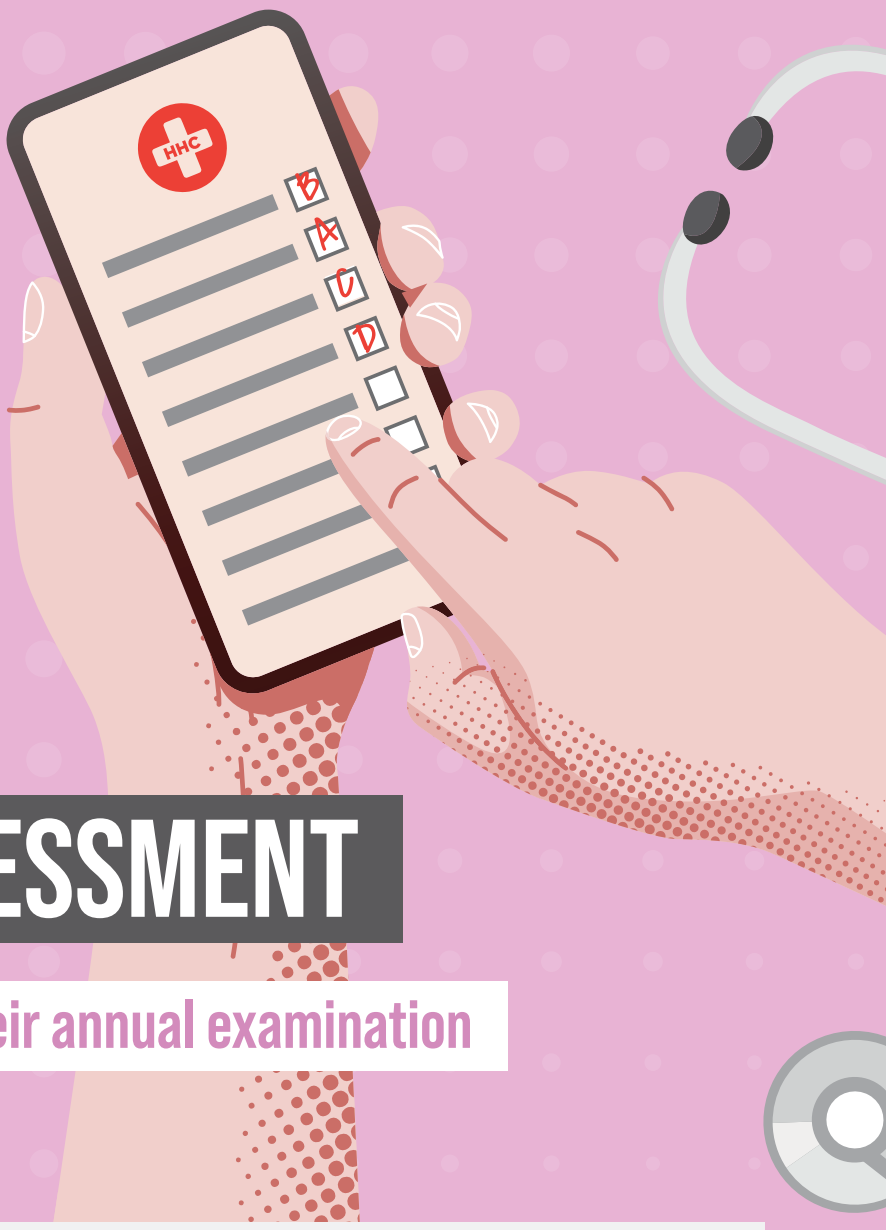


HHC
Hospital Health Check 2026

CRITICAL ASSESSMENT

Doctors in Training give their annual examination of WA's health system

Hospital Health Check has become such an integral part of the scrutiny of the Western Australian health system's performance, it can be forgotten what a significant undertaking this entails each year.

It is a detailed survey requiring deep consideration of the changing scope of performance data, and modifications reflecting that. This work starts with the Industrial Relations team, in collaboration with representatives from the Doctors in Training (DiT) Practice Group. The really detailed work then begins once the data set has been returned by the statistician, and the team can start to consider just what the results are telling us about the system in the last year.

Over these pages, you will get a comprehensive snapshot of all that effort, with several pages of data and analysis of the results themselves, along with commentary from DiT representation, and a right of reply from Employers. Crucially, there are also some samples of the many comments provided by survey participants.

We are grateful for the participation of these DiTs, which forms the basis of Hospital Health Check and provides guidance for the newest doctors to the profession in assessing their potential workplaces. Crucial feedback will be provided in many meetings with Employers over the coming months, which we expect to result in improvement for the working conditions of all doctors in the State, especially our highly valued DiTs.

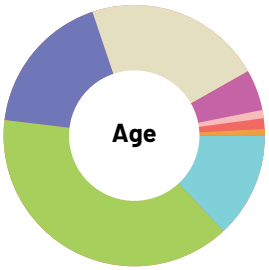
More than 1,300 doctors in training from across WA hospitals have answered our annual survey into education, wellbeing, morale and industrial issues.

