



Australian Government

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2021 – 2022

OFFICE OF THE NATIONAL RURAL HEALTH COMMISSIONER



Office of the National Rural Health Commissioner

Annual Report 2021-2022

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www.health.gov.au/initiatives-and-programs/onrhc.



Acknowledgement of Country

The National Rural Health Commissioner (the Commissioner) and her Office acknowledge the Traditional Owners and Custodians of Country throughout Australia. The Commissioner recognises and deeply respects the strength and resilience of Aboriginal and Torres Strait Islander people and their continuing connection and relationship to rivers, lands and seas.

The Commissioner and her Office pay respect to Elders past, present and emerging, and extend that respect to all First Nations people reading this report.

The Commissioner is committed to assisting in the advancement of better health outcomes for Aboriginal and Torres Strait Islander people. The Commissioner is committed to doing this by promoting Aboriginal and Torres Strait Islander peoples' expertise, opinions and perspectives through their voices, shared stories, effective feedback mechanisms, and collaborative design processes.

The Commissioner is confident that her Office can make an important contribution to reconciliation and addressing racism and looks forward to continuing this journey.



Australian Government
Office of the National Rural
Health Commissioner

15 October 2022

The Hon. Emma McBride, MP

Assistant Minister for Rural and Regional Health,

Assistant Minister for Mental Health and Suicide Prevention

PO Box 6022

House of Representatives

Parliament House

CANBERRA ACT 2600

Dear Assistant Minister,

In accordance with section 79AP of the *Health Insurance Act 1973*, I present to you the Annual Report of the National Rural Health Commissioner that covers my Office activities during the 2021-2022 financial year.

Yours faithfully,

A handwritten signature in blue ink that reads "Ruth Stewart". The signature is written in a cursive style and is enclosed within a thin black rectangular border.

Adjunct Professor Ruth Stewart

National Rural Health Commissioner

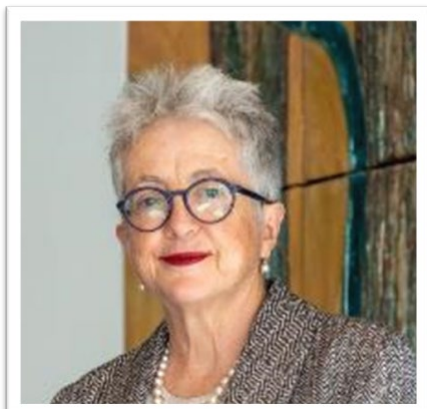
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Foreword

Adjunct Professor Ruth Stewart – National Rural Health Commissioner



It is a great responsibility and privilege to be a champion for rural health in Australia. This is the expectation of the National Rural Health Commissioner (the Commissioner) and the task that I assumed on 1 July 2020. Since my appointment, the COVID-19 pandemic has stretched and challenged our health and political systems. This report describes how I, with the support of the Deputy National Rural Health Commissioners and Office staff, have met these expectations despite the challenges and identified new opportunities along the way.

One of the goals of my Office has been to change the discourse about rural health from a focus on deficit to an exploration of what is working in rural health care provision, and why it is working. We need to talk of what is already being done and of what we need to do more of. Good news stories lift the spirits; they can transform systems. New models of care, rural specific training pathways for rural specific roles, rural multidisciplinary health care teams co-designed with consumers, and rural-informed policies promise stronger health care provision for rural and remote Australians.

Mine is a statutory appointment and I am independent of the government and the Department of Health and Aged Care. This role works best when my team and I work crossing the boundaries between government, rural health care providers and rural and remote communities. Multi-layered interactions across the sector allow us to participate in, and at times, lead discussions where policy is formulated. A healthy democracy listens and responds to such discussions. This is a function offered by this Office to government. I welcome the opportunity to work with the newly elected government and with the Assistant Minister for Rural and Regional Health on improving health care access for rural and remote Australians.

This report details how as a team we have addressed the urgent and emerging health priorities, like the impact of COVID-19 on communities already struggling after years of drought, bushfires, and floods. We have stimulated discussion and assisted in the granting of funds for projects exploring innovative, place based, Culturally Safe, co-designed models of care for specific communities. My team have taken leadership roles in progressing the National Rural Generalist Pathway in medicine, the co-design of the National Rural and Remote Nurse Generalist Framework and in policy discussions aiming to improve the volume and distribution of the rural health workforce. We have used online and face-to-face presentations in meetings and conferences to reach a wide audience.

We have sought every opportunity to amplify the voices, needs and rights of the First Peoples of Australia in health care. Within the Office, this work is led by Wiradjuri Yinaa, practicing pharmacist and Deputy National Rural Health Commissioner – Allied Health and First Nations Health, Professor Faye McMillan.

In nursing and midwifery there has been a whirlwind of consultation to develop the National Rural and Remote Nurse Generalist Framework led by Adjunct Professor Shelley Nowlan, Deputy National Rural Health Commissioner – Nursing and Midwifery.

There are several health programs and health system plans under review or consideration by the government at present. The work of the Office of the National Rural Health Commissioner will champion rural and remote health in future discussions.

Adjunct Professor Shelley Nowlan – Nursing and Midwifery



Since my appointment as a Deputy National Rural Health Commissioner, I have worked with peak nursing and midwifery bodies that advocate for rural and remote clinicians and communities. The professional generosity afforded by them has been humbling and extraordinary.

Together we have promoted and voiced support for nurses and midwives, who are the largest group of clinicians that provide care to rural and remote communities. Nurses and midwives are central to improving inequitable access to health care for these communities. However, this work cannot be achieved without working alongside health workers and within multidisciplinary teams, to ensure the provision of quality health services. In my role, I have strongly advocated for increased supports for nurses and midwives, including the ability to live and practice in their local communities, in recognition that we must grow our own workforce. To this, I call on experienced nurses and midwives to foster our next generation of rural and remote nurse generalists.

