Emeritus Professor Paul Worley

National Rural Health Commissioner

Department of Health

GPO Box 9848

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Dear Professor Worley

Thank you for your work in 2019 preparing recommendations to Government on improving the accessibility, quality and distribution of allied health services in regional, rural and remote Australia. I would also like to commend your role in working with the GP Colleges to seek recognition of Rural Generalist Medicine through a protected title and specialised field within General Practice. This an important reform and I look forward to working with you and the sector through the various aspects of implementation.

As the current Statement of Expectations (SoE) is due to expire on 30 December 2019, I have enclosed the new SoE for the period 1 January to 30 June 2020.

You will note that I have asked in priority one, for additional work to be completed in relation to the allied health report. I am impressed with the breadth of consultation you have undertaken to produce a comprehensive picture of allied health issues in rural and remote Australia and potential solutions. This work is key to support high quality health services to people throughout rural and remote Australia, and it is important that it complements and builds on existing commitments, including local collaborative models and flexible place-based approaches to rural healthcare delivery. The reforms you have suggested to date are significant, and the report would benefit from some further refinement so that it clearly reflects priorities for implementation; potential barriers; and other practical implementation considerations.

As you are aware, effective implementation planning is a critical factor contributing to the Commonwealth successfully preparing for the delivery of intended policy outcomes. To inform any refinements of the allied health report, I would like you to complete a detailed implementation plan in line with the *Better Practice Guide: Successful implementation of policy initiatives* (Prime Minister and Cabinet, 2014). Once you have submitted the refined report and implementation plan (by 30 June 2020), the Australian Government will be in a more informed position to consider the report.

Please respond in the form of a Statement of Intent by 21 January 2019, outlining your approach for undertaking this work and timelines for delivery. Should you need to discuss these matters further, please contact Ms Katherine Power, Rural Access Branch on (02) 6289 8314.

Yours sincerely

**Mark Coulton MP**

Encl: (1)

**Statement of Expectations for the National Rural Health Commissioner**

**1 January – 30 June 2020**

**Introduction**

This Statement provides the Australian Government’s expectations about the role and responsibilities of the National Rural Health Commissioner (the Commissioner) for the period 1 January 2020 until 30 June 2020, including the Commissioner’s relationship with the Government, issues of transparency and accountability and operational matters.

The Commissioner is a statutory appointment, independent from the Department of Health (the Department) and the responsible Minister. This position has been established to independently and impartially improve rural health policies and champion the cause of rural practice.

The Government recognises and respects the statutory independence of the Commissioner. It is imperative that, as Commissioner, you act independently and objectively in performing functions and exercising powers as set out in Schedule 1 of the Part VA of the *Health* *Insurance Act 1973* (the Act). However, the Government expects that you take into account the Government’s broad policy framework, including its agenda to reform the health workforce and improve the health outcomes of rural, regional and remote Australians, in performing your role and functions.

1. **Priorities for the Rural Health Commissioner**

Three areas of rural health reform have been identified for you to focus on in the first six months of 2020:

Your first priority is to refine your advice to Government on effective and efficient strategies to improve the access, quality and distribution of allied health services in regional, rural and remote Australia. Due to the significant reforms that you are suggesting, it is important that the report outlines priorities for implementation; potential barriers; and other practical implementation considerations.

Your second priority will be to provide assistance as required to the GP Colleges, regarding the Rural Generalist Medicine specialist recognition application to the Medical Board of Australia. Support only need be provided if requested by the GP Colleges, noting that a large part of this work is already underway. It is expected that this will be a secondary role for you in 2020.

Your third and final priority, as part of your existing consultative work, is to identify strategic opportunities to champion the $62.2 million roll out of the National Rural Generalist Pathway (the Pathway). Noting the significant contribution you have made in providing advice on the development of the Pathway, your role will involve:

* Provide clear advice on timelines for implementation;
* advising on the role and function of jurisdictional coordination units; and
* assisting the Commonwealth to convene a Rural Generalist Jurisdictional Forum and a separate Steering committee to oversee and coordinate the ongoing work of the Pathway.

