PRACTICE GROUP UPDATES



General Practice

Vice Chair: Dr Andrew Png | Meeting 12 August

WorkCover WA: Rebecca Harris (A/CEO) and Kevin Gillingham (Manager, Policy & Legislation) from WorkCover WA gave an overview of WA's workers compensation scheme. Increased in claims from approximately 21,000 in 2020 to around 30,000 in 2025-26. Musculoskeletal injuries remain the most common, with significant increase in secondary psychosocial injuries, including those associated with bullying and systemic workplace issues. They said 75% of injured workers return to work within 12 weeks, increasing to 93% within 12 months. WorkCover fees are linked to the AMA Federal fees list. Group was advised of the WorkCover WA *Guide for Treating Medical Practitioners*, educational resources and training opportunities, including scholarships for further study in compensable health.

Concerns raised about delays in insurer communication, payment and treatment approvals. Members suggested more direct communication between insurers and practitioners; they were encouraged to raise concerns directly with WorkCover WA. ■

Public Hospital Doctors

Chair: Dr Tony Ryan | Meeting 24 August

Workplace relations: Update on the next industrial agreement bargaining strategy, which considers membership density and organising activity when prioritising claims for bargaining, to ensure we have collective leverage to advance key claims at the bargaining table. While all member claims will continue to be considered, our areas of strength will be prioritised.

Members involved in early planning for bargaining, with representatives from the Public Hospital Doctors, Rural Doctors and DiT Practice Groups joining the AMA (WA) industrial staff in a Bargaining Planning Committee (BPC). The BPC is finalising a log of claims survey for members; the log is aimed for finalisation in late 2026. Potential priorities include telehealth and on-call arrangements, emergency medicine and DiT permanency, with member endorsement on the draft claims expected to occur across metropolitan and regional sites. The BPC will help establish the composition of the member-led bargaining team, to ensure we are on track to commence negotiations in early 2027.

Membership & organising: Net membership growth increased in Aug and early Sep. Recent organising activity noted as key contributor, with the organising team also expanding in October.

Hospital reports: At Joondalup Ramsay Health Campus, recent leadership changes have stabilised; new CEO recruitment underway. Ramsay is expanding its public-bed partnership with NMHS at Glengarry, with 40-45 beds planned for step-down and geriatric care, alongside new K-block beds. Members discussed ongoing challenges accessing WA Health digital medical records, PACS and My Health Record for Ramsay's public patients, with access affected by legal, privacy and IT issues.

Ongoing bed pressures at Armadale Kelmscott Hospital, alongside continued use of the PRC despite WA Health integration. Concerns about governance arrangements for the new Women's and Children's Hospital, to be co-located with SMHS but administered by NMHS.

Concerns about the NMHS restructure consultation process, including lack of clarity and changes to job description forms issued with limited notice/explanation. Broader workforce pressures, including slower email responses and general operational slippage. At SMHS, busy winter at Fiona Stanley/Fremantle Hospital Group; ongoing ED bed pressures and increased acute medical and surgical demand resulting in multiple Code Yellows. Winter care team funding helped ease some pressure. Junior doctor staffing improved, but still shortage of medical registrars. Luke Dix appointed Executive Director. ■

Private Specialists

AMA (WA) Industrial Relations Team | Meeting 9 September

WorkCover WA: Representatives Kevin Gillingham (Manager, Policy & Legislation) and Craig Donoghue (Principal Legislation Officer) updated members on trends within WA workers' compensation scheme focusing on private specialists, including a 15% increase in claims since 2021-22, and rising scheme costs associated with longer claim durations, treatment complexity, and medical expenses. Challenges discussed around confirming liability before treatment and billing, patient classification and billing compliance. Particular concern about remuneration for complex, non-operative surgical consultations. Representatives acknowledged concerns; agreed to raise the issue internally.

Advocacy: Update on advocacy from the AMA (WA) Private Specialist Survey, with correspondence to state and federal stakeholders. Continued advocacy and engagement through AMA (WA) and federal AMA channels. Group discussed challenges associated with specialists reducing or leaving private practice, and potential impact on patient access and hospital capacity. Future advocacy to include articles, social media, video content, and specialty-specific case studies to highlight issues.

Business support: Discussion on increasing complexity of running a private specialist practice, including rising business costs, workforce management, regulatory requirements, billing, and administrative pressures. Explored potential opportunities for greater business education and mentorship, particularly for early-career specialists and registrars.

Remuneration & fees: Current fee structures do not adequately recognise complex, non-procedural specialist consultations, particularly where significant assessment and management is required, but surgery not indicated. Group supported further advocacy for a dedicated complex surgical consultation item, emphasising the importance of a clear and focused message.

