



Government of **Western Australia**
Department of **Health**

Classification: Official
Our Ref: 2025-38
Contact: Paula Casserly
9222 6411

Mr Michael Lee
Health Services Union of WA
8 Coolgardie Terrace
PERTH WA 6000

via email: mlee@hsuwa.com.au

Dear Mr Lee

**APPLICATION TO ACCESS DOCUMENTS
UNDER THE *FREEDOM OF INFORMATION ACT 1992 (WA)***

I refer to your Freedom of Information (FOI) application initially received on 18 August 2025, requesting access to records held by the Department of Health (Western Australia).

Please find enclosed the Notice of Decision in relation to your application.

If you are not satisfied with the decision, you have a right to apply for an internal review. Details of the review process are set out in the Notice of Decision.

You are welcome to contact me if you have any queries.

Yours sincerely

Paula Casserly

Paula Casserly
**SENIOR FOI COORDINATOR
TECHNOLOGY AND INFORMATION SERVICES**

8 October 2025

**NOTICE OF DECISION
UNDER SECTION 30 of the
Freedom of Information Act 1992 (WA)**

APPLICANT: Michael Lee
Health Services Union (HSU) of WA

DECISION MAKER: Paula Casserly
Senior Freedom of Information (FOI) Coordinator

DATE OF DECISION: 8 October 2025

For the reasons set out below, I have decided to provide you with edited access to 2 documents and refused access to the remaining documents.

ACCESS APPLICATION

On 18 August 2025, your FOI application, submitted via email, was received by the Department of Health (the department) seeking access to records from January 2023 to the present date, concerning the:

1. Independent Review of Career Pathways for Health Professionals

Specifically, you requested records in relation to the *Interim Report* and the *Final Report*, being:

Interim Report

- 1.1 Emails and/or letters, including their attachments and/or documents produced relating to the **interim report** [or versions of] provided by the Independent Reviewer (IR) AHP Workforce, Dr Susan Nancarrow or their team and/or associates – Health Professional Workforce to the department, including correspondence and/or briefing notes to and from the Minister for Health (MfH), or created for the purpose of informing or briefing the MfH and specifically including the dates and times that the relevant documents were sent and received.
- 1.2 All reports and iterations of reports, including drafts and versions of the **interim report** provided by the IR AHP Workforce, Dr Susan Nancarrow or their team and/or associates – Health Professional Workforce to the department, including correspondence and/or briefing notes to and from the MfH, or created for the purpose of informing or briefing the MfH and specifically including the dates and times that the relevant documents were sent and received.

Final Report

- 1.3 Emails and/or letters, including their attachments and/or documents produced relating to the **final report** or draft and version of a final report provided by the IR AHP Workforce, Dr Susan Nancarrow, or their team and/or associates – Health Professional Workforce to the department, including correspondence and/or briefing notes to and from the MfH or created for the purpose of informing or briefing the MfH and specifically including the dates and times that the relevant documents were sent and received.
- 1.4 All reports and iterations of reports, including drafts and versions of the final report or draft and version of a final report provided by the IR AHP Workforce, Dr Susan Nancarrow, or their team and/or associates – Health Professional Workforce to the department, including correspondence and/or briefing notes to and from the MfH or created for the purpose of informing or briefing the MfH, and specifically including the dates and times that the relevant documents were sent and received.

The department acknowledged receipt of the emailed request, noting that the scope of the FOI application appeared to be very broad, not only in timeframe, but also in consideration of including email correspondence over the period of 2+ years.

THE REQUESTED DOCUMENTS

Consultation was undertaken with the relevant business area within the department to ascertain whether the scope was manageable.

On 21 August 2025, the department contacted you via email to propose the following scope for your consideration:

1. Drafts and all versions of the *interim report* and *final report* received from the Independent Reviewer AHP Workforce, Dr Susan Nancarrow or team, and/or associates.
2. Signed BNs to the Minister for Health, briefing on the Independent Review of Career Pathways for Health Professionals.

You confirmed you agreed with this revised scope on 21 August 2025.

In response, searches of the Department Health's electronic document records management system were conducted, resulting in a number of documents being identified. A request was made to the relevant business areas for documents in line with the requested documents to ensure all necessary information was gathered and provided accordingly. The requested materials were sourced and reviewed to align with the specified requirements.

Section 24 – Exempt Matter; Deleting Before Access Given

Under section 24 of the Freedom of Information Act 1992 (the FOI Act), if it is practicable for an agency to give access to a document from which exempt matter has been deleted, the agency must give access to an edited copy of the document.

Upon inspection of the documents 2 and 3 that you seek access to, I am of the view that it is practicable to provide access with the exempt matter removed. In that regard, the documents have been edited in accordance with section 24 of the FOI Act.

EDITED ACCESS

Documents 2 and 3

Edited access has been provided to these documents with exempt matter removed under clauses 3(1) and 6(1).

EXEMPTIONS – SCHEDULE 1

Clause 3(1) – Personal Information

Clause 3 of the FOI Act essentially provides that when the personal information of a third party is located within a document, then that personal information may be exempt unless one of the limits to that exemption is applicable.

Personal information is defined at the Glossary of the FOI Act as:

Personal information means information or an opinion, whether true or not, and whether recorded in a material form or not, about an individual, whether living or dead —

- (a) whose identity is apparent or can reasonably be ascertained from the information or opinion; or

- (b) *who can be identified by reference to an identification number or other identifying particular such as a fingerprint, retina print or body sample;*

In reviewing the documents, it is apparent to me that it contains the personal information of others (i.e. third parties) and is therefore exempt from release pursuant to clause 3(1), Schedule 1 of the FOI Act.

I am now required to consider the 'limits on exemption' contained at clause 3(2) to 3(6) in Schedule 1 of the FOI Act.

Clause 3(2) provides that matter is not exempt merely because its disclosure would reveal personal information about the applicant. Having examined the documents I consider that they do not contain your personal information and that consequently clause 3(2) does not apply in this instance.

Clauses 3(3) and 3(4) provide that information is not exempt merely because its disclosure would reveal 'prescribed details' of an officer, former officer or contractor for an agency. Prescribed details are defined at regulation 9(1) and 9(2) of the *Freedom of Information Regulations 1993* and provides that certain specific work-related personal information is not to be considered as being exempt pursuant to clause 3(1). Information of this type includes:

- (a) the person's name; or
- (b) any qualifications held by the person relevant to the person's position in the agency; or
- (c) the position held by the person in the agency; or
- (d) the functions and duties of the person, as described in any job description document for the position held by the person; or
- (e) anything done by the person in the course of performing or purporting to perform the person's functions or duties as an officer as described in any job description document for the position held by the person.

Consequently, any information which is outside of the prescribed details is considered the personal information of officers and is therefore prima facie exempt.

Direct contact telephone numbers and email addresses of public officers are not prescribed details, and Clause 3(3) does not apply to that material.

Any material considered to be prescribed details has not been redacted.

Clause 3(5) provides that information will not be exempt under clause 3(1) if the applicant provides evidence establishing that the individual concerned consents to the disclosure of their personal information. No such consent has been provided by you and in the absence of any such consent, clause 3(5) does not apply.

Clause 3(6) - Public Interest

Clause 3(6), provides that personal information is not exempt if disclosure would, on balance, be in the public interest. In considering clause 3(6), I have weighed public interest factors both in favor of, and against disclosure of personal information.

It is well established that the public interest means a matter in which the interest is that of the public, as distinct from the interest of a particular individual or individuals.¹

As such, the public interest is not primarily concerned with the personal interests of a particular access applicant, rather, the question is whether the disclosure would be of some benefit to the public generally.

¹ *DPP v Smith* [1991] 1 VR 63 at p.75.

In order to determine whether disclosure would, on balance, be in the public interest, the relevant competing public interests (those favoring disclosure and those against), need to be weighed against each other.

In favor of disclosure, I have considered the general public interest in individuals exercising their rights of access under the FOI Act, by being able to access information held by a government agency.

I also recognise the public interest in the accountability of government and its agencies for the performance of their functions.

Alternatively, in favor of nondisclosure I have considered the public interest in protecting the privacy of individuals and am also cognisant that FOI provisions are not intended to breach the privacy of an individual, unless there is a demonstrable public benefit in doing so.

As no restrictions or conditions can be placed upon the release of documents under the FOI Act, disclosure of information under the FOI Act is disclosure to the world at large.²

Accordingly, when considering whether or not to disclose documents under the FOI Act, the effects of disclosure are generally considered as though disclosure were to the world at large, rather than only to the particular access applicant.

In balancing the above competing interests, I do not consider that disclosure of personal information of a third party in the public domain, would, on balance, be in the public interest. Accordingly, I am of the view that this limit does not apply.

Clause 6(1) – Deliberative processes of Government etc., matter revealing

Clause 6(1) of Schedule 1 to FOI Act provides an exemption from disclosure for documents that would reveal the deliberative processes of the Government, a Minister, or an agency. These deliberative processes refer to internal evaluations, reflections, and judgments concerning the merits, practicality, or timing of proposals, decisions, or courses of action. As established in *Re Waterford and Department of the Treasury (No. 2)* [1984] AATA 67; (1984) 5 ALD 588, such processes encompass the evaluative and judgmental aspects of decision-making.

Clause 6(1) is intended to safeguard the integrity of an agency's internal deliberative processes, particularly in the context of agreement negotiations. This exemption protects documents that contain preliminary evaluations, internal discussions, or draft recommendations from disclosure, where such release could undermine procedural fairness or hinder effective decision-making.

The reports you are seeking access to are still being finalised and remains subject to ongoing deliberations, as it is currently under review. The Department is in the process of developing a revised career pathways proposal for allied health professionals, which will be subject to government endorsement prior to the review becoming publicly known. Disclosure of this information at this stage could disrupt internal decision-making, discourage frank and candid input, and potentially mislead stakeholders with incomplete or evolving content.

To rely on clause 6(1), the agency must demonstrate that:

- (a) *the documents contain matter relating to its deliberative processes, such as opinions, advice, or recommendations prepared for internal decision-making; and*
- (b) *disclosure would be contrary to the public interest, for example by discouraging frank internal discussion, compromising procedural fairness, or exposing incomplete or sensitive information.*

² *H and Graylands* [1996] D05096 at [17] and *Public Transport Authority* [2018] WASC 47 at [71].

The Clause 6(1) exemption has not been applied to material that is purely factual in nature, nor to content that relates solely to procedural or administrative functions. It has also not been applied to advice or recommendations that have already been implemented or communicated.

Furthermore, the exemption does not extend to material contained in internal manuals, factual or statistical information, or documents that have been in existence for ten years or more. However, reports currently under consideration by the Department—particularly those forming part of the deliberative process for developing a revised career pathways proposal—remain subject to this exemption, as their disclosure would be contrary to the public interest while deliberations are ongoing.

Access has therefore been refused to parts of document 3 and all of documents 1 and 4 that remain under active consideration or that would, if disclosed, prematurely and inappropriately reveal the agency's deliberations—particularly its negotiating position and strategic approach to the forthcoming final report.

Public interest – Clause 6(1)(b)

The agency must also consider the public interest test, which requires a careful balance between the public's right to access information and the need to protect internal deliberative processes. In this case, the documents contain sensitive and ongoing discussions regarding the review of the Career Pathways for Health Professionals, including strategic considerations and advice.

It is well established that the public interest refers to matters where the concern or benefit is that of the public at large, rather than the interests of a particular individual or group.³ Accordingly, the public interest is not primarily concerned with the personal interests of a specific access applicant. The key consideration is whether disclosure would provide some benefit to the public generally.

A matter will be in the public interest if it is of serious concern or benefit to the community, or—even if not widely known—serves the public's broader interests. Conversely, disclosure may be contrary to the public interest if it prejudices the protection of an individual's right to privacy. Assessing the public interest in disclosure involves identifying and weighing the factors that support access against those that argue against it.

Factors that support disclosure include advancing the objectives of the FOI Act, informing public debate on matters of public importance, promoting effective oversight of public expenditure, and enabling individuals to access documents containing their personal information. In assessing the public interest, it is particularly important to consider whether disclosure would enhance government transparency and accountability, or whether it could reasonably be expected to prejudice public health or safety, or harm the interests of a group of individuals. While transparency and accountability are significant public interests, they must be carefully weighed against the potential harm that premature disclosure may cause.

In favour of non-disclosure, the agency is satisfied that the premature release of the report could significantly impair its ability to make informed decisions without undue interference. Disclosure at this early stage may discourage frank and candid internal communication, prejudice ongoing negotiations, and compromise the integrity of the agency's decision-making processes. The documents contain sensitive and evolving content, including strategic considerations, legal advice, and the terms of ongoing negotiations or business arrangements. Revealing such details prematurely could undermine the fairness and effectiveness of these processes, particularly while the report remains under active consideration as part of a broader deliberative process.

While transparency and accountability are important public interests, they must be weighed against the potential harm that premature disclosure could cause. In this context, the agency

³ *DPP v Smith* [1991] 1 VR 63 at p.75.

has determined that withholding the deliberative content is justified to preserve the integrity and fairness of its processes.

REFUSED ACCESS

Documents 1 and 4

Access to these documents is refused as I am satisfied that they are exempt documents under clause 6(1).

Upon inspection of the remaining documents you seek access to, I have considered the application of Section 24. The exempt matter in documents 1 and 4 is extensive and therefore I do not consider it practicable to remove such matter from the documents without rendering the document meaningless. Therefore, access has been refused to these documents.

For more detailed information on the legislation applied, please see the attached excerpt copies of the FOI Act.

