectional approach allowing for consideration of these diverse factors in developing responses.



Forms of abuse of older people

Any form of abuse of older Tasmanians is unacceptable. Older people can experience one form of abuse, or a combination. Some forms of abuse are often wrongly seen as not being as serious as others, however, this minimises the impact and extent of abuse in its many forms and supports its underlying drivers. Some of the forms abuse can take are defined below.

The abuse of older people cannot be viewed in isolation without addressing the attitudes, behaviours and culture that underpin the root causes of abuse including ageism and disrespectful behaviour towards older people.

It is also recognised the past experiences of older people experiencing abuse also needs to be acknowledged, with abuse in childhood as well as intimate partner violence as an adult, risk factors for the abuse of older people.¹⁴

Physical abuse

Physical abuse is an act that causes physical pain or injury to an older person. It can include, but is not limited to, actions such as hitting, pushing, or kicking. The inappropriate use of drugs or physical restraints are also examples of physical abuse.

Sexual abuse

Sexual abuse is any sexual behaviour without an older person's consent. It includes sexual interactions and non-contact acts of a sexual nature.

Psychological or emotional abuse

Psychological or emotional abuse is an act that causes emotional pain or injury to an older person. It can include:

- Insulting or threatening a person
- Acts of humiliation or disrespect
- Controlling behaviours such as confining or isolating a person.

Financial abuse

Financial abuse is the misuse or theft of an older person's money or assets. It can include, but is not limited to:

- Behaviours such as making financial decisions without permission
- Using a legal document such as an enduring power of attorney for purposes other than those it was originally intended for
- Withholding care for financial gain
- Selling or transferring property against the older person's wishes.

Neglect

Neglect is the failure to meet a person's basic needs such as food, housing, and essential medical care.¹⁵

Social abuse

Social abuse prevents an older person from having social contact with friends or family or access to social activities. It includes:

- Moving the older person far away from, or cutting support from, friends or family members
- Restricting telephone use or screening calls
- Preventing the older person from socialising or meeting with neighbours
- Gaslighting such as leading the older person to incorrectly believe that their family and friends are "interfering".

Spiritual abuse

Spiritual abuse is the denial or use of spiritual or religious beliefs and practices to control and dominate a person, damage their spiritual experience, and isolate them.¹⁶

Cultural abuse

Cultural abuse is the assault, challenge, or denial of a person's cultural identity, of who they are and what they need.¹⁷ Cultural abuse is a distinct issue for Aboriginal older people and members of the CALD and LGBTIQ+ communities.

Coercive control

Coercive control is a pattern of behaviour that over time establishes and maintains power and dominance over another person.¹⁸ It can be used in isolation or in conjunction with other forms of abuse and is designed to make a person dependent by isolating them from support, exploiting them, depriving them of independence and regulating their everyday behaviour.¹⁹

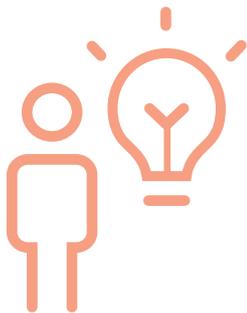


Priority areas

PRIORITY AREA ONE:

AWARENESS – The Tasmanian community and Government together recognises and responds to the abuse of older Tasmanians with a shared commitment to advancing older people’s rights and ensuring everyone is involved in ending the abuse.

Raising community awareness will make sure the abuse of older Tasmanians and its drivers such as ageism are recognised as serious community issues that require a whole-of-community and whole-of Government response. Awareness aims to ensure older Tasmanians from all backgrounds are empowered to seek information and support, and the community is actively recognising, responding to, and preventing the abuse of older Tasmanians.

