



PRACTICE GROUP UPDATES

Rural Doctors

Chair: Dr Paddy Glackin | Meeting 11 December 2025

WACHS governance: Prolonged lack of clarity; little visible progress. No clear structure, leadership and governance during transition to new district-based structure.

Recruitment delays linked to Vacancy Control Panels; members to share examples for escalation with WACHS.

SAT payments: The AMA (WA) continues to advocate on fair reimbursement.

Industrial Agreement progress: Continued delays and operational confusion; rural workforce stability a critical issue. Inconsistent access to enhanced incentives and increased on-call payments across sites; dependent on local decision-making. Definition and classification of RGs broadly accepted by WACHS; aiming to review/reclassify FACRRM or FRACGP Practitioners.

Permanency rollout delays for RGs: Update (as of Feb 2026) is that permanency offers and GP/RG reclassification letters have been issued to all practitioners. The AMA (WA) continues to work with WACHS to resolve any disputes on behalf of members.

Rural Workforce summit: AMA National Rural Committee was discussed; participation needs broadening to reflect the diversity of rural practice.

Pharmacy prescribing: Expansion of this risks transactional care models replacing GP-led assessments. The AMA (WA) is demanding transparency, accountability, and maintenance of safety standards.

Rural workforce incentives: Members endorsed draft *Rural Workforce Initiatives Position Statement*, supporting a dedicated rural workforce agency and standalone funding stream for hospitals. Support to increase rural-origin medical student intake to at least one-third of enrolments; and one-third of students to do at least a year of rural clinical training. Financial burden on practices that train registrars is a concern.

Doctors in Training

Co-Chairs: Dr Owen Taylor-Williams & Dr Nicole Burger
Meeting 8 December 2025

Psychiatry trainee classification & pay: Issues identified include failure to recognise relevant experience, incorrect increment progression for part-time trainees, and loss of progression during parental leave. The AMA (WA) is engaging with system-wide IR and relevant HSPs; will escalate to Industrial Commission if progress stalls.

Metropolitan services: Most issues related to psychiatry trainee pay and contract classifications; some cases resolved following escalation. Concerns about education process delays and growing pressure on junior staff as Joondalup Health Campus expands. Graylands supported changes to psychiatry representation to better reflect workforce movement and shared industrial issues; broader changes to psychiatry training employment models expected from 2027.

WACHS services: Ongoing challenges with overtime claims, short-notice roster changes, and insufficient travel days for training/exams. Improvements in some regions, but inconsistencies across sites. Positive feedback from Great Southern following recent AMA (WA) advocacy outcomes.

GP registrars & training: Survey results under review; new incentives commencing in 2026, including training payments, parental leave access and study leave. WACHS Single Employer Model trial commencing in 2026 will need close industrial scrutiny to maintain trainee protections.

Ongoing work: Work in progress to implement Joint Consultative Committees across WA Health from early 2026. DiT Group's Terms of Reference and representative structure also under review; strong support for psychiatry-specific and expanded hospital representation. The AMA (WA) to continue advocating on rostering compliance, overtime and pay issues at metro and WACHS levels.

Public Hospital Doctors

Chair: Dr Tony Ryan | Meeting 15 December 2025

Integrity & contract compliance: Concerns about correspondence sent to clinicians, with some overly legalistic and perceived as threatening, rather than consultative. Need clearer, more proportionate preliminary enquiries before issuing formal warning letters.

WACHS operational challenges: Transition to district-based management models, ongoing budget deficits, and pressure on department heads to identify savings. Unhealthy rostering, fatigue-related reliance on sick leave, limited non-clinical time. Patient transfer delays a growing clinical risk; worsening access block in Bunbury. Issues to be monitored and escalated.

Permanency rollout: In North Metro, around 10% of the workforce expected to not receive permanent contracts. Some doctors still awaiting offers for months. Smoother progress at Armadale, reflecting a smaller workforce and higher proportion of Contracted Medical Practitioner contracts.

Rostering: Ongoing issues with short-notice roster changes, particularly affecting sessional and part-time practitioners. ■