

# **LIST OF RECOMMENDATIONS**

## **Recommendation 1**

**2.53** The committee recommends that Rural and Regional Health Australia, as part of the Department of Health and Ageing, prioritise the collection of robust and meaningful data on rural health as part of the forthcoming review of rural health programs.

## **Recommendation 2**

**2.54** The committee recommends that Rural and Regional Health Australia, as part of the Department of Health and Ageing, review the current literature from key stakeholders and universities and develop a strategy to address the gaps in research and knowledge affecting rural health service delivery.

## **Recommendation 3**

**3.52** The committee recommends that the Commonwealth place on the agenda of the Council of Australian Governments' Standing Council on Health an item involving consideration of the expansion of rural generalist programs. It further recommends that, as part of that agenda item, the Council consider an evaluation of the Queensland Health Generalist Program and whether it should be rolled out in other jurisdictions.

## **Recommendation 4**

**3.53** The committee recommends that the Commonwealth government work with education providers and the medical profession to address the issue of the inadequate supply of rural placements for medical interns in their pre-vocational and vocational years.

## **Recommendation 5**

**4.52** The committee recommends that the HECS Reimbursement Scheme available for doctors be extended to nurses and allied health professionals relocating to rural and remote areas.

## **Recommendation 6**

**4.53** The committee recommends that the post of Rural and Regional Allied Health Adviser be established within Rural and Regional Health Australia to coordinate and advise on allied health service provision in rural and regional Australia.

## **Recommendation 7**

**4.94** The committee endorses the House of Representatives Standing Committee on Health and Ageing's report *Lost in the Labyrinth: Report on the inquiry into registration processes and support for overseas trained doctors* and recommends that the Commonwealth Government accept and implement the recommendations contained therein.

## **Recommendation 8**

**5.67** The committee recommends that the classification systems currently used for workforce incentives purposes be replaced with a scheme that takes account of regularly updated geographical, population, workforce, professional and social data to classify areas where recruitment and retention incentives are required.

## **Recommendation 9**

**5.68** The committee recommends that the revised workforce incentive scheme include a comprehensive, public evaluation process.

## **Recommendation 10**

**6.23** The committee recommends the publication of those cases where universities do not meet the target of 25 per cent of medical students from a rural background, and subsequent publication of information about the sanctions that are applied in those cases.

## **Recommendation 11**

**6.24** The committee recommends that the commonwealth government explore options to provide incentives to encourage medical students to study at regional universities offering an undergraduate medical course.

## **Recommendation 12**

**6.25** The committee recommends that the definition of a rural student for the purposes of a quota be reviewed, and that the review should consider strengthening the definition to only include students who have spent four out of six years at secondary school in a rural area; four out of the last six years with their home address in a rural area; or city students showing 'ruralmindedness', defined as an orientation to work in rural and regional areas, and demonstrated by a willingness to be bonded.

## **Recommendation 13**

**6.62** The committee recommends that the Commonwealth, state and territory governments review their incentives for rural GPs with the aim of ensuring that rural GPs who provide training to pre-vocational and vocational students are not financially disadvantaged.

## **Recommendation 14**

**6.63** The committee recommends the Commonwealth government consider the establishment of a sub-program within the National Rural Locum Program that would provide support for rural GPs to employ locums specifically to enable the GP to deliver training to pre-vocational and vocational medical students in rural areas.

## **Recommendation 15**

**6.76** The committee recommends that a coordinated accommodation strategy for be developed for rural health workers, including Aboriginal Health Workers, in the government's forthcoming review of rural health programs.

## **Recommendation 16**

**7.41** The committee recommends that where existing after hours services are operating effectively there should be no disruption to their administration or funding.

## **Recommendation 17**

**7.43** The committee recommends that Medicare Locals Needs Assessment Reports are made public and a process of engagement and consultation is undertaken.

## **Recommendation 18**

**7.46** The committee recommends that the Department of Health and Ageing prepare a brief for COAG's Standing Council on Health on existing or emerging gaps affecting the delivery of health services to rural and remote communities caused by mis-alignment between Commonwealth and state policy, including options for measures to remediate such gaps. The brief is to be based on engagement with relevant stakeholders, including state and territory governments, Medicare Locals, representatives of peak bodies such as RDAA, SARRAH and NRHA at both national and state level, and to be provided on at least a bi-annual basis.

