# Statement of Expectations for the National Rural Health Commissioner 1 July 2022 – 30 June 2024

## Vision

The National Rural Health Commissioner (Commissioner) will work to improve the quality and sustainability of, and access to, health services and professionals in regional, rural, and remote Australia. The Commissioner will ensure rural health issues are at the forefront of government decision making, underpinned by the social determinates of health in support of community‑lead, place-based responses.

## Role

The Commissioner is a statutory appointment, independent from the Department of Health and Aged Care (Department) and responsible to the Assistant Minister for Rural and Regional Health. The Commissioner’s functions, governance and financial management obligations are set out in Schedule 1, Part VA of the Health Insurance Act 1973 (Act). It is imperative the Commissioner acts independently and objectively in performing these functions and in exercising their powers set out in the Act.

## Priorities

### Support urgent and emerging priorities

The Commissioner will:

* advise of potential, and actual rural health risks, and provide practical options to mitigate these risks.
* assist the design and implementation of response strategies on disaster and recovery advice for rural communities in consultation with the National Emergency Management Agency. This includes monitoring impacts on training pathways, rural practices and supporting implementation of Government programs in rural areas.
* provide lessons learned from the COVID-19 pandemic, including health workforce impacts and planning implications and system failure and successes to inform policy development and decision making.

### Contribute to the implementation of innovative models of care for rural and remote communities

The Commissioner will:

* advocate for approaches that maximise the health and care workforce through sustainable and innovative models of care and enable all health professionals to operate across the full scope of practice.
* provide evidence-based advice to strengthen the health workforce program to reflect the needs of rural and regional communities.
* provide written advice on future opportunities arising from interactions with the sector, evaluation findings and innovative solutions, including the Rural Area Community Controlled Health Organisations (RACCHOS) and the Innovative Models of Care program and evaluation.

### Support First Nations peoples’ health and wellbeing

The Commissioner will work in partnership with First Nations people, peaks, and other stakeholders to:

* contribute to the Government’s commitment on the Uluru Statement from the Heart, the National Agreement on Closing the Gap (July 2020) (Closing the Gap) and National Aboriginal and Torres Strait Islander Health Plan, and implementation of Closing the Gap priority reforms
* ensure First Nations peoples’ health and wellbeing is at the heart of decision making
* support preventive health strategies.

### Contribute to rural workforce, training, and primary care reform

The Commissioner will:

* provide evidence-based advice to inform programs, policies, and initiatives.
* support Australia’s maternity care system and enable improvements in line with contemporary practice and evidence, including providing written advice on the Woman-centered care: Strategic directions for Australian maternity services
* provide ongoing advice and support on the development and implementation of strategies and initiatives aimed at improving access to mental health and suicide prevention services in rural and remote areas.
* provide advice and support for the transition of the Australian General Practice Training Program to a college-led model, including providing any relevant evidence of the impact of the transition on rural training delivery and on rural communities.

## Stakeholder relationships

The Commissioner will undertake consultation with stakeholders, including:

* regional, rural, and remote communities, service providers and consumers
* the health and care sectors, including Aboriginal community-controlled and other targeted services
* peak bodies, universities, and specialist training colleges
* state and territory governments
* Primary Health Networks (PHNs)
* Rural Workforce Agencies (RWA’s)
* Departmental senior executives and other Commissioners with portfolio linkages.

Regular meeting are to be convened in consultation with the Assistant Minister.

## Organisational governance

The Commissioner is supported by two Deputy Commissioners with expertise across allied health and nursing to support a multidisciplinary approach.

The Department’s Health Work Division and Corporate Operations Group can provide advice on issues that may impact the Commissioner’s ability to fulfill their role and statutory objectives, including the Government’s governance and reporting requirements.

## Activity Work Plan

The Commissioner will develop and maintain an Activity Work Plan (Plan) that outlines the activities their Office will progress to deliver the priorities set out in this document. The Commissioner can propose additional priorities that can be achieved during their term. The Plan will be delivered to the Assistant Minister by 12 December 2022 and will include indicators for measuring progress and timeframes for delivery. The Assistant Minister may task the Commissioner with specific projects or inquiries, which will be communicated via written correspondence.

The Plan will be updated every six months to include progress against the indicators, risk and issues identified, and new and emerging priorities as they arise. Each update will be provided to the Assistant Minister.