

primary health matters

TASMANIA'S PRIMARY HEALTH MAGAZINE

IN THIS ISSUE

- A personal approach to professional development**
- Finding strength in isolation**
- Pathways to better support**



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Cover image: Cornerstone Youth Services chief executive officer Anthea Cooper and practice manager Rani Sice (story on page 6).

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Primary Health Tasmania ABN 47 082 572 629

From the CEO



Across Tasmania, people working in health and community services are responding to complexity with care, creativity and collaboration.

This edition of *Primary Health Matters* brings together stories that show how those efforts are improving experiences of care for Tasmanians.

A strong theme throughout this issue is the value of listening—to people who use services, to those who deliver them, and to communities themselves. The *Seven steps lived experience engagement framework*, developed here in Tasmania and now gaining international interest, is a clear example of how lived expertise can shape more effective and respectful services (pages 4-5).

Workforce wellbeing and capability are also central to many of the stories in this edition. From Cornerstone Youth Services' approach to professional development (page 7), to the connections built through practice manager breakfasts (pages 14-15), these articles reflect a shared understanding that a supported workforce is essential to a strong primary health system.

Several pieces highlight the role of innovative, practical tools in enabling inclusive, person-centred care. The expanded transgender health suite on the Tasmanian HealthPathways portal provides GPs with locally relevant, expert and evidence-based guidance at the point of care (pages 10-11), while emerging technologies such as artificial intelligence scribes are changing how some clinicians work by reducing administrative burden and supporting more engaged consultations (pages 22-23).

Access and equity remain ongoing challenges, particularly for Tasmanians living outside major centres. Stories from Baptcare's Horizons program (pages 16-17) and the Tasmanian Health Service's Community Rapid Response Service (pages 12-13) demonstrate how flexible, community-based models can reduce isolation, prevent unnecessary hospital admissions and support people to receive care closer to home.

This issue also shares insights from consultations as part of our Mental Health Continuum of Care Project, where providers, clinicians, consumers, carers and people with lived experience came together to help shape a more coordinated system (pages 6-7).

As I begin my time as CEO of Primary Health Tasmania, I'm encouraged by the depth of commitment and collaboration reflected in these pages. I look forward to learning from this work and supporting its continued impact. To learn more about me and my background, check out the next page.

Happy reading! ■

Lucy O'Flaherty
CEO
Primary Health Tasmania

Get to know: Lucy O'Flaherty, CEO of Primary Health Tasmania

With a career spanning more than two decades in health, aged care, and community services, Lucy O'Flaherty brings a wealth of leadership experience to her new role as chief executive officer of Primary Health Tasmania.

Lucy says her professional journey has always centred on improving people's lives through connection, innovation, and purpose.

She previously led aged care provider Glenview Community Services in Hobart, where she was instrumental in developing the internationally recognised Korongee Dementia Village. More recently she served as CEO of Columbia Aged Care in Sydney, driving reform, growth, and quality improvement across multiple residential services.

"I've always been motivated by work that makes a real and lasting difference," Lucy says.

"Joining Primary Health Tasmania is both a privilege and a homecoming—an opportunity to influence health outcomes across the system and to contribute to the wellbeing of Tasmanians."

Lucy describes her leadership style as collaborative, transparent, and purpose-driven.

"I believe in leading through people—creating clarity of purpose, aligning teams around shared goals, and building trust through consistent action," she says.

"I value diversity of thought, and I like to empower others to lead from wherever they are."

What excites Lucy most about leading Primary Health Tasmania is the organisation's pivotal role in connecting different parts of the health system.

"We're uniquely positioned to bridge the gap between policy, community, and service delivery," she says. "Our partnerships with general practice, allied health, community organisations and the State Government are what make real, integrated care possible."

Looking ahead, Lucy sees significant opportunity for Primary Health Tasmania to strengthen its impact through collaboration, data, and innovation.

"Tasmania has some of the best examples of community-based care in the country. By listening to local voices, embracing digital tools, and taking a preventive approach, we can help shape a more connected, sustainable system that meets people where they are."

She is particularly passionate about workforce innovation and wellbeing.

"Our workforce is our greatest asset—across every sector. Supporting and developing that workforce is critical to delivering high-quality care and building resilience across the health system."

Outside of work, Lucy finds balance through nature, creativity, and connection.

"I love being outdoors—kayaking, exploring the coastline, or just walking through the bush with my partner and our dog," she says.

"Travel also plays a big part in my life; it gives me perspective and reminds me of the importance of curiosity and cultural connection."

Lucy is a keen reader and lifelong learner, often turning to books and podcasts that explore leadership and purpose.



"I recently revisited Simon Sinek's The Infinite Game, which speaks about leading with a mindset focused on legacy and long-term impact," she says.

"It's a perspective that feels particularly relevant in health—where change is constant, but purpose endures."

When asked for a quote that captures her leadership philosophy, Lucy shares a favourite from Maya Angelou: "People may forget what you said, but they will never forget how you made them feel."

Lucy says it is "a beautiful reminder that leadership is about humanity as much as strategy."

"Empathy and authenticity are what truly connect people to the work we do."

As she begins her time with Primary Health Tasmania, Lucy is focused on listening, learning, and connecting.

"The first months are about understanding the story—the people, the partnerships, the impact," she says.

"Primary Health Tasmania has an incredible legacy, and I'm excited to build on that foundation with the team."

Her long-term vision is one of collaboration and shared purpose.

"Ultimately, I want Primary Health Tasmania to be known not just for what we fund or deliver, but for how we bring people together—across communities and across sectors—to create a healthier, more connected Tasmania." ■



Programs manager Shandell Hancock and chief executive officer Tash Smyth

Tasmanian lived experience framework goes global

How one framework focused on lived expertise is making waves across the world

When writing the *Seven steps to develop an organisational lived expertise engagement framework*, Mental Health Lived Experience Tasmania chief executive officer Tash Smyth and her team had Tasmanians firmly in mind.

So it came as a complete surprise that this framework would inspire colleagues on the other side of the world, working for the National Health Service (NHS) in the United Kingdom.

Listening to and consulting with people who have lived experience helps organisations design programs and services that make a meaningful difference in people's lives.

People who have experienced the health conditions or circumstances organisations and health systems aim to address are often best placed to know what will work for them. Placing people at the heart of service design helps create lasting improvements in health outcomes—and, ultimately, in people's lives.

To support this, in early 2024, Primary Health Tasmania engaged Mental Health Lived Experience Tasmania (MHLET) to develop a practical framework for use by Tasmanian health, community service and primary care organisations.

"It's about fostering genuine collaboration and working respectfully alongside people with lived experience."

— Tash Smyth

MHLET worked with Health Consumers Tasmania and Mental Health Families and Friends Tasmania to co-design the resource, and it was co-produced by people with lived expertise from diverse backgrounds.

The result is *Seven steps to develop an organisational lived expertise engagement framework*—a tool designed to help organisations understand, establish and strengthen their approach to engaging with lived experience.