HHC
Hospital Health Check 2026

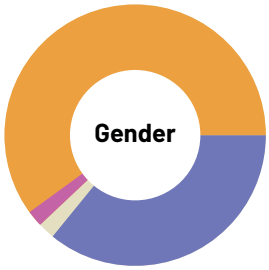
	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
Morale & Culture	**B**	**B**	**B**	**B**	**B**	**A**	**B**	**A**	**A**
Staff morale and workplace culture	72%	79%	78%	62%	68%	83%	65%	83%	88%
Satisfaction with work	82%	79%	83%	85%	77%	86%	86%	92%	86%
Employer supports DiT wellbeing	70%	74%	74%	65%	71%	81%	67%	79%	85%
Feel safe at work	97%	90%	94%	95%	92%	98%	95%	98%	96%
No fear of speaking up on workplace issues	64%	68%	63%	60%	55%	67%	47%	80%	81%
Wellbeing	**C**	**C**	**C**	**C**	**C**	**C**	**D**	**C**	**C**
Feel able to take sick leave when unwell	57%	50%	51%	64%	53%	46%	44%	42%	48%
Did not experience bullying, harassment or discrimination	70%	70%	74%	63%	67%	74%	59%	83%	79%
Did not witness bullying, harassment or discrimination	53%	58%	61%	55%	55%	62%	49%	75%	76%
Access to debrief after stressful event	82%	70%	65%	N/A	73%	83%	58%	87%	80%
Terms, Rosters & Workload	**B**	**A**	**B**	**A**	**B**	**A**	**B**	**A**	**A**
Term allocations released with required notice	88%	94%	90%	88%	87%	97%	85%	95%	85%
No more than 1 leave relief, after hours, or TBA term	81%	88%	87%	100%	94%	83%	72%	90%	74%
Rosters are released at least 2 weeks in advance	89%	91%	86%	92%	93%	94%	89%	97%	93%
Rosters are compliant with Agreement standards	89%	86%	82%	92%	81%	88%	80%	93%	91%
Rosters reflect actual expected working hours	81%	78%	77%	92%	75%	89%	66%	84%	88%
Unrostered overtime <5 hours per week	69%	54%	64%	83%	64%	75%	65%	61%	80%
DiTs claim all unrostered overtime	47%	63%	58%	0%	52%	54%	52%	64%	60%
Access to Leave	**B**	**B**	**B**	**A**	**B**	**A**	**A**	**A**	**A**
Rating of access to annual leave	76%	73%	79%	89%	76%	85%	76%	84%	88%
All annual leave applications were approved	90%	86%	89%	94%	89%	88%	84%	89%	96%
Annual leave applications processed within 2 weeks	56%	55%	57%	58%	73%	77%	70%	73%	85%
Rating of access to professional development leave (PDL)	77%	73%	83%	88%	75%	84%	78%	88%	87%
PDL applications processed within 4 weeks	81%	67%	85%	71%	85%	87%	92%	89%	90%
Workplace Entitlements & Flexibility	**D**	**D**	**D**	**C**	**D**	**C**	**D**	**C**	**B**
No errors in the last 5 payslips	20%	21%	24%	25%	23%	31%	28%	34%	27%
Able to access employment entitlements without adverse pressure	78%	83%	81%	80%	75%	89%	86%	89%	91%
Allocated work time for mandatory training	50%	55%	49%	65%	53%	55%	39%	71%	87%
Can access parental leave without concern for job security	76%	67%	71%	84%	71%	74%	67%	71%	78%
Teaching & Training	**C**	**C**	**C**	**A**	**C**	**B**	**B**	**B**	**B**
Adequate formal teaching provided	67%	63%	73%	85%	69%	79%	78%	85%	85%
Able to attend formal teaching	66%	62%	70%	92%	70%	82%	63%	81%	83%
Adequate informal teaching provided	68%	64%	68%	90%	67%	74%	73%	82%	77%
Supported to prepare for exams	64%	61%	62%	88%	59%	64%	64%	70%	70%
Supported to pursue research goals	63%	57%	60%	74%	55%	67%	66%	66%	66%
Job prepares DiTs to apply for or progress training	77%	77%	74%	96%	73%	84%	82%	83%	79%
Recommended Employer	**B**	**A**	**A**	**A**	**B**	**A**	**A**	**A**	**A+**
DiTs encourage others to choose this employer	76%	86%	85%	85%	76%	86%	84%	85%	93%

NOTE: All items were framed as positive meaning a higher score is better (range 0-1)
Item scores were averaged to give a domain score, which was then graded as: **A+ = 90+, A=80-89, B=70-79, C=60-69, D=50-59, F<50**

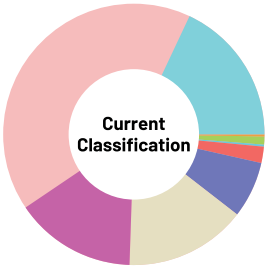
WHO WE ARE



- 25 or under **18%**
- 26-30 **39%**
- 31-35 **22%**
- 36-40 **13%**
- 41-45 **5%**
- 46-50 **1%**
- Over 50 **0.8%**
- Prefer not to answer **0.8%**



- Man or male **36%**
- Woman or female **62%**
- Non-binary / different term **0.6%**
- Prefer not to answer **2%**



- Intern **18%**
- RMO **41%**
- Registrar (Service) **15%**
- Registrar (Trainee) **15%**
- Registrar (Advanced Trainee) **7%**
- Senior Registrar **2%**
- Supervised Medical Officer **0.3%**
- Fellow **1%**
- Other **0.2%**

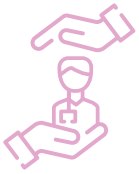
- Adult/General medicine (Physician) **28%**
- Anaesthesia **3%**
- Emergency medicine **16%**
- General practice **0.6%**
- Intensive care medicine **3%**
- Obstetrics and gynaecology **5%**
- Paediatrics and child health **13%**
- Pathology **2%**
- Psychiatry **7%**
- Rural and remote medicine **0.3%**
- Surgery **12%**
- Other **11%**

JOB SECURITY & SAFETY

28%
reported experiencing bullying, discrimination or sexual harassment

40%
reported witnessing bullying, discrimination or sexual harassment

34%
feared negative consequences for reporting inappropriate behaviour



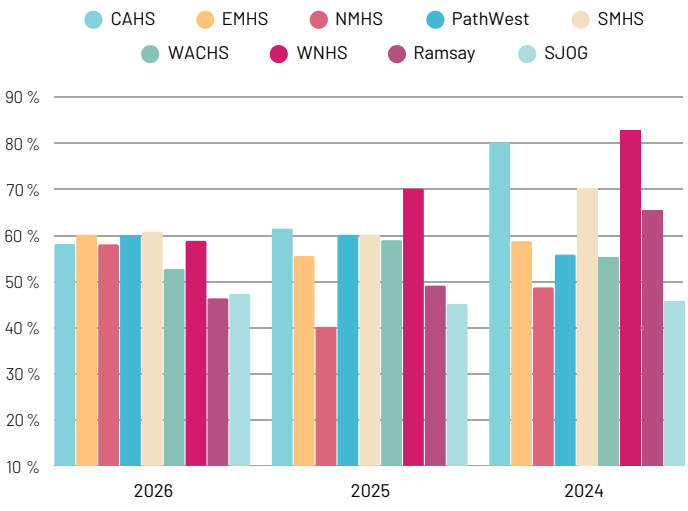
92%
reported often or always feeling safe at work

54%
believe job is secure when accessing parental leave

50%
felt unsafe returning to work following overnight teleconsultation on-call

BURNOUT

Moderate/High burnout by Employer



MORALE & CULTURE

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2026	B	B	B	B	B	A	B	A	A
2025	B	A	A	B	B	B	A	A	A
2024	C	B	A	C	C	B	C	A	A
2023	D	B	A	N/A	C	B	D	C	A

