



**The Hon Dr David Gillespie MP**  
**Assistant Minister for Health**  
**Member for Lyne**

## **MEDIA STATEMENT**

20 March 2017

### **First National Rural Health Commissioner a step closer**

- **The National Rural Health Commissioner will work with a broad range of stakeholders, including medical, nursing and allied health professionals**
- **The Commissioner will be funded to at least mid-2020**
- **Scope of work to be undertaken by the Commissioner going beyond the medical and allied health workforce and into broad rural health reform**

The appointment of Australia's first National Rural Health Commissioner is a step closer.

Separate to this legislation, the Government is also establishing the Distribution Working Group in conjunction with the Commissioner and will be made up of representatives from rural health stakeholders. The Commissioner will be a member of this group and can use it as an advisory body to assist in the Commissioner's functions.

In addition to this, the Commissioner will be a member of, and can draw on the advice of, the Rural Stakeholder Roundtable, a group consisting of peak rural health stakeholder groups that meets regularly with the Minister.

This legislation and funding commitment over the forward estimates delivers on the Coalition Government's election policy in the lead up to the 2016 election. The Government anticipates that the Commissioner will achieve its objectives in helping to deliver crucial outcomes not just in medical and allied health workforce issues, but also broader rural health reform.

Scope of work to be undertaken by the Commissioner going beyond the medical workforce, I share this same view and assure you that the intent of the Bill is for the Commissioner to deliver a broad range of functions.

I refer to the function that the Commissioner provides advice in relation to rural health to the Minister responsible for rural health on matters relating to rural health reform.

I understand and value the importance of the multidisciplinary health workforce and the role it plays in delivering primary health care to rural and remote areas. As I delivered the second reading speech in Parliament, I stated my commitment to the broad role of the Commissioner, as below:

*While the development of the pathways will be the commissioner's first priority, the needs of nursing, dental health, pharmacy, Indigenous health, mental health, midwifery, occupational therapy, physical therapy and other allied health stakeholders will also be considered.*

*Health-care planning, programs and service delivery models must be adapted to meet the widely differing health needs of rural communities and overcome the challenges of geographic spread, low population density, limited infrastructure and the significantly higher costs of rural and remote health-care delivery.*

*In rural and remote areas, partnerships across health-care sectors and between health-care providers and other sectors will help address the economic and social determinants of health that are essential to meeting the needs of these communities. The commissioner will form and strengthen these relationships, across the professions and for all the communities.*

**For more information, contact the Minister's Office on (02) 6277 4960**