RIGHTS OF REVIEW

If you are dissatisfied or aggrieved by the decision of this agency regarding access to documents, you can apply for a review of that decision. An explanation of the Review and Appeal Process is provided in the document attached to this notice of decision.

COSTS AND CHARGES

Application Fee	@ \$30.00	\$30.00
Processing Charges		NIL
Less Paid		<u>-\$30.00</u>
Total Due		NIL

Yours sincerely,



Paula Casserly
Senior Freedom of Information Coordinator
Department of Health

8 October 2025

REVIEW AND APPEAL PROCESS

Step 1 - Internal Review (Section 39 - 40 and 54)

If you disagree with a decision made by an agency about your access application, your request for amendment of personal information or an access application where you are a third party, you have the right to apply to the agency for an internal review.

To apply for an internal review, you must lodge a written request with the Department of Health within 30 days of being given this decision. An independent officer will be appointed to conduct your review within 15 days.

In some circumstances, the agency's Manager Information Services may allow the application for internal review to be lodged after the specified period.

The application for internal review must:

1. Be in writing;
2. Give sufficient details of the decision/s you wish to have reviewed; and
3. Give an address in Australia to which notices can be sent.

There is no charge for lodging an application for an internal review.

Applications for internal review should be addressed and sent to:

**Freedom of Information
Department of Health
GPO 8172
Perth Business Centre WA 6849
Email: FOI.DOH@health.wa.gov.au**

Step 2 - External Review by the Information Commissioner (Section 65-66)

After internal review, if you still disagree with the agency's decision, you may lodge a complaint with the Information Commissioner, seeking external review of the agency's decision. The Commissioner is independent of executive government and reports directly to Parliament.

If you are the access applicant, you must apply for external review within 60 days after being given the agency's decision. If you are a third party who objects to disclosure of your information, you must apply for external review within 30 days after being given the agency's decision.

In exceptional circumstances, the Commissioner may allow a complaint to be lodged after these periods have elapsed.

A complaint to the Information Commissioner must:

1. Be in writing;
2. Give an address in Australia to which notices may be sent;
3. Give particulars of the decision you want reviewed;
4. Enclose a copy of this notice of decision; and
5. Be lodged at the Office of the Information Commissioner.

**Office of the Information Commissioner
Albert Facey House
469 Wellington Street
PERTH WA 6000
Tel: (08) 6551 7888 or 1800 621 244 (Country)**

EXCERPT COPIES OF THE ACT

Section

24. Exempt matter, deleting before access given

If —

- (a) the access application requests access to a document containing exempt matter; and*
- (b) it is practicable for the agency to give access to a copy of the document from which the exempt matter has been deleted; and*
- (c) the agency considers (either from the terms of the application or after consultation with the applicant) that the applicant would wish to be given access to an edited copy,*

the agency has to give access to an edited copy even if the document is the subject of an exemption certificate.

Exemptions - Schedule 1 of the FOI Act

3. Personal information

- (1) Matter is exempt matter if its disclosure would reveal personal information about an individual (whether living or dead).*
- (2) Matter is not exempt matter under subclause (1) merely because its disclosure would reveal personal information about the applicant.*
- (3) Matter is not exempt matter under subclause (1) merely because its disclosure would reveal, in relation to a person who is or has been an officer of an agency, prescribed details relating to —*
 - (a) the person; or*
 - (b) the person's position or functions as an officer; or*
 - (c) things done by the person in the course of performing functions as an officer.*
- (4) Matter is not exempt matter under subclause (1) merely because its disclosure would reveal, in relation to a person who performs, or has performed, services for an agency under a contract for services, prescribed details relating to —*
 - (a) the person; or*
 - (b) the contract; or*
 - (c) things done by the person in performing services under the contract.*
- (5) Matter is not exempt matter under subclause (1) if the applicant provides evidence establishing that the individual concerned consents to the disclosure of the matter to the applicant.*
- (6) Matter is not exempt matter under subclause (1) if its disclosure would, on balance, be in the public interest.*

6. Deliberative processes of Government etc., matter revealing

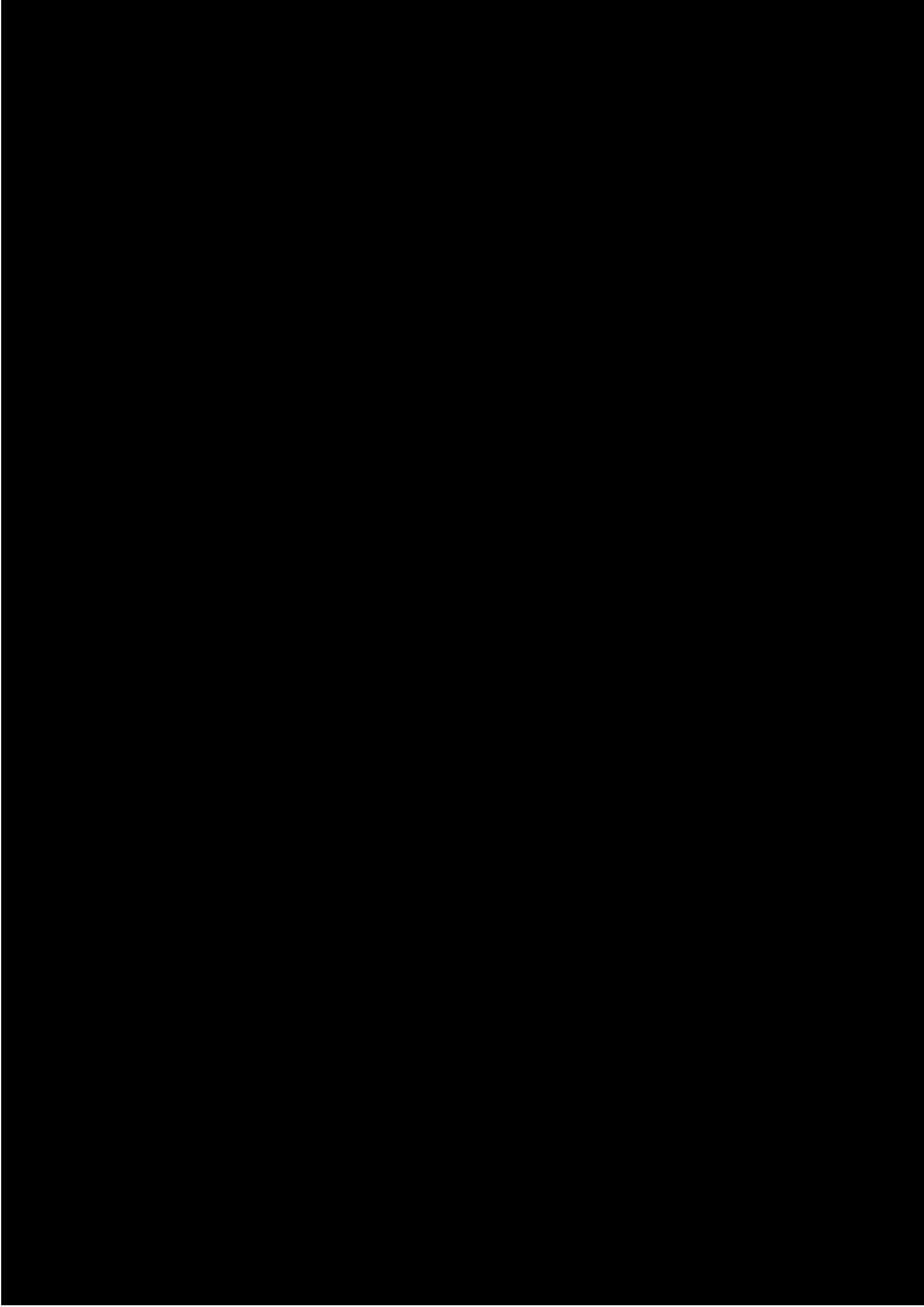
- (1) *Matter is exempt matter if its disclosure —*
 - (a) *would reveal —*
 - (i) *any opinion, advice or recommendation that has been obtained, prepared or recorded; or*
 - (ii) *any consultation or deliberation that has taken place, in the course of, or for the purpose of, the deliberative processes of the Government, a Minister or an agency; and*
 - (b) *would, on balance, be contrary to the public interest.*
- (2) *Matter that appears in an internal manual of an agency is not exempt matter under subclause (1).*
- (3) *Matter that is merely factual or statistical is not exempt matter under subclause (1).*
- (4) *Matter is not exempt matter under subclause (1) if at least 10 years have passed since the matter came into existence.*



FREEDOM OF INFORMATION Document Schedule

Applicant Name: Health Services Union of WA	Reference Number: 2025-38
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Document Number	Page	Date	Description	Exemption	Decision
1.	1-78	14/08/2025	Briefing Note	R	Clause 6(1) of Schedule 1
2.	79-80	24/01/2025	Letter	E	Clause 3(1) of Schedule 1
3.	81-109	04/11/2024	Briefing note	E	Clause 3(1) of Schedule 1 Clause 6(1) of Schedule 1
4.	110-148	10/04/2024	Briefing note	R	Clause 6(1) of Schedule 1





Government of **Western Australia**
Department of **Health**

[REDACTED]

Clause 3(1)

Health Services Union of Western Australia
PO Box 8204
PERTH BUSINESS CENTRE WA 6849

Via email:

[REDACTED]

Clause 3(1)

Dear

[REDACTED]

Clause 3(1)

INDEPENDENT REVIEW OF CAREER PATHWAYS FOR HEALTH PROFESSIONALS – REQUEST FOR FINAL REPORT

I refer to your letter of 9 January 2025 regarding the Independent Review of Career Pathways for Health Professionals (Review) conducted by AHP Workforce (Reviewer).

Late last year, the Department of Health (Department) was provided with a draft report, seeking feedback prior to the Reviewer finalising the document. As such, the report remains in draft form and the Department is in the process of finalising its feedback for the Reviewer's consideration. I apologise if there has been confusion that the Department has received, and not acted upon, a final report.

Upon receipt, the report will be given appropriate consideration by both me, and the Minister for Health, prior to its release to stakeholders. Noting the agreed Terms of Reference of the Review, the Department is committed to providing the HSUWA the final report within agreed timeframes.

In the interim, the Department remains committed to modernising career pathways for allied health professionals. The plan included in the Department's offer of 19 November 2024 includes strong statements to take action, irrespective of the outcomes of the final report.

The Department acknowledges the HSUWA and its members' contributions throughout the review process and remains committed to working with the HSUWA to deliver solutions which modernise the career pathways of our invaluable health professional workforce.

Once the final report has been received, the Department will be in contact regarding next steps.

Should you require any further information, please contact Mr Joshua Chapman,
A/Director System-wide Industrial Relations [REDACTED] or via email at

[REDACTED]

Clause 3(1)

Yours sincerely

Clause 3(1)

[REDACTED]

Dr Shirley Bowen
DIRECTOR GENERAL

Clause 3(1)

24 January 2025

CORRESPONDENCE COVERSHEET

Office of the Hon Minister Amber-Jade Sanderson MLA
Minister for Health Mental Health

Health

Title Email - Naomi McCrae - Letter to Minister Allied Health Career Pathway reform

Author [REDACTED] Clause 3(1)
Health Services Union of WA (HSUWA)

Correspondence Number:
76-34963

Date Received 5/09/2024

Date Due

25/10
Ext Approved 22/10
25/10



URGENT

DATE	MINISTERIAL OFFICE	REFER AGENCY	REPLY REQUIRED	
5/9	<input type="checkbox"/> Chief of Staff	<input checked="" type="checkbox"/> DoH	<input type="checkbox"/> Draft Reply - Minister	
	<input type="checkbox"/> Snr Policy Adviser (CB)	<input type="checkbox"/> MHT	<input type="checkbox"/> Draft Reply - Premier	
	<input type="checkbox"/> Snr Policy Adviser (CM)	<input type="checkbox"/> MHC	<input type="checkbox"/> Draft Reply - CoS	
	<input checked="" type="checkbox"/> Snr Policy Adviser (RM)	<input type="checkbox"/> OCP	<input type="checkbox"/> Direct Reply send copy to MO	
	<input type="checkbox"/> Snr Policy Adviser (AF)	<input type="checkbox"/> Healthway	ACTION REQUIRED <input type="checkbox"/> Briefing Note - Minister <input type="checkbox"/> Briefing Note - Premier <input type="checkbox"/> Advice / Comment <input type="checkbox"/> Redraft <input checked="" type="checkbox"/> Completed return to Agency for filing	
	<input type="checkbox"/> Policy Adviser (LH)	<input type="checkbox"/> MHAS		
	<input type="checkbox"/> Policy Adviser (MO)	<input type="checkbox"/> Hadsco		
	<input type="checkbox"/> Snr Media Adviser (KV)	RELATED RECORDS		
	<input type="checkbox"/> Executive Officer (CC)			
	<input type="checkbox"/> Liaison Officer (JD)			
	<input type="checkbox"/> Liaison Health Officer			

DATE	MINISTERIAL OFFICE COMMENTS / INSTRUCTIONS
9/9	<i>DM - BW -</i> [REDACTED] Clause 3(1)
4/11	<i>CoS noted on behalf of minister. Complete file emailed to DoH. hard copy in bag.</i>

[REDACTED]
Clause 3(1)

CLOSED

5 September 2024

Hon Amber-Jade Sanderson MLA
Minister for Health; Mental Health

By email [REDACTED]

Clause 3(1)

Dear Minister Sanderson,

The need for modern career pathways for Western Australian Allied Health Professionals

As you know, the Independent Review of Career Pathways for Health Professionals in WA public health commenced in 2023 and produced an interim report early this year after two rounds of public consultation were completed, in October 2023 and March 2024 respectively (**Review**).

