

Closing address

Hon Nicola Roxon¹

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Robyn Williams: Janine was talking about age before and how you perceive yourself; as time has passed it always seems to me that ministers—federal ministers are getting younger. Now, I don't know why I felt that. I was thinking about it very deeply because, in 1975, Paul Keating became Minister for Energy when he was about 14, and I didn't think he was too young then. But all I say about that sort of perception is how marvellous it is to have brilliant young women at such senior levels in government. What a difference it makes. So would you please welcome again Minister Nicola Roxon.

Nicola Roxon: Thank you very much for that. I thought you were playing a terrible joke on me while I'm walking like a 75 year old, with a torn ligament in my foot. But you should see how fast I am on crutches now. So I'm getting there.

Can I acknowledge the traditional owners of the land; the chair of the National Rural Health Alliance, Dr Jenny May; of course, the fantastic team of people who have put together your conference over the last few days and, of course, a special mention to Gordon who always has such a lovely poem—always a bit of a message in there for government which, of course, we never miss. The hardest thing actually, is getting a copy of those poems afterwards, so I'm sure that will get attached to the communiqué or something.

I, as you know, have been doing a couple of other things here in Cairns and arrived just through that last session and have been presented with the 20 pages of recommendations and the communiqué, so of course I have a response to each and every one of those for you. But I'm very excited that you have got so many constructive ideas for us. And you'll see that the speech, that obviously I had thought about before I got here, does cover many of the issues that you've raised. And I very much look forward to working with you in the coming year when we are implementing our budget proposals, which I know you've welcomed, and you've made quite clear that there are questions and issues and areas you'd like to pursue in addition to that, but also then to work through which of the things haven't been picked up that are in your communiqué. We've always found working with the Alliance really a breath of fresh air, to be honest. You always seem to have a very broad view of the needs of the community and seem to be able to work across professional groups extremely well, and I think that's to the benefit of the community and it's certainly to the benefit of the government. So I want to thank you and congratulate you for that work, encourage you to keep doing it, and keep engaging constructively with us.

Firstly, I want to make clear that, although there is an apology in the foreword of your materials for the conference that I'm not going to be here, because I was going to be in Geneva, that I'm actually very pleased that I am here instead. And, of course, Jan McLucas was going to attend instead of me because we knew that it was a very important conference to be at, but we also knew that just the week after the budget there would be lots of issues that we wanted to talk with you about. And I'm delighted that I can be here to do that myself.

You have covered a huge range of issues in the conference, and I know that many of these are issues that you feel you've been fighting about for a long time: sometimes I think banging your heads against a wall; other times I know you feel that you are making some headway. And I hope that you do get a sense, as I take you through the presentation I wanted to make in finishing your conference—I hope you get a sense that the government has been listening to those issues. We feel that we've made

some very exciting developments and commitments in rural health. We know that it's a vast area and that there will be other things you'll want to keep working on. But I feel like this is a very exciting time for reform and quite a fertile time for reform. Even in these difficult financial circumstances, we've been able to make a very significant investment in rural health, and I hope that that gives you confidence that we are paying attention to the communities that have been missing out and that have very good and creative ideas about how we can improve things for the future.

Probably amongst this audience you, of all people, know that the sort of image that people have of the bronzed and healthy Aussie family living in an outback station is a cliché that's fascinated people from cities forever, not to mention people from around the world, but we know that the reality is very different. We know that there are a range of pressures—extremes of weather, crop failures, isolation, loneliness, very hard physical work, lack of opportunity, often pressure, of course, for young people in finding work—and we know that rural people, both indigenous and non-indigenous, are very resilient to those challenges. But we know that if we don't do something to provide better support, particularly in health services but across a range of areas, that it's going to be very difficult to keep some of these regional communities liveable and viable, that some of the communities are dwindling—the average age is increasing, the average age of health professionals is increasing. Yet we know that, in terms of health, we have challenges in rural communities that are different to the challenges that we have elsewhere across the country.