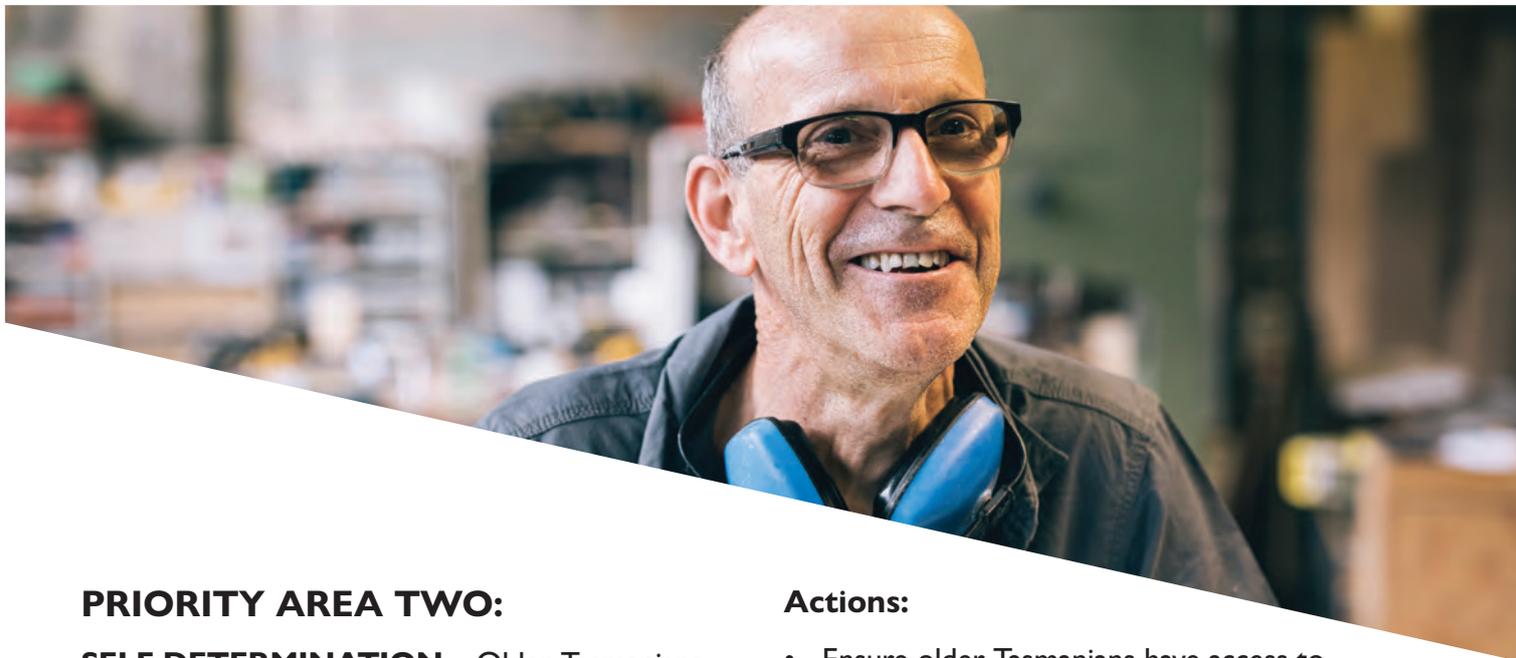


Actions:

- Raise awareness of the abuse of older Tasmanians and promote a whole-of-community response in recognising, responding to and preventing it, including addressing the underlying drivers of the abuse of older Tasmanians.
- Empower older Tasmanians from all backgrounds on self-determination, so they understand and recognise their rights and on how to recognise types of abuse and seek assistance and support.
- Listen to the voices of and be informed by older Tasmanians with a lived experience of abuse in furthering the development of initiatives that respond to the abuse of older Tasmanians in our community.
- Increase awareness and develop responses that recognise older people from diverse communities may experience abuse in different ways including cultural and language differences, and experiencing additional forms of discrimination which make them more vulnerable.

Outcomes:

- Prevention of the abuse of older Tasmanians is recognised as being everyone’s business.
- Tasmanian communities are aware and alert to the abuse of older Tasmanians, have a greater understanding of the drivers of abuse, the signs of abuse, of ways to prevent it, and can respond appropriately when encountering it.
- Older Tasmanians are aware of where to get information and support if they are experiencing or aware of instances of abuse.



PRIORITY AREA TWO:

SELF DETERMINATION – Older Tasmanians have personal agency and control over decisions regarding all aspects of their lives.

Supporting informed decision-making will ensure older Tasmanians' right for choice and control on all aspects of their lives is respected, and the Tasmanian community recognises and values their right to self-determination.



Actions:

- Ensure older Tasmanians have access to materials, resources and information about individual advocacy and legal representation that support informed decision-making on all aspects of their life, including culturally appropriate materials and resources for Aboriginal, CALD, LGBTIQ+ and persons with disability. This includes pre-planning as an important tool in maintaining control, preventing abuse, and ensuring personal wishes are understood and respected as they age.
- Raise community awareness about supporting, respecting, and valuing older Tasmanians' decisions, and their legal and ethical rights to self-determination.
- Review existing service systems and community settings focusing on older Tasmanians' ability for self-determination. Identify initiatives and responses required to support older Tasmanians' choice and control on aspects of their life.

