

AHCSA MEMBER FORUM

AGENDA ITEM NO.: 8.2

REPORT: Medical Director Proposal
NAME AND POSITION TITLE: Dr Katina D'Onise, Senior Public Health Medical Officer | General Manager, Public Health
PURPOSE OF REPORT: Consideration for co-funding a Medical Director role
PERIOD: November 2025

Recommendation(s) / Decision:

Expression of interest in co-funding a Medical Director role to directly support medical governance in Member Services at a cost of \$55,000 per service per annum.

Building a clinical support team in AHCSA

Following a series of visits or discussion with Member Services, AHCSA has identified a common need for a series of services which AHCSA currently does not provide. These gaps are across medical governance support and also on-site support for AHP working in a range of roles.

With the establishment of the Clinical Governance Framework and Clinical Governance Policy, AHCSA is now in a position to consider how clinical support roles could be used to support Member Services along with the range of other service offerings.

There are two roles proposed, a Medical Director role and a senior AHP role. The senior AHP role will be established and funded by AHCSA and will focus on provision of on-site clinical training or supervised practice for new graduates or following acquisition of a new skill (such as vaccination). The AHP will also support AHPs and AHWs working to full scope of practice, through problem solving ways of working or clinical governance needs with Member Services.

Medical Director

It is proposed the Medical Director role as a shared cost across interested Member Services and AHCSA.

A number of Member Services describe challenges with maintaining a medical workforce, with a number of Services using fly-in-fly-out medical services. This makes medical leadership challenging, with no ongoing doctor to take on the role. There is also a shortage of GPs in regional and remote, and so a critical need to use medical hours for direct client care, rather than medical administrator roles. This shortage can also make GP registrar supervision challenging, further compounding the GP shortage.

A medical director role would have a number of key responsibilities. These include:

- Direct medical director support to member services that require this role. This includes supporting clinical governance, medical leadership, providing advice to the executive for consideration.

- Clinical decision support for doctors across member services, particularly where doctors are working as a sole doctor. This will allow for difficult clinical issues to be discussed as is best practice.
- Supervision of GP Registrars in Member Services if there are insufficient doctors on site and it is preferred by the Member Service.
- Identify any areas of practice where medical support is required.

Funding proposal

The estimated cost for the Medical Director role is outlined in the table below, with a total cost of \$357,875.

| Items | Medical Director |
|--|-------------------------|
| Salary | 250,000 |
| S&W additional costs including superannuation and on costs | 42,875 |
| Travel | 60,000 |
| Professional Development | 5,000 |
| | |
| Total cost | \$357,875 |

The role could feasibly support a number of Member Services at the same time, potentially up to 5.

Expressions of interest are sought from Member Services to contribute to the role if they are interested in using the services. This would amount to \$55,000 per annum per service for one day a week equivalent service, with AHCSA contributing around \$80,000.