WELLBEING

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2026	C	C	C	C	C	C	D	C	C
2025	C	D	C	D	C	C	D	C	B
2024	C	C	B	D	D	C	D	D	C
2023	C	D	C	N/A	D	C	D	D	B

TERMS, ROSTERS & WORKLOAD

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2026	B	A	B	A	B	A	B	A	A
2025	C	B	B	B	C	C	C	B	B
2024	B	B	A	B	C	B	D	A	A
2023	C	B	B	N/A	C	B	D	B	B

ACCESS TO LEAVE

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2026	B	B	B	A	B	A	A	A	A
2025	B	B	A+	A	B	A	A	A	A+
2024	D	C	A	C	D	B	C	B	A
2023	F	C	A	N/A	D	B	C	B	A

WORKPLACE ENTITLEMENTS & FLEXIBILITY

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2026	D	D	D	C	D	C	D	C	B
2025	D	D	C	D	D	D	D	C	C
2024	F	F	D	D	F	D	F	D	D
2023	F	F	D	N/A	F	F	F	D	C

TEACHING & TRAINING

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2026	C	C	C	A	C	B	B	B	B
2025	C	C	B	A	C	C	C	C	B
2024	C	C	C	B	D	C	D	C	B
2023	D	D	C	N/A	D	C	F	D	B

RECOMMENDED EMPLOYER

	CAHS	EMHS	NMHS	PathWest	SMHS	WACHS	WNHS	Ramsay	SJOG
2026	B	A	A	A	B	A	A	A	A+
2025	B	A	A+	A	B	B	A	A	A+
2024	D	A	A	C	C	A	C	A	A
2023	D	B	A	N/A	C	A	C	B	A

KEY FINDINGS

- **More than 1,300 Junior Doctors completed this year's survey measuring levels of morale and culture, burnout, access to leave, adequate teaching and training, as well as employment entitlements and rights.**
- **No 'F' grades again on this year's scorecard, but decline seen in some results.**

EQUITY & JOB SECURITY

- **Job security** and **adequate support for parental leave** and **flexible/part-time arrangements** remain **key concerns**
- **Actual or perceived negative impact upon career progression (26%)** or on **training requirements (22%)** biggest issues when accessing or taking parental leave
- **8%** reported issues with **contracts either expiring or not being provided with a contract for the duration of planned parental leave**
- **18%** reported **lack of adequate support returning to work from parental leave** with **19% not having access to adequate facilities to support infant feeding, pumping or breastfeeding** and **22%** reporting their **pay classification was incorrectly adversely impacted** by taking parental leave
- **25%** reported issues with **departments refusing to have part-time DiTs**
- **20%** reported difficulties with **not having fixed working days**
- **IMGs still disproportionately more likely to experience discrimination** (although improved from 2025)
- **IMGs** report ongoing issues with **inadequate onboarding and orientation** and **lack of visa and permanency support**

SAFETY & TRAINING

- **56%** overall have **moderate/high burnout** – a concerning increase from last year (52%)
- **48% on call overnight for teleconsultation get 3-5 hours sleep and usually work the next day**
- **Just over half** say there **aren't enough training opportunities in WA**
- **40%** felt **applying for training had affected their wellbeing** (34% in 2025)

WELLBEING

- Wellbeing: some improvement, however overall poor results (C-D)
- Access to leave: still rated well (although some decline)
- **1 in 3 still fear negative consequences in speaking up or reporting adverse behaviours** (unchanged from 2025)
- Less respondents reported **experiencing (28%)** or **witnessing (40%) bullying, discrimination and harassment** (30% & 44% in 2025) but significant issues remain – **patients or families account for significant amount of adverse behaviours**
- **Improvement in reporting of adverse behaviours** following sustained advocacy efforts

FAIRNESS & COMPLIANCE

- Ensuring **accurate payment for all hours worked** (including mandatory training and unrostered overtime) remain **key concerns and advocacy focus areas**
- **30%** reported their **roster did not accurately incorporate all their expected work hours**
- **42%** **not** provided sufficient **paid work time to complete all mandatory training**
- **16%** **not** provided **paid work time to attend all compulsory department teaching**
- **38%** report **'systemic or cultural pressures'** as the **biggest barrier to claiming overtime**
- **12%** report issues with **difficult overtime claim processes**
- Pay errors worse this year with **65% experiencing pay errors** and **33% reporting errors had been difficult to resolve requiring over an hour of time** or **AMA (WA) assistance**

KEY RECOMMENDATIONS

FAIRNESS & COMPLIANCE

1. Education including written guidance developed jointly with the AMA (WA) ensuring overtime is accessible and compliant with the Union Agreement, and rostering principles capture all work and are reflected in pay
2. System-wide consistent online overtime claim system developed in consultation with the AMA (WA)
3. Ensuring rosters capture all hours worked and are compliant with the Union Agreement

JOB SECURITY & SAFETY

4. Consultation with the AMA (WA) regarding improved fatigue management practices including rostering systems, on-call and re-call arrangements
5. Focus on elimination of gender and racial discrimination including improved and transparent incident reporting system
6. Implement training-length employment contracts for DiTs, as per previous commitment, by January 2027
7. Increase number of training positions

EQUITY

8. Improved support for breastfeeding parents including facilities and return-to-work arrangements
9. Cultural safety program including education, orientation and onboarding to ensure IMGs are safe and adequately supported at work
10. Education programs for leadership aimed at addressing racial and gender discrimination and bullying

More than a snapshot, HHC is a warning

Dr Owen Taylor-Williams
AMA (WA) Doctors in Training Practice Group Co-Chair

The 2026 AMA (WA) Hospital Health Check (HHC) has again given WA's doctors in training (DiTs) a collective voice, with more than 1,300 responses across the State. It's a significant achievement for the HHC committee, whose work in writing, reviewing and analysing the survey has produced one of the AMA (WA)'s most important advocacy tools. More importantly, the results provide a clear picture of what DiTs are experiencing and what the health system must do next.

The headline finding is not simply that DiTs are working hard – but that the longer they stay in the system, the more they are asked to postpone their lives while seeing fewer clear opportunities for career progression in WA. For many, the bargain is becoming harder to justify.