The framework has three aims:

- to increase understanding of structured engagement with lived expertise
- to help organisations assess their current practices and develop their own lived experience engagement framework
- to provide a consistent set of principles to inform engagement with lived expertise in Tasmania.

Tash says the framework is designed to be flexible and adaptable for organisations of any size.

"It's about fostering genuine collaboration and working respectfully alongside people with lived experience," Tash says.

"The framework can be scaled to fit an organisation's capacity, but what matters most is the commitment to partnership."

That commitment has now reached well beyond Tasmania.

Earlier this year, the framework caught the attention of the United Kingdom's NHS.

"We were surprised and delighted to receive an email from Liam. It was pretty gratifying to see our work had found its way all the way to the UK, despite being written for the Tasmanian context," Tash says.

Liam Corbally, Head of Co-Creation at Tees, Esk and Wear Valleys NHS Foundation Trust, contacted MHLET after discovering the resource.

"We have recently come across your paper and loved it on a number of different levels," Liam wrote in his first message.

"Chris (Morton) and I, along with a range of service users, have been developing our own co-creation framework. It isn't quite there yet, but we'd love to share reflections and set up a call to understand more of your work and how we might link in."

Thanks to the power of technology and flexibility around timeframes, a meeting between the Tasmanian and British teams allowed for the free flow of ideas.



What's in the Seven steps framework?

A practical guide to help health, community and primary care organisations engage meaningfully with people who have lived experience.

The Seven steps

1. **Principles** – establish guiding principles for respectful engagement.
2. **Enactors** – identify the people and roles that will enable engagement.
3. **Types** – define the types of engagement your organisation will use.
4. **Power** – consider power dynamics and share decision making.
5. **Prepare** – get your organisation ready for meaningful engagement.
6. **Co-initiate** – begin engagement collaboratively with lived expertise.
7. **Co-produce** – work together to design and deliver services or frameworks.

Liam, who draws on his own lived experience in his role, later described the meeting as deeply thought-provoking.

"(The meeting) hugely got me thinking about the way we go about what we do," he wrote.

Tash says the connection shows that Tasmania's work in lived experience engagement is resonating internationally.

"This recognition highlights the universal value of lived experience—and demonstrates Tasmania's contribution to an important global conversation."

The value of engaging people with lived experience in designing and reviewing healthcare services is increasingly recognised as essential to developing person-centred care that is effective, appropriate, accessible and safe.

"(The meeting) hugely got me thinking about the way we go about what we do."

— Liam Corbally

Primary Health Tasmania invites Tasmanian organisations across the health, community and primary care sectors to use the framework to strengthen and guide their engagement with lived experience.

**Want to know more?
Go to tasp.hn/SevenSteps**



Caption



A personal approach to professional development

How one mental health organisation's investment in its people is paying dividends

When you walk into Cornerstone Youth Services in Launceston, it's immediately clear this is a space that cares for people.

In the headspace waiting room, there are phone charging stations, coffee and tea, and colouring-in materials for young people preparing to go into their appointments. In the offices behind the clinics, art and plants bring warmth and life into the space.

It gives you a sense that this place values people as individuals—that self-care, growth and development are part of the journey to mental wellness.

Cornerstone Youth Services is a not-for-profit organisation operating across the north and north west of the state and is the lead agency of the headspace program in these areas. It provides youth-friendly, person-centred approaches to mental health care, helping young people work towards their mental health and wellbeing goals.

That same sense of care extends beyond the physical environment to the people who work here. Cornerstone Youth Services takes a whole-person approach to staff as well as clients. The organisation recognises the demanding and often challenging nature of the work.

Cornerstone has taken an innovative approach to professional development. In addition to the mandatory training required for clinical and support roles, every staff member is allocated a professional development budget each year and additional leave to attend training—including professional development leave and five days of conference leave.

Cornerstone chief executive officer Anthea Cooper says staff have the freedom to self-select the learning opportunities that best align with their work, interests and professional goals.

"Everyone has a professional development budget that they can pursue, in areas and therapies that are of interest to each individual," Anthea says.

Some recent training choices include single-session therapy and single-session family consultation, Tuning in to Teens, and Eye Movement Desensitisation and Reprocessing (EMDR).

For Anthea, developing staff skills is not just about retention—it is about strengthening the mental health workforce as a whole. Upskilling current staff is a core focus.

"Building the capacity of the workforce is important."

She says the culture that has grown through this approach is one of commitment and care.

Happily, Cornerstone's focus on staff development and wellbeing is paying dividends.

"We have better retention than we did three years ago, because we've focused on professional development," Anthea says.

"We've had positive feedback from headspace National about how impressive our retention is."

She says the culture that's been built through this approach is one of commitment and care.

"Some of our early-career staff might want to travel or try new things—and that's great, it's what they should be doing—but we want to offer them opportunities here too."

Cornerstone's leadership team also focus on building its own capacity through opportunities for continuous leadership development.

Practice manager Rani Sice says some leadership team members recently completed Dare to Lead training, which centres on courageous and values-based leadership.

"We invest in prioritising genuine work life balance for our staff," Rani says.

"We believe in flexibility and we are committed to sustaining a health workforce."

"We live in accordance with our values of inclusivity. Every staff member has access to professional development of their choosing—including administration."

This approach extends beyond training.

Staff are invited to take part in planning days, where they can provide input on how services are structured and how many appointments they can realistically manage across different types of therapy.

"We want staff to be part of the planning," Rani says. "That's how you make sure you're supporting people properly."

Anthea says these initiatives have a ripple effect across the organisation.

"When staff have good experiences, even if they move on, it means we have a good relationship with them. It benefits everyone."

Cornerstone operates across several sites and services, offering flexibility for staff to work across programs and deliver different types of therapy. Anthea says this is made possible by both strong governance and a commitment to upskilling.

She adds that positive feedback through staff surveys and conversations helps the leadership team reflect on what's working.

"It feels great to see the positive feedback," Anthea says.

"As leaders, we are always seeking feedback."

"It's useful to take a step back and take a moment to see what we're doing well."

At Cornerstone Youth Services, that reflection is visible—in the calm, welcoming environment, and in the confident, supported team who make it work every day.

Because when staff are cared for, they can do their best work caring for others. ■



The Launceston community design consultation

Listening for what matters

How consultation is shaping better mental health experiences and outcomes for Tasmanians

When dozens of Tasmanians gathered across the state in July to share their experiences working in mental health services, one thing quickly became clear.

People wanted to be heard, and they wanted to help make things better.

For Brad Smith, a team leader at Anglicare, the consultations were a positive experience.

"It was good to bring together some of these sort of siloed workforces that are operating in their own areas," he says.

"You might be doing a similar sort of role to someone else in the community, but you don't necessarily have a lot of interaction. So it was quite a good experience to get together, put some faces to names, and just be able to give that input."

The sessions formed part of Primary Health Tasmania's Mental Health Continuum of Care Project, a multi-year initiative to improve Tasmanians' experience of and outcomes from the mental health services the organisation commissions.