Outcomes:

- Older Tasmanians can make informed decisions about all aspects of their lives.
- The choices and decisions of older Tasmanians from all backgrounds are supported, respected, and valued by their families, support systems, and the whole community.
- The views, wishes and preferences of older Tasmanians are considered and respected in authorised decisions made about or for them, even when their decision-making ability is impaired.

PRIORITY AREA THREE:

RESPONSIVENESS – Older Tasmanians experiencing abuse can access a connected, coordinated, and responsive service system.

Empower older Tasmanians and Tasmania's diverse communities, including Aboriginal, CALD, LGBTIQ+ and persons with disability, to respond to the abuse of older Tasmanians through a coordinated and responsive service system. Regardless of people's community and identity this includes knowing where to seek assistance and how to access support services.

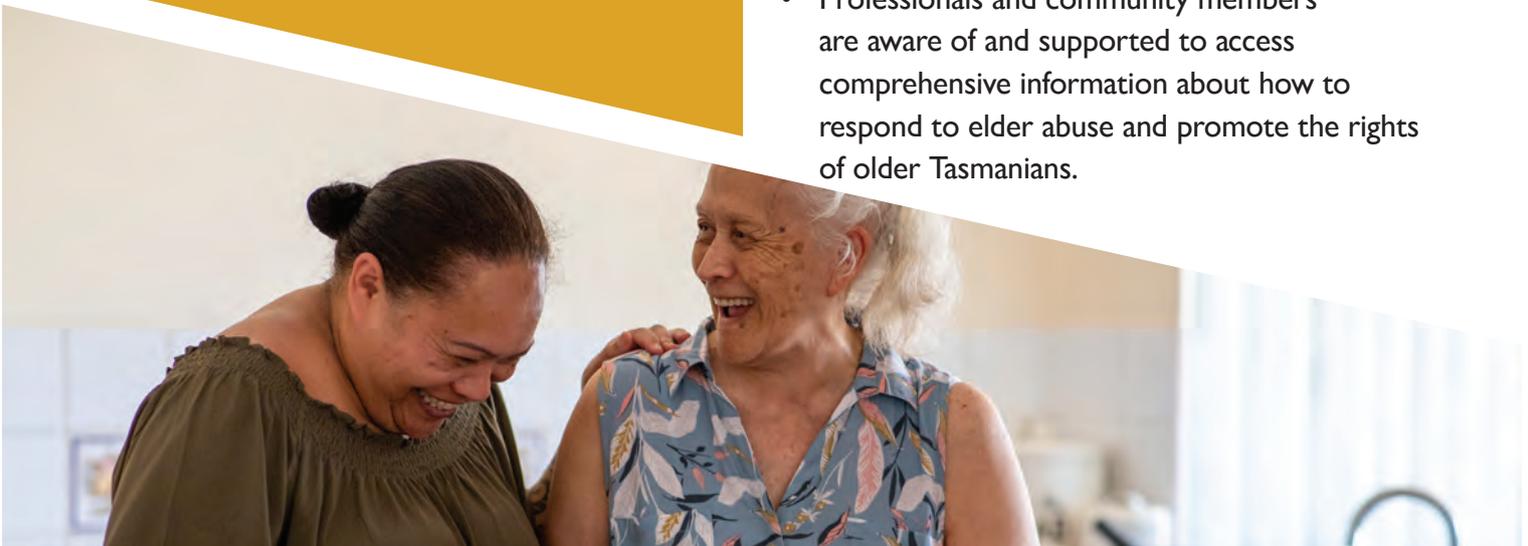


Actions:

- Promote awareness of referral pathways and how to access support services so older Tasmanians and Tasmania's diverse communities can act against abuse.
- Foster a connected, flexible service system that is respectful and culturally appropriate, safe, and welcoming.
- Engage and educate services and businesses working or interfacing with older Tasmanians so they can recognise, respond, and prevent the abuse of older Tasmanians including challenging the underlying drivers of the abuse.

Outcomes:

- Older Tasmanians are aware of how to access a service system that is connected, respectful and provides support when people experience or encounter abuse.
- Service providers are active and supported in redesigning policies, procedures, and service delivery models to recognise, respond, and prevent abuse and its social drivers, and to prevent unconscious bias and instances of discrimination.
- Professionals and community members are aware of and supported to access comprehensive information about how to respond to elder abuse and promote the rights of older Tasmanians.