We know that, in Australia, our life expectancy and health outcomes are amongst the best in the world. It's certainly good when I compare the job of many other health ministers around the world to know that we have such good outcomes and such a good system and such well-trained health professionals. But we know that there are obvious gaps and we are determined to start addressing those. One of them that we approached from day 1 when we were elected was the unacceptable life expectancy gap for indigenous Australians. And we have acknowledged since then, and often, that there are also gaps for rural and remote Australians who have higher rates of cancer and heart disease than their metropolitan counterparts. And, of course, if I opened this up to questions, I know you'd have many examples across suicide, across the treatment results in rural and regional communities compared to metropolitan areas, and we are determined to halt some of these trends, even reverse these trends, but we know to do so we have to provide facilities in rural and remote Australia that are taken for granted by city dwellers. And this, from our perspective, includes not just adequate but high-quality health services and health professionals who are amongst our best and brightest. We know we need to support you to be in rural and regional Australia and keep up the work that you're doing.

Let me tell you a little bit about the budget because, obviously, it was unquestionably one of the most difficult budgets to frame that an Australian government has had to frame for a very, very long time. We did have to make some very tough decisions, and some of those tough decisions were made in health. However, through these tough decisions, we have made sure that our health agenda has not been diminished. In fact, we think it's been an opportunity to strengthen it to ensure that we are focusing on making health care accessible so, regardless of where you live, care is delivered by the health professional best placed to deliver that care.

The budget moves forward with a whole lot of our reform areas throughout the whole health system—hospitals, infrastructure, workforce, maternity services, diagnostic and pathology services—and, as I say, despite the circumstances, we did focus our energy where the need was highest. You see that across government by our focus on increasing the pension, but you also see the unprecedented amount of money, for example, going into regional cancer centres, heftier incentives for doctors to move and practise in rural and regional Australia, and, of course, not to mention the 57 per cent increase in indigenous health spending.

I know one of the things very close to your hearts is workforce, and we understand that the health workforce is the lifeblood of our health system. We know it's a major limiting factor in the availability of health services in rural areas, and it's why we've made tackling the health workforce shortages, that we inherited from the previous government, one of our top priorities. Like the Alliance, we know that the health workforce cannot be considered in silos. It's why we've been focusing our efforts on building the entire health workforce but also providing the framework to enable them and you to work to your full potential which we believe will ultimately benefit the whole community.

Accordingly, the budget has delivered on some ground-breaking reform by acknowledging the role of our highly-skilled nurse practitioners. From November 2010, nurse practitioners will have access to MBS and PBS for the first time. This will provide better access to services for patients, will allow doctors to focus more on tasks that require their particular skills, and it gives nurses an exciting career path to follow. This follows measures last year to grow our next generation of nurses by boosting the number of university places for nurses by over 1000. For example, here in Queensland that means an additional 110 nursing students have embarked on their study in 2009.

We know these changes will take time, and we know that they will take time to have an impact across the community, but we think they're vital. Our investment in GP training places from the budget will also result in a 35 per cent increase in GP training places from 2011. This builds on our announcement in November last year, which is currently providing an additional 75 GP registrars now, as we speak, across the country, but also increases the number of remote vocational training places that was at 15 to 22. We haven't wasted the opportunity to build the workforce. Those extra increases mean that we already have 16 new GPs training and working in Queensland. And, of course, these increases give us the opportunity to try to target areas of need first.

These measures are built on the \$1.6 billion workforce partnership agreed at COAG last year. It's going to provide \$1.1 billion towards improving clinical training for nurses, allied health professionals and doctors, and provide the flexibility to expand more of this training into our rural communities.

As many of you would be aware, the budget announcements didn't come out of nowhere from last week. Many of you have been working on these issues for a long time. And you would also be aware that, shortly after coming to office, our government announced an audit of the health workforce in rural and regional Australia. In response to this audit, and in recognition of the government's commitment to tackle the health inequalities faced by Australians in rural and remote areas, we established the Office of Rural Health. We needed to look critically at more than 65 rural health programs, and we know we needed to take action to remedy the fact that many of these programs were still relying on population figures that were nearly 20 years old for such things as developing incentives for doctors and other medical professionals to work in the bush.

After almost a year of hard work, which I'd like to thank many of you for assisting us with, we've streamlined these programs under five overarching themes and have moved away from that outdated classification system. And, through this year's budget, we're delivering more than \$200 million to help tackle the shortage of doctors and health workers in rural and remote Australia. This is on top of an issue that was already mentioned, I know, today—and you had a presentation as well from Rosemary Bryant earlier in your conference—\$120 million maternity services package, and the \$59 million for the nurse practitioners to access MBS and PBS. Both of these are general across the country, and we thought it was important that these changes be made for all of the country, but they will provide needed flexibility in rural areas and will particularly benefit, for example, GP obstetricians working in country Australia who often do not or cannot charge copayments. We think that the potential for growing health teams in rural and regional Australia will be assisted by these changes.