The project involves gathering information and feedback about the current service model to help inform a new service model focused on improved coordination and integration.

Its first stage involved an internal evaluation of four types of services—low intensity services, short-term trauma counselling, short-term psychological interventions, and services for adults with complex and severe mental illness.

The next phase, which ran throughout July, was about listening.

Primary Health Tasmania, supported by Scyne Advisory, held three in-person and two virtual consultation sessions with 89 participants representing service providers, healthcare professionals, consumers, carers, and people with lived experience.

Together, they explored what makes a good consumer experience, and what principles should shape the new service model.

Feedback from the sessions was overwhelmingly positive.

Every participant said they had been able to provide input, and that their experiences had been heard and captured. Many described the process as "interactive", "hopeful", and "well facilitated".

Kristy Mayne, outreach manager at Rural Alive and Well, says she decided to attend because she wanted to make sure rural voices were part of the discussion.

"I heard about it and thought, I think I actually have some value to add there," she says.

"I wanted to ensure that rural voices were heard and seen, and especially from a program that's grassroots, that's non-clinical, that's out there and touches all parts of Tasmania."

Kristy says the session provided an important opportunity to advocate for the people her program supports.

"I was able to express and advocate my knowledge and skills on the topics that were relevant to my field," she says.

"It was also great to network to see who's who in the zoo, who's doing what, and to make sure we're not forgotten in future planning around mental health."

Across the five workshops, participants shared a range of ideas and experiences and some common themes emerged. The need for more integrated services, clear referral pathways, and effective collaboration was echoed in every conversation.

"There was a lot of agreement," Kristy says.

"I think a lot of Tasmanians are on the same page, it's just about how we get it to work where all people are represented and validated."

For Brad, the workshops were also a chance to hear firsthand how others are grappling with similar challenges.

"Some of the things we've been saying internally, it's good to hear that being echoed more broadly," he says.

"You realise you're not the only one facing those same system issues."

Brad says the conversations confirmed what many in the sector already know: Tasmania's mental health system is highly fragmented, and integration remains a challenge.

"There's a disconnect between acute care teams, inpatient units, and community support," he says.

"A lot of the integration that happens is relational—it's people literally knocking on doors, saying, 'Hey, we're here, we do this, you can trust us'."

Brad hopes the new continuum of care model will make those connections easier and more consistent.

"It feels like services are sometimes backwards-engineered—people are doing similar things, but it's not always clear who does what," he says.

"Having a clearly delineated system would help prompt more collaboration, instead of everyone working in their own silo."

Kristy says her biggest concern is how long it can take for people to get into services.

"Sometimes we're the first person someone's told that they've recently had a suicide attempt or been impacted by suicide. We're usually that trusted person," she says.



Team leader Brad Smith



Outreach manager Kristy Mayne

But non-clinical programs like Rural Alive and Well can be left "holding people" longer than intended while waiting for clinical care to start.

"When someone shares something and they're vulnerable, they want action now," she says.

"The more they are delayed, the harder it gets."

Both Kristy and Brad say the consultations offered an encouraging sense of momentum.

"It was good to hear about what the next steps were," Brad says. "The process felt pragmatic and transparent—not just a talkfest."

For Kristy, it was a reminder of how much potential there is when services, providers, and community members work together.

"It's not about our egos," she says. "It's about getting people the best service and knowing they can come in at any part of that continuum, jump off, jump on, and still be supported."

For participants, the consultation sessions have already made a difference—not only in what they produced, but in how they brought people together.

"Sometimes it's just good to be in the same room," Brad says. "You realise we're all trying to do the same thing, and that's to make sure Tasmanians get the support they need."

Kristy agrees. "We've started somewhere," she says.

"We just need to keep going, and make sure the people in our communities stay at the centre of it all."

Brad concurs. "It's not just another meeting. It feels like the start of something that could really shift how we work together for Tasmanians' mental health."

Mental Health Continuum of Care

Primary Health Tasmania's Mental Health Continuum of Care project is a multi-year initiative to improve Tasmanians' experience of and outcomes from mental health services. It aims to replace the current fragmented system with a more coordinated and integrated model, ensuring people can access the right support at the right time.

Next stages

- Finalise the new service model based on stakeholder feedback.
- Procurement process: Early 2026 to select service providers.
- Transition period: July 2026 - January 2027 (seven months to ensure continuity of care).
- Full implementation: January 2027.

Our commitment

Primary Health Tasmania will work closely with current and future providers throughout the transition to support service continuity and a safe, planned approach to change.

Want to know more?
Visit tasp.hn/MHCOC

Help is available

If reading this story raises any concerns for you or someone you know, support is available:

Lifeline

13 11 14

lifeline.org.au

Beyond Blue

1300 22 4636

beyondblue.org.au

Suicide Call Back Service

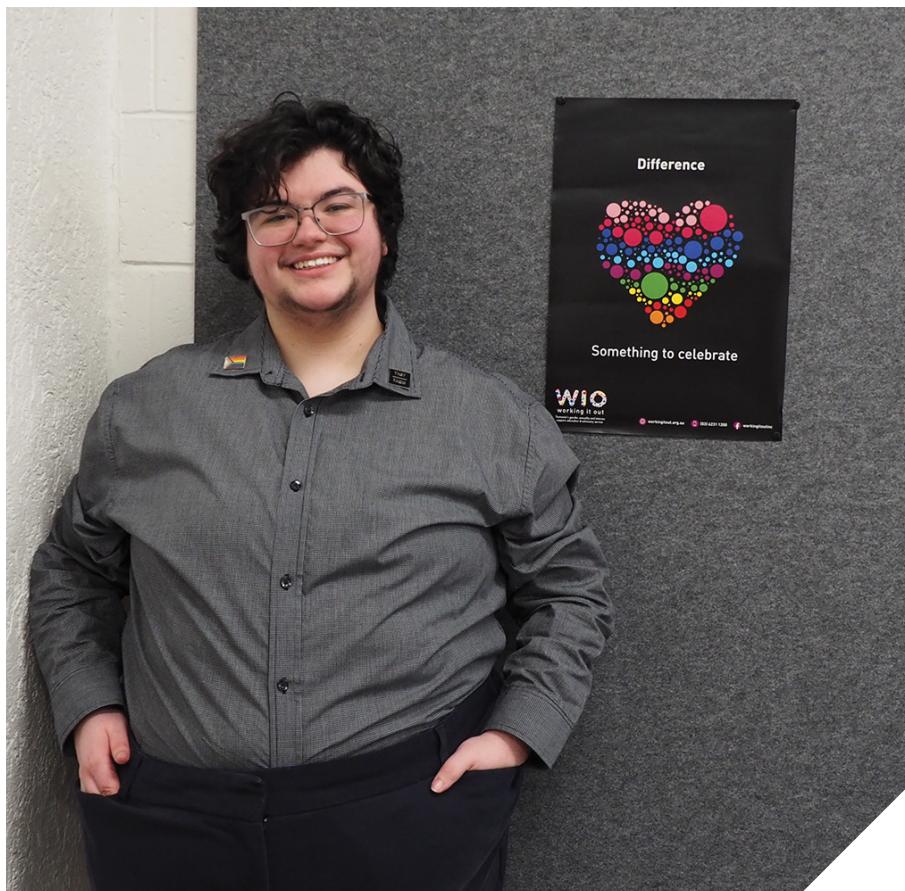
1300 659 467

suicidecallbackservice.org.au

Tasmanian Lifeline

1800 984 434

tasmanianlifeline.org.au



Advocate Relic O'Shaughnessy

Pathways to better support

How a group of passionate doctors are empowering their fellow GPs to support transgender patients in practice

For Relic O'Shaughnessy, a 22-year-old non-binary Tasmanian, who uses they/them pronouns, being seen and respected in health care shouldn't depend on luck or courage.

