TELEHEALTH REVIEW

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REFORM MUST KEEP PACE WITH MODERN MEDICAL PRACTICE

Telehealth has become an integral component of modern healthcare delivery across Western Australia. From specialist consultations and review of investigations to patient management, supervision and care coordination, doctors are increasingly providing substantive clinical services remotely. Yet, while telehealth has evolved rapidly, the industrial frameworks underpinning medical practice have remained largely unchanged.

For AMA (WA) members, this is not a new issue.

Indeed, the growing mismatch between contemporary medical practice and existing industrial arrangements was one of the key reasons members called for the Telehealth Review. For many years, doctors have reported that existing on-call and recall provisions no longer accurately reflect the reality of telehealth-enabled practice, where significant clinical work is routinely undertaken remotely, often after hours, and frequently without physical attendance at a hospital.

The AMA (WA) has provided a submission to the Telehealth Reviewers and other members of the Steering Committee, which has also been shared with relevant Ministers, the Director General and AMA (WA) members. The submission seeks to ensure that recommendations produced by the Review support both high-quality patient care and a sustainable medical workforce.

> "AMA (WA) members have been raising these issues for years. Doctors have embraced telehealth because it improves access to care and supports patients across Western Australia, particularly in regional and remote communities. The problem is that the industrial arrangements underpinning medical practice have not evolved at the same pace as the technology."
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> "The Telehealth Review provides an important opportunity to recognise what clinicians already know: substantive clinical work remains substantive clinical work, regardless of whether it is performed in a hospital, a consulting room or remotely from home. If telehealth is to remain sustainable, the workforce and industrial frameworks supporting it must reflect that reality."
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> **Dr Kyle Hoath, AMA (WA) President**

MEMBERS IDENTIFIED THE PROBLEM LONG BEFORE THE REVIEW

The expansion of telehealth has brought undeniable benefits to patients and healthcare services across the State. It has improved access to specialist advice, supported regional and remote service delivery, and enabled more flexible models of care.

However, many AMA (WA) members have consistently highlighted that the industrial provisions governing on-call and recall arrangements were developed in an era when active clinical work was generally associated with physical attendance at a hospital. Today, doctors routinely review investigations, provide specialist advice, supervise junior clinicians, coordinate transfers, and make critical clinical decisions remotely from home or other locations.

Importantly, the Review's consultation findings appear to validate these longstanding concerns. The findings repeatedly recognise that on-call obligations increasingly resemble a form of working from home, and conclude that the traditional binary distinction between on-call allowances and physical recall no longer adequately reflects contemporary practice.

For the AMA (WA), this recognition is significant. It acknowledges the reality that members have been describing for many years, and provides an opportunity to establish a more contemporary framework for medical practice across WA Health.

KEY RECOMMENDATIONS SOUGHT IN THE AMA (WA) SUBMISSION

1. **Recognise remote clinical work:** Formally recognise that activities such as patient management, specialist consultation, review of investigations, multidisciplinary case discussions, transfer coordination, remote supervision and electronic clinical decision-making constitute active clinical service delivery, irrespective of where the clinician is physically located.
2. **Modernise on-call and recall arrangements:** Develop contemporary industrial provisions that distinguish between:
   - passive availability (on call);
   - remote clinical work; and
   - physical recall

   This would better reflect the realities of telehealth-enabled medical practice.

3. **Strengthen fatigue protections:** Introduce enforceable fatigue management measures for clinicians undertaking significant overnight clinical activity, whether performed remotely or on-site, recognising that fatigue risks are determined by workload rather than location.
4. **Measure after-hours workload:** Implement systematic monitoring and capture of telehealth and after-hours clinical activity to support workforce planning, service redesign, fatigue management, and future industrial reform.
5. **Establish robust governance frameworks:** Develop statewide governance arrangements covering accountability, documentation, escalation pathways and patient safety requirements for remote clinical practice.
6. **Prepare for future industrial reform:** Acknowledge that the growing reliance on telehealth will require future evolution of the *WA Health System – Medical Practitioners – AMA Industrial Agreement* to ensure workforce sustainability and appropriate recognition of contemporary medical practice.

RECOGNITION MUST MATCH REALITY

A central theme of the AMA (WA)'s submission is that telehealth cannot be viewed solely through a clinical or technological lens. Sustainable telehealth implementation requires alignment between clinical practice, governance, workforce arrangements, and industrial recognition.

The submission argues that substantive remote clinical work is active clinical service delivery, regardless of where it is undertaken. The reality is that patient outcomes are influenced by clinical expertise and decision-making, not by the physical location of the doctor delivering that care.

The Review's own findings suggest that contemporary on-call obligations are increasingly functioning as active work rather than passive availability. The AMA (WA) believes any future framework must reflect that reality.

The Review has now entered the recommendation development stage, where the findings from consultation are being translated into recommendations for Government and the health system. This is a critical phase of the process.

While the consultation findings have validated many of the concerns raised by AMA (WA) members, meaningful change will ultimately depend on whether those concerns are reflected in the final recommendations. The AMA (WA)'s Steering Committee members continue to actively advocate for reforms that recognise the realities of contemporary telehealth-enabled practice and address the workforce implications identified throughout the Review.

This article is published on behalf of the AMA (WA) Telehealth Review Steering Committee members, who developed the AMA (WA)'s submission to the Telehealth Review Steering Committee. The AMA (WA) Committee comprises Dr Kyle Hoath, Dr Nicole Burger, Dr Lachlan Baxter, Dr Astrid Arellano, Merna Girgis (AMA Legal), Katrina Taylor (Senior Industrial Advisor) and is supported by Paul Ledingham, General Manager Industrial Relations & Membership.

LOOKING AHEAD

The Telehealth Review is about more than technology. It presents a unique opportunity to modernise the workforce, governance and industrial systems that support contemporary healthcare delivery.

AMA (WA) members strongly support telehealth and recognise the significant benefits it has delivered for patients and clinicians alike. Equally, there is a reasonable expectation that the frameworks underpinning these models of care evolve alongside them.

The Association's submission ultimately argues that industrial recognition of remote clinical work, reform of on-call and recall arrangements, fatigue management and workforce sustainability are essential components of telehealth's long-term success. Failure to address these issues risks leaving unresolved the very concerns that prompted members to seek the Review in the first place.

As discussions continue with the Telehealth Review Steering Committee, Government and other stakeholders, the AMA (WA) will continue advocating for reforms that recognise the realities of modern medical practice, support workforce sustainability, and ensure telehealth remains a safe, effective and enduring component of healthcare delivery in Western Australia.

The reviewers are expected to deliver their final report in early December 2026. While that report will represent an important milestone, it will not be the end of the process. Many of the issues identified through the Review will ultimately need to be addressed through bargaining and future changes to the *WA Health System – Medical Practitioners – AMA Industrial Agreement*.

For that reason, the collective efforts of AMA (WA) members will remain critical. The work undertaken by the Association's Telehealth Review Steering Committee members has helped ensure the profession's concerns are clearly articulated and formally recognised. The next challenge will be translating those findings into meaningful industrial outcomes.

As preparations commence for bargaining in 2027, the AMA (WA) encourages members to remain engaged, informed and united. A strong and collective membership voice will be essential in ensuring that the realities of contemporary telehealth-enabled practice are not simply acknowledged by the Review, but ultimately recognised, protected and appropriately reflected in future industrial arrangements. ■

ANY WORKPLACE QUERIES?

The AMA (WA) Industrial Relations team is here to help all members.

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