Co-design of the National Rural and Remote Nurse Generalist Framework began in September 2021 and continues with an in-kind, expert Steering Committee. I intend to write on the implementation in the next annual report. This work has enlivened advocacy for Registered Nurses to work to full scope of practice in rural and remote settings. The Framework, when released, will guide successful transitions to working in the bush.

I look forward to the coming months, where I can partner with midwives to advocate for continuity of care models for rural and remote women and to support First Nation Australians' Birthing on Country. This will include participating in yarning circles and storytelling, to ensure voices are included in building national awareness of the issues facing rural and remote midwives and women.

The Office will continue to prioritise advocating for and promoting the value of rural and remote multidisciplinary-led care in primary health settings. I look forward to continuing to highlight and showcase the actual and future potential for rural and remote generalist nurses and midwives to work to full scope of practice at an advanced practice level. Moreover, I look forward to the implementation and use of the sentinel and important National Rural and Remote Nurse Generalist Framework to 'grow our own' and guide practitioners to thrive and flourish in rural and remote careers.

Professor Faye McMillan – Allied Health and First Nations Health



Ngadhu gabingidyal gulbarra murruban mayiny ngurambang Australia, badhiin maradhalbu, yaalabu. Bala ngadhu gulbarra yindyamangidyalbu Wiradjuri badhiin, ballumbambalbu.

I would like to start by acknowledging the First Peoples of this Nation of Australia, Elders past, present and emerging. I would like to acknowledge my Wiradjuri Elders and Ancestors. The opportunity to understand my own narrative and the lived experiences that have shaped who I am and the passion that I have for regional, rural and remote Australia, have synergies with my role as the Deputy National Rural Health Commissioner.

As a Wiradjuri yinaa (woman), honouring our past, acknowledging our present and planning and committing to future generations, forms part of my cultural obligations as well as my professional commitment to the health and well-being of all Australians.

I view my role as an opportunity to lead and transform the rural health narrative to one that recognises the strengths of rural communities, researchers, health practitioners and workers and to harness, engage and illuminate the successes and challenges that have been faced in regional, rural and remote Australia.

Repositioning the rural health narrative to include allied health, nursing and midwifery, and other health professionals and workers, recognises the significant contribution of all who provide care and that we are stronger together. This change in narrative reflects the reality of many rural communities and demonstrates the strength of being in relationships with colleagues from different health disciplines and the synergies that can be drawn from these relationships. When communities are involved in the design of health services, we are stronger still.

I continue to work closely with the Chief Allied Health Officer, Dr Anne-marie Boxall, and the Department of Health and Aged Care more broadly in progressing the recommendations from the Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia report and with my focus on increasing opportunities for high quality, culturally safe and appropriate rural training and employment opportunities for the Indigenous health workforce and allied health workforce.

The collaborative approach taken by the Office of the National Rural Health Commissioner is a strength that has united our focus on the opportunities that exist and does have the potential to transform the lives of rural communities. Whilst the work that has already been undertaken has been important, the work that will continue to take place that will be equally important. There is an imperative to keep the momentum and to see that the initiatives that have occurred are not lost, to inform policy and implementation processes to change the experiences of health with people in the professions and communities.

It is with this at the forefront of my mind that I acknowledge and yindyamarra (respect) all the regional, rural and remote health workers, researchers, supervisors, students and practitioners and the support workforces for their ongoing commitment and dedication to the communities to which they have relationships with.

Introduction

The Commissioner is a statutory appointment, independent from the Australian Government Department of Health and Aged Care (the department), and the Minister responsible for rural health. The statutory functions are detailed in *Part VA* of the *Health Insurance Act 1973* and allow the Office to do a broad range of activities to support rural and remote health priorities.

Improving regional, rural and remote health is a priority for the Australian Government. The Office of the National Rural Health Commissioner (the Office) plays a critical role in assisting the government to improve health outcomes in regional, rural and remote Australia, and quality, sustainability of, and access to, health services in these areas.

About 7 million people live outside of Australia's cities. These communities make an enormous contribution to the national economy and are the fabric of our national identity. The government's commitment to a thriving regional, rural, and remote Australia includes keeping communities healthy, by making sure they can access health services when they need them, and as close to home as possible. Australians deserve access to high quality health care services, no matter where they live.



The National Rural Health Commissioner is a champion for rural and remote communities' health by ensuring rural and remote issues are at the forefront of government decision making.

Statement of Expectations

At the beginning of each term, the Minister responsible for rural health provides a Statement of Expectations to the Commissioner that sets out the priority areas for the Office. This Statement of Expectations, and the Commissioner's Statement of Intent in response, are critical in ensuring the focus and efforts of the Office are clear.

Office Priority Areas

1. Stakeholder Relationships
2. Urgent and Emerging Priorities
3. Innovative Models of Care
4. Rural Workforce, Training and Primary Care Reform
5. Organisational Governance and Financial Management

2021 – 2022 Highlights

Ngayubah Gadan (Coming together) summit



In June 2022, the Office of the National Rural Health Commissioner hosted the Ngayubah Gadan (Coming together) Summit in Gimuy (Cairns). Over 70 rural health stakeholders attended in-person and virtually.

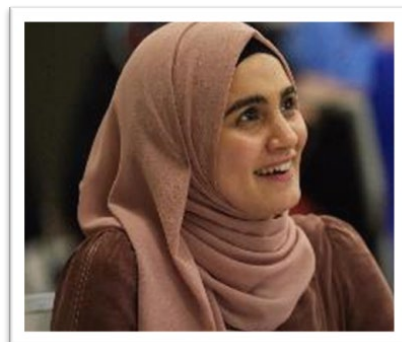
The purpose of the summit was to articulate and define the nature, value and importance of investing in rural and remote multidisciplinary health teams, with rural generalist expertise, to provide high quality care for rural communities. Stakeholders agreed that these teams are valuable in building a sustainable health workforce and reducing the health inequities and outcomes that exist between urban and rural communities. During the Summit, stakeholders identified key elements, enablers and barriers to forming these teams, and as a result the Office drafted the Ngayubah Gadan Consensus Statement for review on the second day of the Summit.