"We are people first," they say. "Gender-affirming care isn't just hormones or surgery, it's social transition, legal steps, and being called by the right name and pronouns."

That's where the Tasmanian HealthPathways portal can make a quiet but powerful difference, by being a trusted source of truth to support GPs.

HealthPathways gives clinicians clear, locally agreed information to make the right decisions, together with patients, at the point of care.

For transgender and gender diverse people, that means GPs can find practical, evidence-informed guidance in minutes.

The portal helps them easily find information including communication tips, medication options and local referral options, instead of having to sift through a maze of contradictory and often unfounded information online.

Tasmania's newly expanded transgender health suite shows how these Pathways can change lives.

Tasmanian GP Dr Madelaine Hanson is a clinical editor with Tasmanian HealthPathways and identified a gap, which led to expanding the suite from one to three Pathways.

"When I first read the single Pathway we had, I didn't think it supported GPs enough to act independently," says Madelaine.

"It lacked social transition guidance and local links. Once we tried to add those, it was too big—so we split it."

The result is a suite that reflects how care is actually delivered: one Pathway for children and adolescents (developed closely with the Tasmanian Gender Service) and two adult Pathways for medical transition and social transition with clear guidance around hormone therapy and referrals.

"Guidelines are excellent," Madelaine says, "but in a 15-minute consult you don't want to trawl a long document. HealthPathways turns that into a user-friendly GP interface with the local links you need."

That local context includes Tasmanian support services, inclusive practice resources (from respectful pronoun use to visual cues like rainbow and Aboriginal flags), and updates where practice has evolved since national guidelines were published—such as new menstrual suppression options and current Pharmaceutical Benefits Scheme information.

The Pathways also invite feedback from Tasmanian health professionals and have already been updated in response to clinician suggestions.



GP Dr Madelaine Hanson

PRIORITY POPULATIONS

"Everyone's invited to give feedback," Madelaine says. "If it's a valid point, we take it back to the team and change it if needed."

For the Tasmanian Government's Sexual Health Service, the Pathways' ease of use supports both access and capacity.

Dr Jennifer Mission is a sexual health physician who was consulted as a subject matter expert on the suite and helped to revise it.

"Within Australia, gender-affirming care is largely provided by GPs," Jennifer says.

"The new Pathways give GPs the information to start affirming therapy in adults, or to know exactly who to call if they have questions.

"Ultimately we want to hand care back to general practice where it's appropriate."

Jennifer says empowering GPs in this area can save lives.

"People experiencing gender dysphoria face much higher rates of mental illness and suicide. These treatments are viewed as life-saving."

Relic agrees.

"If my doctor had asked my pronouns the first time I entered their practice, I would have felt safe straight away," Relic says.

"It's such a small thing, but it can be life-saving."

Jennifer says the service has also shifted away from routine psychiatry sign-off, with more assessments completed in-house by experienced doctors.

"We're trying to de-medicalise affirmation where appropriate," she says.

"GPs are well placed to assess capacity and risks because they often know the patient over time."

That continuity of care isn't just clinically valuable—it helps people feel safe.

"Specialty services can be daunting," Jennifer says.

"You don't know what you're walking into."

"Your GP and your practice are familiar, and that's a better place for many people. Once a GP has supported two or three gender diverse patients, the pathway gets demystified, like any other pathway."

The Tasmanian HealthPathways are also clear about scope.

Some prescribing remains specialist-authorised.

For adult patients, GPs are encouraged to manage what they can, supported by clear next steps and local contacts.

"The Pathway empowers you to manage it yourself if you want to," says Madelaine. "But don't feel under pressure. The links are there to refer to colleagues if you prefer."

Relic says those small gestures like asking pronouns, using inclusive language, and displaying visible signs of welcome can make a profound difference.

"My GP is supportive, but I still see referrals where pronouns are inconsistent and have been changed as an afterthought. It's not malicious, but it tells me I'm not being seen as a whole person; my identity is secondary," they say.

"Small things make a big difference."

They believe inclusive language benefits everyone.

"Around 200 cisgender men (men assigned male at birth) are diagnosed with breast cancer every year in Australia. Where do they go if it's called the Women's Clinic?" they say.

"Calling services by their specialty, like gynaecology, urology, mastology helps everyone feel they belong."

For busy GPs, the entry point for transgender health care is deliberately simple: open the page and follow the steps. This begins with information about respectful communication and provides an inclusive practice checklist then moves to affirmation, a whole-person history and baseline tests where indicated. Management is described and a separate page provides medication information but if ongoing management isn't an option, refer to a GP with a special interest or call the Sexual Health Service for advice.

"The routine follow-up for established hormone therapy is straightforward," Jennifer says.

"Six-monthly blood tests, prescriptions, checking progress against the patient's goals."

"When GPs take that on, it frees our service to see more new patients."



Sexual health physician Dr Jennifer Mission

None of this asks general practice to become something it's not. It asks clinicians to do what they already do: build trust, use evidence, and work with local systems, supported by guidance that fits the realities of a consultation.

"It's not complicated," Madelaine says. "It's just part of health."

Tasmanian HealthPathways is designed to support a GP's workflow and can be used while sitting with a patient or reflecting after a consultation. It's there for when a clinician needs clarity, language and local context—fast.

For gender diverse patients, that clarity can look like welcoming signs and respect at the front desk, visibly displaying your own pronouns as their GP, asking the right questions in the room, and the right care plan when they leave.

For clinicians, it's confidence, shared standards and a network behind you. For the system, it's better access and less unwarranted variation.

And sometimes, as Relic reminds us, it's two quick questions that help someone feel seen enough to come back next time: what is your name and what are your pronouns.

"We're all just people trying to feel safe when we walk into a clinic," Relic says.

"If a doctor can help someone feel seen and respected, that's health care doing what it's meant to do."



Members of the ComRRS team, left to right: Connie Boon, Naomi O'Shea, Patricia Crampsie, Adam Lam and Mandy Brown

From hospital beds to home comfort

How a regional pilot has grown to keep people well and out of hospital across the state

We've featured the Community Rapid Response Service (ComRRS) before in *Primary Health Matters*, but the story has grown—and so has its impact.

