

PDR No	Outcome	Senator	Party	Broad Topic	Question	Hansard/Ref	Date Answer Received	Email No.	Date Answer
SQ16-000037	2 - Access to Pharmaceutical Services	Siewert, Rachel / Peris, Nova	AG	Accessing Closing the Gap medicines	a) Is the Department aware that four medicines normally available for Aboriginal and Torres Strait Islander people have been removed from the PBS by the manufacturers? b) If so, what action is being taken? c) Is the Department monitoring the impact of the decisions? d) Is there work being done with the manufacturers to resume the supply? e) If not, what is going to happen? f) Are there arrangements for informing the computerised medical record software companies of changes so that software is up-to-date with the availability of particular brands of medicines for the right patients on the PBS?	50 - 12/02/16			
SQ16-000073	5 - Primary Health Care	Peris, Nova	ALP	Chronic Disease Package Funding	Are you able to outline the funding around the Chronic Disease Package?	52 - 12/02/16			
SQ16-000074	5 - Primary Health Care	Peris, Nova	ALP	Funding for Indigenous Teenagers Sexual Health Programmes	Are you able to actually table the costing of every program you are aware of which is targeted specifically for culturally specific sexual health services to ATSI teenagers and the year to which the funding is scheduled?	53 - 12/02/16			
SQ16-000076	5 - Primary Health Care	Moore, Claire	ALP	ITA Tender documentation	Can I get a copy of the Primary Health Care Services and the Mothers and Babies terms of tender and when they are due to close? Can we have anything the department has on who was providing the services under the Medicare Local process in the 10 PHN regions? Also the PHNs in the last 12 months: how were they doing it – just to see whether Aboriginal-controlled health services were receiving any of this money in the past?	57 - 12/02/16			
SQ16-000124	1 - Population Health	Siewert, Rachel	AG	Rheumatic Fever Strategy	Could you tell me what the latest stats are? Obviously, where that program goes is dependent on how successful the current approach has been, whether we are seeing progress and whether things have to change.	53 - 12/02/16			
SQ16-000283	5 - Primary Health Care	Moore, Claire	ALP	GP Registrars	Dr Southern: Because the GP registrar program is very much the training program for our GPs. We still want to have a situation where we do expose as many GP registrars as possible to working in these environments. If we have large numbers of people staying on for longer periods then the opportunity to allow more people through is problematic. If part of the reason that people are staying on for longer periods is that they are filling what are effectively workforce shortages for fully qualified GPs in these situations, then, in our view, it would be better if we can look at other health workforce options to try to deal with that shortage. Senator MOORE: Do you have any research that shows people are being stopped from having these opportunities because of the operation of the previous guidelines? Is there any evidence there is a queue of GPs out of there? I am trying to understand why the change and why the change after such a short consultation period. If you have overwhelming evidence or information about why it was urgent to do that, we would be very keen to see it. Is there evidence that the kinds of things you have just spoken about were occurring? Dr Southern: I would have to take on notice to provide details around that, and we can certainly give you the numbers to demonstrate it. We are at a point where we have a new GP training program rolling out from 1 January this year, so the policies were going to be refreshed to take account of that change. This was one of a suite of about 18 policies, I think. Under the previous guidelines, certainly people had stayed on for longer periods, as I understand it, going back to the beginning of this program when it was introduced by the GPET, the GP education training organisation. But the original intent was that it was to support people for 12 months rather than for longer periods. But in its implementation, certainly we recognise that people were staying for longer periods. Senator MOORE: The information we have from Aboriginal controlled medical centres, regional training organisations and GPs is that none of them pointed out that the original intent was for 12 months. They were operating, and what they saw as effectively, in a period, with it serving the need to ensure that GPs had that access to that experience but, I think, even more importantly, to provide effective medical services in remote areas because it has always been a challenge to do that. Has the department done any modelling on how the changes will impact on Indigenous workforce participation? Dr Southern: As I say, we will take on notice for you the data that we have around this policy. Senator MOORE: Was all that data provided to the people that you consulted with at the end of November and December? Dr Southern: I do not believe so. Senator MOORE: What was given to those people in consultations in November and December? Dr Southern: The new draft policies were provided. Senator MOORE: How long had the department been working on these new draft policies before 25 November? Dr Southern: That, I do not know. I would have to take that on notice. Senator MOORE: Can you take that and who was doing it on notice?	48 - 12/02/16			

SQ16-000284	5 - Primary Health Care	Moore, Claire	ALP	GP Training	Senator MOORE: I just named a couple of organisations because they were on my list, but can we also find out who was going to be part of the consultation process, moving forward, so that you have actually got feedback about what could be done better? I take your point, Doctor; you said at the start that this is just one part of a whole range of things that are going on, but it is certainly a part that people have responded to. What will the process be? Can we find out with whom you are speaking.	49 - 12/02/16			
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