PRACTICE GROUP UPDATES

General Practice

Chair: Dr Mary-Therese Wyatt | Meeting 8 April

IMG Committee & GP Representation: New IMG Committee formed. Discussion on the importance of broad representation and ongoing engagement with IMG doctors in WA.

AMA (WA) Legal: This is a new subscription service for private practice owners, providing employment law support, workplace advice, updated templates, and assistance with disputes, contracts and policy matters.

SAT reports: Added administrative burden due to ongoing court portal issues, while doctors remain unreimbursed for significant time spent on reports. Recent Law Reform Commission report supports further advocacy for reimbursement and broader legislative reform.

Pharmacy prescribing: The AMA (WA) continues to engage with State Government regarding pharmacy prescribing and broader review process.

Winter pressures: Members discussed DOH's winter strategy, including expanded vaccination programs, additional bed capacity, and virtual ED initiatives. Ongoing pressure across the health system, particularly in aged care and hospital demand. Insufficient focus on strengthening general practice and community-based demand reduction strategies.

Custodial health: Smoke-free prisons policy now deferred until 2027. Stronger addiction medicine input needed into implementation planning. Concerns about limited resourcing for the initiative. Ongoing work on a new EBA for GPs working in custodial settings, with AMA (WA)'s continued advocacy.

Digital health & immunisation: Need stronger digital health integration between WA Health and My Health Record systems to improve information sharing and coordination with primary care. Opportunities highlighted for greater GP involvement in immunisation planning. ■

Rural Practice

Chair: Dr Paddy Glackin | Meeting 21 April

Joint Consultative Committee (JCC): Progress welcomed on the WACHS JCC – a formal forum for AMA (WA) reps and management to discuss workplace issues, workforce concerns and the Industrial Agreement. A key priority is to ensure broad representation across regions, specialties and career stages.

Industrial bargaining: Discussion focused on preparations for the next industrial bargaining round. Important to ensure rural doctors, including VMOs, are appropriately represented throughout the consultation process. The AMA (WA) will seek member feedback to help shape priorities.

Medical Services Agreement: Significant concerns regarding upcoming renewals due in June – delays experienced during previous renewal process, outstanding backpay matters, inconsistent rates across specialties, and remuneration matters. The AMA (WA) has escalated concerns with WACHS and will continue advocacy for a timely and transparent renewal process.

Rural Generalist (RG) recognition: Positive progress welcomed towards formal RG recognition through ongoing work at national level. Inconsistent application of RG definitions across WACHS is a concern.

Winter pressures: Increasing workforce pressures across several rural sites, including staff shortages, unsafe rostering, growing workloads and increasing administrative burden. Potential impact on service delivery, particularly in regional and remote locations already experiencing workforce shortages. Safe staffing levels and sustainable workloads must remain a key focus for WACHS.

Improving data & accountability: Need greater transparency around workforce, activity and service data across WACHS. Development of a rural hospital scorecard is being explored to help identify staffing pressures, workload concerns and service risks across rural WA. ■

Doctors in Training

Chairs: Dr Owen Taylor-Williams & Dr Nicole Burger
Meeting 13 April

Industrial update: Work continues to strengthen workplace advocacy, with new AMA (WA) organiser, Melissa Wagner, supporting increased visibility. Strong engagement with HHC, more than 1,300 responses highlighting key issues including rostering accuracy, unpaid work, fatigue and wage theft. Report with clear recommendations has been released. Progress continuing on key industrial matters, including psychiatry trainee classification review and clarifying telehealth recall arrangements. Fatigue and workplace safety remain priority advocacy areas.

Rostering, leave & workplace: Leave access is a key issue across multiple sites; reports of leave denied despite advance notice, and limited cover in some departments. Ongoing issues with unpaid overtime, discouragement of claims, and rostering practices not aligned with the Industrial Agreement. Members encouraged to raise issues through the JCCs now being established across health services.

