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Review of Health Services Act

Independent Governance Review

On behalf of the University of Western Australia (UWA) Medical School, I am pleased for the opportunity to provide feedback to assist the review. These are supplementary to the points made in the discussion held with the review panel. There are a number of areas of mutual involvement between our clinical academics and medical students across teaching, training and research with Health Service Providers (HSPs) in Western Australia (WA). The UWA Medical School has been an important part of the medical workforce pipeline that has served the community of WA for over 60 years. Approximately half of the medical workforce in WA are UWA alumni. Our involvement extends from high school graduates through to internships, pre-vocational and vocational medical training. Our academics and graduates are also involved with the broader health system through training and research affiliations with hospitals in both the public and private health system. Most clinician researchers have joint employment or adjunct appointments with UWA, and our affiliated Medical Research Institutes, and are key to driving WA's health and medical research effort.

As part of the health system, our teaching and research clinician academics and medical students work closely in and for the HSPs in WA. The COVID19 pandemic has strengthened the working relationship between HSPs and UWA, while encouraging closer collaboration with the University of Notre Dame, Fremantle and the Curtin Medical Schools. We increased the frequency of meetings with the Office of the Chief Medical Officer and Directors of Postgraduate Medical Education at the HSPs, the Rural Clinical School of WA, and WA Country Health Service. We held cooperative discussions over maintaining clinical training placements, vaccination certification, personal protective equipment (PPE) training and N95 mask fit testing, that led to clear practical implementation policies. We were responsive to requests for assistance with surge workforce, vaccination campaigns, and able to support an initiative for early commencement of internships. These discussions were timely and effective because of the proximity between the Universities, those working in HSPs, and the decision and implementation abilities of those working in the Health Department of WA (HDWA).

Our previous interactions with the HDWA, and shared meetings with the Postgraduate Council of WA (PMCWA), while generally productive and collaborative, were sometimes hampered by the creation of the Area Health Service Boards. Once these expanded, with the creation of the East Metropolitan Area Health Service, we were faced with the prospect of developing and signing separate agreements (e.g., clinical student placement agreements) with each different area health service. There were indications of autonomous functions across the different Board-led HSPs, which reduced transparency and equity in arrangements. There was no direct interaction with the Boards and the UWA Medical School, unlike the direct working and training interaction with the HSPs. This may create uncertainty as to the goals of the HSPs in terms of delivering healthcare and meeting the needs of their health workforce versus accountability to Health Service Boards and System Managers. While there are a range of key performance indicators (KPIs) used in the determination of our health system's 'efficiency' and 'value', it is not clear what KPIs exist in health for teaching, training, and research. It is difficult to imagine an efficient system in which the employment growth occurs at a distance from the actual delivery of that healthcare.

The UWA Medical School would be keen to engage more with the WA Government, HDWA, and HSPs on a range of shared objectives in healthcare. We should cooperate to manage, plan, and implement key health reforms and meet workforce requirements. Our shared goal should be to teach, graduate, and train a medical workforce capable of meeting the needs of the WA community. This must include careful workforce needs analysis and planning. It should include formal research to develop an evidence base that would guide decisions. The National Medical Workforce Strategy 2021-31, identified a number of issues with our current medical workforce, *'namely geographic maldistribution and the imbalance between specialist disciplines; subspecialisation and generalism; junior doctors' work and wellbeing; the need for more Aboriginal and Torres Strait Islander doctors; and the need to move away from reliance on locums and international medical graduates despite our increased domestic graduate numbers'*. The UWA Medical School's approach has been to implement selective entry pathways to our MD course for Aboriginal and Torres Strait Islander students, those from rural and regional Australia, and from communities with low socioeconomic status backgrounds. UWA Scholarships are provided for many students in these pathways. A quarter of the Commonwealth Supported Places (CSP) for MD students at UWA are rurally bonded, with requirements for extended clinical placements in WA country health post-graduation. We have medical student clinical placements in general practice, community based and aged care settings. There is a strong focus on conditions with a high burden of disease in the community, with emphasis on mental health conditions. We provide all medical students with a mentor, and information or guidance in professional behaviours, and the health needs of, for example, refugees or LGBTIQ+ community. We provide career guidance that might encourage them to consider General Practice and work in regional or remote areas. A third of all UWA MD students are able to complete an entire year in rural practice through the collaborative work of the RCSWA. We have assisted in the development of an extended rural placement for MD students in their final year (at sites currently including Albany and Bunbury, with planned expansion to Geraldton, Broome, and Kalgoorlie). These students can now translate into Internships at those sites.

Workforce planning will require shared responsibility from the Universities, HDWA, the Area Health Services, Commonwealth Health Department of Australia, but also the Medical Specialist Colleges and Societies who control the advanced training places. Specialist training positions will need to be linked to health workforce needs rather than clinical service requirements in HSPs. This will require a higher-level view than may be currently taken within individual Area Health Services. Increasing medical graduate numbers (and CSP for this) will reduce over-reliance on imported international

medical graduates but should ideally be coupled with longer-term workforce goals. We would welcome greater discussion over clinical placement capacity, support, and professional development options for clinicians who wish to participate in clinical teaching and supervision. If we hope to expand medical graduate places in General Practice, or rural and remote areas, we will need to support and develop the supervisors who will train and mentor these doctors. Research into the barriers to such rural practice are still needed. Efforts to develop community wide support and create relief options (e.g., rural locums from urban GP) may extend the work satisfaction and career longevity of these doctors. Expanding and developing the expertise and range of Healthcare Professionals (including e.g., nurse practitioners, diabetes educators, wound care nurses) may be an option to improve healthcare delivery in some rural and remote areas. This might facilitate training of local care workers and improve the community engagement in healthcare. Before widespread implementation, such programs should be carefully evaluated and informed by research into their cost-effectiveness and outcomes. The UWA Medical School has academics with expertise in research methodologies and experience in GP or rural and remote medicine that could facilitate this work.

We have a shared responsibility with the WA Government and HDWA to provide for the healthcare needs of the WA community. The work of the Board-led Health Services in the delivery of clinical care is not distinct from that of teaching, research, and training. The UWA Medical School values its existing collaborations that have grown closer through the challenges of the COVID19 pandemic. We welcome the opportunity to expand and strengthen our working relationships with them. I would be pleased to provide clarification of any points raised and to discuss further if useful.

With kind regards.

Yours sincerely,

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Dean, UWA Medical School