

4 September 2025

The Hon Tim Nicholls MP
Minister for Health and Ambulance Services

Dr David Rosengren
Director-General
Queensland Health

By email: [REDACTED]

Subject: Getting Rid of Stupid Stuff examples

Dear Minister and Director-General

It was a pleasure to meet with you on Monday to discuss AMA Queensland's Workforce Action Plan and our advocacy on medicinal cannabis reform. Once again, we apologise that Brett was unable to attend at the last minute.

As requested, we have collated some example tasks doctors have identified as suitable for inclusion in GROSS – Getting Rid of Stupid Stuff – initiatives. These include:

- **Duplicated mandatory training modules**
 - Each HHS delivers the same statewide mandatory training in addition to local team requirements. Examples given were for handwashing and other infection control measures. Clinicians estimate this wastes approximately 60 hours a year without any meaningful impact.
 - This is a particular issue for locums and other health practitioners working across multiple HHSs.
 - Doctors advocated for centralised training and recording to avoid duplication and wasted time.
- **Low value mandatory training**
 - Doctors advised they are often required to complete basic training modules for skills they have already acquired in their formal training, for example Basic and Advanced Life Support training for staff specialist emergency physicians, anaesthetists and intensivists.
- **Onboarding and credentialling**
 - Forms for human resources, payroll and to confirm credentials and immunisation status often have to be submitted for every term, rotation or repeat locum position.

- **Clerical and cleaning work**
 - Doctors report regularly performing tasks like faxing forms, ordering supplies, processing invoices, booking transport, cleaning clerical spaces or changing beds between patients due to a lack of clerical, cleaning and ward staff.

- **Nonsensical administrative and digital processes**
 - Referrals to paediatric outpatient clinics requiring GP signature and submission, even after a hospital admission. This wastes GP time and public funds.
 - Doctors must log into multiple systems daily to complete basic government processes, such as permit applications, disease notifications and driving/transport forms. A single sign-on system would reduce time and errors.
 - Despite ieMR, some hospitals still require paper forms for radiology and pathology which creates issues for tracking, efficiency and printing waste.
 - Doctors report that discharge planning meetings are held too often (daily in some cases or even on-the-spot without notice), do not result in improved rates of discharge and may, in fact, delay patients from being discharged. They have advised that, ironically, these meetings usually just pull clinicians away from their clinical duties to *talk about* which patients may be ready, rather than enabling them to complete the clinical work needed to prepare patients for discharge.

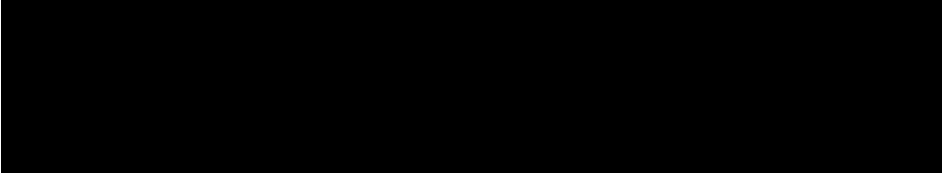
- **General practice GROSS**
 - GPs also report that government and business have steadily outsourced tasks to GPs that should not require completion by a doctor. These include:
 - Patient Travel Subsidy Scheme applications
 - driving assessments
 - permits for disability parking
 - Centrelink forms
 - medical certificates
 - insurance requests.

Our AMA Victoria colleagues have also surveyed medical practitioners and produced a GROSS report with more detailed examples, available here:

https://amavic.com.au/files/pdf/advocacy/amavic_get_rid_of_stupid_stuff.pdf [Please note some of the tasks identified are specific to Victoria while many apply equally in Queensland.]

We offer our assistance to Queensland Health in addressing these GROSS examples and are available to meet with departmental staff as appropriate.

Yours sincerely



Dr Nick Yim
President
AMA Queensland

Dr Brett Dale
Chief Executive Officer
AMA Queensland