PRIORITY AREA FOUR:

SAFEGUARDING – The whole community takes responsibility for safeguarding older Tasmanians and they live safely and free from any form of abuse.

Work across government and community to determine the best ways to protect older Tasmanians from abuse and harm. This will include ensuring that a range of safeguarding initiatives are in place to reinforce the safety of older Tasmanians across a service continuum of prevention, early intervention, and response.



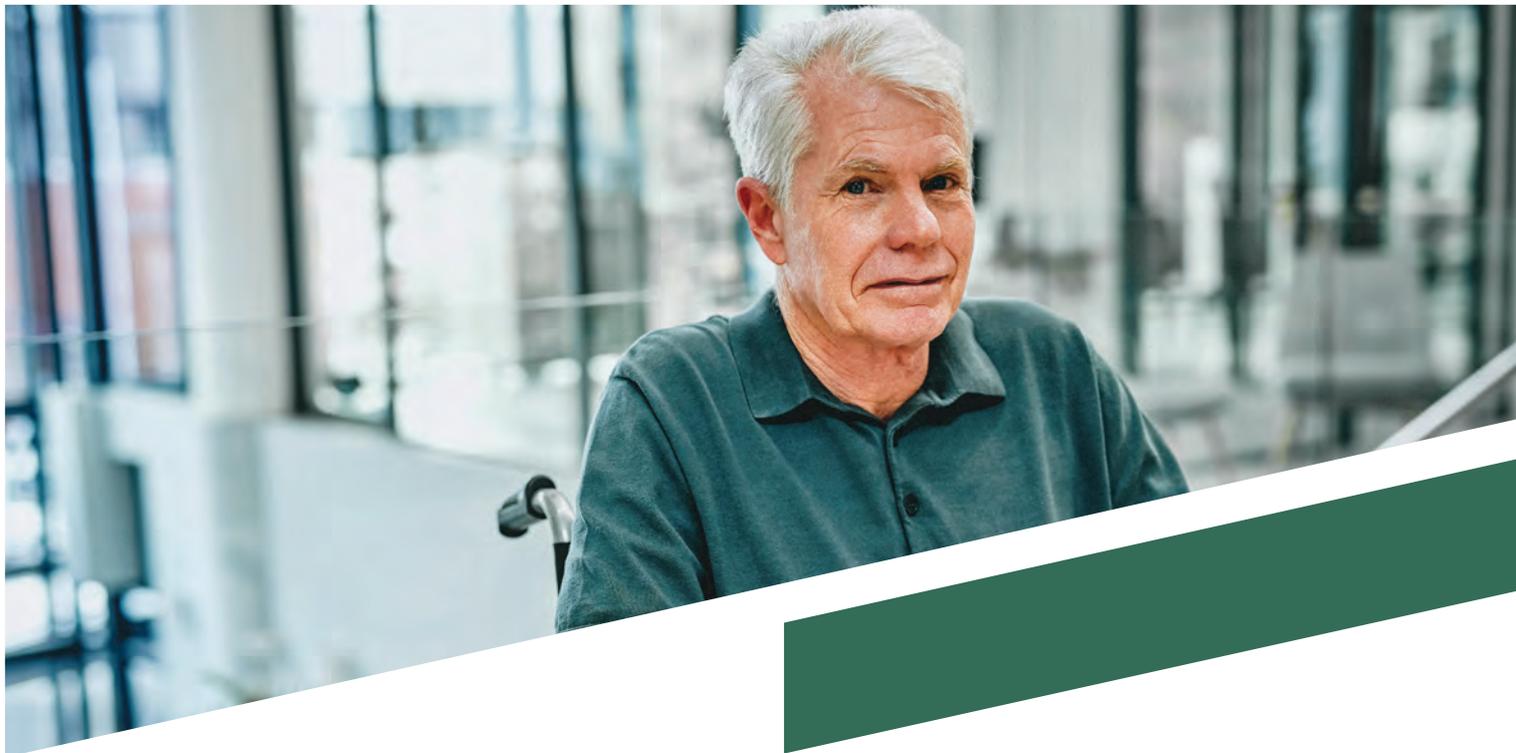
Actions:

- Build on and continue the work already underway to review and improve future safeguarding policies and frameworks for older Tasmanians.
- Strengthen existing and develop new initiatives to safeguard all older Tasmanians against abuse.
- Promote the improved safeguards to Tasmania's diverse communities with a focus on empowering community members to recognise, respond to and prevent abuse, and to counteract its underlying drivers.