It is expected that you will work closely with the Department in relation to the above priorities, particularly Health Workforce Division, Primary Care Division and Indigenous Health Division.

The responsible Minister with oversight of rural health expects to be fully informed in a timely manner about the activities of the Commissioner and any emerging trends, problems or issues in respect of its functions. If requested by the Minister, the Commissioner may also provide advice to the Minister on matters relating to rural health reform.

1. **Stakeholder Relationships**

The three areas of rural health reform will require you to work closely with a variety of stakeholders including: professional allied health bodies; the two GP colleges; LHDs, PHNs, ACCHOs, the Rural Doctors Association of Australia, Services for Australian Rural and Remote Allied Health, the Australian Health and Hospital Association, the National Rural Health Alliance, the Australian Medical Association, the Australian Allied Health Leadership Forum and the university sector. The Government expects that you will engage professionally and collaboratively with these stakeholders throughout your appointment.

Another key stakeholder group is the Rural Health Stakeholder Roundtable (the Roundtable), which was established to promote rural health strategic discussion and to bring together key rural health stakeholders to assist the Government with informing and developing national rural health policy. The Government expects that you will engage closely with members of the Roundtable where appropriate and take part in meetings, which are held biannually.

The Government expects that you will work collaboratively and closely with the Department of Health and the Minister responsible for rural health, and that you are aware of the Government’s agenda on rural health reform. Conducive to an effective working relationship, the Department will continue to consult with you on any issues that may impact on you fulfilling your statutory objective or compliance with the law.

1. **Organisational Governance and Financial Management**

As Commissioner, you do not hold any financial delegation powers, or have any specific employment powers. The Secretary of the Department of Health may enter into an arrangement with you for the services of APS employees in the department to be made available. This is intended as assistance for the position whilst you undertake your duties.

Further, it is requested that you continue to manage the affairs as National Rural Health Commissioner in a way that promotes the efficient, effective and ethical use of resources. In support of this and in line with the allocated budget for the position, the Department will continue to provide you with the necessary corporate support, policies and systems to fulfil the functions of your role.

Where you are assisted by staff employed by the Department of Health under the *Public Service Act 1999* you should ensure that all parties uphold and promote the Australia Public Service (APS) Values and ensure that all APS employees adhere to the APS Code of Conduct.

1. **Reporting**

You are expected to provide drafts of the implementation plan and updated allied health report by 15 April 2020, with the final versions due on 30 June 2020. You are also required to submit a stakeholder engagement plan for Ministerial approval by 1 February 2019, which will outline key stakeholders and opportunities to communicate with them to market the $62.2 million National Rural Generalist Pathway

As noted in your previous Statement of Expectations (dated July 2019) as part of your legislative requirements under 79AC of theAct, the Office of the Commissioner must prepare and present to the Minister a draft report about the Commissioner’s functions that includes advice and recommendations before 1 January 2020, or earlier if specified by the Minister.

The Office of the Commissioner must also prepare and present to the Minister a Final Report about the Commissioner’s functions that includes advice and recommendations before 30 June 2020, which will be tabled in the House of the Parliament, within five sitting days of the Minister receiving the final report.

Additionally, the Office of the Commissioner must, within three months after the end of each calendar year, prepare and give to the Minister, for presentation to the Parliament, a report on the Commissioner’s activities during the previous calendar year, which also includes any other matters that the Minister may direct you to include in the report.

In addition to the reports that you prepare as part of your legislative requirements, it is expected that you provide input to the department’s annual report and other publications as requested from time to time.

1. **Conclusion**

The Government expects that the appointment of the Commissioner will benefit the rural health workforce and communities living in rural and remote areas by placing rural and remote issues at the forefront of Government decision making. In your role as Commissioner, the Government expects that you will help improve rural health policies and champion the cause of rural practice in Australia. The Government expects that you will work cooperatively and collaboratively with the Department, rural health stakeholders, and all levels of government to fulfil your legislative obligations and Government expectations of the role the National Rural Health Commission