What began as a small pilot in Launceston is now a statewide service, with teams in the north, south and north west.

And for many Tasmanians, it's the difference between a hospital bed and the comfort of home.

When someone becomes acutely unwell, the default response is often hospital admission.

ComRRS was created by the Tasmanian Department of Health to change that story.

The service started in 2016 in Launceston with a simple idea: keep people safe and cared for in their own environment.

Almost a decade later, that focus remains at the heart of the program, but the model has evolved.

In the south, ComRRS is now the community assessment arm of the Hospital@home service, opening the door to hospital-level care at home and entry into community inpatient programs. It's a quiet revolution in how care is delivered.

The service is also being delivered into homes in the north west of the state.

Naomi O'Shea, nurse practitioner with ComRRS—North, says: "We make a real difference in people's lives by keeping them out of hospital—whether that's in their nursing home or their own home."

ComRRS is GP-referred and designed to be simple.

When a GP identifies a patient who could benefit from hospital avoidance care, they call the team directly to discuss the situation, confirm suitability, and agree on a treatment plan.

Patients are usually seen within four hours, and the team operates from 7:30am to 9:30pm, seven days a week. After the call, an eReferral or email can follow for documentation, but the priority is responsiveness.

Clinical nurse consultant with ComRRS—North Mandy Brown says: "It's a responsive service. We turn up when we say we will, and that changes people's experience of health care."

WORKFORCE SUPPORT

And those experiences matter.

"We get feedback from patients... and they say, 'Actually, this is a positive experience for me,'" Naomi says.

For many, the alternative is hospital admission—and that can be daunting.

"A lot of people have trauma from hospital admissions and will do anything to avoid going back," Mandy says. "It's nice for those people to access good quality care at home."

Hospital stays can bring risks: falls, delirium, pressure injuries, infections.

ComRRS helps prevent these by treating conditions like cellulitis, urinary tract infections and pneumonia in the patient's home. The team can administer IV antibiotics, manage catheters and provide oxygen therapy when needed.

The service has also grown to include allied health support, strengthening its ability to keep people well at home. A physiotherapist and an occupational therapist now work alongside the ComRRS-North team.

GPs can refer directly to them for hospital avoidance needs, or they may become involved as part of a broader ComRRS care plan if the team identifies a need.

Their focus is on acute issues, particularly in aged care settings, rather than ongoing physiotherapy or occupational therapy.

Julie Smedley, Care Manager at the Tyler Village aged care home in Launceston, says the service is invaluable.

"ComRRS promptly attends to residents requiring acute care interventions and ultimately prevents hospital transfers," she says.

"This is best for residents and families, and it reduces stress for aged care staff."

Dr Caroline Stewart, a GP at the Family Doctor Service in Kings Meadows, agrees.

"The service has been exceptional and has kept a large number of my patients out of the extremely busy emergency department," she says.

Relationships are at the heart of ComRRS's success. The team works closely with GPs, aged care facilities and ambulance secondary triage to provide alternatives to hospital transfer.

"We're often the eyes and ears on the ground for GPs," Mandy says. "They don't have the capacity to see everybody, so they trust our assessments."

That trust has been earned. When the service launched in the north, nurse practitioner Meredith Prestwood spent time visiting practices and building rapport.

Those early connections paid off. Today, referrals are streamlined and communication is personal, happening mostly over the phone.

The team's broad experience helps too. Many come from intensive care or emergency backgrounds, bringing acute care skills into the community. Others have worked in general practice, creating strong links across the health system.

"It's a wonderful team," Naomi says. "We're very small, and we're very tight, and it's just a very rewarding job because we do seem to make a bit of a change in people's lives and keep them out of hospital."

The work is varied. Some patients need a single visit for a catheter issue or iron infusion. Others require daily care for a week or more.

"People consider us part of their family because we're in their homes every day for a week or more," Mandy says. "You see the whole journey—from really unwell to getting better."

Sometimes, the role is about reassurance.

"Half the time, patients just need someone to answer their questions and ease their anxiety," Naomi says.

"We can do that because we know what's on the other end of a hospital admission."

"We've had examples where someone didn't want to go to hospital, but really needed to. We were able to explain the risks and benefits and support them through that decision," Mandy says.

Looking ahead, the team hopes to expand by supporting more nurses to become nurse practitioners and raising awareness among new GPs.

"Sometimes we feel like the secret service because people say, 'I've never heard of you!' We want every GP to know how easy it is to refer—just pick up the phone," Mandy says.

When a GP identifies a patient who could benefit from hospital avoidance care, they call the ComRRS team directly to discuss the situation, confirm suitability, and agree on a treatment plan.

That phone call is often the start of a collaborative approach that keeps patients safe at home.

"It's only a phone call," Mandy says. "If we get a referral out of it, that's a win. If we've just had a conversation and someone's avoided hospital, that's a win too."

The southern team's integration with Hospital@home shows what's possible. By linking rapid response with community inpatient care, Tasmania is creating a more flexible, patient-centred system. ■

Want to know more?

Visit bit.ly/ComRRS



The ComRRS-North team



Southern practice managers breakfast

Practice managers strengthening the system through connection

On a rainy Wednesday morning, the hum of conversation fills the cement-walled warmth of Hamlet café in Hobart

Around the tables, practice managers from across southern Tasmania are catching up, and in some cases, meeting for the first time.

There's no formal agenda, no presentations, and no PowerPoint slides. Just coffee, breakfast, and something just as important, connection, problem-solving, and the chance to speak openly with people who understand the challenges and rewards of the role.

What began as a simple idea has become a valued part of Primary Health Tasmania's support for the state's primary care workforce.

These informal gatherings now play a quiet but significant role in strengthening collaboration, reducing professional isolation and identifying shared challenges and learnings across general practice, allied health and specialist services.

Practice managers are a critical part of Tasmania's primary care workforce.

They carry responsibility for practice operations, coordinate teams, manage compliance and accreditation, support clinicians, handle patient flow, oversee finances and systems, and hold responsibility for the day-to-day functioning of practices across the state.

It is complex, deeply rewarding work but often demanding, and at times, isolating.

The sense of solidarity is especially important for managers working in smaller or regional practices, where they may be the only person in their role.

Sharon Chivers, who manages several specialist rooms at Calvary, says the breakfasts make a tangible difference to how she and her colleagues navigate the pressures of the role.

"I think it can be a bit isolating, working as a practice manager," she says.

Sharon is attending the breakfast with her colleague, also a practice manager at a different specialist's room at Calvary hospital.

WORKFORCE SUPPORT

"Other than each other, we don't have anyone else. We have our wonderful employees, of course, but you can't really talk to them the same way we can talk to each other."

She pauses, then adds, "When you come across trouble, it's good to know who to reach out to. These sort of things are good."

That sense of relief, of being able to speak openly with people who understand the complexity of the work is echoed frequently.

Another practice manager at a recent breakfast put it simply: "You don't have to explain why something's hard. Everyone just gets it."

