

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Budget Estimates 2017 - 2018, 30 May 2017

Ref No: SQ17-000628

OUTCOME: 2 - Health Access and Support Services

Topic: National Rural Generalist Pathway

Type of Question: Hansard Page 45, 30 May 2017

Senator: Kakoschke-Moore, Skye

Question:

Senator KAKOSCHKE-MOORE: I have looked at the website at Dr Gillespie's announcement of the commissioner. Essentially they have been given a priority which is 'improve access to training for doctors in regional rural and remote Australia'. Nurse safety is not the first priority of the commissioner. Who decided what that first priority would be? Was that Dr Gillespie or the incoming commissioner or the health minister? Who made that decision?

Senator Nash: There was a discussion at the time—from recollection—around the National Rural Generalist Pathway that we had been discussing. It was around workforce issues, and that was one of the things that we indicated would be one of the first priorities. It is now within the purview of Minister Gillespie, and I certainly do not want to cut across what he is doing, but I do not think that was exclusive of other things happening at the time. We indicated that was one of the key priorities, but I am very happy to take that on notice.

Answer:

The Australian Government announced its commitment to establish a National Rural Health Commissioner (the Commissioner) during the 2016 election including the first priority to develop National Rural Generalist Pathways. The aim of these Pathways will be to address the most serious issue confronting the rural health sector - the lack of access to training for doctors in regional, rural and remote communities. By addressing this, the Pathways will help to encourage more health professionals to practise in regional, rural and remote Australia.

The Commissioner will be an independent, statutory office holder who will consult broadly with stakeholders; regional, rural and remote communities; the health sector; universities; specialist training colleges; and across all levels of government to improve rural health policies and champion the cause of rural health. The Commissioner's workplan was recently considered and agreed by members of the Rural Stakeholder Roundtable, which includes participation from CRANaplus, the National Rural Health Alliance, the Australian Indigenous Doctors Association, the Rural Doctors Association of Australia, Rural Health Workforce Australia, and the Australian Medical Association.

While the Commissioner's first priority is the development of the Pathways, the role will also give consideration to the needs of the nursing, dental health, pharmacy, Indigenous health, mental health, midwifery, occupational therapy, physical therapy and allied health sectors in rural and remote Australia.