The purpose of the Review was: to support the retention of a skilled health professional workforce, as well as assisting to develop contemporary clinical practices and new models of care.

There has been a delay to the outcome of the Review's final report from mid-2024 to the end of the year, with an additional six months added to the Independent Reviewers initial 12-month contract earlier this year, without explanation. As you know, one of the key Member claims submitted to the Department of Health for the Union Agreement 2024 last year was:

Claim 11 - Modern career pathways and pay structure for Allied Health and Health Science Professionals

Within 24 months from 1 July 2024, the Union Agreement be amended to reflect fully modernised career pathways and pay structure for health professionals in WA building on the outcomes of the independent review of career pathways – in recognition that the current structures are antiquated, are too narrow and flat and do not support the retention of skilled health professionals, contemporary clinical practice or new models of care in WA public health.

Enclosed to this letter is a compilation of comments from Member letters that were sent to you following the First Offer made to HSUWA Members for a new Union Agreement on 19 June 2024, just over a week before the current agreement expiry date. Members were disappointed with the terms of the First Offer in response to their concise Log of Claims for a replacement agreement, particularly the response to modernise career pathways (which is set out in Attachment 1).

On 20 August 2024, on the eve of union rally in response to the poor First Offer, HSUWA was provided with a Second Offer. It was positive to see improvements in the response to Claim 11 between the First Offer and Second Offer. (The Second Offer wording for Claim 11

is set out in Attachment 2). However, the improvement fell well short of our expectations of what a firm commitment to implement modern career pathways for over 7,000 Allied Health Professionals, the second largest clinical workforce in WA public health, should look like.

Regrettably, the terms of the Second Offer again missed the opportunity provided by the Review process for meaningful progress. Ignoring the calls for change from the professional people who have dedicated their working lives to public patient care is one thing. It's another to also ignore the overwhelming evidence collated under the Review process of the need for real improvement for this workforce, which is in short supply and critical to sustainable public health care.

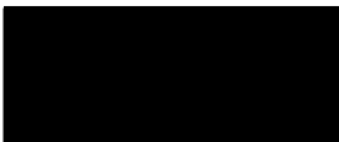
We accept that reform will need to happen in stages, however the stages should be designed to be timely and lead to meaningful improvement - because the goal is clear. A change based on keeping the existing structures intact, with otherwise vague commitments and a one-off reclassification up a level on the health professionals pay scale in 2027 and 2028 for a portion of the workforce (approx. 19%), is not an adequate response to a serious workforce situation. It would leave WA lagging for even longer behind the contemporary practices in other States and countries, like the UK and New Zealand, and would not strengthen the workforce, nor improve retention and service delivery.

A focus on minimising the financial "cost" to resolve this Member claim is represented in the terms of the Second Offer. There appears to be an absence of considering the real costs of not acting with purpose to implement this overdue workforce reform, in the short, medium and long term. This includes the direct impact on attraction and retention of the workforce, workforce effectiveness and culture, "work arounds" that end up costing more, as well as patient care and the sustainability of public health care delivery. This claim impacts from ramping and bed block in the acute hospital setting to a lack of mental health practitioners for children's mental health services in the community.

We hope that continuing to apply a rigid, antiquated workforce model to a workforce that has transformed, and will continue to transform, is not an outcome you consider acceptable in 2024. HSUWA Members request that you step in as needed to deliver a serious response to Claim 11. We understand this is significant change that will need to be stepped out carefully. We hope you will work with us to achieve this. We enclose the collated the comments from Members sent to you in July, to support this request.

We look forward to hearing from you.

Yours sincerely



Clause 3(1)

cc

Minster Simone McGurk; Dr Shirely Bowen; Josh Chapman

ATTACHMENT 1

19 June 2024 First Offer (2-year term proposed).
Response to Claim 11 – in letter of offer

Rewarding careers for health professionals

As you are aware, following extensive consultation with WA Health stakeholders and the HSU, in late March 2024, AHP Workforce (Independent Reviewer) delivered an interim report for the review of the career pathways for health professionals in WA Health.

In response to this, WA Health is committed to establishing and resourcing a dedicated health professionals unit of up to 5.0 FTE within the Chief Allied Health Office.

Within 18-24 months of registration of a replacement Agreement, the unit will:

- Develop a blueprint to support the implementation of a modernised career pathway, having consideration for Queensland and Victoria's implementation plans.*
- Review and modernise the Classification Descriptors for levels P-2 to P-7 to better reflect the six career pathways identified in the interim report (specialist, generalist, research, education, leadership, strategy) in collaboration with relevant stakeholders, including the HSU.*
- Following the review of the descriptors, undertake a gap analysis to identify new career opportunities, including the establishment of Clinical Educator roles (including senior and profession specific educators) and Advanced, Expert and Consultant Level positions.*
- Review roles and responsibilities and amend job description forms to align with the revised Classification Descriptors in collaboration with the System-wide Classification Unit.*

The Department commits to consider the final outcomes of the Independent Review, which is expected in late 2024, and determine which recommendations should be adopted to inform further reforms to the career pathways for Health Professionals in WA Health.

ATTACHMENT 2

20 August 2024 Second Offer (3-year term proposed).
Response to Claim 11 – in letter of offer

Career Pathways for Health Professionals

I refer to negotiations between the Health Services Union of Western Australian (Union of Workers) (HSU) and the Department of Health (Department) for a replacement WA Health System – HSUWA – PACTS Industrial Agreement 2022 (Agreement), and the Exchange of Letters dated 7 October 2022, regarding the Independent Review – Career Pathways for Health Professionals (Review).

As you are aware, the Review was a key commitment arising from negotiations for the current Agreement. On 5 July 2023, the Department engaged AHP Workforce to undertake a review of the career pathways for health professionals to support the retention of a skilled health professionals workforce, as well as assisting to develop of contemporary clinical practices and new models of care.

Following extensive research and consultation, AHP Workforce delivered interim findings in March 2024, and has since been consulting with the HSU and WA Health workforce to inform the final report which is due for completion in late 2024.

While the outcome of the final report is not yet known, WA Health is committed to taking action to address limitations in the career pathways available to health professionals pending the release of the report. As such, the Department commits to establishing and resourcing a unit of up to 5.0 FTE within the Chief Allied Health Office (CAHO).

WA Health commits to reforming the career pathways for health professionals in a phased approach following registration of a replacement Agreement over a 3.5 year period the unit will implement the following commitments in 3 consecutive phases:

Phase 1 – Commencing from registration of the Agreement

During Phase 1, the CAHO health professionals unit will:

- Develop a blueprint to support the implementation of a modernised career pathway, having consideration for Queensland and Victoria's implementation plans.*
- Review and modernise the Classification Descriptors for levels P-3 to P-7 to better reflect the six career pathways in collaboration with relevant stakeholders.*
- Review and modernise the Classification Descriptors for Levels P-7 to P-9 to remove barriers to progression for roles which are not part of a state-wide service, where appropriate.*
- Following the review of the descriptors, undertake a gap analysis to identify new career opportunities, including the establishment of Clinical Educator roles and Advanced, Expert and Consultant Level positions.*
- Review roles and responsibilities and amend JDFs to align with the revised Classification Descriptors in collaboration with the System-wide Classification Unit.*
- Establish an appropriate JDF for a Clinical Educator position to support educating the health professionals workforce.*

Phase 2 – Commencing Financial Year 2026/27

Following the completion of Phase 1, the CAHO health professionals unit will:

- Review employees at P6 and P5 for reclassification against the new classification descriptors.
- From January 2027, review employees at P4 and P3 for reclassification against the new classification descriptors.

WA Health projects 80% of current Levels P-3 to P-6 will be eligible for realignment to Levels P-4 to P-7 in accordance with the revised Classification Descriptors, which have not been updated since 2007.

Phase 3 – Commencing Financial Year 2027/28

Following the completion of Phase 2, the CAHO health professionals unit will introduce a new classification descriptor for P-3 (Top of Scope Practitioner) to recognise health professionals with enhanced professional practice (in clinical practice, research and education). During the 27/28 financial year. This will be supported by the progression and quarantined appointment of 300 existing FTE of suitably skilled, experienced, and qualified P-2 health professionals (subject to an individual assessment) into the P-3 band as Top of Scope Practitioners.

The Department commits to consider the final outcomes of the Independent Review, which is expected in late 2024, and determine which recommendations should be adopted to inform Phases 1 – 3, as well as any further reforms to the career pathways for health professionals in WA Health. Furthermore, the Department seeks to continue to collaborate and consult with the HSU as a key stakeholder throughout this project.



WE STAND UP!

FOR REWARDING CAREERS

**HSUWA MEMBERS
MESSAGE TO HEALTH MINISTER**

July 2024

July 2024



Hon Amber-Jade Sanderson BA MLA
Minister for Health; Mental Health

Dear Minister Sanderson

As you know, we as Allied Health Professionals (AHPs) represent the largest proportion of the overall healthcare workforce. Population growth, an ageing population, the NDIS and an absence of workforce planning, among other factors, have led to a shortage of AHPs in Australia, which is forecast to be long term.

In WA public health, we are currently employed under an antiquated, flat and narrow pay structure that is uncompetitive and suppresses our development and career progression. The WA structure does not reflect the modernised career pathways our colleagues in other states like Queensland and Victoria, and overseas in countries like New Zealand and the UK have adopted in public health.

In 2022, HSUWA Members won an independent review of career pathways, to support the retention of a skilled health professional workforce as well as assisting to develop contemporary clinical practises and new models of care. After two rounds of consultation and an interim report, the independent review has revealed the depth of the problem we raised and identified, that is culminating in an attraction and retention crisis for AHPs in WA public health.

The independent review has exposed the negative effects of applying, for too long, an out of date and rigid classification structure that suppresses our ability for career progression in our chosen fields. Given the urgent need for action exposed, and the HSUWA Union Agreement is where the public health AHP pay structure is set out, in conjunction with our Union, we set out a clear claim in bargaining that steps out how the existing structure can be applied and updated to deliver a modernised career framework, implementable over the life of the next agreement.

In unity



Disappointingly, the offer received from the Department of Health on 19 June 2024 did not adequately respond to our claim. It sent the message that the Department still doesn't understand how important our roles are in WA Health and that immediate change is required. It has proven incapable of stepping away from the prism of 20th century thinking about the public health workforce.

The need for AHPs in public health is only going to increase. Sustainable health reform is not possible without a strong AHP workforce. Our expertise both keeps people out of the hospital and reduces the length of hospital stays - the most expensive part of the state's health care delivery.

We know that you understand the importance of the AHP workforce. As you wrote to our union, the HSUWA on 27 October 2022:

"The attraction and retention of a skilled health professional workforce is vital to maintaining the safe delivery of patient care in WA public health.

I recognise that in order to maintain safe patient care there needs to be an effective process to ensure the attraction and retention of all staff who are fulfilling critical roles within public health."

We urge you to now intervene to ensure our claim to modernise career pathways and pay structures for Allied Health and Health Science Professionals is delivered in full so that WA public health will have the right workforce it needs - to meet the challenges of public health care delivery in 2024 and beyond.

We look forward to you meeting with our union to progress these important matters.

Clause 3(1)

**WE STAND UP!
FOR REWARDING CAREERS**

HSUWA UNION AGREEMENT MESSAGE TO THE HEALTH MINISTER



Minister, in the last Sustainable Health Review released by the WA Government, your Office published clear recommendations to engage with professionals' bodies on new workforce models, support greater use of, and lift the status of primary care and allied health roles.

There was also a clear recommendation to develop new roles and expand the scopes of practice and support the training of the future workforce. A review of the AHP career pathways would undoubtedly address these recommendations – simply put, investing, acknowledging, rewarding and allowing allied health practitioners (who have an immense clinical skillset) to expand and flourish, will provide the best possible care to the people and patients of WA and make our health system sustainable.

Failure to act now will leave our allied health professions with no incentive to work for WA Health, and a future workforce that is understaffed, under-skilled, fatigued and ineffective. Failure to update the AHP career pathways will ultimately lead to future economic blowout through protracted patient care and prolonged ill-health as a result of sub-optimal patient and outdated management systems that stifle our ability to provide best possible care – this is not rocket science, and it baffles me that your Government's economic advisors continue to ignore this.

The obvious, and smart alternative is a Health System that is adaptive, fluid and adaptive to changing demands, cost-efficient with a highly-skilled workforce that can service our state to the best of our ability. I urge you, your advisors, other leadership within the Government to acknowledge that this is an enormously significant issue underpinning the future of WA Health, speak to allied health professionals on the ground, and follow through and implement our Agreement without further delay.

SENIOR PHYSIOTHERAPIST

Hospital pharmacists already have 5 years training prior to registration. We then complete post-graduate studies in our own time, at our own expense, plus significant ongoing education also not supported by our workplace. This increased knowledge and experience is not reflected in our pay structures resulting in difficulties retaining and recruiting experienced staff.

CLINICAL PHARMACIST

My profession, Radiation Therapy, whilst niche and small in numbers, is becoming increasingly in demand to deliver cancer treatments to an aging population and is becoming increasingly complex in nature in order to provide better outcomes for Western Australians. As the only public radiation oncology department in the state, we risk losing staff and graduates to the private sector and other states who offer substantially better pay and conditions.