We're introducing \$134 million four-year package of incentives and reforms based on the principle of the more remote you go, the greater the reward, to encourage doctors to work in some of Australia's most isolated and remote communities. I know and have heard that, of course, many of you would like to take the basis for this even further into other professions. It's important for us to bed down these very extensive changes, and we'll want to work with you on how we do that.

But let me give you an example, because I think it is very critical to the team that we make sure we have these incentives right for doctors. So, just as an example, a doctor relocating from a major city to a regional centre will receive \$15,000 as an incentive to relocate, whereas a doctor relocating to a very remote area would receive \$120,000 as an incentive. Up to 260 doctors who currently practise in the most remote regions will automatically become eligible for retention incentives of up to \$47,000 a year, a significant increase on the current maximum of \$25,000 a year. Again, this is something many of you have talked to us about: how do we keep the people who are there there and reward them properly and make sure there are incentives for others to come and work with them?

In Queensland, because we're in Cairns today, this means an additional 1075 doctors in 92 communities will become eligible for incentive payments to help attract and retain their medical workforce. Here in Cairns, for example, over 130 doctors will become eligible for retention grants of up to \$18,000 a year, and relocation grants of about \$30,000 will be available to encourage other doctors to move from the city to the region. In more remote parts of Queensland, like Longreach, where the shortages are more severe, doctors will be eligible for relocation grants of up to \$120,000 and retention payments of up to \$47,000 a year. Obviously, there are affected by length of service and other things, but I'm just trying to give you a flavour of how we're making sure that we're paying more for the more remote you go, but ensuring that we don't ignore the difficulties that many regional communities have, even though they are much larger than some of our remote communities.

More than 3600 overseas-trained doctors and more than 3000 Australian-trained doctors with restrictions on where they can practise will be able to discharge their obligations sooner if they choose to work in remote communities. Very importantly, the classification of what is rural and what is remote is now going to be governed by a system developed by the Australian Bureau of Statistics using 2006 census data, replacing the old RRMA system which used 1991 census figures and was obviously well out of date, a change, I know, that the professions have been calling for for many years.

A new rural primary health services program is going to be created out of four previously separate primary care and allied health programs—regional health services, more allied health services, multi-purpose centres and building healthy communities. This arrangement will help reduce program overlap, remove barriers to access, and introduce flexibility and primary health care provision in small and rural remote communities. At the same time, consumers will continue to access and receive the primary health care services that are a priority for their communities, while organisations will still get funding at current levels, but with more flexibility to respond to the demands as they arise.

I know some of this, for some of you, will be more technical detail than you want. For others, it will be not enough. But I think when we've got such extensive changes flowing from the audit of rural health and the first year's work of the Office of Rural Health, it is important to flag to you these changes that we're very excited about, that we hope that you will make the most of, not just for retaining your staff but for being able to attract others, and to continue to work with us on how we can develop them even further into the future.

The budget is providing much needed extra money, nearly \$11 million, to support the university departments of rural health, and to maintain dental training placements. We're establishing a national rural local program and expanding the training for rural and remote procedural GPs programs. This is

going to ensure that those doctors who are working in rural Australia will get the break that they need and deserve.

As I mentioned, I know that you've already heard from Rosemary Bryant, the commonwealth's Chief Nurse and Midwifery Officer, about the maternity services reform. We really see this as a turning point in being able to reverse the trend in maternity services for rural Australians. Included in the package are MBS and PBS payments for appropriately-qualified midwives, increasing the flexibility for the development of rural maternity teams. But, through the budget, there are also increases in Medicare payments for obstetric care provided by doctors, which will result in rural GP obstetricians and specialist obstetricians being better supported for the important service that they provide to country communities.

There's additional funding for MSOAP, the medical specialists outreach assistance program, to introduce outreach maternity service teams for women and their babies in rural and remote Australia. These teams might include obstetricians, registered midwives, registered maternal and child health nurses, allied health professionals and Aboriginal health workers. We hope that they are going to ease the pressure on local health professionals and services by extending the frequency and range of maternity services available to women in rural and remote communities.


