

**Submission  
No 107**

**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO CROSS-JURISDICTIONAL HEALTH  
REFORM AND GOVERNMENT CONSULTATION WITH REMOTE, RURAL AND  
REGIONAL COMMUNITIES**

**Organisation:** Australian College of Rural and Remote Medicine (ACRRM)

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27 November 2024

Select Committee for Rural, Regional and Remote Health  
Parliament House, Macquarie Street,  
Sydney NSW, 2000

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Dear Committee Members

**Re: Feedback to the inquiry into Portfolio Committee No. 2 (PC2) recommendations relating to cross-jurisdictional health reform and government consultation with rural, regional and remote communities in New South Wales (NSW).**

Thank you for the opportunity to provide feedback to the Inquiry. I write to confirm that the Australian College of Rural and Remote Medicines (ACRRM) response and recommendations from our April 2024 submission remain largely unchanged.

ACRRM notes that the NSW Government has either supported or supported in principle the majority of the recommendations from the inquiry into health outcomes and access to health and hospital services in rural, regional, and remote NSW. The College encourages the Government to ensure that these recommendations are considered in alignment with broader state and federal policies, which may not always prioritise the specific health needs of these communities.

ACRRM's Submission and testimony to the [New South Wales Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales](#) were quoted extensively throughout the PC2 Report. This included a detailed discussion of the role and potential contribution of Rural Generalists (RGs) across NSW, together with acknowledgement of general stakeholder support for the RG model of care. Despite the findings of the PC2 report, our members working in these communities continue to report limited or no progress, particularly in relation to the implementation of many of the key recommendations.

To ensure reform takes hold at the front line, ACRRM recommends that an assurance and oversight process is established which includes the introduction of a regular 'report card' or similar mechanism. This should outline whether and how well the recommendations are being implemented along with measurable outcomes.

We encourage the NSW Government to engage with ACRRM members to identify and discuss the barriers to RGs training in NSW, and to explore potential solutions. This process should include meaningful consultation aimed at enhancing the integration, support, and recognition of RG practice at both the health service district and state levels.

Given the urgency of addressing several key recommendations, ACRRM strongly supports the appointment of a Minister for Regional Health who is accountable, transparent, and actively engaged in fostering respectful workplaces and improving the culture within NSW Health.

The College acknowledges the critical need to enhance the health and well-being of rural, regional and remote communities and is a committed advocate for the successful implementation of the outlined recommendations.

We welcome the opportunity to contribute to these important discussions into the future.

Yours sincerely



Marita Cowie AM  
**Chief Executive Officer**