Outcome:

- The community contributes to and participates in identifying and developing ways to safeguard older Tasmanians from abuse.
- Culturally appropriate, accepted and widely recognised safeguarding measures are in place and functioning to ensure older Tasmanians can live free of abuse.





Guiding principles

The following Guiding Principles provide the foundation for the Strategy, its Priority Areas and related actions. Underpinning the Principles is recognition of the importance of incorporating the voice of lived experience in developing informed responses to the abuse of older Tasmanians.

Independence, freedom and agency

Older Tasmanians live free from harm, have the right to family life, self-fulfilment, are respected and can freely and fully participate in their communities socially, culturally, economically, spiritually, and recreationally.

Empowerment

Older Tasmanians are empowered and have the confidence, means and ability to have choice and self-determination about their future. They are safe and free from exploitation and physical, emotional, financial, sexual, social, or spiritual abuse.

Older Tasmanians have access to the appropriate supports to participate in decisions that affect their own lives. The inherent dignity of older Tasmanians is respected, including individual autonomy and freedom and right to independence and choices.

Dignity and respect

Older Tasmanians experience independence, dignity, and the ability to make decisions about their own lives. They are respected by their family, the community and not discriminated against due to their age.

Older Tasmanians have the appropriate supports, services and the means to promote their physical, mental, and emotional wellbeing, enabling them to retain independence, dignity, and the ability to make decisions about their own lives.

Diversity and inclusion

Respect for older Tasmanians' right to express and present themselves relative to their culture, community, and identity.

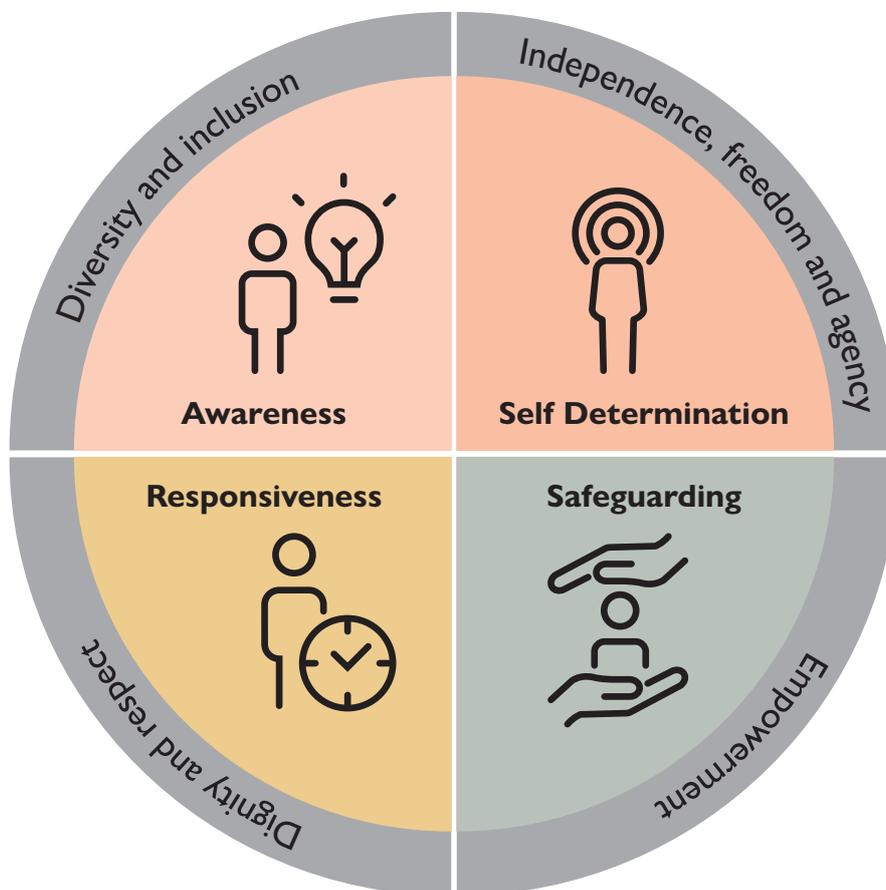
Implementation and governance

The Strategy represents the Tasmanian Government’s commitment to achieving a Tasmania where all older Tasmanians live free of abuse. It will guide government agencies and the community in taking action to recognise, respond and prevent the abuse of older Tasmanians.