Federal representation: Opportunities discussed to strengthen WA representation on federal committees/councils, including the Council of Private Specialist Practice. Consideration to be given to future representation from the Private Specialist Practice Group. ■

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Rural Practice

Chair: Dr Paddy Glackin | Meeting 7 September

Backpay & reclassification: Members who have had their positions reclassified as part of the implementation of the Rural Generalist classification are encouraged to request detailed pay breakdowns from HSS if they think they may not have received the correct backpay.

Rural workforce planning: Concerns raised that the Rural Health Workforce Needs Assessment may not accurately reflect current shortages across WA, including in the Great Southern, East Pilbara, Newman, Norseman and Ravensthorpe.

WACHS organisational changes: Members raised concerns about reported executive departures, and delays in appointing district leaders within WACHS. Members highlighted potential risks associated with the loss of corporate knowledge and delays in decision-making, particularly for rural service delivery and workforce management.

Rural Generalist (RG) coordination & recognition: Members discussed funding pressures facing the RG Coordination Unit following Commonwealth funding changes.

Consultation & emergency medicine training: Concerns raised about lack of formal notification from WACHS regarding significant workplace and organisational changes.

Public sector bargaining: Planning underway for the next public sector agreement, with a member survey to inform the development of the log of claims. Planned face-to-face visits in Albany, Geraldton, Kalgoorlie and Bunbury/Busselton, and additional online meetings for WACHS members.

Joint Consultative Committee (JCC): The group identified several issues for the next JCC, including rural workforce planning, RG recognition, significant change consultation, Emergency Medicine workforce impacts, safe staffing, discharge summary processes, and delayed contractor payments.

WACHS contractor payment delays: Concerns raised about contractor invoices remaining unpaid well beyond the Government's 20-day payment standard, with some reportedly outstanding for several months.

Rural health advocacy: Group updated on engagement involving WALGA and the Rural Health Commissioner, with positive discussions taking place around advocacy to state and Commonwealth governments. ■

Doctors in Training

Chairs: Dr Owen Taylor-Williams & Dr Nicole Burger
Meeting 10 August

Industrial & bargaining: Early planning for the 2027 WA Health Agreement and St John of God Agreement negotiations underway; Planning Group established for the WA Health Agreement, including DiT representatives. Survey and paid workplace meetings planned to identify member priorities and inform log of claims. Issues identified include telehealth remote recall arrangements, permanency for DiTs, and parental leave improvements.Recent cases on expiring contracts and loss of entitlements for DiTs on parental leave swiftly resolved following AMA (WA) industrial intervention, but similar situations continue.

Union delegate program: Plans underway to establish formal union delegate structures across sites, and approaching current DiT representatives about becoming workplace delegates.

Site reports: Metro and regional areas highlighted ongoing challenges and developments, including overtime claim discouragement in specific departments (SCGH ED) and HSPs (EMHS & CAHS); fatigue risks and junior doctors undertaking higher-level duties due to workforce shortages; psychiatry classification and pay issues; potential impact of planned changes to metropolitan training program; recent opening of Geraldton ED and delayed paediatric roster publication; ongoing concerns regarding delayed rental subsidy reimbursements and supportive GP placement arrangements in Great Southern; delayed implementation of ESR penalties at Ramsay; ongoing payslip complexity issues; and potential AMA (WA) dispute at SJOG Murdoch regarding changes to ED operative hours.

Medical students & training: The Medical Student Council of WA provided an update on its *Hidden Costs of Placement* report and advocacy on placement expenses, paid placements and student support. The AMA (WA) confirmed free First Aid, CPR and Manual Handling training for student members from 2027. ■

IMG Committee

Chair: Dr Priya Balanarayanan | Meeting 1 September

IMG support: Discussion on strengthening IMG representation across WA hospitals and JMO committees, with representatives helping to connect IMGs with available support, ensuring concerns are heard. Engaging IMGs at regional hospitals and general practice, and opportunities to increase visibility at events, alongside engaging with regional IMG communities.

IMG orientation & education: Plans being developed for IMG-focused webinars, covering practical topics, timed around common IMG intake periods. Expanding orientation and observership opportunities will help familiarise IMGs with the Australian health system before starting clinical roles.

Membership & career support: Developing a more accessible membership pathway for IMGs transitioning into the Australian medical workforce, including those not yet eligible for ordinary membership. Appropriate representation of IMG perspectives in future bargaining processes, and considering IMG-specific issues alongside the broader medical workforce.

Federal IMG advocacy: Update on national initiatives supporting IMGs, including a federal mentorship platform, and work addressing racism and cultural safety. Other areas of national advoacy include improving rural IMG support, Medicare rebate settings, and career progression pathways. ■

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