This trust creates fertile ground for practical problem-solving.

Practice managers strategise and exchange solutions across areas such as rostering, new billing processes, patient engagement, and ways of managing administrative load.

They also bring forward concerns about emerging pressures: staffing shortages, changes to referral pathways, demand spikes, and technology updates. The breakfasts allow these issues to surface early and provide a runway for collective thinking.

Leonie Austin, practice manager at Derwent Valley Medical, says the breakfasts have been "a really good way of sharing what we're doing locally and hearing what others are doing too."

"We're now open on Saturdays," she says. "Just mentioning that here means more people know about it."



Northern practice managers breakfast

Leonie's practice has also started attending schools in New Norfolk to engage young people in sexual health conversations with a trusted local GP, a community-facing approach that fellow attendees may find inspiration in, as well as sharing knowledge.

For those newer to the role, the breakfasts provide confidence-building and reassurance. Isabelle Ryan from Psychology South and Wellbeing Service says the events have helped her feel connected during her first year in the role.

"I was really nervous at first," she admits. "But everyone's been so welcoming. I've been reaching out for advice and connections, and people have been so generous. Knowing you can text someone later and say, 'Hey, how are you doing this in your practice?'—that's huge."

For Primary Health Tasmania, these breakfasts are more than networking events, they are part of a deliberate effort to support the sustainability and capacity of the primary care system by creating opportunities for shared learning, problem solving and collaboration.

The insights gained from these gatherings are regularly used to shape resources, identify emerging system pressures, inform program design and better understand the needs of practices across the state.

More importantly, the breakfasts create community, one that values openness, generosity and collective problem solving.

They are shaped by the people in the room, the practice managers who show up, share their experiences and support one another in a role that is essential to the functioning of the health system.

Each breakfast looks a little different, some focus on creative solutions to common challenges, others centre on new relationships or opportunities for collaboration. But all share the same purpose, to give practice managers a place to connect, learn from each other and build resilience in a demanding profession. The sense of ownership that practice managers have is part of the reason why these events have become, for many, a valued part of their professional life.

The breakfasts demonstrate that when people with insight connect, even casual conversations can drive meaningful change. As one practice manager summed it up at the end of a recent Hobart event, "you never know what might come from a simple chat over breakfast". ■



North-west practice managers breakfast



Mental health practitioner Maycie Short

Finding strength in isolation

How one mental health support program turned one man's experience of isolation into new horizons

When Sam* moved to Queenstown in Tasmania's remote west, he faced more than just the challenges of settling into a new town.

He was navigating complex mental health issues, including post-traumatic stress disorder (PTSD), depression and anxiety, while coping with the breakdown of his marriage and the loss of his support network.

"I'd just moved here, didn't know anyone, and suddenly I was completely isolated," Sam says. "I was at zero out of ten with my mental health."

Accessing professional help wasn't easy.

Specialist psychologists were hours away, and even with rebates, the cost was prohibitive.

"It's way too expensive," Sam says.

"Even with a mental health care plan, the gap is huge."

Telehealth was an option, but it didn't feel right for him, and phone reception in the area is unreliable.

"Sometimes the network just drops out," he says.

"And if you need someone who specialises in PTSD or childhood trauma, you're travelling hours and that's not easy when you're already struggling."

Travel adds cost, time and risk.

"You're looking at six or seven hours for one appointment," Sam says. "And if you're triggered during the session, driving home isn't safe."

That's where the Horizons program stepped in.

Primary Health Tasmania commissions Baptcare to deliver the Horizons program across Tasmania.

PSYCHOSOCIAL SUPPORT

This initiative is funded through the Australian Government's Primary Health Networks program, which aims to improve access to mental health services in rural and remote communities.

Horizons provides short-term, practical support for people experiencing mental health challenges, focusing on goal setting, confidence building, and capacity development.

The program is free for participants, offering a flexible, person-centred approach that meets people where they are.

For Sam, the program was a lifeline. He heard about Horizons through his employer.

"I was looking for counselling or psychology, but I couldn't afford it," he says.

"Horizons gave me some sort of support in the meantime."

Over six months, Sam worked closely with mental health practitioner Maycie Short to set goals that mattered to him: rebuilding confidence, stepping outside his comfort zone and exploring a new career path.

"We looked at strategies like journaling and voice notes, breathing techniques, and ways to cope when things got tough," Maycie says.

"Sam was really committed, he tried everything and gave great feedback on what worked."

Sam says his goals weren't just about mental health—they were about reclaiming his identity.

"I wanted to find myself again outside of the trauma and everything," he says. "And I wanted to work on my trading career."

The results were significant. Sam's mental health improved from zero to two out of ten—a small number on paper, but a huge leap in reality.

"If you're at zero, even getting to two is massive," Maycie says. "It means you're starting to see hope."

Sam began reconnecting socially, attending local events and even sharing coffee with neighbours.

"That was massive," Maycie says.

"He went from feeling like an outcast to starting to build a community for himself."



Sam also started thinking about the future.

"Near the end (of the support program), he was talking about buying a business and creating a little business community in town," Maycie says.

"That confidence building was incredible."

Horizons isn't clinical therapy; it's informal, flexible and tailored to individual needs.

Practitioners meet clients in homes, cafés or community spaces, and adapt to challenges like poor phone reception and harsh weather.

"We're here to support people with practical strategies and resources, things they can keep using after the program ends."

— Maycie Short

"We're not here to diagnose," Maycie says.

"We're here to support people with practical strategies and resources, things they can keep using after the program ends."

Those resources include personalised safety and wellness plans, which outline early warning signs, coping strategies and support contacts.

"We want people to have something they can use when things get tough," Maycie explains.

"It might be on their fridge, on their phone or even as flashcards in their wallet."

Isolation, financial stress and limited health services are common issues in Tasmania's rural areas, and winter can intensify feelings of loneliness.

"Queenstown can be really hard," Sam says.

"There's not much to do besides climb the mountain. And when the weather's bad, you can't even do that."

For Sam, the program helped him find ways to cope.

"I go for walks if the weather's okay, or train at home," he says.

Does Sam suggest accessing support?

"Yep, no question about it. I mean, at the end of the day, it's free. There's not really anything to lose."

"And you know, especially if you're in a situation where you can't financially access a psychologist or psychiatrist, at least that way you can get some sort of support in the meantime."

"Don't give up."

*Name changed for privacy.

Thank you to Boscobel of Tasmania in Ulverstone for the photoshoot location.



Pharmacist Aimee Rose

Communicating with confidence in palliative care

How a scholarship program is helping healthcare professionals improve their confidence in delivering palliative care

It takes a village to care for someone at the end of their life.

Often, that village spans far beyond a clinic room or palliative care ward. Pharmacists, paramedics, GPs, nurses, community services and loved ones all play a part in helping people die well, in the place they prefer.

The Australian Government-funded Greater Choice for at Home Palliative Care initiative supports that village.