Once finalised, the Ngayubah Gadan Consensus Statement will describe how rural and remote multidisciplinary health teams can be structured and supported. It will formally recognise the vital contribution of the rural and remote health workforce plus the need to support and sustain rural and remote multidisciplinary health teams and the care they provide. It will also signal the unified and collective voice from key rural and remote health stakeholders.

The Ngayubah Gadan Consensus Statement and Guiding Paper will be finalised by early 2023 following broader sector consultation.

Rural Healthcare Student Mentorship

In 2021 the Office began discussions with the National Rural Health Student Network on ways the Office could support and develop leadership among rurally interested health care students. This led to the Office offering a mentorship opportunity through student networks. A competitive selection process was undertaken in collaboration with the National Rural Health Student Network, and Baneen Alrubayi, a 4th-year medical student from Western Sydney University, was the successful candidate. In June 2022, Baneen completed her week-long mentorship.



The mentorship included meeting Office staff to understand their roles and work, attending meetings, and supporting, operationalising and attending the Ngayubah Gadan Summit, where Baneen oversaw important stakeholder engagement. To conclude her mentorship, Baneen is finalising a paper on examining the effect of interdisciplinary education of health care students to support and develop rural and remote multidisciplinary health teams. This paper will be presented to the Commissioner and the department.

The Office Statement on Racism


A position statement on the [impacts of racism on the health and wellbeing of First Nations people](#) was released by the Office in January 2022, after working in close consultation with the National Aboriginal Community Controlled Health Organisation (NACCHO). This reflects the Office's commitment to promoting expertise, opinions, leadership and perspectives through First Nations Australians' voices, shared stories, and collaborative design and including the health of First Nations Australians in all health discussions.

In the position statement, the Commissioners and Office commit to actions and activities, working towards dismantling racism in the health sector, including but not exclusive to:

- Recognising that racism experienced at an interpersonal, institutional or systemic level has significant impact on access to healthcare services and health and wellbeing outcomes for Indigenous Australians
- Recognising that for racism to be eliminated from Australian health services and systems Aboriginal and Torres Strait Islander representation in the health workforce must be increased and all health professionals must follow Culturally Responsive and Safe practices
- Embedding Indigenous representation and shared decision-making processes into the development of all rural health policy activities undertaken
- Working closely with Indigenous leaders and peak health organisations to advise governments, medical institutions, colleges and universities to ensure racism is acknowledged and addressed
- Recommending governments, medical institutions, colleges and universities dismantle systemic barriers for Indigenous medical, nursing and allied health students accessing, pursuing and maintaining a career in Australia's health system
- Promoting Cultural Safety and Responsiveness and the eradication of racism in the health sector experienced by consumers and workforce

Primary Care Rural Innovative Multidisciplinary Models (PRIMM) grant opportunity

The PRIMM program recognises that people in regional, rural and remote Australia have poorer access to quality health care than urban areas. PRIMM supports ways of addressing this disparity. The program enables community-supported models of care to be developed to a point where they are ready to scale. One outcome of PRIMM will be



the sharing of findings and lessons with other rural and remote communities, to help them design their own primary health care solutions. During this reporting period, 2 of 3 grant rounds were completed. The following 4 PRIMM models of care are now being developed:

Co-design of an age-friendly, multidisciplinary, integrated primary health care model for the Upper Hume region

Beechworth Health Service was a successful grant recipient in the first round. Its project will integrate rural community-based health and social care workers with aged care services in northeast Victoria. This project aims to address the health workforce shortages and maldistribution in the region by building on and better integrating existing resources to deliver services more effectively.

Co-designing Social and Emotional Wellbeing for the Northeast Arnhem region

The Menzies School of Rural Health Research, with Miwatj Health Aboriginal Corporation, were the second successful grant recipients in the first grant round. A community co-designed and culturally appropriate screening tool will be developed to improve mental health outcomes for young people in the Northeast Arnhem region. The new platform will host mental health screening and workforce allocation tools that will assign clients to a 'step' in the stepped-care model. This type of model will help people to easily move between programs as their support needs change.

The Rural-Heart project: co-designing heart-failure support tools and pathways to improve the management of heart failure

Hamilton Medical Group was the successful project lead in the second grant round. They are leading a collaboration of health services, primary health networks and a university, to create support tools to better support locals in southwestern regional and rural Victoria with heart failure. The trial will assist patients who suffer serious heart conditions by developing and co-designing heart-failure support tools and pathways to improve the management of heart failure and ensure the right care is provided at the right time and place.

The Royal Flying Doctor Service: addressing health issues in Bourke, Brewarrina and Walgett by developing a new primary care model

The second successful applicants in the second grant round were the Royal Flying Doctor Service (South-eastern Section). They will use their funding to research, develop, and co-design a multidisciplinary model of primary care to better service patients in rural-remote New South Wales. The model will address the health care challenges of geographically isolated rural and remote communities with limited primary health services. Working alongside local communities and health professionals, this project aims to develop long term solutions to plug gaps in primary care services for the benefit of patients and their families living in rural and remote areas.

