

HEALTHCARE WORKFORCE — RECRUITMENT AND RETENTION

142. Ms C.M. COLLINS to the Minister for Health:

I refer to the McGowan Labor government's significant investment in the expansion of Western Australia's public health system capacity. Can the minister update the house on how this investment, including new workforce initiatives, will help attract and retain medical professionals throughout the state?

Ms A. SANDERSON replied:

I thank the member for Hillarys for her question. I also want to acknowledge that today is Thank Your Pharmacist Day, so thank you to all our pharmacists—community pharmacists, those who work in aged care and also those who work in primary care.

On Saturday night I was very fortunate to be able to attend the Rural Health West Excellence Awards, which honour our practitioners who work across this enormous state of ours in varying and sometimes very challenging conditions and communities. They often deal with patient cohorts that have the most complex healthcare needs and often work in very remote locations.

I want to highlight one particular practitioner, Dr Jared Watts. He is director of obstetrics and gynaecology at the WA Country Health Service and was the winner of the Specialist of the Year Award. He was born at Broome Hospital and operates out of what is now Broome Health Campus. He is an outstanding practitioner. The Kimberley women whom he treats during his remote and outreach clinics affectionately call him “the ladies’ doctor” and welcome him into their sacred space of secret women’s business. In addition to his work in country Western Australia, he also volunteers his skills internationally, teaching in Cambodia and Laos, and also as an obstetrics/gynaecology specialist for Médecins Sans Frontières Australia in Nigeria and Syria. I want to congratulate all the nominees and winners at the Rural Health West Excellence Awards last weekend.

I want to provide an update to the house on what we are doing to supercharge the mental health workforce, particularly in regional areas, with the rural psychiatry training pathway. This is the first of its kind in this country. Credit to the clinicians and practitioners who came up with this idea and put it together, and to the Mental Health Commission, which has fully backed it in, with the support of the state government. We know that there is a critical shortage of psychiatrists across the state that is particularly acute in remote and regional areas. Doctors who train in the regions are more likely to stay in the regions. Late last year, when I was in Bunbury with I think the member for Hillarys and the member for Collie–Preston, we launched the rural psychiatry training pathway. It was heavily subscribed, with over 40 applications, and 23 trainees were accepted, of whom eight will be based in the south west, six in the great southern, four in the Kimberley and one in both the midwest and the wheatbelt, with a further three to start training later this year. This is an increase of 280 per cent from the six trainees allocated to the rural pathway, all of whom were based in Perth. They are now training in the regions, and we know that people who train in the regions are much more likely to stay in those communities. Trainee numbers are limited only by the availability of supervising psychiatrists. By creating this program, we will be expanding the availability of supervising psychiatrists. We are delighted with the interest from doctors in training who want to do rural psychiatry and very hopeful that we will continue to recruit significant numbers of psychiatrists into regional areas.

The other area in which we are supporting our clinicians who have left the profession is by retraining and re-registering nurses and midwives. Through the Office of the Chief Nurse, the government is paying the fees of nurses and midwives to complete a retraining course as part of their return to work. We are supporting newly qualified nurses and midwives with their education to transition to the healthcare workforce with transition-to-practice programs, because we know that those first six weeks back in practice are often the most daunting and most challenging, so that they will feel supported and empowered and want to stay in that position.

We are also investing in our models of care so that practitioners can actually work in them. We know and I know that there is a lot of untapped skill and goodwill among our healthcare workforce that is not being put to use now, for various reasons, whether it is cultural, policy or regulatory. We have very highly competent nurses and midwives who are not able to work to their full competencies. We are certainly looking in the emergency medicine space and mental health space at where we can use those practitioners, focusing particularly on the report of the infants, children and adolescents mental health task force so that we can upskill and uplift their available support for those communities.