We're also investing a lot in rural health infrastructure through the health and hospitals fund and our GP super clinics program. One of the things that I've done while I was here today is sign the contract for the Cairns super clinic—\$5 million being invested in this region to set up a new clinic in Edmonton with spokes across the region. That's an example at the small end, but there are many programs that have been funded through the national rural and remote health infrastructure program following the changes that you lobbied so hard for when we were in opposition. We're really starting to see the benefits of that coming through the new rounds of announcements that we're making.

But in the budget we also had, at the larger end, \$3.2 billion in health infrastructure supporting things like the \$250 million hospital project in Townsville, \$76 million to expand the Rockhampton hospital, and one of the small programs that has been funded here in Cairns, \$130,000 supporting the Cairns private hospital to establish some cardiology services.

The reason I'm taking the time to go through those sorts of investments is I think they highlight how we are determined, whilst we're talking about reforming the health system and gradually doing it, to invest across the whole of the health system from primary care through to hospitals, from rural communities, indigenous communities, and increasing also our workforce programs.

I'm really proud, I have to say, of what we've been able to get in the budget this year. I think it's been a very good win for rural health. I think it's been a good win for the Alliance who have been at the forefront of being prepared to talk about changes to workforce practices in a sensible way. It's not everything that has been in your previous recommendations, and it's probably not everything that are in this year's recommendations, but it's a very good base for us to work from for the future.

And, finally, I wanted to touch on another thing that I'm proud of and I know the Alliance has strongly welcomed and that is a topic that touches all people, rural or metropolitan Australians, and that's cancer. We know that Australians are not accessing cancer services and specialist treatments across the country in an equitable way. We know that if you live in rural and remote and regional Australia that you don't always get timely access or the best treatment and, as Health Minister, it was one of the things that I was truly shocked by on our election. It was a terrible thing to learn that, for some cancers, people in rural Australia are three times more likely to die than their city counterparts.



We know that there are additional difficulties for having to travel long distances to seek specialist care and I'm really pleased for this reason that, as part of our \$2 billion initiative to provide an integrated cancer network across the country, we will also be funding up to 10 new regional cancer centres with links to the two national centres of excellence in our major population bases of Melbourne and Sydney, that will improve the way cancer care is provided for rural and regional areas. We're investing \$560 million in these centres and supporting hostel accommodation to ensure that geography should be no impediment to the effective provision of quality cancer care. There will be an application process. There will be priority given to geographic areas that are identified in consultation with the community and the sector, and we would very much like you to be part of that process.

So, as you can see, the government is committed to improving health outcomes for all Australians and we understand that, to do that, we need to have specific commitments, whether it's for indigenous Australians, whether it's for people living in rural and remote areas, and we will need to continue to take significant and concrete steps forward, despite the very difficult financial circumstances that we're in. Our investments recognise that each element of the health system is an important one, from supporting our health workforce to grow and fully utilise their skills to building the vital infrastructure that houses them.

And as I think I've shown just with some of the examples here in Queensland, our focus on investing in every area of health translates into a lot of extra money and a lot of extra effort in hospitals, dental care, strengthening our research base, and in some small but essential rural health projects. It also means an increase in GP training places, an extra 110 nursing places in universities, and extra money—nearly \$4 million in additional funding—to make sure that the local divisions of general practice can build on their strong foundations. This investment across the health system is the Rudd government's approach to investing in making sure community by community, state by state, jurisdiction by jurisdiction we can rebuild a health system for the future.

And on top of all of this, within the next few months, I'm going to be receiving the final National Health and Hospitals Reform Commission report, the Prevention Health Care Taskforce report, and the Primary Care Strategy so, as you can see, there is plenty of action yet to come in health reform in the next few months and years. I really look forward to continuing to work closely with the Alliance as those proposals are put to us and the government considers them.

I really want to congratulate you on another successful conference and will take with me on my travels back south to Townsville later today the communiqué and recommendations from this conference.

So please take heart from the investments that have been made in this budget, particularly in the difficult financial circumstances. I encourage you to work with us to make sure they deliver the best outcomes for the communities. We always want to work with you to see how we can improve on our programs. And I look forward to being with you again at next year's conference if Gordon will promise to write another poem. Thank you.