HHC highlights several warning signs:

- 47% of trainees and 58% of service registrars say the training process or the process of getting into training is affecting their wellbeing;
- 44% of service registrars do not believe training programs are transparent;
- As DiTs become more senior, they are more likely to work longer hours and to question whether WA offers them a sustainable future.

The path forward should focus on two linked reforms: secure employment for DiTs and a stronger, more transparent training pipeline.

Employment insecurity is often treated as a normal feature of hospital training. It should not be. Many DiTs spend a decade or more rotating between sites on contracts that last less than a year. That level of transience may be familiar, but it has consequences. When doctors are repeatedly on short-term contracts, they may feel less able to raise concerns about unsafe environments, patient safety risks, bullying or workload. There is good evidence for this in multiple studies.

> **"A doctor who is too fearful to call in sick, or who feels unable to claim overtime or raise concerns, is working in a system which has normalised avoidable risk.**

HHC shows this reluctance to raise concerns is real – 65% of DiTs report being afraid to call in sick even when unwell; and at many sites, 40% or more of doctors are not claiming the overtime worked.

These are not just industrial problems. They are workforce and patient safety problems. A doctor who is too fearful to call in sick, or who feels unable to claim overtime or raise concerns, is working in a system which has normalised avoidable risk. Secure employment would not solve every issue, but it would reduce the fear that honest reporting and basic entitlements may come at a career cost.

The second priority is training opportunities. The HHC shows that confidence in a future career as a doctor in WA declines with training seniority. While 68% of interns and RMOs believe there is a future for them in training here, that confidence falls to 61% among service registrars. This matters because service registrars have often already invested years in WA hospitals. They have built clinical skills, institutional knowledge and relationships. Losing them at this stage is costly.

At the same time, the expectations placed on DiTs as they become more senior intensifies. They work more hours, carry greater responsibility, and increasingly put major life decisions on hold. For that sacrifice to be sustainable, the pathway ahead must feel fair and attainable. Too often, it does not.

Training places remain limited, the number of service registrars continues to rise, and nearly half of service registrars do not believe training program selection is transparent. This is difficult to reconcile with the emphasis many colleges place on transparency in their own selection principles.

Locum work then becomes a rational choice, not merely an individual preference. When DiTs can obtain better pay, greater flexibility, and more control over their lives outside permanent hospital career pathways, WA should not be surprised that they consider leaving. Retention will not be achieved by goodwill alone. It requires a health service structure that rewards commitment with security, fairness and genuine progression.

The 2026 HHC should therefore be read as more than a snapshot of training conditions. It's a warning about the future of the WA medical workforce. DiTs are telling us they want to build their careers here, but they need the system to offer a credible path.

That path must include more training positions, transparent selection processes and secure employment arrangements that allow DiTs to speak up, take leave when unwell, and claim overtime without fear. These reforms are practical, achievable, and aligned with the broader interests of the health system.

WA cannot afford to train doctors for years only to push them towards locum work, interstate opportunities, or careers outside the system. A stable career pathway for DiTs would strengthen retention, improve morale, and support safer patient care. HHC has again given us the evidence. The next step is to act on it. ■

“The 2026 HHC is more than a snapshot of training conditions. It’s a warning about the future of the WA medical workforce. DiTs are telling us they want to build their careers here, but they need the system to offer a credible path.

WA Health

Dr Shirley Bowen
Director General

The wellbeing and experience of WA’s junior doctors remains a key priority for WA Health. This year’s AMA (WA) Hospital Health Check provides valuable insight into the ongoing progress across the system. More than 1,300 DiTs participated in the survey, offering important feedback about their experiences working in WA public hospitals.

Health Service Providers (HSPs) performed particularly strongly in areas such as rostering, workload management and access to leave, achieving ‘A’ and ‘B’ grades across these measures.

These results reflect the significant work being done across our health system to improve workplace conditions and to better support early-career doctors. There were also strong results across the State, including WA Country Health Service achieving an ‘A’ grade for staff morale and workplace culture.

Importantly, workplace safety remains high, with around 92% of respondents reporting they often or always feel safe in their roles. It is also encouraging to see that many DiTs would recommend their workplace to others, reflecting growing confidence across our WA health system.

The survey identified further progress in workplace behaviours, with fewer respondents reporting experiences of bullying, discrimination and harassment compared with the previous year. At the same time, increased reporting of adverse behaviours may indicate growing confidence among staff to speak up when issues arise – an important part of building a safe and supportive workplace culture.

While the results are encouraging, the survey also highlights areas requiring continued focus.

Workload pressures remain an ongoing consideration, with some respondents reporting moderate to high levels of burnout, including fatigue associated with on-call arrangements. This reinforces the importance of continuing to prioritise staff wellbeing and ensuring our junior doctors feel supported.

The findings also highlight opportunities to strengthen payroll accuracy, overtime processes, roster alignment, and access to workplace entitlements, flexibility and parental leave. While reports of inappropriate workplace behaviour have declined, we recognise there is more work to do to ensure all staff feel supported, particularly when managing complex interactions with patients and families.

“Workload pressures remain an ongoing consideration, with some respondents reporting moderate to high levels of burnout, including fatigue associated with on-call arrangements. This reinforces the importance of continuing to prioritise staff wellbeing.

WA Health will continue working closely with HSPs and key stakeholders, including the AMA (WA), to prioritise these improvements and strengthen the day-to-day experience of junior doctors across the system. I remain committed to ensuring junior doctors have access to the training, support and safe working environments they need, and I am confident the system will continue building on the progress already made. ■

GOVERNMENT OF WESTERN AUSTRALIA

PathWest
LABORATORY MEDICINE WA

Sceience that Serves

Serving our communities

PathWest is Western Australia's public pathology provider, delivering trusted, fully accredited, world-class diagnostic services that support the health and wellbeing of our communities. With an extensive network of public hospital laboratories and community-based patient collection centres, PathWest provides the largest network of pathology services in WA and performs the most comprehensive range of diagnostic tests, playing a vital role in patient care, public health, and medical research across the state.

From major metropolitan hospitals to the most regional remote towns, PathWest provides critical insights that supports doctors and health services diagnose, treat, and care for their patients.

With more than 100 locations across Western Australia – including 11 metropolitan laboratories, 18 regional laboratories and more than 80 collection centres, we are always within reach, ensuring equitable access to pathology services for all Western Australians.

