

PRACTICE GROUP UPDATES



General Practice

Chair: Dr Mary-Therese Wyatt | Meeting 11 February

MHR access for Dept of Justice (DoJ) GPs: Ongoing barriers prevent DoJ GPs from accessing My Health Record for incarcerated patients. Information sharing between prisons, community providers and hospitals remains challenging. Operational and security risks with uploading prisoner health information; safeguards like de-identification could improve continuity of care. Dialogue to be pursued with DoJ and medical leadership.

SAT payments: Advocacy continues for doctors to receive appropriate payment for SAT report preparation. Technical issues with current lodgement system causing delays and admin burden; some doctors having to deliver reports to courts when portal fails. AMA (WA) advocacy continues.

Medicare access senate inquiry: Current Medicare incentives favour shorter consultations. Telehealth restrictions for rural patients, particularly requiring recent face-to-face visits for mental health consultations, identified as problematic. Members support a tiered payment model to recognise longer consultations.

Firearms Act advocacy: Advocacy update on the Act and doctors' role in conducting firearms medical assessments. The AMA (WA) is working with WA Police to improve communication processes, including notification of medical reports used in court proceedings, and identity suppression for members' safety.

Health in custodial settings: Discussion on rollout of smoke-free policies in men's prisons, and strengthening health interventions. Broader health challenges noted – workforce shortages, limited access to nicotine replacement therapy, and need for stronger prevention programs.

Older Adult Care Hubs: Update on the rollout of these hubs designed to improve coordination between hospital geriatric services and general practice. East Metropolitan hub has begun a soft launch at Bentley Hospital, with geriatrician support and referral pathways being trialled.

Pharmacy prescribing & preventative health: Strong concerns regarding expansion of pharmacist prescribing and its potential impact on continuity and fragmentation of care. The AMA (WA) continues to advocate for robust clinical governance and coordinated care pathways. Declining childhood immunisation rates also discussed, highlighting need for stronger public education and support for preventative health programs led by general practice. ■

Rural Practice

Chair: Dr Paddy Glackin | Meeting 17 February

Industrial relations & WACHS workforce: Ongoing concerns about specialist permanency and recognition processes within WACHS. The AMA (WA) is challenging cases where performance reviews were used to deny eligibility for permanency, and incentive payments or back pay may have been incorrectly calculated. Inconsistent credentialing decisions for Advanced Skills Training (AST) raised; some rural generalists report conflicting advice from WACHS about qualifications for recognition. The AMA (WA) continues advocacy with WACHS leadership to ensure clearer processes.

Senate inquiry on rural Medicare funding: Current funding arrangements affect rural access to care, including the sustainability of independent practices, favouring short consultations over longer consultations providing complex care; increasing risk of avoidable hospital admissions and ED presentations.

Rural health funding & service models: Sustaining general practice in smaller rural communities is a challenge, particularly in MMM 5-7 areas where current Medicare settings may not support financially viable practices. Concerns also that Urgent Care Centres may draw clinicians away from general practice due to higher funding incentives. The AMA (WA) continues to work with partners to strengthen data-driven advocacy and focus on broader service sustainability.

Rural aged care: Increasing pressures, including long wait times for homecare packages and strain on rural medical workforce, including costly travel and ward rounds. In areas such as the Wheatbelt, shortages mean WACHS is increasingly acting as provider of last resort. Challenges are contributing to hospital bed block, leaving aged-care patients in acute hospital beds.

Industrial Agreement: Preparations underway for the next bargaining round with the State Government. Member surveys will be distributed to identify priority issues for the log of claims; preparations will ramp up towards the end of 2026. ■

Doctors in Training

Chairs: Dr Owen Taylor-Williams & Dr Nicole Burger

Meeting 16 February

Industrial Agreement: Preparation to begin later this year, including a member survey and re-establishing the bargaining committee. A key priority will be reforming on-call and recall arrangements, to address compensation gaps for remote work. Independent review currently underway; stakeholder consultation planned for April-May.



Rostering & workplace culture: Concerns about unpaid overtime, early starts and roster compliance across multiple sites. Issues with distinction between recall and roster changes, particularly where workplace pressure may influence "agreement". Doctors encouraged to assert their entitlements and reduce reliance on goodwill.

Site reports and key issues: Ongoing challenges in metro and regional areas including after-hours supervision gaps for interns and RMOs, and interns working beyond appropriate scope. Members to escalate safety concerns through formal reporting pathways; further review underway. Reports raised pushback on overtime claims, with preference for TOIL; unpaid early starts; staffing/workload pressures; and recall payment inconsistencies in private hospitals.

Progress on key advocacy areas: Work ongoing on psychiatry trainee pay and classification issues. The Practice Group has endorsed GP registrar survey findings and recommendations; to be progressed through AMA (WA) governance. ■

Public Hospital Doctors

Chair: Dr Tony Ryan | Meeting 9 March

Telehealth & workplace relations: Telehealth identified as a major advocacy priority for 2026; recognising telehealth work as recall, ensuring appropriate remuneration. Concerns about current informal use of telehealth, including medico-legal risks and expansion of scope beyond original industrial intent. AMA (WA) advocacy will continue for clear industrial outcomes. Update on the establishment of AMA (WA) Legal, providing employment law advice and representation to senior doctors and private practice owners, including support with workplace investigations, mediation and performance management.

Hospital pressures & workforce: Reports across the system highlighted ongoing bed pressures, workforce strain and increasing demand. Fiona Stanley Hospital – frequent Code Yellow status and ongoing bed capacity challenges; Perth Children's Hospital – high activity levels and overcrowding concerns; Royal Perth and East Metro sites – persistent bed shortages alongside ongoing planning for Mount Lawley integration; Joondalup Health Campus – winter planning underway with additional capacity measures, while advocacy continues around ED pressures. ■

Members enquired about public holiday entitlements for part-time staff, and redeployment and redundancy in some areas. Women's health services raised significant concerns regarding high on-call burden and medico-legal exposure, alongside workforce challenges associated with the new Women's Hospital. Telehealth noted as having particular implications for this specialty. ■

Private Specialists

Chair: Dr Brigid Corrigan | Meeting 25 February

National policy discussion on specialist fees: Federal AMA President Dr Danielle McMullen and VP A/Prof Julian Rait outlined national discussions on specialist fees and rising out-of-pocket costs. Federal AMA is actively campaigning to address widening gap between Medicare rebates and the real cost of providing specialist care.

Private health insurance & system pressures: Overview from HBF CEO Dr Lachlan Henderson on issues facing the private health system from an insurer perspective. Discussion on challenges with outdated DRG funding models, cost of pharmaceuticals and consumables, and workforce pressures affecting non-procedural specialists.

Advocacy & media narrative: Discussion on national media coverage regarding specialist fees; concerns about current public messaging not sufficiently reflecting the financial realities of running private specialist practices. Advocacy is important in this area.

Private specialist survey: Update on the AMA (WA) survey of private specialists examining insurer participation, practice costs and workforce pressures. Members encouraged to share the survey more broadly. Data collected will help inform future advocacy and policy discussions on private health insurance practices and sustainability of private specialist care. ■

The AMA (WA) thanks all our Practice Group representatives for their ongoing efforts and unwavering commitment to recognise and respond to the key challenges facing practitioners within the WA health system.