Priority area 1 - Stakeholder relationships

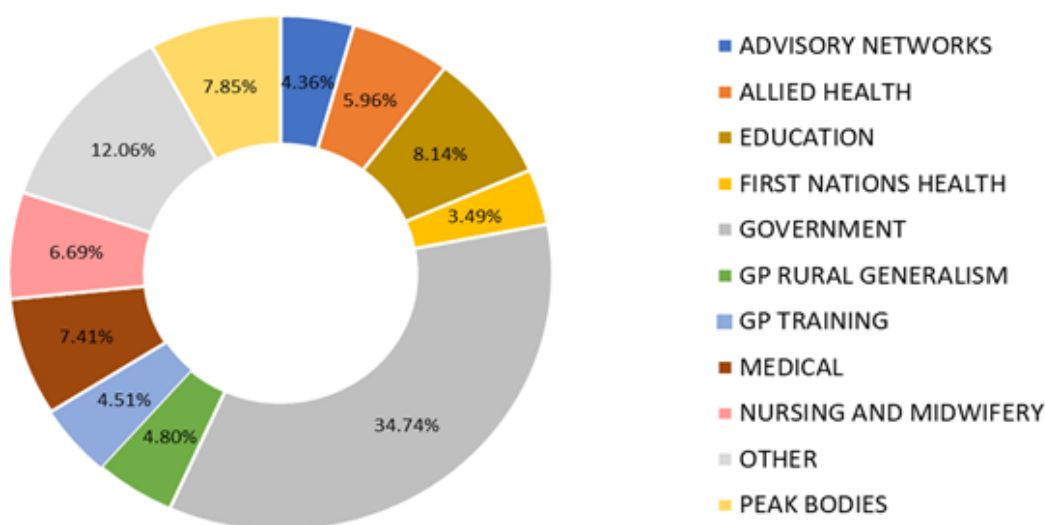
The Office undertakes important consultation and collaboration with stakeholders to support the government's vision for sustainable health care services across Australia. These stakeholders include rural, regional and remote communities; peak health and health professional bodies; universities; specialist training colleges; the department; and state and territory governments.

The Commissioner understands and knows how social determinants influence and affect rural and remote Australians' health outcomes. It is therefore essential for the Office to talk with different organisations and individuals, who are committed to collaboration and strategically leveraging off each other's work. This collective action can achieve sustainable and positive changes for rural and remote communities.

Across the 2021-2022 financial year, the Office engaged with critical stakeholders across the health, education and digital infrastructure sectors. The Office believes that this wide ranging and extensive engagement is vital in reducing the disparities of health status between rural and urban Australians. The Office values the relationships it has established and maintained across sectors because the collaboration is invaluable to the work of the Office.

The Commissioner and Office understand a broad reach is vital, as the health and wellbeing of rural and remote Australians must be part of every policy conversation about rural and remote Australia. It is only with strong relationships and connections across sectors that we can understand the barriers to good health and health care, and the enablers. Strong policy needs such understanding. The Commissioner and the Office are committed to being the expert linkage between communities, sectors, and the department.

This graph represents sectors and groupings of organisations and disciplines the Commissioner and/or Deputy Commissioners have engaged with during the reporting period.



- **GP Training and GP Rural Generalism** are a focus of the Commissioner's work and are represented separately from Medical.
- **Government** represents Australian, state, territory and local governments.
- **Other** represents organisations and individuals from different sectors such as primary health care providers, health networks, tertiary education providers and academia.

First Nations Australians Engagement

The Commissioner is strongly committed to working in partnership with policy and workforce planners, mainstream services, First Nations Australians workforces, health workers and practitioners to address racism in the health system. Also, to improve the delivery of culturally safe and responsive health services, to support better health outcomes for First Nations communities.

The Commissioner is committed to rural and remote health policy, service delivery and workforce planning being guided by strategies including (but not exclusive to):

- National Agreement on Closing the Gap
- National Aboriginal and Torres Strait Islander Health Plan 2013-2023
- Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031

- The Office of the National Rural Health Commissioner's Position Statement: Impacts of racism on the health and wellbeing of Indigenous Australians

The Commissioner and the Office continue to seek opportunities to engage with key Aboriginal and Torres Strait Islander services and representative bodies including:

- The Australian Indigenous Doctors Association (AIDA)
- Indigenous Allied Health Australia (IAHA)
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- The National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)

This ensures the views and expertise of Aboriginal and Torres Strait Islander health professionals and organisations are heard by the Commissioner and incorporated into the work of the Office.

The Office's published Reconciliation Statement, reflects the commitment and dedication of the Office to Closing the Gap in life expectancy by 2033, increasing the proportion of babies with a healthy birth weight to 91% by 2031, and working to a significant and sustained reduction in suicide towards zero.

This year, in close consultation with the National Aboriginal Community Controlled Health Organisation (NACCHO), the Office finalised a position statement on the impacts of racism on the health and wellbeing of First Nations people. The position statement is described in detail in the [2021-2022 Highlights](#) section of this report.

Advisory Network of The National Rural Health Commissioner

The Advisory Network of the National Rural Health Commissioner (ANNRHC) informs the Commissioner's devising of strategic policy advice for the Assistant Minister for Rural and Regional Health, and the National Rural Generalist Pathway Strategic Council. This forum allows critical rural stakeholders to be involved in complex and/or emergent issues and provide considerations on these issues to the Commissioner. The discussions of ANNRHC focus on how rurality and remoteness influence the issues. ANNRHC met quarterly during the reporting period with each meeting focusing on different topics:

Date	Topic	Discussions
13 August 2021	Future Proofing the Rural Health Workforce	Advice on the present state and future needs of the rural health workforce.
10 December 2021	Private General Practice Models	Understanding how rural and remote business models can maintain viability and sustainability.
11 March 2022	Multidisciplinary Teams	Understanding how the health care system can better recognise and reward multidisciplinary teams focused on allied health.

[APPENDIX B](#) is a list of the Advisory Network of the National Rural Health Commissioner members.

Priority area 2 - Urgent and emerging priorities

The Office supports the government's ongoing response to COVID-19 by advising on rural and remote issues. The Office also advises on the ongoing health workforce maldistribution that has been exacerbated by COVID-19, that disproportionately affects rural, and remote communities.

Rural General Practice Respiratory Clinic (GPRC) Leaders Network

The Rural GPRC Leaders Network reduces the isolation of rural GPRC leaders and provides opportunities to share learnings, solutions and emerging challenges in the ongoing COVID-19 response in their communities.

This network is chaired by the Commissioner and supported by a representative from the department's COVID-19 Taskforce. Through the Commissioner and Taskforce representative, the Network has ensured the government's response and planning considers the role of primary care, particularly where hospitals are small, absent or offer reduced services. This Network has strongly advocated for resource allocations to rural and remote regions to support their ongoing response. This forum has enabled real time feedback on processes impacting GPRCs and the communities they serve, and has resulted in improvements in delivery, communication and responsiveness to community.