Areas of expertise

Over 28 million diagnostic tests performed each year across:

- Anatomical Pathology
- Biochemistry
- Diagnostic Genomics
- Forensic Biology
- Forensic Pathology
- Haematology
- Immunology
- Microbiology

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We invest in education, research, and the advancement of clinical and scientific knowledge to support the next generation of health professionals.

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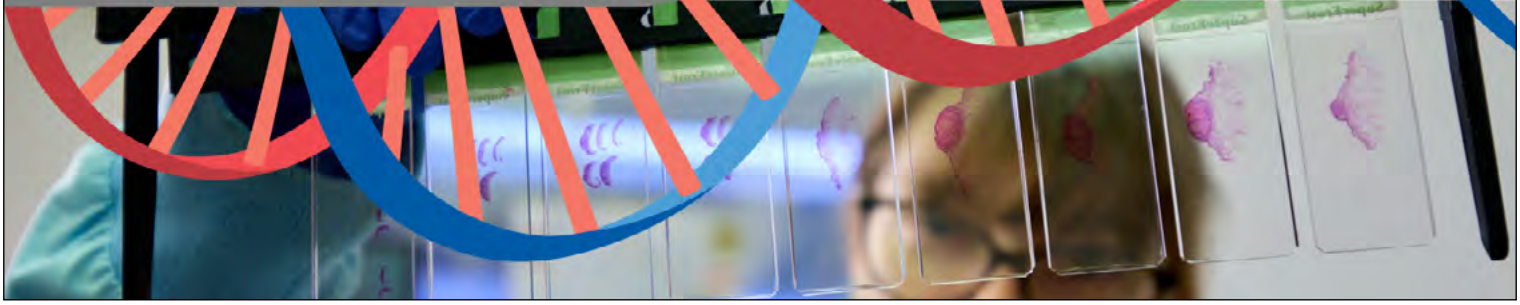


East Metropolitan Health Service

Joel Gurr
Chief Executive

We are very pleased with the continued improvement in East Metropolitan Health Service's (EMHS) performance in the Hospital Health Check (HHC), but we remain committed to enhancing the training, working conditions and wellbeing of our DiTs.

Months of targeted efforts and continuous engagement with our junior doctors as part of our East Experience strategy are certainly paying off, with 86% of EMHS respondents encouraging DiTs to choose us as employers. This has further energised our Workforce teams to effect and embed tangible change where DiTs want and need it most.

Our trajectory since 2023 is on an upward climb, with our *Recommended Employer* grade moving from 'B' to 'A'; *Access to Leave* improving from 'C' to 'B'; and *Terms, Rosters & Workload'* grade having also progressed from a 'B' to an 'A'.

Homing in on this year's HHC, EMHS has performed strongly across several domains. Robust rostering and workload performance were particular highlights:

- 94% of respondents reported term allocations were released with required notice;
- 91% received rosters at least two weeks in advance;
- 86% reported rosters were compliant with the AMA agreement; and
- 78% reported rosters reflected actual expected hours worked.

This suggests that our enhanced rostering processes and workforce administration systems are translating into a better day-to-day experience for our DiTs.

Good *Access to Leave* scores for EMHS are also noted in the HHC report card, including 86% of respondents reporting annual leave applications were approved – a positive finding in the context of statewide workforce pressures.

Against the broader health system backdrop, EMHS recognises there remain important challenges relating to fatigue, training pressures and overtime culture – and ongoing work is required. A range of current and soon-to-be-rolled-out initiatives demonstrate this commitment.

Just last year, EMHS became the first HSP in the State to pilot an AI-enabled rostering platform. Following positive feedback, the platform has now been implemented across 10 departments. The aim is to support improved roster efficiency, fatigue management, workforce transparency and staff flexibility. Initial feedback has been promising, with DiTS reporting improved flexibility and reduced overtime burden.

The AI platform also includes a mobile phone application that allows DiTs to submit roster preferences prior to term commencement, synchronise rosters with mobile phone calendars, and facilitate shift swaps with each other.

Addressing current and previous HHC findings around training uncertainty, workforce retention and career-related stress, we will also be launching a new Prevocational Pathways Program for PGY2 and PGY3 doctors.

This structured career development pathway will provide coordinated two-year rotation matrices aligned to specialty interests – such as critical care, psychiatry, medicine and surgery – while also enabling completion of AMC prevocational requirements. We are excited about this, as the program is designed to bolster career progression, mentorship, workforce engagement, and preparedness for entry into desired specialist training programs.

Of all the initiatives we've introduced in recent months and those in the pipeline, the one I am proudest of is our RESET psychological support program.

Commencing 1 July, this joint initiative between our Post Graduate Medical Education and Clinical Psychology teams will provide tiered in-house psychological support for our DiTs. This incorporates rapid psychological first aid following a challenging experience, insightful and informative educational seminars, and embedded early intervention psychology support. Delivered by experienced EMHS clinical psychologists, RESET aims at improving psychological safety, reducing burnout, and retaining our valued DiTS.

Alongside such novel initiatives are those already in place – our ongoing service registrar Internal Leave Relief model, our peer-group program for interns, and EMHS' electronic overtime form which helps streamline the process.

Collectively, these programs position EMHS as continuing to invest in sustainable workforce practices, psychological wellbeing, safe rostering principles, and contemporary approaches to junior doctor support, retention and career development – issues that lie at the core of every medical training journey. ■

"Of all the initiatives we've introduced at EMHS in recent months, and those in the pipeline, I am proudest of our RESET psychological support program.

Government of Western Australia
East Metropolitan Health Service

East Metropolitan
Health Service

THE EAST EXPERIENCE

YOU SPOKE, WE LISTENED.

86%

of DiTs would encourage others to choose this employer.

This year's Hospital Health Check (HHC) recognises EMHS as a **top-rated WA public health service** for doctors in training.

FLEXIBLE, TRANSPARENT ROSTERING

AI-enabled rostering platform* to improve efficiency and transparency

Submit preferences before term commencement

Facilitates shift swaps between JMOs

Syncs with your calendar

*Currently operational in 10 departments across EMHS.

