



Australian Government

Office of the National Rural Health Commissioner

2022–23 Annual Report

Office of the National Rural Health
Commissioner Annual Report 2022–23

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More information about the Office of the
National Rural Health Commissioner is available
online.

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 First Nations 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 First Nations people. The Commissioner is committed to doing this by promoting First Nations 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.

About the Commissioner and this report

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

This report details the impact and activities of the Office of the National Rural Health Commissioner for the 2022–23 financial year, in accordance with Section 79AP of Part VA of the *Health Insurance Act 1973*. The Assistant Minister for Rural and Regional Health, the Hon Emma McBride MP, provided the Commissioner with a Statement of Expectations to prioritise activities from 1 July 2022 to 30 June 2024.

This report has been prepared in accordance with the *Public Governance, Performance and Accountability Act 2013* and the Public Governance, Performance and Accountability Rule 2014.

Accessing this report online

This publication is available electronically in portable document format (PDF) on the Office of the National Rural Health Commissioner's webpage and on the department's website.



Australian Government
**Office of the National Rural
Health Commissioner**

15 October 2023

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 2022–23 financial year.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Ruth Stewart'.

Adjunct Professor Ruth Stewart
National Rural Health Commissioner

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Messages from the Commissioners



National Rural Health Commissioner – Adjunct Professor Ruth Stewart

In submitting an annual report, we must pause and reflect on the activity of the past year. What were our goals at the start of the year and had we achieved when the year concluded? What has been done well, and where could we do better? While the Office of the National Rural Health Commissioner (the Office) has dutifully worked “to improve the quality and sustainability of, and access to, health services and professionals in regional, rural, and remote Australia”, have we managed to ensure that “rural health issues are at the forefront of government decision making, underpinned by the social determinants of health in support of community-led, place-based responses”? This is the vision that we strive to attain as we work to

meet the Statement of Expectations provided by the Assistant Minister for Rural and Regional Health, the Hon Emma McBride MP.

By reading this report you will see that the Office has been very busy. We have hit some high goals including the publications of the National Rural and Remote Nursing Generalist Framework and the Ngayubah Gadan Consensus Statement on Rural and Remote Multidisciplinary Health Teams. We also made significant contributions to policy development via the Strengthening Medicare Taskforce and our engagement in the discourse about rural maternity care in Australia.

These are the tangible outcomes of our work and in reading the report you can see that my Office has met the expectations set for us; but there is more that we do that builds upon our achievements. Much of our impact in the sector has grown from our networking, relationship building and strong connections across state, national and international borders. We have actively drilled through siloes that prevent collaboration and team-based care between professions and sectors. We have come to call this our adviser and connector role and have attempted to capture this activity for your appreciation. But the totality of phone calls, emails, and impromptu discussions at the back of meeting rooms, in clinics, airports and wherever rural health folk gather over cups of coffee or tea, cannot be recorded here. Such informal communication can progress matters that have become stuck – in ways that may never be achieved through formal channels. We share and listen to others’ lived experience, value all voices irrespective of status, and maintain a reciprocal sense of obligation and responsibility for what is heard, understood, and expected. This is how the community of practice in Australian rural health has been built and the Office plays a leading role in it.

I commend this report to you. I thank you for your interest in rural health and rural communities and I welcome you to this passionate and courageous community of practice.



Deputy National Rural Health Commissioner – Nursing and Midwifery Adjunct Professor Shelley Nowlan

Since my appointment in 2021, I continue to collaborate with nursing and midwifery bodies and jurisdictional Chief Nursing and Midwifery Officers to advocate for the unique needs of rural and remote nurses, midwives and communities. These collaborations provide important insight into the strengths, challenges and achievements of communities and their health workforce. This creates a stronger voice to support and advocate for our rural and remote health workforce.

A great highlight has been the in-kind support of the expert Steering Committee to develop the National Rural and Remote Nursing Generalist Framework 2023–27 (the Framework). The launch of the Framework by the Assistant Minister for Rural and Regional Health in March 2023 was warmly welcomed by the Steering Committee and rural and remote nurses. Since its launch, it has been a focus of national and international interest. It was developed by and for rural and remote registered nurses to support working to their full scope of practice. Its uptake and use has been immediate and broad across University Departments of Rural Health, regional universities, state and territory governments and employers to further develop a skilled rural and remote registered nurse workforce. The Framework promotes culturally safe practice which supports Closing the Gap on health outcomes for First Nations people. Embedding and evaluating the Framework's uptake and identifying areas for further use will continue with the sector. It has been pleasing that nurses connect with the Framework in their development and transition to rural and remote nursing. We hope to further embed the role of the rural nurse generalist in future work and transition to rural and remote nursing.