Primary Health Care Covid-19 Response

This forum is chaired by the department and supports the broader primary health care sector response to COVID-19, the Office represents rural and remote voices in this forum. This forum shares important information and updates among health stakeholders, and the Office attended 27 meetings over the reporting period. Updates from this forum are provided by the Office to the Rural GPRC Leaders Network, and matters are circled back to this COVID-19 response forum through the Office representative.

National Covid-19 Health and Research Advisory Committee


This committee is chaired by Deputy Chief Medical Officer, Professor Michael Kidd AM, and the Peter Doherty Institute Director for Infection and Immunity, Professor Sharon Lewin AO. It is supported by the National Health and Medical Research Council, and the Commissioner is a committee member to provide expert rural and remote focused advice.

Priority area 3 - Innovative models of care

The Office works with the department in design and management of grant opportunities to improve rural health care access. These grants enable design or implementation of sustainable, innovative, place-based models of primary health care.

Primary Care Rural Innovative Multidisciplinary Models (PRIMM) grant opportunity

The Office worked with the department to provide grant opportunities that support rural health services to design innovative models of care. These grants allow communities that experience severe workforce or service access challenges to develop trial-ready sustainable, innovative models of care. This initiative has \$2.4 million budgeted to fund 6 grants over 3 grant rounds. The grants are administered according to the Commonwealth Grants Rules and Guidelines.



There has been substantial interest in the PRIMM grant opportunities. During the reporting period, there were 2 grant rounds held with each round funding 2 successful applicants. Details on successful applications from grant rounds one and 2 are in the [2021-2022 Highlights](#) section.

Innovative Models of Care (IMOC) grant opportunity

IMOC aims to support the implementation of new, innovative primary care service delivery models, and seeks to find out whether these models improve the attractiveness of rural practice in rural to very remote areas. The Office assisted the department in assessing grant applications that will fund new innovative models of care in rural to very remote areas outside of New South Wales. IMOC expands on the 2020-21 budget measure that funded 5 well-developed proof-of-concept pilots into fully operational models in western and southern New South Wales.

Priority area 4 - Rural workforce, training and primary care reform

The government has an ambitious plan across workforce planning, training, and primary care reform. The Office provides evidence-based and rurally focused advice for reform and innovation.

The Office is committed to providing evidence-based and rurally focused advice and has participated in the following committees, forums and taskforces.

Transition to College-Led Training Advisory Committee

From early 2023, administration of the Australian General Practice Training Program will transfer from the department to the General Practice Colleges. The Transition to College-Led Training Advisory Committee meets monthly to advise the department on the development and implementation of reforms to the delivery of General Practitioner training. The Commissioner co-chairs this committee with the Deputy Chief Medical Officer, Professor Michael Kidd AM to support the transition to a college-led training model. Over the reporting period, 10 meetings were convened and important progress towards transition occurred.


Aboriginal and Torres Strait Islander General Practice Training Advisory Group

The Commissioner co-chairs the Aboriginal and Torres Strait Islander General Practice Training Advisory Group, which is linked to the Transition to College-Led Training Advisory Committee. The Aboriginal and Torres Strait Islander General Practice Training Advisory Group oversees consultation and co-design of processes to support training in Aboriginal and Torres Strait Islander Health and culture for all registrars, including registrar training in the community-controlled health sector and support for Aboriginal and Torres Strait Islander Peoples in General Practice training.

National Rural Generalist Pathway (NRGP) Strategic Council

The Commissioner is responsible for supporting and developing the National Rural Generalist Pathway in medicine and progressing the National Rural Generalist Task Force recommendations by the inaugural Commissioner to the Minister for Regional Health. Implementation of the National Rural Generalist Pathway requires action by a broad range of stakeholders, including states and the Northern Territory, the department, General Practice Colleges and others. The NRGPs Strategic Council was convened in March 2021 and its work continues.

The NRGPs Strategic Council advises the Commissioner to guide her advice for the Assistant Minister for Rural and Regional Health. It is a forum where agreement is brokered with stakeholders responsible for current and future



implementation of the Pathway. The NRGPS Strategic Council is assisted in its work by advice from 2 groups, the Jurisdictional Implementation Forum and the ANNRHC.

The NRGPS Strategic Council advises the Commissioner on:

- Identifying and monitoring elements of the Pathway and NRGPS Advice recommendations where national consistency is preferable
- Monitoring Pathway implementation by the Australian Government, jurisdictions and colleges to identify emerging risks, opportunities or barriers
- Monitoring the impact of other major reforms on the Pathway
- Proposing options to progress the Pathway in areas where a national approach cannot be achieved

The NRGPS Strategic Council met quarterly during the reporting period and meetings were chaired by the Commissioner.

[APPENDIX C](#) is a list of the NRGPS Strategic Council member organisations.

Rural Generalist Recognition Taskforce

A critical part of the National Rural Generalist Pathway is the Medical Board of Australia's recognition of Rural Generalism as a specialised field in the specialty of General Practice. The Rural Generalist Recognition Taskforce is chaired by the Commissioner and includes representatives of the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practitioners. This Taskforce has carriage of the recognition application and meets monthly. During the reporting period, 11 meetings were held.

In November 2021, the Medical Board of Australia approved the application for recognition to progress to its Stage 2 (detailed) Assessment. The Australian Medical Council will conduct this assessment, which will be chaired by Professor Chris Baggoley. It will involve national consultation, review of the current status of the specialist field, and further community impact analyses of the proposal. The consultation is expected to take approximately 12 months. The Taskforce will continue to meet and prepare for the upcoming assessment.

National Rural Generalist Pathway Jurisdictional Implementation Forum


The General Practice Training Advisory Committee provides advice to the department on how to maintain and improve outcomes of general practice training. This committee also ensures the registrar workforce is skilled and appropriately distributed to deliver quality primary health care to all Australians. This committee meets quarterly, and the Commissioner attended 3 meetings during the reporting period.