SENIOR RADIATION THERAPIST

Something needs to be done about the current pay scale. It is completely unfair for anyone who has been loyal to the WA public health system. People are on the same level whether you have 3 or 30 years' experience. There is no career progression. I see why there are very few full-time sonographers working for WA public health, and we have trouble acquiring new staff. Private radiology providers pay scale takes into consideration the scan types you can perform and the amount of experience you have. I hopefully you have read this. Thank you.

SONOGRAPHER

I have worked as an Allied Health professional for almost 40 years because I love my career choice and the work I do. There have been quite dramatic changes to the way we do things over this time but still no discerning pathway for progression as a career. The only way I could have moved up in my profession was to go into management and away from working directly with patients – which is the sole reason I continue to work! I have been on the same pay scale for over 20 years. There are 3 years of progression in my current P2 scale and then nothing. Is this fair? Is this going

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to attract and maintain the type of skilled and experienced staff that WA Health needs? I highly doubt it and that is why we find so many very skilled Allied Health staff moving away from WA health into private practice and away from health altogether. There is zero recognition for people like me who have specialised in one area for over 14 years yet still wish to continue to do what I love. I am paid the same as a far less experienced and skilled person. The WA Government needs to step up and put in place finally, some pathways that recognise the contribution that experienced Allied Health Professionals make to the health system and to our patients.

SENIOR OCCUPATIONAL THERAPIST

I have had to move out of an allied health specific role due to the limitations for career progression within Allied Health, especially within WACHS. Despite having a tertiary allied health qualification, I am currently in the "G" stream due to limited "P" stream roles within WACHS above a P2.

OUTPATIENT MANAGER

I am a middle manager getting paid less than my nursing staff.. equalise up the disciplines.. give the same remuneration for qualifications allowance.. otherwise you are subjugating the allied health workforce..

TEAM LEADER

While our workforce may not be the biggest, I strongly believe in the significant impact our work has on our clients. Coming from a background in the broader health system, I have witnessed the value of allied health and its potential. I am committed to this field and have invested significant time and effort in obtaining the necessary education and experience to deliver the highest quality care and service. Growth and development opportunities as an Occupational Therapist in public service are important to me. Currently, the career advancement within this the public system is limited, often leading individuals to consider leaving the field or exploring external opportunities for professional progress. Please give this enthusiastic new graduate reason to hope.

OCCUPATIONAL THERAPIST

I am a Senior Occupational Therapist of 18 years and have worked for WA health my entire career. I absolutely LOVE my job and have worked hard, mostly self-funded, to improve my skills and expertise. I am frustrated that my colleagues in private practice have significantly higher earning potential as pay reflect their additional study, skill and expertise. I don't want to leave WA health, but having been sitting on the highest pay increment for many years there is no scope for my specialist skills to be further recognised or remunerated. Please, consider the many other incredibly talented Allied Health staff that underpin the work at our hospitals and support career and pay development so we don't have to leave and WA health can maintain these incredible staff.

SENIOR OCCUPATIONAL THERAPIST

I have worked as an Occupational Therapist in WA Health for over 20 years. I have not advanced my position in this time due to the rigid flat and narrow pay structure. I am an advanced clinical with additional skills and experience however there is no way this can be recognised in the current pay structure. I cannot continue as a clinician in WA Health due to this. I am being forced to leave WA Health and enter the private system.

SENIOR OCCUPATIONAL THERAPIST

We have shown a great deal of good will over the last few years and we went to extraordinary lengths to keep our services running during the Covid pandemic. We just want a fair award to prevent us going backwards in terms of wages.

SCIENTIST IN CHARGE

I represent the paediatric Neurophysiology Industry in WA that is currently at crisis point, on the extreme risk register, with frequent mentions in Parliament. The situation has become this way because of lack of recognition of our expertise, lack of career progression and lack of retention strategies offered for this very small group of experienced neurophysiologists. At PCH we have been operating at minus 4FTE for the last two years because of severe shortage of neurophysiologists in Australia. Lack of visa approvals for hiring overseas staff has caused burnout and rock

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bottom morale. PLEASE consider addressing career progression so that situations like ours do not arise in other industries.

NEUROPHYSIOLOGY SCIENTIST

I see firsthand the loss of skilled clinicians from a small specialty area to the private sector due to lack of structured career progression options and an absence of senior clinical roles. Please consider the needs of our psychiatrically unwell, aging, brain injured, neurologically compromised and neurodevelopmentally atypical community members and their need for access to experienced and skilled clinicians.

NEUROPSYCHOLOGIST COORDINATOR

The poor pay rises we have received for the past 20 years have seen our professions go backwards in terms of our standard of living, and against other professions such as teaching and nursing

SENIOR PHYSIOTHERAPIST

I am proud to be a part of and to support the WA health system. But I need the support of my system to live a fulfilling life. I'm a single, 35-year-old WOC, and will support my aging immigrant parents, who gave up their own security to raise me. How can I do this without fear, when the system refuses to pay us in a way that is resonant with the changes in the world around us? We need to be paid in accordance with rising expenses, I need the government to support and pay people like me who have worked hard to get to where they are, and who contribute back to the community and to society. Every member of the health system is important and should be recognised as such through their pay – there really isn't any other form of recognition in a government job.

MEDICAL SCIENTIST

Please review our pay! We put in 110% everyday to look after our patients. Please say thank you by listening to our voice.

PHYSIOTHERAPIST

Please review our pay and conditions. There are minimal levels in regard to clinical progression and experience is not being valued.

PHYSIOTHERAPIST

The work we have endured over the past few years needs recognition and needs financial remuneration in line with the increase to both cost of living, professional insurance cost, professional education which is deemed compulsory but comes at an increasing cost. This is driving intelligent, caring people out of health care, not by choice but by necessity.

SENIOR PHARMACIST

I have very high resignation rates. 2022 16 staff, 2023 14 staff, 2024 end of June 16 staff. I'm losing at least 10% of my staff each year and with it enormous corporate and clinical knowledge. Improve pay and conditions is one this we can do to keep them in WA Health.

CHIEF PHARMACIST

There are more to health workers than simply doctors and nurses. I was dressed in PPE alongside them during COVID and running a high risk to my health, Whilst at the same time suffering a decrease in my real wage thanks to the govt fixed increase wages policy at the time. It is now time to redress this imbalance. Pay us what we are worth to the community.

MEDICAL IMAGING TECHNOLOGIST

I have worked in WA Health for the last 13 years. Working in the community as a Senior Social Worker, I strive every day to keep patients safe in their own homes, out of hospital, and out of residential care facilities, which would otherwise be a great expense to the WA Government. In recent years given COVID and rise in living expenses, my Clinical Caseload has increased substantially. Much more work and the same amount of time, has lead to compassion fatigue and burnout, and less capacity to care for my own family and for myself. Having an increase in pay will reflect the increased stress factors in my role, fairly compensate for our work, and help

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meet the rising cost of living so we can financially support our own families and ourselves. This will be beneficial for longevity in WA Health and help retain experienced staff.

SENIOR SOCIAL WORKER

I hope this direct communication with you the Minister and your office can reflect our profound desire to work cooperatively to enhance the quality of public health in WA. Having buckled down to work with you to get the state through the pandemic and then bearing the brunt of "budget repair" thereafter. It is particularly galling that our representations through the HSUWA are continually dismissed, delayed or trivialised by the health department.

MEDICAL IMAGING TECHNOLOGIST

Modernizing career pathways would offer a real incentive for retention, ensuring that I and others receive a wage that accurately reflects our duties and responsibilities, rather than having to seek alternative careers interstate or overseas for adequate remuneration.

RADIOGRAPHER

Please put yourself in the shoes of the shift worker – working along side other colleagues whose penalty rates are significantly higher than theirs. All working to serve the public but less respected that the time away from their family, time that negatively impacts their health in the long term – increase risks of cancer and poor mental health. To provide a service for their community, yet be disrespected by the pay gap.

MEDICAL IMAGING TECHNOLOGIST

It is disparaging to know that all of our hard work in the face of an exponentially growing and demanding workload is going not only unnoticed but unrewarded. The costs of living are continuing to grow, the work pressures are now greater than ever, and yet I'm not acknowledged for the extra measures I take or the extra work that I do. It's disappointing to see other industries prosper as they are the money-makers whilst the people

that are at the core of the healthcare industry go unrewarded. I moved here from the UK to help my family have a better quality of life as the NHS is in such dire straits that living was barely achievable but it seems we're at the start of a backwards slide here now.

SENIOR RADIOGRAPHER

This week I celebrated my 27th year as a Senior Pharmacist at PCH, which meant I also celebrated 27 years at the same level as the flattened career structure left me with no alternative. I'd like to think that I am a far better pharmacist that I was 27 years ago but there is no way for that to be recognised.

SENIOR PHARMACIST

Thank you for the terrific support shown by the Health minister during and after the Covid pandemic. Please continue to support us by considering a wage increase in line with real cost of living increases, recognising also that increases have been capped at around 1% for approximately 6 years.

PHARMACIST

There needs to be more scope (and equivalent remuneration) for career progression within Allied Health, and in particular, within Pharmacy. I became a registered Pharmacist in 2021 and have already reached my ceiling as far as career progression goes, in the area I am working within Hospital Pharmacy. How can that be considered career progression for a health professional with specialised knowledge?

PHARMACIST

Please understand the value our staff and team provide which I've seen are beyond exceptional. The lack of career progression and low pay (particularly our role requires higher degree) is why most staff are part time or casual contracts. I hope you listen to our voices and we want the best for a healthy population by providing the best care with the best staff.

SONOGRAPHER

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As a clinician of 44 years it has been disheartening to see so many skilled and talented physiotherapists leave the profession in search of opportunities to progress their standing in the workforce, from both a financial and professional recognition point of view. The loss of skills and intellectual property to WA health should never be underestimated.

COORDINATOR REHABILITATION IN THE HOME

It is important for clinical staff, with years of experience and skills at the patient contact/clinical/junior staff mentoring/supervision coalface to also be able to progress to higher levels of professional advancement, just as those who favour management or policy pathways can.

SENIOR SOCIAL WORKER

Cost of living and specially rental prices are off the roof. Please at least give us pay rise to match WA government's own CPI percentage.

MEDICAL SCIENTIST

I am hospital pharmacist with 13 years experience. Whilst I feel valued as part of the healthcare profession/hospital, I feel the pay structure (particularly Professional Level 2.1-2.3) does not show any appropriate growth. It discourages senior experienced allied health from progressing any further in their career and affects staff retention. We must acknowledge and remunerate experienced allied health in the new agreement.

SENIOR PHARMACIST

Please recognise hospital workers for their hard work and dedication. We have been neglected. We worked hard during Covid and got a \$1000 payrise for three years. It is NOT fair at all from any angle!

RADIOGRAPHER

I would like support to make my job viable to support my family. I have committed for 19 years in health serving the public continuously. I am

at the top of my job grade and feel as if I am spinning my wheels without a fairer deal.

SENIOR SOCIAL WORKER

You have a pay rise (significantly more in dollars than a person at my level gets. I still have bills to pay - with less money). Surplus budgets and not caring for workers. Labor stands for?

SOCIAL WORKER

AHP are recovery focussed and move and ebb with the need of the consumer. Our training allows for this flexibility, thus meeting the needs of the consumer in a more holistic manner.

SENIOR SOCIAL WORKER

As someone who is responsible for employing other staff we are losing staff to private and NDIS settings due to our pay and conditions an improvement would help a lot with recruitment and retention of good people.

MANAGER SOCIAL WORKER

We need to make up our pay following the pay freeze, and to catch up with inflation and cost of living.

SMIT

The collaboration between healthcare professions is essential for comprehensive patient care, but tensions can arise when one profession manages another. This is exemplified by the management of exercise physiology by physiotherapy in healthcare settings. While both disciplines are complementary, they have distinct roles and expertise: exercise physiologists specialise in studying how exercise affects the body and developing fitness programs, while physiotherapists focus on diagnosing and treating physical impairments to restore function and mobility. When physiotherapists oversee exercise physiologists, several issues can emerge. These include conflicts of interest, where physiotherapists may prioritize treatments aligned

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with their own expertise, potentially undervaluing exercise-based interventions.

Additionally, exercise physiologists may experience reduced professional autonomy and feel their competencies are underutilized. Resource allocation may favour physiotherapy-related treatments, and professional tensions can develop due to overlapping yet distinct roles. These challenges can ultimately impact the quality of patient care and lead to professional discord within healthcare teams.

To address the challenges arising from the management of exercise physiology by physiotherapy, it is crucial to promote a culture of mutual respect and collaboration. This can be achieved through clear role definitions, interdisciplinary leadership structures, and ongoing professional development opportunities. Creating channels for open communication and ensuring equitable resource distribution based on patient needs rather than professional bias are also essential steps in fostering a collaborative environment.

By acknowledging and addressing the potential conflicts and fostering a collaborative environment, healthcare institutions can harness the full potential of both exercise physiology and physiotherapy, ultimately enhancing patient care and professional satisfaction. Considering the challenges and professional boundaries discussed, it is clear that there is a need for better integration and recognition of exercise physiology within the healthcare system.

EXERCISE PHYSIOLOGIST

I am writing in the hope that you will please intervene to ensure critical claims are addressed in a second Offer. I have worked within the health department since finishing university and hope to continue within this pathway. However, with the cost of living and competitive salaries and work/life balance offered through non-government agencies this is becoming a difficult choice. We have already lost so many staff and we are feeling the pressure in understaffed workplaces. Please consider another offer for our government employees.