Consultation will continue over the lifetime of the Strategy. The Tasmanian Government will continue to listen to the voices of, and work with, older Tasmanians and the community in developing Action Plans arising from this Strategy. Together, we will review data and research to identify contemporary initiatives and actions that respond to the outcomes of the Priority Areas.

Key to the implementation of the Strategy and its Action Plans is the support and advice of the Statewide Elder Abuse Prevention Advisory Committee (SEAPAC) as major contributors to the prevention and response to abuse of older Tasmanians.

Progress on the Strategy and subsequent Action Plans will be collated and reported annually to the SEAPAC and the Minister for Community Services and Development.



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JOINT STATEMENT

Premier and Minister for Veterans

The Honourable David Crisafulli

Minister for Youth Justice and Victim Support and Minister for Corrective Services

The Honourable Laura Gerber

Fewer victims of crime as 2,986 youths charged under Adult Crime, Adult Time

- 2,986 youths charged with more than 14,000 offences under Adult Crime, Adult Time laws.
- Victim numbers down 10.8% per capita this year under plan to restore safety where you live.
- New police recruitment campaign launches today to deliver more police.
- The Crisafulli Government is making Queensland safer with stronger laws, more police, early intervention and rehabilitation to restore safety where you live.

The Crisafulli Government's plan to make Queensland safer is delivering positive early results, with a crime reportcard showing almost 3,000 youth offenders charged under landmark Adult Crime, Adult Time laws, and the number of crime victims falling 10.8 per cent per capita this year.

Since December 2024, 2,986 youths have been charged with 14,060 offences under Adult Crime, Adult Time laws, including more than 4,322 charges for stolen cars, 4,964 for home break-ins and 784 for robberies.

The Crisafulli Government's plan to make Queensland safer with more police and stronger laws has also delivered a 10.8 per cent reduction in the number of victims of crime from January 2025 – 30 September 2025, per capita, compared to the same time the previous year.

The Queensland Police data reveals the number of victims of stolen cars dropped 15.6 per cent, break-ins 21.2 per cent and robberies 12.6 per cent over the first nine months of 2025, compared with the same period last year and based on population.

Following the unprecedented police crackdown across North and Far North Queensland, the number of victims of crime have also fallen 6.6 per cent in Townsville and 8.8 per cent in Far North police districts compared to the same time in 2024 population adjusted.

The Government is today launching a new police recruitment campaign to help deliver 1,600 new police recruits this term, to help restore safety where you live.

Labor's weak youth crime laws, fewer police and early intervention failures created Queensland's Youth Crime Crisis, the Crisafulli Government is delivering a fresh start and making Queensland safer.

Premier David Crisafulli said the Government was delivering the fresh start Queenslanders voted for.

"Queenslanders demanded a fresh start and safer communities, and that's exactly what we are delivering," Premier Crisafulli said.

"Adult Crime, Adult Time is making Queensland safer by holding serious repeat offenders accountable, which means fewer people are having their homes broken-into, their livelihoods stolen, and their families harmed.

"These are promising early signs, but we are not taking our foot off the pedal.

"Already we have recruited an extra 1000 police officers that are now serving on the frontline from Cooktown to Coolangatta and beyond.

"While we are seeing crime down and victim numbers down, there is much more to be done to make Queensland safer, and we remain committed to delivering the fresh start we promised."

Minister for Youth Justice and Victim Support Laura Gerber said the Crisafulli Government was turning the tide on Labor's Youth Crime Crisis a decade in the making.

"It is early days but crime is down, victim numbers are down and we are delivering new early intervention programs and intensive rehabilitation to continue restoring safety where you live," Minister Gerber said.

"We are tackling youth crime with Adult Crime, Adult Time to restore consequences for action, as well as early intervention to divert youth before they become serious repeat offenders."

Commissioner of Police Steve Gollschewski said the latest recruitment advertising campaign highlighted policing is more than a job - it's a career that is both challenging and rewarding.

"We want people from all walks of life answering the call to stand with us, and commit to protecting and supporting the people of Queensland," the Commissioner said.

"Our focus remains on building a strong, diverse, and capable workforce that reflects the communities we serve."

ENDS

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