General Practice Training Advisory Committee

The General Practice Training Advisory Committee provides advice to the department on how to maintain and improve outcomes of GP training. The broader focus of this committee is to ensure the registrar workforce is skilled and distributed appropriately to deliver quality primary health care to all Australians. This committee meets quarterly, and the Commissioner attended 3 meetings during the reporting period.

Medical Workforce Reform Advisory Committee

The Medical Workforce Reform Advisory Committee oversaw the development of the National Medical Workforce Strategy 2021-2031 and provided advice on possible reforms to medical workforce education and training.



In December 2021, the National Medical Workforce Strategy was submitted to the Ministers responsible for Health for their endorsement. Committee members supported the establishment of working groups to assist the strategy's implementation. The committee met quarterly, and the Commissioner attended 2 meetings in the reporting period.

Distribution Working Group

The Commissioner is a member of the Distribution Working Group that provides independent expert advice on policies that affect the distribution of GPs to areas of greatest need. These areas of need are known as Distribution Priority Areas (DPA). The DPA classification allows GP practices to recruit from a larger pool of doctors, including new entrant International Medical Graduates and Australian-trained bonded doctors with return of service obligations. The Distribution Working Group reviewed, assessed and advised the former Minister for Regional Health on areas that applied for a review of their DPA classification. The Commissioner attended 2 meetings in the reporting period and contributed to out-of-session work in the assessment of DPA exceptional circumstance applications.

Allied Health Industry Reference Group

The Allied Health Industry Reference Group is a stakeholder forum to discuss strategic, national topics of relevance to the allied health sector. The Deputy Commissioner, Professor Faye McMillan, represented the Office at the forum, to champion the rural allied health workforce and communities. This forum has progressed recommendations from the National Rural Health Commissioner's report Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia report. They have also progressed the development of a National Allied Health Minimum Dataset and the need for a National Allied Health Workforce Plan.

Allied Health Rural Generalist (AHRG) Pathway National Strategy Group

The AHRG Pathway is an integrated workforce, service and education strategy that has been developed collaboratively by a broad assembly of allied health professional organisations. The AHRG Pathway National Strategy Group aims to achieve a nationally recognised and accepted, sustainable and valuable rural generalist pathway for the allied health professions. It provides oversight of the development of the Pathway, and strategic advice and support to stakeholders, decision-makers and allied health service providers. Deputy Commissioner, Professor Faye McMillan, represented the Office on the Group.

National Rural and Remote Nursing Framework Steering Committee

In September 2021, the Deputy Commissioner, Adjunct Professor Shelley Nowlan, convened this committee to develop a National Rural and Remote Nursing Generalist Framework.

This committee is co-chaired with the Australian College of Nursing. The committee comprises expert representatives from peak nursing bodies who have provided in-kind support and advice throughout the development of this Framework. This Framework will guide Registered Nurses on the capabilities needed in rural and remote settings and will support the development of a capable Registered Nurse workforce that can respond to community needs. Public consultation on the Framework's domains and capabilities occurred in February-March 2022. More information about this Framework is in the Future Focus section on the following page.

[APPENDIX D](#) is a list of the steering committee member organisations

Future focus

Ngayubah Gadan – Coming Together Consensus Statement

This Consensus Statement will inform policy makers, fundholders, workforce planners, service providers, clinicians and communities about what the rural and remote health sector agrees are the key elements of high-functioning multidisciplinary teams. The Consensus Statement and Guiding Paper describe the enablers and levers that need to be activated in policy, organisational, team and community contexts to form and support sustainable high functioning teams. The Office will continue to work with rural and remote key stakeholders to finalise and publish the documents by early 2023.

National Rural and Remote Nursing Generalist Framework

The Office continues to work with peak nursing bodies to develop and finalise the National Rural and Remote Nursing Generalist Framework.

The Deputy Commissioner, Adjunct Professor Shelley Nowlan, and the Framework's steering committee co-chair, Heather Keighley of the Australian College of Nursing, will lead the finalisation, implementation and evaluation of this Framework through the Office and Steering Committee.

The Framework describes the unique context of practice and core capabilities for rural and remote Registered Nurse (RN) practice. It is underpinned by the Nursing and Midwifery Board of Australia's Registered Nurse Standards for Practice (2016). The Framework recognises rural and remote RNs often provide primary health, acute and aged care in small teams, or in isolation.

The Framework can be a tool and guide for:

- RNs who wish to transition to rural and remote nurse generalist practice
- State and territory health departments, employers, educators, mentors, and health administrators employing and/or working with RNs in rural and remote healthcare settings
- nursing, midwifery and other professional colleagues to support the capabilities of the RN workforce

It is the Office's intent that the Framework will be used to support the government in the attraction and retention of a skilled nursing workforce in rural and remote Australia.

Rural and remote consumer engagement

The Commissioner recognises the importance and value of actively engaging with rural communities and rural health service consumers to better understand and improve consumer experiences and outcomes. The Commissioner meets with and engages with rural peak and advocacy organisations and communities to hear individual experiences of navigating and access to rural health services.

The Office is planning to form the ONRHC Rural Health Consumer Advisory Group (the Advisory Group) to provide a structured mechanism to hear the voices, experiences and perspectives of rural people and communities accessing primary health care and services. It is intended the Advisory Group will seek advice from the membership on emergent issues and explore the main challenges and solutions such as models of engagement and care that have improved experiences and outcomes for rural consumers and communities. The Advisory Group membership will include a culturally and geographically diverse group of rural health consumer peak organisations and advocacy groups to formalise and deepen engagement to inform ONRHC consumer-centred policy, grant and program development.

Rural and remote dental and oral care

The Office welcomes and supports improving oral health services in rural and remote Australia. Engagement with key dental stakeholders, including the Dental Board of Australia and Australian Dental Association, will enable the Office to highlight the importance of dentistry and oral health practices being included in rural and remote multidisciplinary health teams.

