

HEALTH WORKFORCE SUMMIT

**806. Dr J. KRISHNAN to the Minister for Health:**

I refer to the Cook Labor government's ongoing commitment to sustainably grow Western Australia's health sector workforce amid global challenges.

- (1) Can the minister provide an update to the house on outcomes from the minister's recent ministerial medical, nursing and midwifery workforce summit?
- (2) Can the minister advise the house what subsequent discussions are being held to address specific workforce areas of need?

**Ms A. SANDERSON replied:**

- (1)–(2) I thank the member for Riverton for his question. As he well knows, the health workforce landscape—the employment, registration and regulatory landscape—is incredibly complex. There are levers that the state holds, there are levers that the federal government holds, and then there are those held by the Australian Health Practitioner Regulation Agency and other registration and medical colleges. It is complex. That is why we convened the summit on the back of the work that is being done by the federal government. I congratulate the federal government for that and Robyn Kruk for leading the review on the national regulatory landscape for healthcare workers and how we can improve the situation in the face of those workforce challenges. To support that work, every state and territory will have to step up where they can and relieve those pressures and barriers to support an increase in healthcare workers. The reality is that there is a global workforce shortage everywhere, and we simply will not have enough workers to meet the growing healthcare needs of Western Australians.

Since coming into government in 2017, the McGowan and Cook Labor governments have grown the healthcare budget in public health by 30 per cent. Public health spending has grown by 30 per cent and, with that, the healthcare workforce has grown by 30 per cent. That has been by international recruitment and supporting local graduates into the public system. We are paying the higher education contribution scheme fees for 350 nurses and midwives who choose the incredibly rewarding work in rural Western Australia. We are extending that support to a further 400 nursing and midwifery graduates entering our public system. We have fast-tracked a second wage rise, as well as a \$3 000 cost-of-living payment, for all nurses and midwives, despite not having an agreement with the Australian Nursing Federation. We are bolstering our graduate intake by 400 places and providing them the supports they need.

We are also introducing historic nurse-to-patient ratio reform across the public health system, and it has already started at the Perth Children's Hospital emergency department. We are delivering a paid midwifery training model trial. The rural psychiatry training pathway in Western Australia is the first ever in the world, and it will deliver about 60 consultant psychiatrists by the end of that training program. We can currently count on one hand those consultant psychiatrists who work in rural Western Australia. We are seriously bolstering that workforce. We are delivering permanency for Western Australian doctors and reviewing the length of contracts for doctors in training to align with their college requirements. We are looking at career pathways for allied healthcare workers, and we are supporting our healthcare workers to work in the way that they want to, to the scope that they are trained for and registered for with AHPRA because we know that they are the backbone of the system.

In August this year, I convened the summit to look at practical ways that we can expand our workforce and untap some of that scope. We looked at how doctors are working and how our health professionals and nurses are working. We can have flexible rosters and better recruitment processes. Access to leave is often challenging, particularly for junior doctors. We are engaging with them in a constructive way to make sure that they have a long and happy career in the public health system. We are also holding a range of very specific round tables in areas of child and adolescence, allied health and, in particular, doctors in training so that we can keep those doctors in the public health system and give them all the opportunities and expansion of learning that they need to be the best that they can be.