Its aim is simple and humane: make it possible for more people to receive palliative and end-of-life care in their preferred place, most often their own home, by improving coordination, access to services, and practical support for patients and their carers.

The work includes strengthening the workforce, building community capacity, using technology wisely, and avoiding unnecessary hospital admissions.

As part of this initiative, in 2025, Primary Health Tasmania offered funded short-course grants to help health professionals complete formal palliative care training.

In round one, 17 students completed either a Certificate or Specialist Certificate in Palliative Care with strong academic outcomes across the group.

Round two drew 63 applications, with courses commencing in August 2025. Participants report tangible practice changes, increased confidence, and flow-on benefits for their teams and communities.

For Aimee Rose, pharmacist manager at Priceline Glenorchy, the training quickly translated to daily practice and to home life.

"I never really knew how to talk about it, or what to say, when someone comes in from the community bringing back medicines from a loved one who's passed away," she says.

PALLIATIVE CARE

"It was a really awkward situation for me. I knew it was an area I needed more expertise in."

"Now, I have way more confidence in what to say, when to say it, how to help, and where to go to get more help."

Aimee says it's also helped in her personal life.

"I lost my grandmother recently, and I felt more prepared," she says.

"It still wasn't an easy process, but it made it easier knowing what happens and why—why they prescribe that medicine, how to support someone, what everything means."

"Even for other healthcare professionals, they're still in that awkward position. They hadn't done the course, and they weren't giving us all the information that the family required, but I could kind of decipher what was going on."

"So I was able to support my family more."

Devonport-based paramedic Rachel Shaw completed the Certificate in Palliative Care and has since started the Specialist Certificate.

"The certificate really helped me with communication," she says. "It helped me understand different religious and cultural beliefs and approaches to end of life."

"The certificate focused on communication and theory, and the Specialist Certificate is more practical. I love hands-on learning, and I'm looking forward to applying it."

Dr Nerida Kelly is a GP at the Aboriginal Health Service in Burnie and has recently started working in oncology at the local hospital. She completed the Specialist Certificate earlier this year.

"Now I know what to say and how to help. It makes a hard situation a little easier for people."

— Aimee Rose



Paramedic Rachel Shaw

"It's coming in really handy in this new role," she says. "Some of the principles, like symptom management, ways of holding conversations and difficult conversations, finding out what people's goals are, have been helpful."

"In the emergency department, it was especially useful."

The course has 10 sections, including one on communicating with patients and families and holding difficult conversations.

"They taught structures we could use, and they've been really useful with families and patients," Nerida says.

"Death is a taboo topic."

"People don't want to talk about it, even with close family or friends."

"When it gets closer to that time, the conversations often haven't been explored. Sometimes families are shocked when you bring it up, or they have no idea what their family member's wishes are."

"Other times they do know, and it's really helpful. You can respect their wishes."

Working with Aboriginal communities, Nerida says the training reinforced the value of asking, listening and supporting cultural priorities.

PALLIATIVE CARE

"They explored a fair amount on First Nations and Aboriginal and Torres Strait Islander perspectives, which I thought was fantastic," she says.

"Family is super important. Going back to Country can be really important for people.

"Every person is different and every community is different, so it's hard to have definitive guidance.

"But just asking 'Are there things I should be aware of that are really important to you from a spiritual or cultural perspective?'—that matters."

Nerida has seen palliative care from different angles.

"Palliative care is a spectrum, from early symptom management in life-limiting conditions, to caring for the patient while they're dying and making sure it's as good a death as possible," she says.

"In emergency, you often compress those conversations into a short period.

"It's about managing the dying process, making it as gentle as possible for the patient, and helping the family, talking them through what's happening and managing expectations.

"In general practice, it's usually a slower process. You have more time for conversations about what's important, whether someone wants to die at home or in hospital, who they want around them, and what they'd like to achieve before the end of life.

"Across settings, the common thread is caring for the patient and caring for the family or carers.

"It's not just the medical stuff. The social and spiritual aspects are just as important. That was a big takeaway from the course."

For many participants, the coursework bridged practical gaps.

"The nausea module was super useful," Nerida says.

"It wasn't just 'try this anti-emetic'. It was: 'where is the nausea coming from? Is it central? Is it anticipatory with chemotherapy?' The treatment differs depending on the cause.



GP Nerida Kelly

"It was really well done. I learned a lot and would recommend the course."

Back in Glenorchy, pharmacist Aimee sees the difference in small, human moments at the counter.

"Now I know what to say and how to help," she says. "It makes a hard situation a little easier for people."

For Rachel on the north-west coast, the impact shows during late-night home visits, when her training helps families feel supported and patients remain comfortable at home.

"Being able to support people to stay at home, with the medicines and reassurance they need, is huge," she says. "It's better for them, and for their families."

Want to know more?
Visit tasp.hn/palliativecare

Meander Valley

Ulverstone
Launceston
Meander Valley

Hobart

Geography

Spans 3,331 square kilometres in northern Tasmania, covering the Great Western Tiers and rural areas west of Launceston

Major towns include Deloraine, Westbury, Mole Creek, and Hadspen

Attractions include the Trowunna Wildlife Sanctuary, Great Western Tiers hiking trails, and Mole Creek caves

Population

20,709 people live in the Meander Valley municipality

Median age is 46 (state average is 42)

People aged 65+ years make up 24% of the population (state average is 21%)

Aboriginal and Torres Strait Islander people make up 3.7% of the population (compared with 5.4% statewide)

Immunisation

Childhood immunisation coverage for five-year-olds is 93% - slightly below the state average of 94%

Social and economic conditions

55% of the population have completed Year 12 and above (state average is 60%)

The median weekly household income is \$1290 (\$1358 statewide)

Health profile

38% of adults rate their health as excellent or very good (state average is 38%)

73% are overweight or obese according to Body Mass Index (state average is 62%)

13% are current smokers (state average is 15%)

Illness

84% of people see a GP for their own health each year

2866 people from Meander Valley visit a hospital emergency department each year

The leading causes of death are coronary heart disease (10%), lung cancer (7%), and dementia (6%)

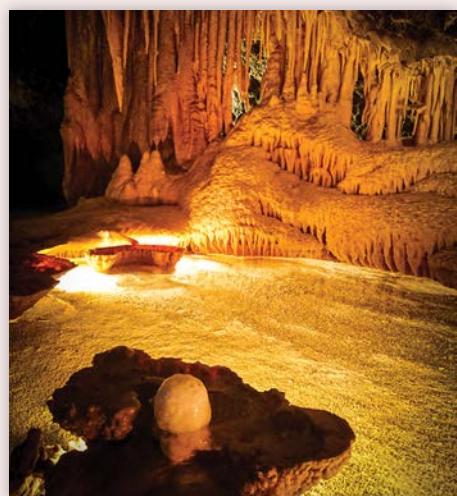
Primary Health Tasmania supporting Meander Valley

Commissioned services and other activity including:

- services for people with chronic health conditions
- support to connect vulnerable older people with aged care services
- health and wellbeing services for Aboriginal people
- alcohol and other drug treatment services
- mental health and wellbeing services
- suicide prevention services.