BETTER ACCESS TO LEAVE & OVERTIME SUPPORT

86% of HHC respondents reported annual leave applications were approved

78% of HHC respondents reported term commencement rosters reflected actual expected hours worked

Streamlined electronic overtime claiming system

Enhanced overtime dashboards and payroll transparency

CAREER DEVELOPMENT & WELLBEING

RESET in-house psychological support, offering early follow-up after challenging clinical experiences

Peer group program, mentorship and intern wellbeing initiatives

Structured supervision and feedback processes

Ongoing investment in safe and supportive training environments

For more on the East Experience and how it supports junior doctors, contact Dr Natalie Shulman at Natalie.Shulman@health.wa.gov.au

For job opportunities at EMHS, scan the QR code.

PRint M260511001

WA Country Health Service

Jeff Moffet Chief Executive
& Dr Samir Heble Executive Director Medical Services

We would like to thank our DiTs for completing the annual Hospital Health Check survey. It's valuable to hear from them, and their feedback helps us to improve the junior doctor experience.

We champion the health, wellbeing and career development of our junior doctors across country WA, and we're pleased that these improvements have been reflected in this year's survey. We're proud to see an 'A' grade across four of the seven survey categories.

We're particularly encouraged that 80% of respondents rated us highly for staff morale and workplace culture. Importantly, 81% feel we support DiT wellbeing.

As an organisation, we have a zero tolerance towards bullying, discrimination and harassment, and it's reassuring that 98% of the surveyed doctors said they feel safe at work. Our work in this space, including the expansion of our Virtual Security Centre, is helping to deliver a culture of safety and support that allows our staff to get on with the job of caring for country communities.

We're also pleased to see over 80% of respondents had access to debrief after a stressful event, and we've worked hard to maintain appropriate mechanisms to fully support staff on the ground.

We've improved significantly to score an 'A' grade for *Terms, Rosters & Workload*. With a focus on structured allocations, 97% of respondents felt their term allocations were released with required notice.

The survey results are an important reminder that while we've made progress in many areas, there are opportunities for improvement – particularly around *Workplace Entitlements & Flexibility*, and *Wellbeing*. While we're encouraged by year-on-year improvement in the ability of our junior doctors to access entitlements and flexibility, we acknowledge there is a system-wide opportunity for improvement.

In the wellbeing space, we have a number of programs in place to support our workforce, with mindfulness embedded as a key part of the JMO experience. Peer support remains a priority, with Junior Doctor Societies operating in all our employing hospitals.

We continue to strengthen wellbeing initiatives, and since the previous survey we have:

- introduced a lunchtime mindfulness series, led by Executive Director Medical Services, offering a safe space for self-reflection and stress reduction for peers to come together and have a touchpoint with senior leadership;
- expanded new JMO societies in Geraldton and the Goldfields;
- embedded educational and emotional support through Medical Education Units (MEUs) in each region, offering on-the-ground guidance through Directors of Clinical Training, Medical Education Officers, and Medical Education Registrars;
- established a new Wellbeing Grand Round for junior doctors to learn through a dedicated presentation format; and
- established an executive line of communication and feedback pathway whereby junior doctors can reach out directly to the Executive Director Medical Services with any concerns.

When it comes to long-term career growth, our investment in signature programs like the Junior Doctor Leadership Program, Clinical Service Improvement Program, and dedicated career pathways such as RAPTOR (Physician), ASPIRE (Surgical) and the Rural Generalist Pathway WA, demonstrate our ongoing commitment to the professional future of JMOs.

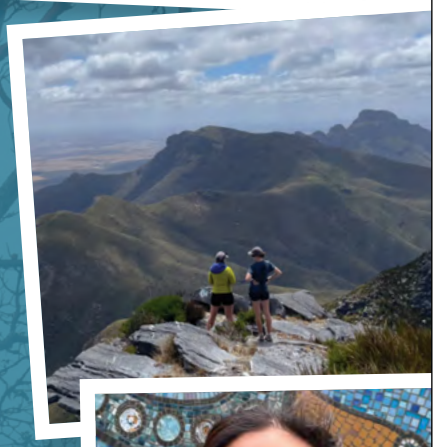
Building on this is the introduction of the WA Intensive Care Training Pathway and Rural Physicians Training Pathway, which is enhancing dedicated doctor training.

Acknowledging there's always more that can be done, we will continue to listen to and act upon junior doctor feedback; and invest in tailored initiatives, training pathways and wellbeing programs to further support them.

An experience in country WA remains a wonderful learning opportunity for junior doctors, and we are committed to attracting and retaining healthcare workers, with a record number of medical interns joining us in 2026.

We recognise the importance of open communication beyond this survey, and the door is always open for junior doctors to get in touch at any time, should they have feedback or suggestions to share. ■

Government of **Western Australia**
WA Country Health Service



Wanna Go **Country?**

With a record number of medical interns joining us in 2026, more and more doctors are discovering that **professional opportunities** and **personal adventures** await when you **go country**.

An experience in rural and remote health provides wonderful learning opportunities for junior doctors.

When it comes to long-term career growth, we're committed to the professional future of our medical workforce, with **signature programs** and **career pathways** available, including:

- ✓ Junior Doctor Leadership Program
- ✓ Clinical Service Improvement Program
- ✓ Rural Adult Physician Training, Opportunities and Rotations (RAPTOR)
- ✓ Applied Surgical Pathway in Rural Environments (ASPIRE)
- ✓ Rural Generalist Pathway WA

Through a growing suite of initiatives, we're working to ensure our doctors feel **supported**, **connected**, and **empowered** personally and professionally no matter where they're based in WA.

What are you waiting for?

wacountry.health.wa.gov.au

St John of God Health Care

Bryan Pyne
Group Chief Executive Officer

St John of God Health Care (SJGHC) is proud to once again be recognised among WA's leading hospital service providers in this year's AMA (WA) Hospital Health Check. These results are particularly meaningful because they come directly from the DiTs who work, learn and care for patients in our hospitals every day.

We were pleased to achieve 'A' ratings for *Access to Leave, Morale & Culture,* and *Terms, Rosters & Workload,* as well as an 'A+' rating for *Recommended Employer.*

Pleasingly, SJGHC achieved stronger results within *Terms, Rosters & Workload* and *Workplace Entitlements & Flexibility* categories this year, with significant improvement for the provision of adequate work time for mandatory training and reduction in unrostered overtime hours.

For us, these results speak to the strength of our people, and the values-led culture we continue to build across our public and private hospitals.

DiTs are central to the future of healthcare – bringing skill, commitment and perspective to our hospitals, often while navigating demanding clinical environments and important career decisions. Our role is to provide the support, supervision, teaching and workplace culture they need to develop with confidence.