It is so heartening to see the nursing and midwifery sector enthusiastically endorsing the national Ngayubah Gadan Consensus Statement on Rural and Remote Multidisciplinary Health Teams. As the Australian Government's scope of practice review gets underway, I look forward to continuing to showcase the potential for rural and remote nurses and midwives to work to their full scope of practice in multidisciplinary teams on Country and out bush.

I deeply value my close engagement with the Chief Nurse and Midwifery Officer Professor Alison McMillan, supported by her Senior Advisors for Nursing and Midwifery, and our wider department colleagues. With the rural health sector, we 'rural proof' national health policy and strategies for communities that can, and will over time, improve their access to quality healthcare, as close to home as possible.

The Best Start to Life gathering in Mparntwe (Alice Springs) showcased how the RISE Framework can implement appropriate birthing on Country services for First Nations families. Birthing on Country delivers positive maternity outcomes for First Nations mothers and families. Championing culturally responsive woman-centred care is essential to close the gap on First Nations peoples' health outcomes. I stand with First Nations health peaks and clinicians in this vital work.

The National Rural Health Commissioner and I have begun to work closely with rural maternity health peaks and stakeholders towards a national consensus position on rural maternity. I look forward to deeper engagement with our diverse maternity sector colleagues and the Australian Government as together we consider how best to support improved access to women centred continuity of care for all rural and remote women in Australia.



Deputy National Rural Health Commissioner – Allied Health and First Nations Health

Professor Faye McMillan

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. There are synergies between my role as the Deputy National Rural Health Commissioner and my personal narrative, the lived experiences that shape who I am and the passion that I have for regional, rural and remote Australia.

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

I am pleased to once again contribute to the annual report, which describes collaborative efforts between the allied health sector, First Nations communities, from regional, rural, and remote areas and the work of the Office. This document aims to shed light on the unique challenges and opportunities faced by these communities in accessing and delivering healthcare services.

Alongside our health care colleagues, allied health professionals are an integral part of the healthcare system, playing a crucial role in addressing the diverse needs of individuals and communities.

First Nations communities hold rich cultural heritage and traditional practices that are intertwined with their health and well-being. Actively involving First Nations organisations, individuals and communities in healthcare decisions, gives voice to their experiences and facilitates discussions on how to improve healthcare provision for all.

The challenges faced by regional, rural, and remote areas in terms of healthcare accessibility are well-known. A scarcity of resources, limited infrastructural support, and geographical barriers pose significant obstacles. Nonetheless, these areas are also home to resilient communities that have developed innovative solutions to bridge the gap in healthcare services. This report highlights some of these forward-thinking strategies and aims to inspire further discussions and collaborations.

Throughout this report, insights, data, and personal stories paint a comprehensive picture of the healthcare landscape for health care professionals including allied health professionals and the First Nations Health workforce working in communities from a regional, rural, and remote perspective. My hope is that by sharing these experiences, we can spark ideas, foster collaboration, and ultimately drive positive change in the provision of healthcare services for these communities.

I extend my gratitude to all the individuals and organisations who have contributed to the portfolio of Allied Health and First Nations Health. It is through your dedication, expertise, and willingness to share your stories that this collaborative effort was made possible. I hope that this report serves as a catalyst for continued dialogue, collaboration, and action towards better healthcare outcomes for everyone that lives, works and thrives in regional, rural, and remote Australia.

The people we advocate for



28% (approx. 7 million) of Australia's population who live in rural and remote areas

(ABS 2023)



Approx 470,000 First Nations Australians who live in rural and remote areas

(ABS 2022)



Approx 83,000 rural and remote mothers who birthed babies in 2021

(AIHW 2023)



Rural and remote people with diseases, as the rate of disease burden in remote and very remote areas is higher (1.4 times) than in major cities

(AIHW 2022)

References:

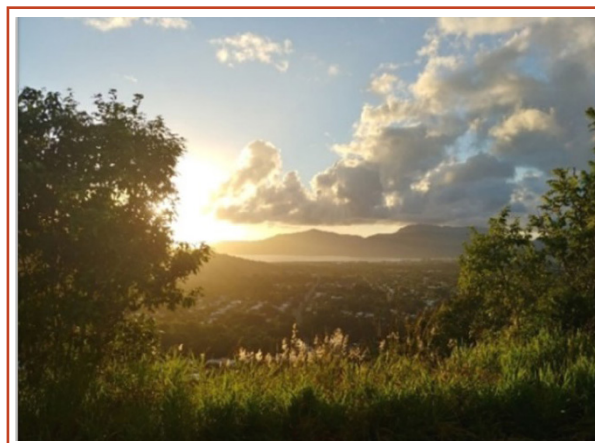
ABS 2022. Census of population and housing - counts of Aboriginal and Torres Strait Islander Australians.
— 2023. Regional population.