Community health checks for every Tasmanian local government area are available at tasp.hn/communitychecks

Images: Courtesy of Brand Tasmania and the Meander Valley Council.





GP Dr Keith McArthur

Listening, not typing

How artificial intelligence scribes are changing the way GPs work

Dr Keith McArthur has been a GP for decades.

He's seen many changes in the profession—but few have had as immediate an impact on his day-to-day work as the introduction of artificial intelligence (AI) scribes.

"I'm nearly 70 and I can use a few fingers, but I'm not a good typist," he says.

For years, Keith relied on dictation software to record patient notes. But as systems changed and upgrades failed to deliver improvements, he found himself spending more time correcting errors than saving time.

"The older version could contextualise and reorganise sentences. The newer one just wrote what it thought it heard, it couldn't make sense of it."

That changed when he began using an AI scribe—a tool that listens to consultations and transcribes them into structured clinical notes.

"It saves me an enormous amount of time after the consultation," he says.

"I'm actually able to engage with the patient a lot better because I'm not busy trying to type or make brief notes."

Dr McArthur says the shift has changed the dynamic of his consultations.

"Patients like me being able to make eye contact with them for the sensitive duration of the consultation," he says.

"It took a little while to learn to talk through the examinations, because it doesn't see what I'm doing, but you get used to that quickly."

He's also found that reviewing the notes with patients adds a layer of collaboration.

"Some patients aren't the least bit interested, so I check it myself. But I'm quite keen for patients to see how well it transcribes."

"The AI scribe often picks up nuances I might not have remembered to write down if I was just typing."

At the end of a long consultation, he says, it's easy to forget details.

"I used to rely on dot points or memory. Now, the scribe captures it all—and I can focus on the patient."

Keith has been using the scribe for several months and says patient acceptance has been overwhelmingly positive.

He's found that a simple explanation goes a long way.

"Some people are already IT savvy and say, 'Oh cool, yep, that's fine' as soon as I mention it. Others need a bit more information, but once they understand it's just helping me take notes, they're happy."

Keith also provides patients with a brochure explaining how the scribe works and what it means for their privacy and care, and information is available in reception before patients come into the appointment.

"By letting them see what it writes, it's been good and even entertaining. They often say, 'Yes, we did talk about that,' and it helps confirm the record."

Keith also works as a General Practice Liaison Officer, helping connect GPs and hospitals to improve communication and patient care.

That focus on better communication and integration mirrors Keith's enthusiasm for tools like AI scribes, technology that frees him to spend more time with patients while maintaining accurate records.

The growing use of AI scribes in general practice has prompted responses from key regulatory bodies.

The Royal Australian College of General Practitioners (RACGP) acknowledges the potential of AI scribes to reduce administrative burden and improve patient engagement. However, it also urges caution.

In its guidance, the RACGP emphasises that GPs remain fully responsible for the accuracy of patient records, even if those records are generated by AI. Explicit patient consent is required, and practices are encouraged to establish clear policies around AI scribe use.

The RACGP has published a fact sheet to help GPs understand the potential benefits and risks of AI scribes. It defines an AI scribe as "a tool that can automate parts of the clinical documentation process for a medical practitioner" and notes that while these tools can reduce administrative burden, they must be used with care.

The RACGP warns that AI scribes can produce errors and inconsistencies, and that their output must be carefully reviewed for false positives and negatives.

The College recommends that practices seek independent legal advice or consult with their medical defence organisation before implementing AI scribes, particularly regarding privacy, data storage and contractual obligations.

The Australian Health Practitioner Regulation Agency (Ahpra) has also published guidance on the use of AI in healthcare.

Ahpra supports the safe use of AI, recognising its potential to improve health outcomes and create a more person-centred health system. However, it makes clear that individual health practitioners remain ultimately responsible for any and all AI used in their practice.

Ahpra's guidance outlines key obligations: practitioners must apply human oversight and judgment, check the accuracy of AI-generated records, understand the tool's intended use and limitations, and ensure transparency with patients—including obtaining informed consent.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) has echoed these principles in its clinical use guide.

It recommends that clinicians critically assess AI tools before use, understand their evidence base, and remain vigilant about risks such as bias and automation error. Transparency and patient engagement are central to safe implementation.

Keith says these safeguards are essential.

"Security was a big thing for me," he says. "Once I knew the system met all the data and privacy requirements, I was happy. All those other questions evaporated."

Some critics worry that AI tools could lead to deskilling among GPs. Dr McArthur disagrees.

"I actually think probably the opposite," he says. "When you read the notes, if there's something you didn't ask that you should have, it's obvious."

Keith emphasises that the scribe doesn't make clinical decisions. "It doesn't suggest diagnoses or treatments. It just reorganises the conversation."

He adds: "It's giving me extra time. I can't see any reason why anybody would not try it."

As AI continues to evolve, its role in general practice will likely grow. But as the RACGP, Ahpra and ACSQHC all emphasise, its use must be grounded in professional accountability, patient consent, and a commitment to safe, ethical care.

For Keith, the benefits are clear: improved documentation, better patient engagement, and more time to focus on what matters most.

"It integrates really well into my style of general practice," he says. "And it's made a real difference." ■

Want to know more? Visit bit.ly/racgp-ai-scribes

Primary Health Tasmania is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital. We are one of 31 similar organisations under the Australian Government's Primary Health Networks Program.

We engage at the community level to identify local health needs and work with health system partners and providers on innovative solutions to address service gaps, including through commissioning services.

We support general practice – as the cornerstone of the healthcare system – and other community-based providers to deliver the best possible care for Tasmanians. We are driving a collaborative approach to ensure people moving through all parts of the health system receive streamlined care.



An Australian Government Initiative



Primary Health Tasmania resources

Tasmanian HealthPathways

Tasmanian HealthPathways is an online information portal developed by Primary Health Tasmania. It's designed to help primary care clinicians plan local patient care through primary, community and secondary healthcare systems.

HealthPathways aims to guide best-practice assessment and management of common medical conditions, including how to refer people to local specialists and services in the most timely and efficient way.



Learning Hub

Primary Health Tasmania's online learning hub makes it as easy as possible for primary health care professionals to access free educational resources and tools developed by Primary Health Tasmania, as well as other primary health networks or peak bodies. By using the hub, Tasmanian primary health professionals will be able to access resources such as webinars, audio recordings, publications and infographics.

Visit [Primary Health Tasmania Learning Hub | PHT Online Learning Hub](#)



Snapshot of priority populations

Primary Health Tasmania's *Snapshot of priority populations in Tasmania* gives an overview of health data and information for underserved communities, such as older people, Aboriginal and Torres Strait Islander people, multicultural communities, LGBTIQA+ people and others.



Your feedback matters

If you have feedback about this magazine or story ideas for future issues, we'd like to hear from you. Please email us at comms@primaryhealthtas.com.au

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