Across our hospitals, we aim to offer broad clinical exposure, strong mentorship, and a workplace where junior doctors feel respected, supported, and able to speak up. Our intern and junior doctor programs are designed to provide practical experience, personalised teaching, and opportunities to pursue areas of interest.

We are grateful to our DiTs for sharing their feedback. We will continue to listen, learn and invest in a workplace where they can thrive, for their careers and for the patients and communities we serve. Because every moment matters – for our patients, and for the people who care for them. ■

South Metropolitan Health Service

Neil Doverty
Chief Executive

We welcome the AMA (WA)'s 2026 Hospital Health Check (HHC) which provides valuable insight into how DiTs experience their workplace, and where further improvement is needed.

This year's results show steady performance across key areas, including improvements in how we support DiTs with their terms, workloads and rostering. It is also encouraging to see DiTs report strong feelings of safety at work, which remains fundamental to our organisation.

These results come at a significant time for South Metropolitan Health Service (SMHS), with our largest-ever intake of junior doctors. A total of 132 new interns commenced this year, reflecting both the scale of our teaching role and the supports we have in place for DiTs.

Over the past two years, we have invested in stronger and more structured support for DiTs through our Doctor Support Unit (DSU). We recognise that positive early-career experiences support wellbeing and retention, and ultimately contribute to high-quality care for our patients and their families.

Since the DSU was established in 2024, SMHS has achieved strong recruitment outcomes and is now the second most preferred WA employer for local medical graduates.

Our DSU delivers sector-leading education and training through paid out-of-hours teaching, comprehensive training programs, structured career planning, research opportunities, and targeted support for doctors at all career stages. This is complemented by practical improvements to leave access, overtime claiming, and return-to-work support.

Listening to our doctors also remains a priority. Through tools such as Maali Yarning and the Term-ometer, the DSU provides clear, confidential and anonymous pathways for feedback and concerns, alongside the SMHS Safe to Say platform developed in partnership with Crime Stoppers WA.

While we are encouraged by these results, we recognise this is long-term work. The 2026 HHC will continue to guide priorities across SMHS as we work to ensure our DiTs feel supported, heard, and able to develop confidently, while delivering excellent care to our community. ■

PERTH SYMPHONY PRESENTS • STORY 7

WA STORIES • CHAPTER III

A multi-sensory journey through the lives of WA icons

Fiona Stanley

NARRATED BY *Desiree Silva*

One woman's vision. Thousands of children's lives changed forever.

> Epidemiologist. Public health reformer. Advocate for children.
> One of WA' most influential voices in medicine and social change.

PERFORMANCE 01 // 02
7.30pm • Fri 24 + Sat 25 July

HACKETT HALL
WA Museum Boola Bardip

PERFORMANCE 03
7.30pm • Thurs 30 July

JOY SHEPHERD PAC
St Hilda's Anglican School for Girls

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Ramsay Health Care WA

Dr James Cafaro
Operations Executive WA

Ramsay Health Care WA acknowledges the 2026 AMA (WA) Hospital Health Check (HHC) and values the insights it provides into the experiences of DiTs across our hospitals. Feedback of this nature is an important contributor to ongoing service improvement, workforce engagement, and the delivery of high-quality clinical care.

At a group level, the results reflect a number of encouraging themes. Across our Western Australian facilities, doctors reported positive experiences in areas such as workplace culture, professional satisfaction, access to leave, and the provision of teaching and training.

There was also strong feedback indicating that Ramsay hospitals are supportive environments for early-career doctors, with high levels of perceived safety, wellbeing support and overall morale. We are particularly pleased to see many doctors would recommend our hospitals as an employer, which is a strong endorsement of our teams and leadership.

These outcomes reflect the continued focus across our organisation on building positive workplace cultures, strengthening clinical supervision and teaching programs, and ensuring doctors are well supported in their roles. We recognise the contribution of our clinicians, medical education teams and operational leaders in maintaining these standards within what is a complex and demanding healthcare environment.

In response to the HHC, Ramsay Health Care WA will continue to focus on strengthening rostering practices to better align with clinical workflows, enhancing systems that support overtime recognition and transparency, and further developing wellbeing and workforce support initiatives. We will also continue refining administrative processes and workforce policies to ensure clarity, consistency and ease of access for staff.

Ramsay remains committed to working collaboratively with our clinical workforce and stakeholders to ensure our hospitals continue to provide safe, supportive and high-quality environments for both patients and staff. ■

Child and Adolescent Health Service

Valerie Buic
Chief Executive

The Child and Adolescent Health Service (CAHS) thanks the AMA (WA) and our DiTs for their participation in the 2026 Hospital Health Check. We welcome the honest and constructive feedback, which is essential to shaping a safe, supportive and high-quality training environment.

Following the implementation of the Junior Medical Officer (JMO) Action Plan and the forward-looking JMO Roadmap, CAHS is pleased to note improvements across several domains, as well as the consolidation of progress made in others. The Roadmap was developed in collaboration with our DiTs and focuses on their priority areas of education and training, wellbeing, and working at CAHS.

We have implemented a range of digital solutions to improve the ease and efficiency of key processes, including access to a roster app, clinical resources, overtime claims, leave applications, and a new International Medical Graduate welcome package. We also continue to monitor term allocations to ensure leave relief is distributed equitably among DiTs and that training requirements are met. Safety remains a core organisational priority.

While CAHS is encouraged that 97% of DiTs report feeling safe at work, we remain concerned about ongoing reports of bullying, harassment and discrimination. Any form of this behaviour is unacceptable, and CAHS remains firmly committed to fostering a safe, respectful and supportive culture for all staff and families.

We acknowledge there is still work to do to improve leave planning, access to protected teaching time, and support for overtime claims. Protected registrar teaching time has recently been introduced, and we will continue working with DiTs to address barriers to claiming overtime.

CAHS is grateful to all DiTs who took the time to participate in the survey, and for the tireless work they do every day to help keep Western Australia's children healthy.

We remain committed to matching that dedication through ongoing collaboration, innovation and continuous improvement to support the remarkable work of our junior medical workforce. ■

North Metropolitan Health Service & Women and Newborn Health Service

Robert Toms
Chief Executive

We thank the AMA (WA) for once again conducting the Hospital Health Check survey, which provides an important opportunity to review our progress, reflect on the results, and identify ways to further enhance the experience of our junior doctors.

