

Advancing Implementation Science in Western Australia

Summary of workshop
with WAHTN Partner
Organisations

CONTEXT

On 6 August 2026, WAHTN and the ECU Implementation Café hosted a workshop with 18 representatives from Partner Organisations, hearing perspectives from across the Western Australia (WA) health landscape on the future of implementation science in WA. Discussions focused on:

- **Goals and vision** for implementation science over the next five years, including culture, capacity and capability
- **Barriers** to achieving this vision
- **Opportunities** to address these barriers
- The **role of WAHTN** in supporting implementation science across the state.



VISION FOR IMPLEMENTATION SCIENCE IN WA

“

Everyone should have awareness and knowledge about what implementation science is, what it can do, and how and when to tap into expertise

”

Participants articulated a vision in which **implementation science is embedded as a core way of thinking across the health system**, rather than being viewed as a discrete activity. Success would be characterised by strong executive sponsorship, a shared understanding of the value of implementation science, increased collaboration across research, health service and policy settings, and a culture that prioritises learning, innovation and impact. Greater alignment across organisations, consistent use of implementation science language, and increased measurement of research implementation and impact were identified as critical enablers.

Achieving this vision will require **strengthening both system capacity and workforce capability**. Participants highlighted the need for dedicated implementation science roles and advisory positions, funding models that support individuals over time limited projects, and policies that facilitate collaboration and data sharing.

Equally important is developing a workforce with **baseline implementation science knowledge**, stronger connections between researchers and clinicians, and greater understanding in all researchers of health systems, behaviour change and translation pathways. This could be supported through training as well as practical implementation tools and templates.

The ultimate aspiration is for every major research project led in WA to include a resourced implementation component and for proven innovations to be rapidly integrated into health pathways across metropolitan, regional and remote communities.



BARRIERS TO SUCCESS

Several challenges were identified that could hinder achievement of this vision. Participants noted a **lack of clarity regarding the value and practical relevance of implementation science** within research and clinical practice, limited access to expertise at critical stages of projects, and insufficient protected time for implementation activities. **Complex and inconsistent language,** fragmented communication between research, health service and policy, and research funding models that do not adequately support implementation were also highlighted. Additional barriers included workforce turnover, unclear **accountability** for implementation, governance and procurement challenges, and the need to ensure approaches are responsive to the unique needs of First Nations and remote communities.

OPPORTUNITIES FOR ACTION



Despite these challenges, participants identified significant opportunities to accelerate progress. These included developing a **shared cross-organisational value proposition** for implementation science, strengthening evaluation and impact measurement frameworks and practices, building on existing WA leadership, and leveraging the strong motivation across the health system to improve patient outcomes. **Increased collaboration** between researchers, clinicians, consumers, health services and implementation experts was viewed as critical, supported by clinical champions, stronger infrastructure (such as data sharing arrangements) and the WAHTN Partner Organisation network.



NEXT STEPS FOR WAHTN

Workshop participants identified a clear role for WAHTN in advancing implementation science capability across WA. Priority actions for further investigation include:

- Building **awareness** of implementation science through communication, training and shared success stories;
- Establishing a consistent baseline **understanding** of implementation science across the health ecosystem;
- Facilitating **connections** between clinicians, researchers and implementation experts;
- Supporting **funded implementation-focused roles** and/or fellowships;
- Strengthening **communities of practice** and mentoring networks; and
- **Advocating** for implementation science at state and national levels, including research funding reform and more streamlined governance processes for translational research.

Collectively, these actions will position WAHTN to support a coordinated, sustainable and system-wide approach to implementation science and research impact in WA.

WAHTN is excited to continue building implementation science capacity and capability across WA's health and medical research sector through the ongoing development of the WAHTN Implementation Science Platform. You can explore the WAHTN Implementation Science Platform, including a resource library and archived and upcoming Lunch & Learn sessions [here](#).

“

There are a lot of synergies with the CCI¹ journey. People have moved from seeing CCI as something added at the end to recognising it as something that should be considered from the very beginning.

”

Dr Debra Turner, General Manager, WAHTN

¹CCI - consumer and community involvement