Site/system issues: Ongoing pressures in metro and regional areas, including workforce shortages impacting leave access and rostering; parking access and costs; sleep facilities and fatigue; and study leave access in some areas. Mixed regional reports, some positive on training environments, leave access and overtime claims; others noting payroll delays, accommodation concerns and previous underpayment.

Future workforce: Growing medical student numbers impacting training capacity, raising concerns about placement availability and future workforce bottlenecks. Student reps raised practical issues including parking access and need for fair and consistent support during placements.

Ongoing work: AMA (WA) advocacy continues across these areas. Members to raise issues through JCCs and formal reporting pathways and engage with AMA (WA) organisers on site visits and workplace campaigns. ■

Public Hospital Doctors

Chair: Dr Tony Ryan | Meeting 28 April

AMA (WA) Legal: This is a new subscription service providing employment law support, including contract reviews, workplace investigations, performance management concerns, and dealing with bullying complaints.

Clinical Academics (CLADs): Members welcomed the successful outcome of the CLADs Agreement negotiations. Key achievement was recognising permanency as the preferred form of employment. Under new arrangements, where a university appointment ceases, the associated clinical role must be reviewed. Doctors will retain their permanent clinical FTE where the position remains required, providing greater protection for affected practitioners. Associated backpay to be processed.

Medical Practitioner (MP) Agreement: Implementation of the 2024 Agreement is largely complete, including most permanency conversions and RG transitions. Work ongoing to review telehealth and recall provisions.

Telehealth & recall review: The AMA (WA) successfully opposed attempts to narrow the review to telehealth consultations alone. Revised scope includes broader on-call work performed remotely, including practitioner-to-practitioner advice, scan reviews, electronic medical record access, documentation tasks, and other clinical duties undertaken without returning to the workplace.

2027 Agreement: Planning commenced for the next enterprise bargaining. The AMA (WA) is working with other unions to identify shared priorities and potential claims. Members will be able to contribute through surveys and expressions of interest for bargaining committees.

Hospital Health Check: 2026 Hospital Health Check findings and recommendations will be used to support advocacy priorities, workplace campaigns, and JCC discussions across health services.

Hospital reports: Growing operational pressures as hospitals prepare for winter demand. At Fiona Stanley Hospital and Fremantle Hospital, winter planning initiatives are underway, including multidisciplinary surge teams focused on improving patient flow and reducing length of stay. ED demand has increased while workforce numbers remain relatively stable. North Metropolitan Health Service reported strong AMA (WA) presence at the first JCC meeting. Discussion focused on winter bed strategies, theatre capacity, expansion plans at Osborne Park Hospital, and leadership uncertainty at King Edward Memorial Hospital. ■

Private Specialists

Chair: Dr Brigid Corrigan | Meeting 27 May

AMA (WA) Legal & industrial support: AMA (WA) Legal has commenced as a dedicated service supporting private practice owners with employment law, workplace relations and HR-related matters.

Private specialist fee reforms: Potential heavy-handed federal government interventions affecting private specialist fees – measures failing to reflect rising costs of quality healthcare. Need stronger advocacy and public education to explain the risks posed by poorly designed reforms. Recent Private Specialist Survey an important advocacy tool to inform future engagement.

Private practice sustainability: Survey findings reinforced concerns about long-term sustainability of private specialist practice. Ongoing workforce challenges in addition to increasing costs and administrative burdens; rising indemnity premiums, legal/compliance obligations and escalating business costs are affecting practice viability. Decline of private services would impact public health, reducing patient choice and increasing pressure on public hospitals.

Maternity & private hospitals: These services are affected by ongoing funding pressures. Stalled service expansions, uncertainty surrounding neonatal and maternity funding, and workforce pressures within private hospitals – challenges are contributing to service constraints and may ultimately affect patients' access to care. Greater public understanding needed on the economics of private healthcare and challenges facing specialist services.

Leadership transition: Dr Brigid Corrigan's significant contribution was recognised. She will step down as Chair of the Private Specialist Practice Group following her election as President of the Australian Society of Plastic Surgeons. New Chair nomination and election to be arranged for next meeting. ■

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.