We are pleased that North Metropolitan Health Service (NMHS) continues to be recognised as an employer of choice, including Women and Newborn Health Service (WNHS), which is assessed separately in the survey. The results suggest our junior doctors value NMHS as a place to work, reflecting the strength of our training programs, clinical environment, and organisational culture.

It was particularly encouraging to see WNHS achieve strong progress across reputation, culture and training-related domains. At the same time, we recognise there is more work to do in areas including wellbeing, psychological safety and access to leave, which remain important priorities.

The survey provides valuable insight into where we are performing well as an organisation, and where further improvement is needed, particularly in the context of sustained workforce and service delivery pressures across the public health system.

We are proud of the improved scores achieved over recent years, and recognise the importance of ongoing engagement with our junior medical officers (JMOs) to ensure they feel valued, respected and supported. Day-to-day safety, speaking up, bullying and discrimination exposure, fatigue, and leave and flexibility arrangements will continue to be key areas of focus.

We also welcome the 10 recommendations outlined by the AMA (WA) following this year's survey. It is encouraging to see the recommendations reflect many of NMHS' underlying strengths, including our focus on culture, training support, access to leave, and collaborative partnerships with junior doctors.

We acknowledge the feedback relating to workload pressures, fatigue management and roster alignment, noting these are complex, system-wide challenges that require coordinated responses at both hospital and broader health system level.

NMHS remains committed to working collaboratively with medical leaders, departments, DiTs and external stakeholders, including the AMA (WA), to address identified issues and strengthen training conditions across the organisation. As part of our strategic objective of becoming the best place to work, we continue to review, develop and implement initiatives that support our JMO workforce and contribute to safe, sustainable and positive training environments.

We will also continue engaging closely with JMOs to better understand and respond to their priorities, while maintaining a transparent and constructive approach to addressing areas for improvement.

Finally, I would like to acknowledge the dedication and professionalism of our medical workforce, administration and education teams, with special mention to our Managers of Medical Workforce and Medical Education coordinators. Together with our Executive teams, they remain strongly committed to ensuring the JMO experience across NMHS is positive, supportive and rewarding. ■

WHAT OUR JUNIOR DOCTORS SAY

"Feeding room is far away and no breaks are built into my outpatient clinic, expectation that I can do a full clinic/ward round as if I don't have to take feeding breaks. - ***EMHS***

"Treated as totally replaceable and often given the worst terms explicitly told that we would like to hire local graduates but we can't find them. No sense of belonging or long-term prospects with the organisation. Gap fillers ready to be used and abused until local Australians can be located. - ***SMHS***

"Supervisor at seconded site putting up barriers to me (male parent) accessing parental leave. Made it very awkward, felt like I was asking too much/being unreasonable - ***Ramsay***

"We are told that overtime does not exist in our department/ speciality and are discouraged to make a claim. - ***PathWest***

"Early ward round prep is discouraged by medical admin quoting "we work on a budget" as if JMOs' time spent to pre-round should be free and at own cost. - ***SJOG***

PathWest Laboratory Medicine

Dr Narelle Hadlow
Chief Executive

PathWest Laboratory Medicine has participated in the AMA (WA) Hospital Health Check (HHC) survey for the past three years and views it as an important source of registrar feedback to support continuous improvement in training, wellbeing and workplace culture.

It is pleasing to see PathWest continuing to improve overall in these survey results.

PathWest achieved an 'A' rating in four out of seven categories, with improvement evidenced in the remaining two categories. Specifically:

- *Access to Leave* maintained an 'A' rating, with PathWest recording the highest access to annual leave among health service providers at 89%;
- *Teaching & Training* maintained an 'A' rating, with the highest sector scores across several sub categories, including preparedness for progression into or within training programs (96%);
- The *Recommended Employer* category maintained an 'A' rating, reflecting the ongoing commitment of consultant pathologists and scientific staff to providing high quality teaching, supervision and support;
- *Morale & Culture* maintained a 'B' rating, with 95% of registrars reporting they feel safe at work; and
- *Wellbeing* improved from a 'D' to a 'C' rating and *Terms, Rosters & Workloads* increased from a 'B' to an 'A' rating.

We are very pleased to see PathWest maintain a high 'A' rating in the overall Recommended Employer category.

Our performance in the survey reflects significant hard work and collaborative commitment by PathWest Registrars, Heads of PathWest disciplines and corporate services.

Following release of the 2025 survey results, and between June and August 2025, PathWest delivered a targeted registrar engagement initiative: Your Voice, Your Experience. We had 64% of registrars participating in 16 meetings across multiple clinical sites, providing feedback on operational processes and wellbeing concerns.

Heads of PathWest Disciplines addressed complex operational matters, and Frequently Asked Question sheets were prepared and distributed to registrars clarifying overtime, professional development leave, payroll escalation pathways, and access to leave balances. Wellbeing supports were also strengthened through Registrar-specific Employee Assistance Program Referral Pathways and continued promotion of Safe2Say, an anonymous reporting framework for misconduct.

PathWest surveyed registrars to determine the impact of these improvement initiatives, and intends to conduct this survey annually to ensure the effectiveness of remedial actions, continuous improvement, and maintenance of supportive workplace culture.

PathWest sincerely thanks all registrars who participated in the HHC and subsequent improvement initiatives, and we remain committed to continuous engagement and a high quality training environment aligned with organisational values.

We also want to again acknowledge our wonderful team of pathologists, scientists and technical staff at PathWest who help us achieve an 'A' score in Teaching & Training from our DiTs year after year. Congratulations to the 'A' team of pathology teachers and trainers at PathWest! ■

WHAT OUR JUNIOR DOCTORS SAY

"Told at orientation that we are expected to arrive 30-45 minutes early, and that starting work at our rostered start time will reflect poorly at our end-of-term assessment. This time is spent working. We are not advised to claim overtime for this additional time. Total of 30-45 mins x 5 = 2.5-4 hours per week. - ***CAHS***

"I would like to be paid to work. If I answer a phone call, log in to look at images, and provide advice, then I am working. So should at least be paid the hourly rate. - ***WACHS***

"If there is theatre, start time is wrong as have to go to theatre before ward round. Finish time is also wrong as theatre rarely finishes at 1700 and need to see post ops and evening ward rounds. - ***WNHS***

"In a previous training position I postponed an exam due to fatherhood, and received negative feedback about this decision. - ***Ramsay***