SENIOR OCCUPATIONAL THERAPIST

We continue to lose experienced staff to private providers as they can offer better opportunities for staff both financially and professionally. Our rigid structure means that our overall inexperience can be dangerous despite ongoing rostering efforts, training and development.

RADIATION THERAPIST

I have worked within the public health system at PMH, PCH, KEMH and Child Development Services for over 45 years. I reached the top level of pay for a hands on clinician in my area 40 years ago. Since then I have done extra study, (for which I paid and took annual leave, as 2 days paid leave a year is not enough). As an employee of Health WA we are expected to deliver best practice, researched treatment but given minimal support to be able to learn this.

I have been responsible for training students and staff locally and in remote areas. I train medical staff new to my area of expertise and I remain at the same pay level I achieved 40 years ago.

I am leaving this position shortly to finish out my career in the private system where I will be remunerated appropriately for my experience. I stayed in the Health dept all this time as I am passionate about the work we do with the families we support through very tough times which only happens in an acute area. I feel this is a very common reason for allied health staff to stay in these positions but why many leave after a short career as a cleaner not paying tax s now get a similar hourly rate to allied health workers.

SENIOR PHYSIOTHERAPIST

Bed pressure is a constant in the hospital environment. The department of Health and the Government can not afford to lose allied health professionals from the system. It is the allied health professionals that create early or timely discharge to allow for patient flow. If we are left understaffed through staff leaving over poor conditions, the impact on patient flow and consequential bed blocks plus increases in ED ramping will be felt.

PHYSIOTHERAPIST

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Please act now.

RADIOGRAPHER

As an OT with 20 years experience in a specialty clinical area I hit a ceiling 10 years ago. I have no interest in a management pathway and have been happy in my clinical role adding to my skills and experience but am looking at opportunities outside of the public sector now due to lack of opportunities to progress in a clinical role.

OCCUPATIONAL THERAPIST

There is a critical shortage of sonographers and WACHS currently has 6 sonographers on their books. The rest of the roles are filled with contract sonographers who cost WACHS between double and triple a WACHS sonographer's rate per hour. We are constantly being approached by agencies to leave WACHS and become locums but we love providing our local community with a consistent service.

This love for the remote job will not continue if our pay does not reflect our dedication and expertise. Where I work in Broome we have 4 of the 6 dual qualified radiographer/sonographers and it would be detrimental to the community to lose that connection with their health providers. It is time that our pay reflects the responsibility of the remote work that we perform with no radiologist onsite and the fact that we are dual trained, paying dual registration fees and keeping up with two CPD programs.

SONOGRAPHER/RADIOGRAPHER

Allied Health Professionals deserve recognition for their dedication, service, and pursuit of excellence within and in collaboration with the Public Health Sector. The current structure often leads to stagnation and hinders the growth of skilled individuals.

RESPIRATORY SCIENTIST

As a Consultant Clinical Psychologist with over 30 years' experience working in Youth Mental Health (at YouthLink - which is Tier 4 - highest

level of complexity, severity and social/economic disadvantage), I can fully endorse the urgency of the HSU's request.

Over the years I have worked within Youth Mental Health, I have seen a steady increase in the complexity of the needs of our most marginalised young people, and an extreme increase in the numbers of young people at this level of need, which includes homelessness, repeated hospital presentations and crisis admissions, multiple co-occurring severe mental health disorders, and co-existing neuro-developmental issues such as Autism and ADHD. There has never been a more urgent need to ensure the attraction and retention of a highly skilled professional workforce to respond to these needs.

The more competent and stable the Allied Health Professional workforce becomes, the more they will be able to respond to the needs of clients such as those accessing Youth Mental Health, with better outcomes including reduced need for hospitalisation, reduced suicidal and self-harming behaviours, and better recovery trajectories.

SENIOR CLINICAL PSYCHOLOGIST (CONSULTANT)

Please understand that Health Professionals are trying to receive the same conditions as the nurses and doctors. Qualification allowances, better career structure are needed if we are to attract and retain high quality staff. As a manager of a large laboratory. Twenty five years ago >80% of scientific staff were undertaking post grad studies. Today not one is. We can stop this by introducing an allowance, which is only paid when the qualification is completed. Please reconsider this request.

PRINCIPAL MEDICAL SCIENTIST

Please consider the vital role that AHP in particular Social Work play in improving patients outcomes and opportunities to safe and sustainable discharges from hospital as well as reducing the burden of the health dept. Please consider the positive impacts that social workers have in positively impacting vulnerable individuals that present to the hospital-with domestic violence, child protection issues, mental health,

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homelessness and alcohol/drug related issues.

I would also like consideration for the fact that discharges would come to a grinding halt if there were limited social work resources in the hospital thus further impacting on access and flow. Respectfully, please consider the value we add to the organisation as a whole and the appropriate remuneration that follows.

SOCIAL WORKER

As someone dedicated to working for WA Health, who continues to improve myself for the care of my patients, please support us to support them. We continuously go above and beyond and are often the "forgotten" staff of the hospital, but the health system does not work without us.

INPATIENT PHYSIOTHERAPY COORDINATOR

I am a medical sonographer and my career is based on completing an undergraduate and post-diploma degree. There are not enough sonographers to keep up with the workload in the public hospital. Many sonographers are going to private clinics as they are well compensated for their job. There is a shortage of sonographers, and it is a crisis across Western Australia. We are a fundamental service to the hospital and patient care. Doctors and the hospital staff cannot afford to lose us as it will severely impact patient care. However, with the cost of living crisis and better pay being given in the private sector there is a crisis now. The public health sector needs to do better and compete with private companies in pay and conditions if they are wanting to retain staff. Otherwise the public health system will be unable to manage patients or their health.

SENIOR SONOGRAPHER

It is in everyone's interest, including the government's, to have a healthy and well-functioning public health sector. The way things are currently going is unsustainable unless real changes are implemented.

SENIOR RADIATION ONCOLOGY MEDICAL PHYSICIST

In order to attract new employees to the health sector and sustain a workforce to deal with an aging population this is important to acknowledge and recognise. Health is losing staff to competing sectors at an alarming rate.

PRINCIPAL SCIENTIST

Minister, as an experienced pharmacist who routinely receives calls from less experienced hospital colleagues on nights, weekends and while on holidays (and doesn't get paid for this) I implore you to recognise skilled staff before we burn out.

SENIOR PHARMACIST

Please sort out a fair offer ASAP, we are overworked and understaffed and we deserve better.

SENIOR PHYSIOTHERAPIST

After over 40 years working as a Physiotherapist in the public health system, I'm appalled at the lack of remuneration for our workforce. We are an integral part of the healthcare team and without us and our passion to care and support people in need, the system would have failed long ago. We play an important role across the breadth of the various specialties and actively work every moment of the day to achieve early patient discharge, to reduce the burden on the healthcare system.

We also work in the community to actively prevent admission to hospital. There is no recognition for extra professional development, i.e. achievement of Masters or PhD in our profession either. No wonder there are many from our profession who either leave the health care workforce altogether, work in other non-patient roles that offer a more senior position (more \$\$), and don't pursue extra study due to the flat career structure. In my current position which I have held for close to 20 years, I receive one pay increment after the first year and nothing since. If it wasn't for our Union working tirelessly every year to seek better remuneration. I would be stuck receiving the same salary as I was 18 years ago.

DEPUTY HEAD OF DEPARTMENT, PHYSIOTHERAPY

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I wonder if those deciding on our pay structure ever consider the impact of what not being acknowledged for years of experience, additional study and educating students, interns and other health care workers, has on our mental health? Specialised staff with over 30 years' experience, get paid and considered as equal to someone with 2 years' experience. Yes, we are natural carers, but we are taken advantage of, rather than being rewarded for, our dedication to the health of our fellow Australian and non-Australian citizens.

SENIOR PHARMACIST

Unfortunately, in my field as well, we are experiencing a shortage in staff constantly. Our recruitment pools are always dry and I see so many colleagues move on to different areas altogether because they aren't getting the career progression they have been looking for within the healthcare sector as it stands. I implore you to please and a look into our claims in order to keep our experienced healthcare workers in WA and in the healthcare sector altogether.

RADIATION THERAPIST

The underutilised human capital in WA Health Allied Health workforce is a sad indictment of the lack of career pathways in a system that has historically been dominated by just doctors and nurses.

COMPLEX CARE CO-ORDINATOR

I would like to add that this especially impacts those working within WACHS where extremely qualified and skilled AHP's are working in graduate entry (level P1) positions with no career progression possible. This impacts staff retention in regional and rural areas, impacting on the quality of healthcare for the public.

SENIOR OCCUPATIONAL THERAPIST

We matter and our contribution is as valid as any consultant, medic or nurse. Our contribution should be validated and honoured in the pay and career structure not stifled. Thank you for supporting me as an individual and hearing

my voice.

LIBRARIAN

\$60 p/hr for 23 years clinical experience and a 4 year degree doesn't seem reflective of the work I do. I have a friend who is a stationary sales rep and gets paid the same - \$60 p/hr. They have far less responsibility and challenges than a Senior Social Worker at CAHS. Something needs to change to retain my skills within WA Health.

SENIOR SOCIAL WORKER

I personally am heavily involved in training staff to further their skills in Radiology. This requires much more effort, patience and care than what many of my colleagues give who get paid the same. This is incredibly frustrating. I have been in the most senior role I can ascend to without entering management for many years now. This is disheartening as I know management is not for me, but nothing else is recognized as being worth rewarding in our current pay structure. I have worked in public health my entire 14 year career and this is the first time I've seriously considered what a career in the private sector may offer me and my skill set without such a rigid system of pay and seniority.

SENIOR MEDICAL IMAGING TECHNOLOGIST

I work private and public. I'm passionate about public but cannot commit to full time due to pay disparity. I am a Sonographer of 30+ years experience. I would be happy to work full time in public with equal pay.

SONOGRAPHER

We are working harder than ever and our wage is no longer cutting it with the rising cost of living. We do our work because we love it and love giving back to our community. We would like to be given the same respect and to be paid fairly.

SONOGRAPHER

We don't usually make a big fuss, we are in this profession because we all genuinely want to help

people, but it feels like we are now being taken advantage of. We work constantly in a very fast paced and demanding role with limited FTE, so we are all constantly stretched in our role but we do it to our own detrimental due to mental and physical stress. We deserve to be recognised for our hard work over the many years.

SENIOR SOCIAL WORKER

I don't know what else to say apart from the fact that I see families struggling due to the burden this day and age's economic pressure has put on working individuals of families, to even keep the basic bread and butter on the table.

SENIOR SOCIAL WORKER

Please allow us the measures that ensure we stay in this profession and can continue to progress our careers and develop this sector.

SPEECH PATHOLOGIST

I am highly qualified. You can't get someone off the street to do my job. It takes 5-10 years to train someone with my skills, yet this is not reflected in my wages. There is no career progression. I am paid the same amount as someone with a quarter of my experience. I work in a highly demanding public hospital department. I don't feel like my skills are appreciated or respected. I love working with public patients but unfortunately feel the private sector is in my future.

SENIOR MEDICAL IMAGING TECHNOLOGIST

Please help to retain our experienced staff, this supports our health system and maintains its productivity.

SPEECH PATHOLOGIST

After many years of sub-inflation pay rises, now is the time to repay the faith for all of the hard work we do every day!

PHARMACIST

In spite of working full time since 1999. As a Senior Clinician and Team Leader of Group Therapy, I have to take on extra work to supplement my income as I get paid nearly three times the hourly rate in the private sector for my clinical skills and my capacity to train other health professional in advanced therapies. I want to remain in the public sector as our community who can't afford to pay those rates privately also are needing of therapy too. So many of my peers have left the public sector in frustration that clinical seniors are stuck in a structure that fails to recognise the value they bring to the public sector and our community. Please do not continue to allow this old, outdated structure to take unfair advantage of our commitment to serve our community.

SENIOR OCCUPATIONAL THERAPIST

More and more of us are looking outside of the public service due to the lack of recognition by the government of what we have and continue to deliver.

