



Strengthening Medicare Implementation Oversight Committee

Terms of Reference

Purpose

The Strengthening Medicare Implementation Oversight Committee (the IOC) is established to oversee and advise on the implementation of key Strengthening Medicare reform measures in response to the [Strengthening Medicare Taskforce](#) (the Taskforce) Report and against the [Primary Health Care 10 Year Plan](#) (the 10 Year Plan).

Context

The Government has invested significantly to realise the vision set out in the Taskforce's Report to deliver critical funding to meet the urgent healthcare needs of today, while starting reforms to build a stronger Medicare for future generations. This includes investments made in the 2022-23, and subsequent Budgets.

Role and function

The IOC is an overarching advisory body comprising of senior leaders and representatives from across the sector. It considers and provides strategic advice to the Department of Health, Disability and Ageing (the department) on the implementation, monitoring and evaluation of key Strengthening Medicare reform measures responding to the Taskforce recommendations.

A range of existing and newly established committees and reviews will report to and/or inform the work of the IOC to ensure alignment across the department on key areas of reform.

Members of the IOC will ensure advice provided to the department is:

- Evidence-based;
- Reflects the views and opinions of the organisations they are representing;
- Is in the best interests of the health of Australians and the Australian Health system;
- Considers equity of access to primary health care services for all Australians;
- Considers the aims and objectives of the Strengthening Medicare Taskforce recommendations; and
- Considers the need for prudent spending to foster a sustainable health system for the future.

Composition

The IOC will be co-chaired by the Deputy Secretary, Primary and Community Care Group and the Deputy Secretary, Health Resourcing Group in the Department of Health, Disability and Ageing.

The IOC members are appointed as expert executive and representative leaders within the sector, with the ability to provide advice consistent with their representative organisation.

Membership will include representatives from providers, states and territories, consumers and health leaders and experts from the academic sector. A full list of members and observers is at **Appendix 1**.

The Co-chairs may invite additional members to the IOC at their discretion. Proxies will not be accepted except under exceptional circumstances, and at the sole discretion of the Co-chairs.

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The IOC is a departmental non-statutory committee, managed in accordance with the department's External Committee Framework.

The Co-chairs may approve ad hoc participation of additional experts or observers in meetings as required.

Confidentiality and Conflict of Interest

Members will be required to sign a confidentiality agreement and declare any real or perceived conflicts of interest before the first meeting. Members will advise of any changes in their real or potential conflicts of interest at the commencement of each meeting. A member who has declared a real or potential conflict of interest may participate in the discussion on that matter, subject to the approval of the Co-chairs.

All discussions undertaken by the IOC are in strict confidence and without prejudice, to ensure members can genuinely engage in meaningful discussion on matters presented. Discussions should not be considered as agreement or commitment by Government.

All documents prepared by or presented to the IOC are assumed to be confidential unless identified otherwise by the Co-chairs. Members shall not report or attribute comments of individuals nor their affiliations outside of meetings.

Authority

The *Establishing Authority* is the First Assistant Secretary, Primary Care Division in the Department of Health, Disability and Ageing.

Deliverables

Timely, targeted, and expert advice provided in confidence and as requested by the Co-chairs, in accordance with these Terms of Reference.

Meeting administration

The Co-chairs will lead meetings and guide the work of the IOC. Quorum for meetings is half the number of members plus one.

The Primary Care Strategy Branch, Primary Care Division, Department of Health, Disability and Ageing will provide Secretariat support. An agenda and papers will be distributed at least 5 days prior to meetings.

A communique of meeting outcomes will be produced within 5 days of each meeting that can be used for broader communication by organisations.

The IOC will be governed by the Remuneration Policy Framework for Non-Statutory Committees.

Timeframes

It is intended that the initial term of the IOC will be until 30 June 2027. Members are appointed for two-year terms. Reappointment for additional terms is at the discretion of the Co-chairs. The IOC can be dissolved at any time, at the discretion of the Co-chairs.

Meetings will take place as requested by the Co-chairs. There are expected to be two meetings annually, for a duration of three hours, either in-person or via videoconference.

Reporting and evaluation

Throughout the term of appointment, the IOC members will report to the Co-chairs.

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On completion of the specified term of appointment, the IOC will be reviewed against the objectives outlined in these Terms of Reference. At this time, a review of the Terms of Reference will occur to ensure the objectives of the IOC remain current.

Appendix 1: Strengthening Medicare Implementation Oversight Committee

Membership:

The Department of Health, Disability and Ageing	Deputy Secretary, Primary and Community Care Group (Co-chair) Deputy Secretary, Health Resourcing Group (Co-chair)
National Rural Health Commissioner	organisational representative
Australian Medical Association (AMA)	organisational representative
Royal Australian College of General Practitioners (RACGP)	organisational representative
Australian College of Rural and Remote Medicine (ACRRM)	organisational representative
Australian Indigenous Doctors' Association (AIDA)	organisational representative
Rural Doctors Association of Australia (RDAA)	organisational representative
Allied Health Professions Australia (AHPA)	organisational representative
Australian Physiotherapy Association (APA)	organisational representative
Pharmaceutical Society of Australia (PSA)	organisational representative
Australian College of Nurse Practitioners (ACNP)	organisational representative
Australian Primary Healthcare Nurses Association (APNA)	organisational representative
Australian Nursing and Midwifery Federation (ANMF)	organisational representative
Australian College of Midwives (ACM)	organisational representative
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)	organisational representative
National Aboriginal Community Controlled Health Organisation (NACCHO)	organisational representative
Australian Association of Practice Management (AAPM)	organisational representative
Mental Health Australia	organisational representative
Healthdirect Australia	Chief Executive Officer
Primary Health Networks	1 PHN CEO representative
State and territory representatives	1 representative from small state/territory 1 representative from large state/territory
Independent academic economist	1 representative
Independent Advisor	1 representative
Independent Advisor	1 representative
Consumers Health Forum of Australia (CHF)	consumer representative
Multicultural Health Collaborative (Federation of Ethnic Communities' Councils of Australia (FECCA))	consumer representative
LGBTQI+ Health Australia	consumer representative
People with Disability Australia	consumer representative
Health Consumers Queensland	consumer representative
COTA Australia	consumer representative
National Mental Health Consumer Alliance	consumer representative
Mental Health Carers Australia	consumer representative

Observers:

Department of Health, Disability and Ageing	First Assistant Secretary, Primary Care Division; First Assistant Secretary, Health Workforce Division; First Assistant Secretary, First Nations Health Division; First Assistant Secretary, Medical Benefits and Digital Health Division; Chief Nursing and Midwifery Officer; Chief Allied
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	Health Officer; First Assistant Secretary, Mental Health and Suicide Prevention Division.
Primary Health Network	1 PHN CEO representative (currently vacant)
	Chief Executive Officer, Australian Commission on Safety and Quality in Health Care (ACSQHC) Chair, Medicare Benefits Schedule Review Advisory Committee (MRAC)