The Office will support the department to consider ways to improve access to oral health services in rural and remote Australia, and to address the maldistribution of the dental and oral health workforce.

Participation and consultation

Contributions

List of contributor / participants
Stronger Rural Health Strategy Evaluation
NSW Rural Doctors Network Collaborative Care workforce pilot monitoring
Nurse Practitioner 10 Year Plan
Aboriginal and Torres Strait Islander Health Professional Organisation
Development of the ONRHC Statement on Racism in consultation with the National Aboriginal Community Controlled Health Organisation (NACCHO)
Extension of Rural Health Multidisciplinary Training (RHMT) Program – Allied Health Placements Grant Selection Process
National Primary Health Network (PHN) Allied Health Framework Roundtable- Workforce & Access to Allied Health
National PHN Allied Health Framework Roundtable - Models of Care & Care Integration
Validation Workshop: National PHN Allied Health in Primary Care Engagement Framework
National Allied Health Minimum Dataset and Allied Health Data Gap Analysis Consultation
Redesign of the Digital Mental Health Program - Key Stakeholder Workshop
Workforce Collaborative Network Meeting Gayaa Dhuwi (Proud Spirit) Australia
Department of Health (South Australia) Indigenous Workforce Strategy – Consultation
National Rural and Remote Mental Health Strategy Working Group – development of the Workforce Strategy and National Rural and Remote Mental Health and Suicide Prevention Strategy
Aboriginal and Torres Strait Islander Health Workforce Strategy and Implementation Plan Consultation

Media

List of media participants
ABC The Drum (Panel participation)
A Nurse Out Where – Interview for National Rural and Remote Nursing Generalist Framework Public Consultation
Council of Remote Area Nurses of Australia (CRANaplus) Magazine: Shining a Light on Nursing in the Bush
Evaluation of the Indigenous Australians' Health Programme – Interview
Graziher Magazine: Rural Health Crisis – We need more female GPs
Forbes: From Allyship to Collective Liberation Disrupting Global Health – Interview for Disrupting Global Health
News Corp COVID 19 Vaccine lift out interview
Services for Australian Rural and Remote Allied Health Podcast – Rural Allied Health Workforce
Women's Weekly: Our Remote Healthcare Heroes

Presentations and speaking engagements

List of presentations and engagements	
Australian Medical Association and General Practice Students Network Indigenous Health Webinar	23 August 2021
Australian Medical Students Association Leadership Summit	26 August 2021
Lecture - Northeast Health Wangaratta Research Week	6 September 2021

List of presentations and engagements	
Council of Remote Area Nurses of Australia (CRANaplus) Virtual Symposium	17 September 2021
Medical Workforce Reform Advisory Committee Presentation	1 October 2021
Australian Medical Association Mental Health Committee address	6 October 2021
Allied Health Professionals Australia Symposium	14 October 2021
Rural Medicine Conference Australia 2021	20 October 2021
Western NSW Health Research Network 2021	26 October 2021
13th Australian Rural & Remote Mental Health Symposium	5 November 2021
NT PHN Compass Conference	5 November 2021
SPHERE, Panel Discussion	23 November 2021
University Southern Queensland - Nursing and Midwifery Research Showcase	25 November 2021
Isolated Children's Parents Association Conference	30 November 2021
2021 Indigenous Wellbeing Conference	6 December 2021
National Australian Pharmacy Students' Association Cultural Safety Webinar	25 January 2022
Presbyterian Ladies College Melbourne Foundation Day 2022	7 February 2022
Royal Australian and New Zealand College of Obstetricians and Gynaecologists Symposium	9 February 2022
National Rural Health Student Network Council presentation	12 February 2022
Riverland Academy of Clinical Excellence Grand Round	23 February 2022
Australian Patient Organisation Network Conference - speaking engagement	28 February 2022
Central Queensland University Regional Medical Pathway Event	3 March 2022
Portfolio Agency Parliamentary Forum - Agency participation	4 March 2022
National Rural Health Student Network Council Newsletter	10 March 2022
NSW's Rural Innovations Changing Healthcare Forum	23 March 2022
Rural Workforce Agency Victoria Board Strategy Meeting	24 March 2022
Rural Pharmacy Forum	24 March 2022
National Farmers' Federation keynote address	5 April 2022
Better Health Futures: Building a rural and remote health workforce in the NT	8 April 2022
Rural Hospital and Health Service Grand Round	20 April 2022
Royal Australian and New Zealand College of Obstetricians and Gynaecologists 2022 Regional Fellows Scientific Meeting	20 April 2022
Group of Eight - Medical Workforce Roundtable	29 April 2022
Mental Health Commission of NSW – panel discussion	5 May 2022
Australian Health Practitioner Regulation Agency – Forum of National Registration and Accreditation Scheme Chairs	6 May 2022
Australian Medical Students Association Rural Health Summit 2022	7 May 2022
Royal Australasian College of Physicians Congress 2022	9 May 2022
13th National Closing the Gap Indigenous Health & Chronic Diseases Conference	10 May 2022
University of Sydney Rural Health Club	12 May 2022
Rural Doctors Association of Victoria Rural Health Conference 2022	13 May 2022
Rural Medical Workforce Workshop - Townsville	18 May 2022
Australian Society of Medical Imaging and Radiation Therapy Conference	19 May 2022
Unequal Burdens for Women in Healthcare Women in Global Health Australia	24 May 2022
Rural Workforce Agency Victoria - Rural Allied Health Primary Care Solutions Forum	26 May 2022
Western Victoria Primary Health Network Primary Care Refresher Event	5 June 2022
State-wide Rural and Remote Clinical Network forum	8 June 2022
Rural Doctors Association of Queensland Conference	10 June 2022
Services for Australian Rural and Remote Allied Health Leadership Panel	14 June 2022
University of New England Future of Rural Health Event	15 June 2022
Australasian College of Health Service Management Health Innovation Conference	30 June 2022

Submissions and articles

The Office of the National Rural Health Commissioner has prepared several articles and submissions to governments and professional bodies on rural health workforce matters.