HEAD OF DEPARTMENT PHYSIOTHERAPY

HSUWA UNION AGREEMENT

MESSAGE TO THE HEALTH MINISTER



FIRST NAME	LAST NAME	HEALTH SERVICES PROVIDER	JOB TITLE
1		CAHS	Manager Social Work
2		South Metro Health Service	Senior Social Worker
3		FSH	Medical Imaging Technologist
4		NMHS	MIT
5		Kalgoorlie Hospital	Senior Social Worker
6		WACHS Goldfields	Dietitian
7		SMAHS - Rehabilitation in the home	Senior Physiotherapist
8		Fiona Stanley Hospital	Medical Imaging Technologist
9		Perth Children's Hospital	Senior Physiotherapist
10		WACHS	MIT
11		NMHS	Medical Imaging Technologist
12		East Metropolitan Health Service	Physiotherapist
13		CAHS	Senior Physiotherapist
14		SCGH	Respiratory Sleep Scientist
15		Fiona Stanley Hospital	Pharmacy Technician
16		CAHS	Physiotherapist
17		SCGH	Medical Imaging Technologist
18		Rockingham General Hospital	Sonographer
19		South Metropolitan Health Service	Respiratory Scientist
20		FSH	Pharmacist
21		Fiona Stanley Hospital	Respiratory Sleep Scientist
22		Allied Health	Senior Dietitian
23		South Metropolitan Health Service	Senior Physiotherapist
24		South Metropolitan Health Service	Manager Community Services
25		RPBG	Senior Physiotherapist
26		WACHS - Esperance	Medical Imaging Technologist
27		Broome Health Campus	Sonographer/Radiographer
28		Perth Children's Hospital	Senior Pharmacist
29		Sir Charles Gairdner Hospital	Senior Radiation Therapist
30		EMHS	Speech Pathologist
31		North Metropolitan Health Service	Physiotherapist
32		WACHS - West Pilbara	Outpatient Manager
33		North Metropolitan Health Service	Pharmacist
34		Sir Charles Gairdner Hospital MHU	Exercise Physiologist
35		PathWest	Lab Technician
36		Bentley Hospital	Social Worker
37		CAMHS	Social Worker
38		North Metropolitan Health Service	Medical Imaging Technologist
39		SCGOPHCG	Senior Pharmacist

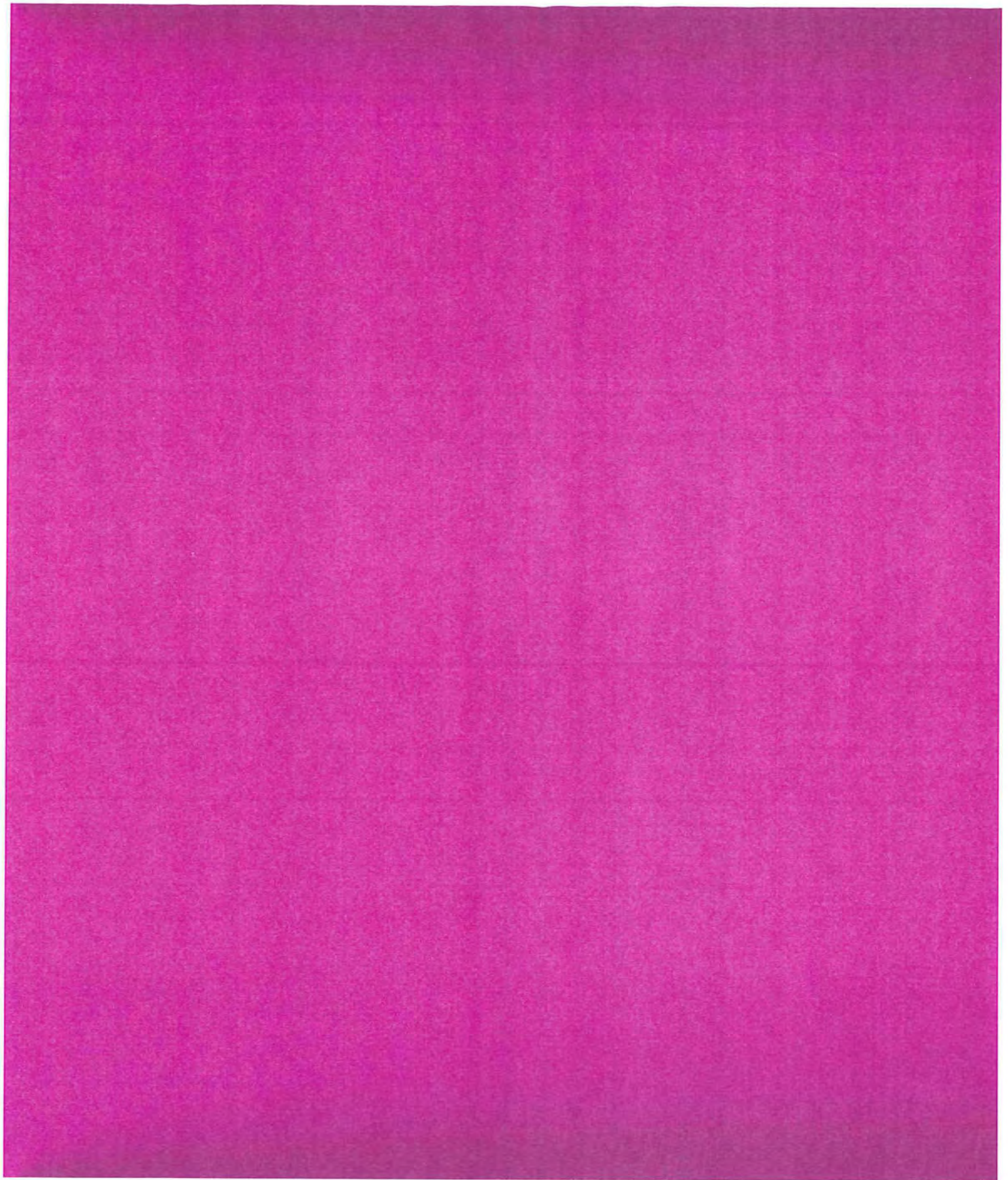
40	KEMH	Sonographer
41	SMHS – FSH & Fremantle	Senior Social Worker
42	South Metropolitan Health Service	Senior Pharmacist
43	NMHS	Clinical Psychologist
44	PathWest	Medical Scientist
45	SCGH	Radiation Therapist
46	PathWest	Medical Scientist in Charge
47	SMHS	Senior Physiotherapist
48	PMH	Physio
49	Fiona Stanley Hospital	Deputy Chief MIT
50	Royal Perth Hospital	Senior Health Practitioner
51	SCGH	Radiographer
52	Child & Adolescent Mental Health	Senior Occupational Therapist
53	CAMHS	Clinical Psychologist
54	SMHS	Administrative Officer
55	SMHS – Fiona Stanley Hospital	Pharmacist
56	Sir Charlies Gairdner Hospital	Medical Imaging Technologist
57	Child & Adolescent Health Service	Senior Pharmacist
58	EMHS	Principal Biomedical Engineer
59	NMHS	Allied Health
60	SCGH	Senior Radiation Therapist
61	Fiona Stanley Hospital	Neurology Social Worker
62	NMHS	Medical Imaging Technologist
63	SMHS	Complex Care Coordinator
64	Sir Charles Gairdner	Radiation Therapist
65	Rockingham General Hospital	Pharmacist
66	PathWest Laboratory Medicine	Principal Scientist
67	WACHS	Senior Physiotherapist
68	Royal Perth Bentley Group	Deputy HoD – Physiotherapy
69	FSH/Rockingham Hospital	Pharmacy Technician
70	SMHS	Occupational Therapist
71	NMHS	OT
72	Sir Charles Gairdner Hospital	Senior Podiatrist
73	Fiona Stanley Hospital	Pharmacist
74	CAHS	Senior Social Worker
75	CAHS	Manager
76	PathWest Laboratory Medicine	Medical Scientist
77	Rockingham General Hospital	Senior Social Worker
78	South Metropolitan Health Service	Senior Podiatrist
79	SMHS	Coordinator RITH
80	Older Adult Mental Health Service	Senior Occupational Therapist
81	Fiona Stanley Hospital	Clinical Trials Technician
82	Fiona Stanley Hospital	Senior Pharmacist

83	SCGH	Medical Imaging Technologist
84	Royal Perth Hospital	Social Worker
85	WACHS	Medical Imaging Technologist
86	PathWest	Medical Scientist
87	EMHS - AKG	Physiotherapy Coordinator
88	CAHS	HoD, Physiotherapy
89	Rockingham	Radiographer
90	NMHS - Youth Mental Health	Psychologist Technical Assistant
91	PathWest	Pharmacist
92	SMHS	Sonographer
93	EMHS	Head of Department, Library
94	SMHS	Medical Scientist
95	Rockingham	Senior Sonographer
96	Child & Adolescent Health Service	Librarian
97	Fiona Stanley Hospital	Medical Imaging Technologist
98	NMHS - SCGH	Senior Social Worker
99	EMHS - Armadale - RITH	Perfusionist
100	Perth Children's Hospital	Librarian
101	SMHS	Lead Cancer Pharmacist
102	WACHS	SMIT
103	Fiona Stanley Hospital	Senior Pharmacist
104	PCH	Cardiac Scientific Officer
105	FSH	Occupational Therapist
106	Fremantle Hospital	Social Worker
107	Wungen Kartup	Senior Social Worker
108	SMHS - Fremantle	Medical Imaging Technologist
109	WACHS - Wheatbelt	Scientist In Charge
110	PathWest	Physiotherapist
111	South Metro Health Service	Chief Pharmacist
112	Fiona Stanley Hospital	Clinical Pharmacist
113	Private Practice	Senior Allied Health Officer
114	Armadale Kalamunda Group	Team Leader, Librarian
115	SMHS	Senior Social Worker
116	EMHS	Medical Scientist
117	PathWest	Occupational Therapist
118	East Metro Health Service - RPBG	Principal Medical Scientist
119	PathWest	Principal Medical Scientist
120	NMHS	Medical Imaging Technologist
121	SMHS	Speech Pathologist
122	NMHS	Respiratory Scientist
123	NMHS	Social Work Manager
124	Rockingham General Hospital	Pharmacist
125	Fiona Stanley Hospital	Pharmacist

126	SMHS	Librarian
127	Rockingham Hospital	Social Worker
128	Fremantle Hospital	Sonographer
129	Fiona Stanley Hospital	Pharmacist
130	EMHS	Industrial Office Person
131	NMHS	Coordinator Pharmacy
132	Royal Perth Hospital	Physiotherapist
133	North Metropolitan Health Service	Radiographer
134	NMHS - SCGH	Radiographer
135	SCGH	Physiotherapist
136	WACHS - Albany	Senior Occupational Therapist
137	SCGH	Senior Radiation Therapist
138	Fremantle Hospital	Exercise Physiologist
139	SMHS	Clinical Psychologist Registrar
140	SCGOPHCG	DH - Social Work
141	EMHS	Senior Social Worker
142	Armadale Health Service	Social Worker
143	Osborne Park Hospital	Senior Occupational Therapist
144	EMHS - RPH	Senior Rehabilitation Engineer
145	PathWest	Medical Scientist
146	PathWest	Medical Scientist
147	NMHS	Neuropsychologist Coordinator
148	SMHS - Fremantle Hospital	Senior Social Worker
149	Sir Charles Gairdner Hospital	Senior MIT
150	North Metropolitan Health Service	Medical Physicist
151	EMHS	Senior Physiotherapist
152	SMHS	Senior Social Worker
153	KEMH	Shift Scientist Pathology
154	NMHS - PathWest	Senior Radiation Oncology
155	Fiona Stanley Hospital	Medical Scientist
156	PathWest	Senior Pharmacist
157	NMHS	Medical Scientist
158	South Metropolitan Health Service	Radiation Therapist
159	CAHS	Librarian
160	FSH	Senior Physiotherapist
161	FSH	Medical Scientist
162	Fiona Stanley Hospital	Social Worker
163	North Metropolitan Health Service	Pharmacy Technician
164	WACHS	Clinical Psychologist
165	Fiona Stanley Hospital	Team leader ICAMHS SW
166	PathWest	Senior Pharmacist
167	South Metropolitan Health Service	Acting Scientist in Charge
168	Royal Perth Hospital	Pharmacist

169	Fiona Stanley Hospital	Pharmacy Assistant
170	Perth Children's Hospital	Senior Pharmacist
171	Child Development Service	Pharmacist
172	Osborne Park Hospital	Physiotherapist
173	Perth Children's Hospital	Physiotherapist
174	PathWest WA Laboratory	Physiotherapist
175	Medicine FSH	Medical Scientist
176	RPH	Senior Social Worker
177	WACHS	Deputy Chief Pharmacist
178	WACHS	Senior Physiotherapist
179	North Metro Mental Health	Senior Clinical Psychologist
180	QEII	Medical Scientist
181	Sir Charles Gairdner Hospital	Radiochemist
182	Sir Charles Gairdner Hospital	Sonographer
183	Perth Children's Hospital	Chief Clinical
184	Fremantle Hospital	Neurophysiology Scientist
185	SMHS - Peel Health Campus	Pharmacist
186	SMHS - Rehabilitation in the Home	Supervising Pharmacy
187	South Metropolitan Health Service	Technician
188	SMHS	Senior Social Worker
189	NMHS	Physiotherapist
190	SCGH	Physiotherapist
191	EHMS	Librarian, HOD
192	Royal Perth Hospital	Medical Imaging Technologist
193	Royal Perth Hospital	Diagnostic Radiographer
194	NMHS	Medical Imaging Technologist
195	Rockingham	Medical Physicist
196	NMHS	Coordinator of Physiotherapy
197	Perth Children's Hospital	Medical Imaging Technologist
198	Child & Adolescent Health Service	Radiographer
199	NMHS - SCGH	Radiographer
200	Sir Charles Gairdner Hospital	Physiotherapist
201	NMHS	Radiographer
202	NMHS	Senior Sonographer
203	NMHS - SCGH	Radiation Therapist
204	SCGH	Physiotherapist
205	Fiona Stanley Hospital	Radiation Therapist
206	NMHS	Senior Pharmacist
207	NMHS	MIT
208	Fremantle Hospital	Clinical Psychologist
209	PathWest (QEII/CMC)	Radiographer
210	NMHS	Medical Scientist
211	Allied Health	Senior Physiotherapist

212	SGH	Physiotherapist
213	Fiona Stanley Hospital	Medical Physicist
214	PathWest Laboratory Medicine	Senior Pharmacist
215	WA	Discipline Support Specialist
216	SMHS	Pharmacist
217	SCGH	Senior Occupational Therapist
218	NMHS	Senior MIT
219	Royal Perth Hospital	Senior MIT
220	SMHS	RITH Coordinator
221	SMHS	Senior Physiotherapist
222	PathWest	Medical Scientist
223	SMHS	Pharmacist
224	SMHS	Medical Imaging Technologist
225	SMHS	Physiotherapist
226	Sir Charles Gairdner Hospital	Sonographer
227	Sir Charles Gairdner Hospital	Social Worker
228	Fremantle	Pharmacy Technician
229	Bentley Hospital	AHLO
230	WACHS	Communications Officer
231	SMHS	OT
232	WACHS	Senior Physiotherapist
233	Fiona Stanley Hospital	Pharmacist
234	Sir Charles Gairdner	Medical Imaging Technologist
235	NMHS	Physiotherapy Assistant
236	HNMHS	Senior MIT
237	Fiona Stanley Hospital	Social Worker
238	SMHS	Senior Occupational Therapist
239	Fiona Stanley Hospital	Pharmacist
240	South Metropolitan Health Service	Pharmacist
241	Fiona Stanley Hospital	Senior Pharmacist
242	Armadale Health Service	Senior Occupational Therapist
243	RPBG	Physiotherapy Assistant
244	Graylands Health Campus	Senior Social Worker
245	EMHS	Radiation Therapist
246	Fiona Stanley Hospital	Pharmacist
247	Armadale Health Service	Social Worker
248	EMHS	Senior Physiotherapist
249	NMHS	Senior Radiographer
250	Royal Perth Hospital	Physiotherapist
251	Osborne Park Hospital	Senior Pharmacist
252	Fremantle Hospital	Team Leader



21 October 2025

Freedom of Information
Department of Health
GPO 8172
Perth Business Centre WA 6849

By email only: FOI.DOH@health.wa.gov.au

To whom it may concern,

Request for Internal Review – Notice of Decision (Ref: 2025-38)

The Health Services Union of WA (**HSUWA**) requests an internal review of the Department of Health's (**the Department**) Notice of Decision dated 8 October 2025 (Ref: 2025-38), concerning our application for access to documents relating to the *Independent Review of Career Pathways for Health Professionals*. We disagree with the decision (Ref: 2025-38).

