



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

PROOF

BILLS

**Health Insurance Amendment (National
Rural Health Commissioner) Bill 2017**

Second Reading

SPEECH

Monday, 20 March 2017

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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Questioner
Speaker O'Brien, Ted, MP

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Mr TED O'BRIEN (Fairfax) (12:37): I rise in support of the Health Insurance Amendment (National Rural Health Commissioner) Bill 2017. This bill represents a clear commitment by the coalition government to the health of the country's rural and remote populations. There are three aspects to this bill. Crucially, it establishes a National Rural Health Commissioner—an independent voice and staunch advocate for health services in the regional, rural and remote areas of Australia. The bill also repeals two sections of the Health Insurance Act 1973 to remove redundant and ineffective legislative processes. Together they bring attention and action to vital services in rural Australia. I would like to commend the Assistant Minister for Health and former Minister for Rural Health for his vision and commitment to the wellbeing of these rural and remote communities. It is for this reason that I support the bill. Let me set the scene, if I may, with words I am sure you are familiar with, Mr Deputy Speaker Hogan:

I love a sunburnt country,

A land of sweeping plains,

Of ragged mountain ranges,

Of droughts and flooding rains.

I love her far horizons,

I love her jewel-sea,

Her beauty and her terror—

The wide brown land for me!

Dorothea Mackellar's poem quintessentially sums up much of what we love about Australia. Her words of course refer more to the bush, and it seems around seven million Australians agree with her wholeheartedly. A third of our population live in regional, rural and remote locations. My own electorate of Fairfax, on Queensland's beautiful Sunshine Coast, is a part of regional Australia. Even though we have more pristine white beaches than sweeping plains, we are indeed a sunburnt country with lots of mountains and there are parts of our region that are also rural. Not only is the Sunshine Coast the healthiest place on Earth and the lifestyle capital of Australia but also, like all regional and rural areas, we benefit enormously from a supportive community, high rates of volunteerism and more social capital than our city cousins.

However, it is an unacceptable reality that residents of regional areas—and especially rural and remote communities, of which Fairfax has only a sliver—experience poorer health outcomes, have higher levels of illness and exhibit a higher health need than those who live in cities. Indeed, on average, those who live in the bush do not enjoy the same access to health services and related infrastructure. This is why this bill is so essential. The establishment of a National Rural Health Commissioner is a crucial commitment of the coalition government and the cornerstone of the government's future investment in rural, regional and remote healthcare services. The government has committed \$4.4 million to create and support the commissioner, who will provide frank and fearless advice and have the ability to influence the future of our country's rural healthcare policy.

One of the fundamental barriers to an effective rural healthcare system is the distribution of the country's healthcare workforce. It is recognised that the numbers of doctors with specialist and advanced rural experience and training is decreasing. I have first-hand knowledge of this in my own electorate of Fairfax. On the Sunshine Coast our smaller regional towns are fighting for primary healthcare providers. As the minister knows, I have been actively campaigning for assistance to attract a GP to the rural town of Kenilworth, whose 600 residents have been without a permanent GP for nearly two years now. It is also well known that my colleague the member

for Fisher and I have been actively working together to try and secure additional medical places through the national review that is currently underway so that Griffith University can establish a medical school in our region. This is important so that some of the best and brightest from our region who wish to study medicine can stay in the region while completing their entire degree. It is also important to attract future medicos not just to our region but to other regions and rural areas across Australia. If they can attend a local medical school it is far more likely that they will become interested in living and building a career in regional and rural areas. We can rest assured that the people of the Sunshine Coast are very alive to how important an effective distribution of health care workers is.

I am delighted, therefore, that the National Rural Health Commissioner will be taking responsibility for rural workforce issues. Innovative and sustainable medical practice solutions are exactly what is needed for smaller, harder to reach regional towns. Critical to this is the development of a national rural generalist pathway—a core step towards strengthening the rural medical workforce. A rural generalist pathway is not a new concept. There are varying degrees of support and infrastructure available at a state level, but what is not currently available is a coordinated national approach, and this is the gap that will be filled by this legislation.

It should be noted that the National Rural Health Commissioner will not be a lone ranger; he or she will work closely with those who are best placed to advise on the needs of regional, rural and remote communities—the people who live and work there. It is the rural and remote people themselves who are best placed to understand the issues and to develop and manage the solutions. The commissioner will work directly with these community stakeholders, the health sector, universities, specialist training colleges and across all levels of government to gain the best understanding of the issues and advise the government on how to address them.

It is recognised by the Rural Doctors Association of Australia that there is a

...pressing need for reforms to build a rural medical workforce with the qualifications, skills and experience to deliver a generalist medical service that spans the general practice and hospital setting. Without this workforce, the health outcomes of people living in rural and remote areas will continue to lag behind their urban counterparts.

We do not expect every remote town to have the range of medical and health services of our cities and metro areas, but we do expect access to appropriate, high-quality primary healthcare services for people in regional, rural and remote locations.

The appointment of the commissioner and development of the national rural generalist pathway are means to help achieve that very end. The commissioner will work with the rural health sector and training providers to define what is a rural generalist and to develop options for increased access to training and appropriate remuneration, recognising their extra skills. Rural doctors are different to those in the cities: they need a broader and specialist skill set to bridge the gap in services experienced in the communities they serve. These skills require training; they should be recognised and they should be remunerated accordingly.

These are the types of initiatives needed to bring healthcare professionals out of the cities and into our rural, regional and remote communities. But we are not just talking about GPs and specialist doctor services. The commissioner will be responsible for advising on opportunities to improve rural health careers more broadly. This includes the areas of Indigenous health, nursing, dental health, mental health, midwifery and allied health. There is significant scope to provide a national approach to multidisciplinary healthcare delivery across other healthcare services as well.

The bill also cleans up two sections of the act, which are now redundant. It was identified that the functions of the Medical Training Review Panel were being duplicated by the National Medical Training Advisory Network. Members of the panel themselves recommended it be abolished. This has now been done, and removing the related legislation from the act is the logical next step. The repeal of laws that reviewed the Medicare provider number legislation is also a prudent decision. The current legislation calls for the regular review of the Medicare provider number laws to ensure there are no unintended consequences, or burden, placed on agencies. Three reviews have been conducted with no issues identified. Surely, therefore, there is no need for continued further review. The Medicare provider number legislation is well established and it is working as intended.

Locally-based services play a key role in the sustainability of our regional, rural and remote communities, and healthcare services are a core component of this. The appointment of the National Rural Health Commissioner is an essential element to ensure the future way of life in outback Australia and in rural and regional communities continues. I commend the bill to the House.