List of articles and submissions
NSW Legislative Council report on health outcomes and access in rural, regional and remote NSW
Australia's Rural Health Multidisciplinary Training Program: Preparing for the rural health workforce that Australia needs.
Allies in rural health: using the full scope of practice of Allied Health Professionals in rural and remote communities.
Vaccinating priority communities against COVID-19
The impact of interpersonal relationships on rural doctors' clinical courage
Position statement on the impacts of racism on the health and wellbeing of First Nations people
A return-on-investment analysis of impacts on James Cook University medical students and rural workforce resulting from participation in extended rural placements
Submission to the Senate Inquiry into the provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians (Australian Parliament).

Priority area 5 - Organisational governance and financial management

As per *Section 79AO of the Act*, for the purposes of the finance law, The National Rural Health Commissioner is an Official of the Department and the duties of officials set out in the *Public Governance, Performance and Accountability Act 2013 (PGPA Act)* apply to the Office. The *PGPA Act* requires the management of the Office's activities in a way that promotes the efficient, effective, and ethical use of resources.

Budget

The Office of the National Rural Health Commissioner has a budgeted allocation of \$11.2 million over 4 years, from 2020-21 to 2024-25. This includes \$2.4 million for 6 PRIMM grants to support the design of innovative, multidisciplinary models of care. The Commissioner ensures the affairs of the Office are managed efficiently, effectively, and ethically and continues to exercise prudent management to minimise impost while ensuring that regional, rural, and remote stakeholders can participate and engage with the work.

Governance

As an independent statutory office, the Office has developed the ONRHC Governance System to ensure compliance and quality. The system was developed and based on relevant legislation, internal policy statements, procedures and guides and encompasses department systems, policies, information and requirements. The system provides the Office with the tools to collect data and is intended to support an Office culture of respect, sharing, learning and transparency so that staff feel supported to engage with and support the work of the Commissioner.

APPENDIX A – Regular Committees and Meetings

List of regular committees and meetings
Aboriginal and Torres Strait Islander General Practice Training Advisory Group
Advisory Network of the National Rural Health Commissioner
Allied Health Industry Reference Group
Australasian College of Paramedicine
Australian Commission on Safety and Quality in Health Care
Primary Health Care COVID-19 Response
Department of Health – Chief Allied Health Officer
Department of Health – Health Workforce Division – Nursing
Department of Health – Medicare Benefits Division
Department of Health – Rural Health Workforce
Dietitians Australia
Distribution Working Group
General Practice Training Advisory Committee
Indigenous Allied Health Australia
Medical Workforce Reform Advisory Committee
National Aboriginal Community Controlled Health Organisation
National Alliance of Self-Regulating Health Professions
National Regional Education Commissioner – Fiona Nash
National Rural and Remote Nursing Generalist Steering Committee
National Rural Generalism Recognition Taskforce
National Rural Generalist Pathway Strategic Council
Primary Health Care Reform Steering Group
Primary Health Networks Rural Cooperative
Royal Australasian College of Surgeons – Rural Health Equity Strategy Committee
Rural and Remote COVID-19 Vaccine Stakeholder Roundtable
Rural General Practice Respiratory Clinic National Leaders Network
South Australia Rural Health Workforce Strategy Steering Committee
Services for Australian Rural and Remote Allied Health (SARRAH)
SARRAH Allied Health Rural Generalist Pathway Steering Group
Spinifex
Transition to College-Led Training Advisory Committee

APPENDIX B – Advisory Network of the National Rural Health Commissioner Member Organisations

List of ONRHC members
Australian Capital Territory Health Directorate
Australian College of Nurse Practitioners
Australian College of Rural and Remote Medicine
Department of Health
Australian Medical Association
Australian Rural Health Education Network
Australasian College of Paramedicine
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
Council Presidents of Australian Medical Colleges
Council of Remote Area Nurses of Australia (CRANaplus)
Federation of Rural Australian Medical Educators
General Practice Supervisors Australia
General Practice Training Advisory Committee
Indigenous Allied Health Australia
Medical Deans Australia and New Zealand
Medical Workforce Reform Advisory Committee
National Association of Aboriginal & Torres Strait Islander Health Workers & Practitioners
National Rural Health Alliance
National Rural Health Students Network
New South Wales Department of Health
Northern Territory Department of Health
Office of Rural and Remote Health, Queensland Health
Pharmaceutical Society of Australia
Queensland Health
Regional Training Organisation Network
Royal Australian College of General Practitioners
Royal Flying Doctor Service
Rural Doctors Association of Australia
Rural Workforce Agency Victoria
Services for Australian Rural and Remote Allied Health
South Australian Department of Health and Wellbeing
Tasmanian Department of Health
Victorian Department of Health
Western Australian Department of Health

APPENDIX C – National Rural Generalist Pathway Strategic Council Member Organisations

List of Pathway members
Australian College of Rural and Remote Medicine
Australian Indigenous Doctors Association
Australian Medical Association
Department of Health – Health Workforce Division
Department of Health – Rural Access Branch
National Aboriginal Community Controlled Health Organisation
Northern Territory Department of Health
Office of the National Rural Health Commissioner
Royal Australian College of General Practitioners
Rural Doctors Association of Australia

APPENDIX D – National Rural and Remote Nurse Generalist Framework Steering Committee Member Organisations

List of NRRNG Steering committee members
Department of Health
Australian and New Zealand Council of Chief Nursing and Midwifery Officers
Australian College of Nurse Practitioners
Australian College of Nursing – Faculty of Rural and Remote Nursing and Midwifery
Australian Nursing and Midwifery Accreditation Council
Australian Nursing and Midwifery Federation
Australian Primary Health Care Nurses Association
Congress of Aboriginal and Torres Strait Islander Nursing and Midwives
Council of Deans of Nursing and Midwifery
Council of Remote Area Nurses of Australia (CRANaplus)
James Cook University
Nursing and Midwifery Board of Australia
Office of the National Rural Health Commissioner