Background

1. Freedom of Information Application

On 18 August 2025, the HSUWA lodged a Freedom of Information (**FOI**) request with the Department, seeking access to documents relating to the *Independent Review of Career Pathways for Health Professionals* in accordance with the *Freedom of Information Act 1992 (WA)* (**FOI Act**).

The application sought records from January 2023 to the present concerning both the *Interim Report* and *Final Report* of the review conducted by Dr Susan Nancarrow (Independent Reviewer, AHP Workforce) (**the FOI Application**).

Specifically, the FOI Application sought:

- 1.1. Emails and/or letters, including their attachments and/or documents produced relating to the **interim report** [or versions of] provided by the Independent Reviewer AHP Workforce, Dr Susan Nancarrow or their team and/or associates – Health Professional Workforce to the WA Department of Health, including correspondence and/or briefing notes to and from the Minister for Health or created for the purpose of informing or briefing the Minister for Health and specifically including the dates and times that the relevant documents were sent and received. (**Document 1 – Interim Report Correspondence**).
- 1.2. All reports and iterations of reports, including drafts and versions of the **interim report** provided by the Independent Reviewer AHP Workforce, Dr Susan Nancarrow or their team

and/or associates – Health Professional Workforce to the WA Department of Health, including correspondence and/or briefing notes to and from the Minister for Health or created for the purpose of informing or briefing the Minister for Health and specifically including the dates and times that the relevant documents were sent and received. (**Document 2 – Interim Report Drafts**).

- 1.3. Emails and/or letters, including their attachments and/or documents produced relating to the **final report** or draft and version of a final report provided by the Independent Reviewer AHP Workforce, Dr Susan Nancarrow or their team and/or associates – Health Professional Workforce to the WA Department of Health, including correspondence and/or briefing notes to and from the Minister for Health or created for the purpose of informing or briefing the Minister for Health and specifically including the dates and times that the relevant documents were sent and received. (**Document 3 – Final Report Correspondence**).
- 1.4. All reports and iterations of reports, including drafts and versions of the **final report** or draft and version of a final report provided by the Independent Reviewer AHP Workforce, Dr Susan Nancarrow or their team and/or associates – Health Professional Workforce to the WA Department of Health, including correspondence and/or briefing notes to and from the Minister for Health or created for the purpose of informing or briefing the Minister for Health and specifically including the dates and times that the relevant documents were sent and received. (**Document 4 – Final Report Drafts**).

(emphasis in original).

On 21 August 2025 the scope of the FOI Application was revised. The revised scope was specifically:

- “1. Drafts and all versions of the *interim report* and *final report* received from the Independent Reviewer AHP Workforce, Dr Susan Nancarrow or team, and/or associates. [Scope Point 1]
2. Signed BNs [Business Notes] to the Minister for Health, briefing on the Independent Review of Career Pathways for Health Professionals. [Scope Point 2]”

Scope Point 1 refers in effect, to Documents 2 and 4.

Scope Point 2 refers in effect, to Documents 1 and 3.

2. Freedom of Information Decision

The Department issued a Notice of Decision on 8 October 2025, granting edited access to Interim Report Drafts and Final Report Correspondence (Documents 2 and 3) and refusing full access to Interim Report Correspondence and Final Report Drafts (Documents 1 and 4) (**the Decision**).

The Department's reasons included that the reports were still subject to ongoing internal deliberations and contained preliminary advice and recommendations not yet finalised or endorsed by the government.

Pursuant to sections 39 and 40 of the FOI Act, the HSUWA now seeks an internal review of the Decision.

Grounds for Internal Review

The HSUWA seeks to appeal the Decision on the following grounds:

1. Over-application of Clause 6(1) – Deliberative Processes

The Decision refuses access to Interim Report Correspondence (Document 1) and Final Report Drafts (Document 4) in full and applies extensive redactions to Interim Report Drafts (Document 2) and Final Report Correspondence (Document 3), on the basis that disclosure would reveal deliberative processes.

Clause 6(1) does not extend to purely factual or statistical content. To the extent that the requested reports and briefing notes contain such material, they should not have been withheld.

The exemption has therefore been applied too broadly, and the refusal of entire documents goes beyond the intent of the FOI Act. This is discussed further below in conjunction with transparency.

2. Failure to Provide Edited Access under Section 24

Section 24 of the FOI Act requires agencies to provide access to an edited copy of a document where practicable.

The Decision does not appear to demonstrate that edited access is not practicable and the refusal of Interim Report Correspondence (Document 1) and Final Report Drafts (Document 4) on the basis that editing would render them "meaningless" is not adequately justified. Even partial disclosure (e.g., factual findings, timelines, or report structure) would be of value and consistent with the FOI Act and the Department's disclosure obligations. Specifically, section 24, relevantly provides that "...the

agency has to give access to an edited copy even if the document is the subject of an exemption certificate”.

3. Public Interest in Transparency

The subject matter of the requested documents, the career pathways of allied health professionals, is of significant public interest.

The HSUWA represents the interests of health professionals and has a legitimate role in the deliberative process itself. It is acknowledged that the Department committed to the **independent review** as part the *WA Health System – HSUWA – PACTS Industrial Agreement 2022 with the HSUWA* (emphasis added).

It is our view that the Decision does not adequately weigh this public interest against the Department’s stated concerns. Drafts and in-progress reports are not automatically exempt, and disclosure could enhance accountability and informed debate on workforce reforms that affect both health professionals and the wider community.

The Decision incorrectly concludes that it is ‘...*satisfied that the premature release of the report could significantly impair its ability to make informed decisions without undue interference. Disclosure at this early stage may discourage frank and candid internal communication, prejudice ongoing negotiations, and compromise the integrity of the agency’s decision-making processes.*’ We submit that this conclusion or assertion ‘[i]n favour of non-disclosure’ is tenuous, broad and an overreach.

HSUWA is an active stakeholder in the modernising career pathway project, and transparency is essential to ensure meaningful engagement. Furthermore, the reports in question are independent as they were completed by an independent reviewer. Their release would not and could not compromise deliberative processes but rather confirm their independence and integrity and provide the HSUWA with context and relevant considerations as to how the reports were finalised. For these reasons, we believe the release of Documents 2 and 4 is both appropriate and necessary as it would be contrary to public interest not to disclose.

4. Clause 3(1) – Personal Information

We acknowledge the importance of protecting third-party privacy; however, the exemption appears to have been applied too broadly. Prescribed details of public officers (such as names, positions, and duties performed in their official capacity) are not exempt under the FOI Act and should not have been redacted.

In the alternative, those details could be redacted and the remaining information in the relevant documents requested be provided.

Requested Outcome:

We respectfully request that:

1. Edited access be provided to Interim Report Correspondence (Document 1) and Final Report Drafts (Document 4) in accordance with Section 24 of the FOI Act.
2. Redactions under Clause 6(1) and Clause 3(1) be reviewed to ensure they are limited to genuinely exempt material.
3. Greater weight be given to the public interest in transparency, accountability, and the involvement of health professionals in the policy process and a disclosure of the requested documents be reconsidered.

If any clarification or further information would assist in determining this review, please contact me at mlee@hsuwa.com.au or Donné Oosthuizen, Industrial Officer at doosthuizen@hsuwa.com.au.

We look forward to receiving the outcome of the internal review.

Kind regards,



Michael Lee
A/Lead Industrial Officer
HSUWA

21 October 2025

Freedom of Information
Department of Health
GPO 8172
Perth Business Centre WA 6849

By email only: FOI.DOH@health.wa.gov.au

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The subject matter of the requested documents, the career pathways of allied health professionals, is of significant public interest.

The HSUWA represents the interests of health professionals and has a legitimate role in the deliberative process itself. It is acknowledged that the Department committed to the **independent review** as part the *WA Health System – HSUWA – PACTS Industrial Agreement 2022 with the HSUWA* (emphasis added).

It is our view that the Decision does not adequately weigh this public interest against the Department’s stated concerns. Drafts and in-progress reports are not automatically exempt, and disclosure could enhance accountability and informed debate on workforce reforms that affect both health professionals and the wider community.

The Decision incorrectly concludes that it is ‘...*satisfied that the premature release of the report could significantly impair its ability to make informed decisions without undue interference. Disclosure at this early stage may discourage frank and candid internal communication, prejudice ongoing negotiations, and compromise the integrity of the agency’s decision-making processes.*’ We submit that this conclusion or assertion ‘[i]n favour of non-disclosure’ is tenuous, broad and an overreach.

HSUWA is an active stakeholder in the modernising career pathway project, and transparency is essential to ensure meaningful engagement. Furthermore, the reports in question are independent as they were completed by an independent reviewer. Their release would not and could not compromise deliberative processes but rather confirm their independence and integrity and provide the HSUWA with context and relevant considerations as to how the reports were finalised. For these reasons, we believe the release of Documents 2 and 4 is both appropriate and necessary as it would be contrary to public interest not to disclose.

4. Clause 3(1) – Personal Information

We acknowledge the importance of protecting third-party privacy; however, the exemption appears to have been applied too broadly. Prescribed details of public officers (such as names, positions, and duties performed in their official capacity) are not exempt under the FOI Act and should not have been redacted.

In the alternative, those details could be redacted and the remaining information in the relevant documents requested be provided.

Requested Outcome:

We respectfully request that:

1. Edited access be provided to Interim Report Correspondence (Document 1) and Final Report Drafts (Document 4) in accordance with Section 24 of the FOI Act.
2. Redactions under Clause 6(1) and Clause 3(1) be reviewed to ensure they are limited to genuinely exempt material.
3. Greater weight be given to the public interest in transparency, accountability, and the involvement of health professionals in the policy process and a disclosure of the requested documents be reconsidered.

If any clarification or further information would assist in determining this review, please contact me at mlee@hsuwa.com.au or Donné Oosthuizen, Industrial Officer at doosthuizen@hsuwa.com.au.

We look forward to receiving the outcome of the internal review.

Kind regards,



Michael Lee
A/Lead Industrial Officer
HSUWA



Government of **Western Australia**
Department of **Health**

Classification: Official
Our Ref: 2025-38
Contact: Martin Ley
9222 4133

Mr Michael Lee
Health Services Union of WA
8 Coolgardie Terrace
PERTH WA 6000

via email: mlee@hsuwa.com.au

Dear Mr Lee

INTERNAL REVIEW

I refer to your email received on 21 October 2025, requesting an internal review of the Department's decision to provide you with edited access to 2 documents and refused access to the remaining documents held by the Department of Health (Western Australia).

I have decided to confirm the decision for the reasons outlined in the attached notice.

If you are dissatisfied with my decision, you have a right to apply for an external review. Details of review processes are set out at the end of the Notice of Decision.

You are welcome to contact me if you have any queries.

Yours sincerely

Martin Ley
RECORD AND EDRMS COORDINATOR
TECHNOLOGY AND INFORMATION SERVICES

5 November 2025

**NOTICE OF DECISION
UNDER SECTION 43 of the
Freedom of Information Act 1992 (WA)**

APPLICANT: Michael Lee
Health Services Union (HSU) of WA

DECISION MAKER: Martin Ley
Records and EDRMS Coordinator

DATE OF DECISION: 5 November 2025

BACKGROUND

On 28 August 2025, the Department of Health received a valid Freedom of Information (FOI) access application from you requesting the following documents:

1. Independent Review of Career Pathways for Health Professionals

Specifically, you requested records in relation to the *Interim Report* and the *Final Report*, being:

Interim Report

- 1.1 Emails and/or letters, including their attachments and/or documents produced relating to the **interim report** [or versions of] provided by the Independent Reviewer (IR) AHP Workforce, Dr Susan Nancarrow or their team and/or associates – Health Professional Workforce to the department, including correspondence and/or briefing notes to and from the Minister for Health (MfH), or created for the purpose of informing or briefing the MfH and specifically including the dates and times that the relevant documents were sent and received.
- 1.2 All reports and iterations of reports, including drafts and versions of the **interim report** provided by the IR AHP Workforce, Dr Susan Nancarrow or their team and/or associates – Health Professional Workforce to the department, including correspondence and/or briefing notes to and from the MfH, or created for the purpose of informing or briefing the MfH and specifically including the dates and times that the relevant documents were sent and received.

Final Report

- 1.3 Emails and/or letters, including their attachments and/or documents produced relating to the **final report** or draft and version of a final report provided by the IR AHP Workforce, Dr Susan Nancarrow, or their team and/or associates – Health Professional Workforce to the department, including correspondence and/or briefing notes to and from the MfH or created for the purpose of informing or briefing the MfH and specifically including the dates and times that the relevant documents were sent and received.
- 1.4 All reports and iterations of reports, including drafts and versions of the final report or draft and version of a final report provided by the IR AHP Workforce, Dr Susan Nancarrow, or their team and/or associates – Health Professional Workforce to the department, including correspondence and/or briefing notes to and from the MfH or created for the purpose of informing or briefing the MfH, and specifically including the dates and times that the relevant documents were sent and received.

The department acknowledged receipt of the emailed request, noting that the scope of the FOI application appeared to be very broad, not only in timeframe, but also in consideration of including email correspondence over the period of 2+ years.

On 21 August 2025, the department contacted you via email to propose the following scope for your consideration:

1. Drafts and all versions of the *interim report* and *final report* received from the Independent Reviewer AHP Workforce, Dr Susan Nancarrow or team, and/or associates.
2. Signed BNs to the Minister for Health, briefing on the Independent Review of Career Pathways for Health Professionals.

You confirmed you agreed with this revised scope on 21 August 2025.

On 21 October 2025, the Department received an email from you requesting an internal review of the Department's decision to provide you with edited access to the documents.

I am required to deal with your internal review as if I am dealing with your original access application. I am to confirm, vary, or reverse the decision I am reviewing.

GROUNDINGS FOR INTERNAL REVIEW

The grounds for your internal review request stated in your email are as follows:

1. Over-application of Clause 6(1) – Deliberative Processes

You have stated that the Decision refuses access in full to the Interim Report Correspondence (Document 1) and the Final Report Drafts (Document 4) and applies extensive redactions to the Interim Report Drafts (Document 2) and Final Report Correspondence (Document 3), on the basis that disclosure would reveal deliberative processes.

You also note that Clause 6(1) of the FOI Act does not extend to purely factual or statistical content. Accordingly, to the extent that the requested reports and briefing notes contain such material, they should not have been withheld.

You conclude that the exemption has been applied too broadly, and that the refusal of entire documents exceeds the intent of the FOI Act. This concern is discussed further below in relation to transparency and the agency's disclosure obligations.

2. Failure to Provide Edited Access under Section 24

You have stated that Section 24 of the FOI Act requires agencies to provide access to an edited copy of a document where it is practicable to do so.

You further note that the Decision does not adequately demonstrate that edited access is impracticable. The refusal of access to Interim Report Correspondence (Document 1) and Final Report Drafts (Document 4) on the basis that editing would render the documents "meaningless" is not sufficiently justified. Even partial disclosure—such as factual findings, timelines, or report structure—would provide value and be consistent with both the FOI Act and the Department's disclosure obligations.

You concluded that Section 24 provides that access to an edited copy must be given even where a document is subject to an exemption certificate.

3. Public Interest in Transparency

You have submitted that the subject matter of the requested documents, namely the career pathways of allied health professionals, is of significant public interest.

It is your view that the Decision does not adequately balance this public interest against the Department's stated concerns. You note that drafts and in-progress reports are not

automatically exempt under the FOI Act, and that their disclosure could promote accountability and support informed public debate on workforce reforms impacting both health professionals and the broader community.

You further contend that the Decision incorrectly concludes that it is “satisfied that the premature release of the report could significantly impair its ability to make informed decisions without undue interference. Disclosure at this early stage may discourage frank and candid internal communication, prejudice ongoing negotiations, and compromise the integrity of the agency’s decision-making processes.” You argue that this conclusion in favour of non-disclosure is tenuous, overly broad, and represents an overreach.

4. Clause 3(1) – Personal Information

Although you have acknowledge the importance of protecting third-party privacy; you submit that the exemption has been applied too broadly in this instance. You reason that prescribed details of public officers, such as names, positions, and duties performed in their official capacity, are not exempt under the FOI Act and therefore should not have been redacted.

Alternatively, you suggested that if such details are considered exempt, they could be redacted while still providing access to the remaining information in the relevant documents.

DECISION

I have carefully considered the decision, your submissions by letter dated 21 October 2025, and the documents you seek access to. My decision is to confirm the original decision.

ADDRESS OF REVIEW GROUNDS

1. Over-application of Clause 6(1) – Deliberative Processes

I agree with the reasoning of the Information Commissioner in *Mineralogy Pty Ltd and Department of Resources Development [1996] WAICmr 2*, which affirms that the exemption under Clause 6 is intended to protect the “thinking processes” of government agencies. This includes safeguarding the integrity of deliberative processes—particularly where those processes are ongoing—from being compromised by premature disclosure of documents containing opinion, advice, recommendations, or consultations.

However, once deliberations are complete, different considerations may apply. In this case, I am satisfied that the Interim Report Correspondence and Final Report Drafts form part of the deliberative processes of government, as they were used to inform the Minister regarding preliminary recommendations that may be relied upon in negotiations for a replacement industrial agreement.

It is also noted that the Health Services Union (HSU) has now received the final copy of the report for their review. This further supports the view that the earlier drafts and related correspondence were part of an active deliberative process at the time of the access decision.

Accordingly, I find that the application of Clause 6 to these documents is appropriate and consistent with the intent of the FOI Act. The original decision is therefore confirmed.

2. Failure to Provide Edited Access under Section 24

Your points have been carefully considered as part of this internal review.

Section 24 of the FOI Act requires access to be provided to an edited copy of a document where it is practicable to do so. The term “practicable” has been interpreted by the Information Commissioner to refer not only to physical or technical feasibility, but also to whether editing can be undertaken in a way that preserves the meaning and context of the document. In *Re Mineralogy Pty Ltd and Department of Resources Development [1996] WAICmr 2*, it was noted

that Section 24 should not be used to provide access to documents that have been so substantially altered as to render them misleading or unintelligible.

Having reviewed the documents in question, I do not accept your submission that meaningful edited access is practicable in this instance. The content of the Interim Report Correspondence and Final Report Drafts is heavily deliberative and interconnected, and any attempt to extract isolated factual elements would result in documents that lack coherence, context, and utility. In my view, such editing would compromise the integrity of the material and risk misrepresenting its purpose and meaning.

Accordingly, I am satisfied that the original decision to refuse access under Section 24 was appropriate. The documents cannot be reasonably edited without rendering them misleading or meaningless, and the exemption has therefore been correctly applied.

3. Public Interest in Transparency

In conducting this internal review, I have considered your submission that the subject matter of the requested documents, namely, the career pathways of allied health professionals, is of significant public interest. You have argued that the original Decision did not adequately balance this public interest against the Department's stated concerns, and that drafts and in-progress reports are not automatically exempt under the FOI Act. You further submitted that disclosure could promote accountability and support informed public debate on workforce reforms affecting both health professionals and the broader community.

These considerations have been carefully weighed against the relevant exemption provisions under the FOI Act.

The FOI Act requires agencies to apply a public interest test when considering exemptions such as Clause 6, which protects the deliberative processes of government. This involves balancing the public's right to access information with the need to preserve the integrity of internal decision-making, particularly where deliberations are ongoing.

In this case, the documents contain sensitive and evolving content, including strategic considerations, legal advice, and preliminary recommendations prepared to inform the Minister in relation to negotiations for a replacement industrial agreement. The Department has determined that premature disclosure of this material could significantly impair its ability to make informed decisions without undue interference. Specifically, disclosure may discourage frank and candid internal communication, prejudice ongoing negotiations, and compromise the fairness and effectiveness of the agency's decision-making processes.

While transparency and accountability are important public interests, they must be weighed against the potential harm that premature disclosure may cause. The FOI Act recognises that the public interest is not solely concerned with the interests of an individual applicant, but rather with whether disclosure would benefit the public at large. In this instance, I am satisfied that the public interest in maintaining the confidentiality of the Department's deliberative processes outweighs the public interest in disclosure at this stage.

4. Clause 3(1) – Personal Information

In your original application dated 18 August, you consented to the removal of all personal information relating to third parties from the requested documents. This includes personal names, position titles, contact details, signatures, and any other identifying information of individuals not directly associated with the application.

While you acknowledged the importance of protecting third-party privacy, you submitted that the exemption under Clause 3 has been applied too broadly. You reasoned that prescribed details of public officers, such as names, positions, and duties performed in their official capacity, are not exempt under the FOI Act and therefore should not have been redacted.

Alternatively, you suggested that if such details are considered exempt, they could be redacted while still providing access to the remaining information in the relevant documents.

In the original Notice of Decision, it was correctly stated that Clauses 3(3) and 3(4) of Schedule 1 to the FOI Act provide that information is not exempt merely because its disclosure would reveal prescribed details of an officer, former officer, or contractor of an agency. These prescribed details are defined in regulations 9(1) and 9(2) of the Freedom of Information Regulations 1993, and include specific work-related personal information.

Accordingly, information falling within these categories is not considered exempt under Clause 3(1) and has not been redacted.

However, any information outside the scope of prescribed details is considered personal information and is prima facie exempt under Clause 3(1). This includes, for example, direct contact telephone numbers and email addresses of public officers, which are not prescribed details. Clause 3(3) does not apply to such material, and its redaction is consistent with the FOI Act.

Upon review, I am satisfied that the application of Clause 3 has been correctly interpreted and applied. The decision to redact non-prescribed personal information is therefore confirmed.

For more detailed information on the legislation applied, please see the attached excerpt copies of the FOI Act.

RIGHTS OF REVIEW

If you are dissatisfied or aggrieved by the decision of this agency regarding access to documents, you can apply for an external review of that decision. An explanation of the Review and Appeal Process is provided in the document attached to this notice of decision.

Yours sincerely,



Martin Ley
Records and EDRMS Coordinator
Department of Health

5 November 2025

REVIEW AND APPEAL PROCESS

Step 2 - External Review by the Information Commissioner (Section 65-66)

After internal review, if you still disagree with the agency's decision, you may lodge a complaint with the Information Commissioner, seeking external review of the agency's decision. The Commissioner is independent of executive government and reports directly to Parliament.

If you are the access applicant, you must apply for external review within 60 days after being given the agency's decision. If you are a third party who objects to disclosure of your information, you must apply for external review within 30 days after being given the agency's decision.

In exceptional circumstances, the Commissioner may allow a complaint to be lodged after these periods have elapsed.

A complaint to the Information Commissioner must:

1. Be in writing;
2. Give an address in Australia to which notices may be sent;
3. Give particulars of the decision you want reviewed;
4. Enclose a copy of this notice of decision; and
5. Be lodged at the Office of the Information Commissioner.

**Office of the Information Commissioner
Albert Facey House
469 Wellington Street
PERTH WA 6000
Tel: (08) 6551 7888 or 1800 621 244 (Country)**

EXCERPT COPIES OF THE ACT

Section

24. Exempt matter, deleting before access given

If —

- (a) the access application requests access to a document containing exempt matter; and*
- (b) it is practicable for the agency to give access to a copy of the document from which the exempt matter has been deleted; and*
- (c) the agency considers (either from the terms of the application or after consultation with the applicant) that the applicant would wish to be given access to an edited copy,*

the agency has to give access to an edited copy even if the document is the subject of an exemption certificate.

Exemptions - Schedule 1 of the FOI Act

3. Personal information

- (1) Matter is exempt matter if its disclosure would reveal personal information about an individual (whether living or dead).*
- (2) Matter is not exempt matter under subclause (1) merely because its disclosure would reveal personal information about the applicant.*
- (3) Matter is not exempt matter under subclause (1) merely because its disclosure would reveal, in relation to a person who is or has been an officer of an agency, prescribed details relating to —*
 - (a) the person; or*
 - (b) the person's position or functions as an officer; or*
 - (c) things done by the person in the course of performing functions as an officer.*
- (4) Matter is not exempt matter under subclause (1) merely because its disclosure would reveal, in relation to a person who performs, or has performed, services for an agency under a contract for services, prescribed details relating to —*
 - (a) the person; or*
 - (b) the contract; or*
 - (c) things done by the person in performing services under the contract.*
- (5) Matter is not exempt matter under subclause (1) if the applicant provides evidence establishing that the individual concerned consents to the disclosure of the matter to the applicant.*
- (6) Matter is not exempt matter under subclause (1) if its disclosure would, on balance, be in the public interest.*

6. Deliberative processes of Government etc., matter revealing

- (1) *Matter is exempt matter if its disclosure —*
 - (a) *would reveal —*
 - (i) *any opinion, advice or recommendation that has been obtained, prepared or recorded; or*
 - (ii) *any consultation or deliberation that has taken place, in the course of, or for the purpose of, the deliberative processes of the Government, a Minister or an agency; and*
 - (b) *would, on balance, be contrary to the public interest.*
- (2) *Matter that appears in an internal manual of an agency is not exempt matter under subclause (1).*
- (3) *Matter that is merely factual or statistical is not exempt matter under subclause (1).*
- (4) *Matter is not exempt matter under subclause (1) if at least 10 years have passed since the matter came into existence.*