AIHW 2023. Australia's mothers and babies.
— 2022. Rural and remote health.

Vision

“The Commissioner will work to improve the quality and sustainability of, and access to, health services and professionals in regional, rural, and remote Australia.

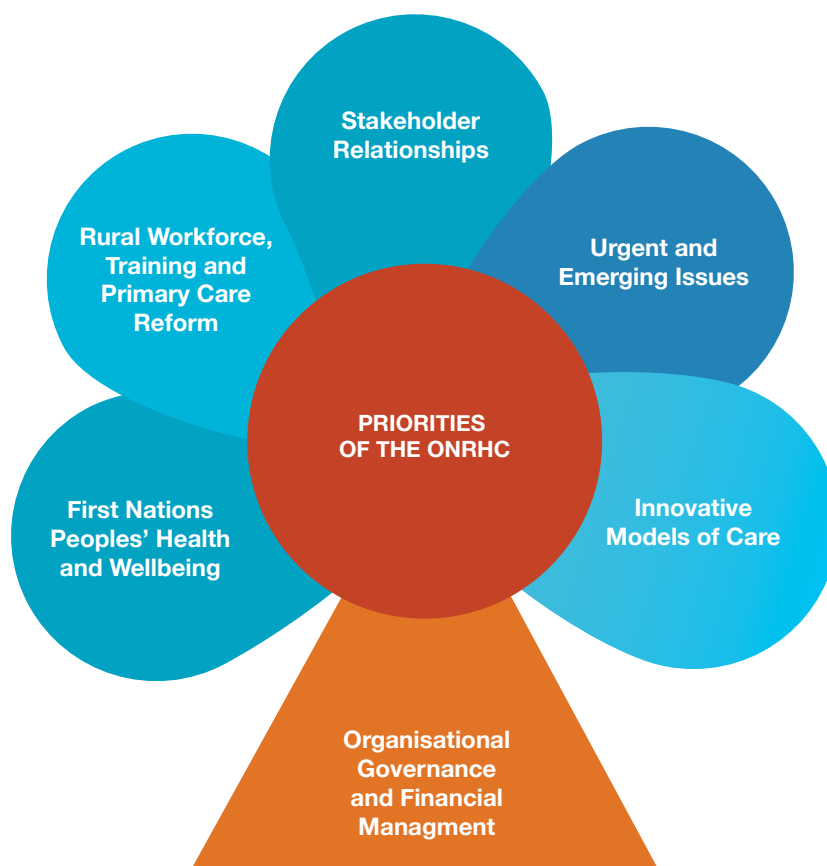
The Commissioner will ensure rural health issues are at the forefront of government decision-making, underpinned by the social determinants of health in support of community-led, place-based responses.”



This vision drives the Office’s advocacy and consultation. The Office provides evidence-based advice on policies that affect rural and remote Australians’ access to healthcare.

Statement of Expectations

The Assistant Minister for Rural and Regional Health, the Hon. Emma McBride MP provides a Statement of Expectations to the Commissioner that determines priority areas for the Office. This Statement of Expectations, and the Commissioner’s Statement of Intent in response, give transparency to determine the focus and efforts of the Office.



2022–23 Highlights

Ngayubah Gadan (Coming Together) Consensus Statement: Rural and Remote Multidisciplinary Health Teams

On 20 June 2023, the Assistant Minister for Rural and Regional Health, announced the release of the Ngayubah Gadan (Coming Together) Consensus Statement defining Rural and Remote Multidisciplinary Health Teams (RRMHT).

Ngayubah Gadan (pronounced nai-yah-bah gah-duhn) means Coming Together in the Yidinji language. The Office and stakeholders thank the Minjil Indigenous cultural group in Gimuy (Cairns) for giving permission to use these words.

The development of the Statement was led by the Office in collaboration with key rural health stakeholders. The Statement recognises that the whole health workforce comes together to meet the unique health needs of rural and remote communities. The vision is that the Statement will be a key reference for government, policymakers and fundholders, workforce planners, training, service and peak organisations, health professionals and workers, and communities when addressing rural and remote health workforce, training, and service needs.

The Statement has been endorsed by 56 key rural and remote health organisations (listed in Appendix A).

Why we need a Consensus Statement

Multidisciplinary team care is an efficient and effective model of service delivery which optimises the rural and remote health workforce and supports communities. Such teams can address current inequities, providing fit for purpose, culturally safe and responsive, locally codesigned solutions.

Nationally and internationally, there are many definitions of the multidisciplinary team, however scant attention has been paid in literature to the composition of RRMHTs or the system enablers that allow these teams to form and thrive in rural and remote Australian communities. Until the development of this Statement, there had been no widely accepted definition and none that referenced the rural generalist workforce. The Statement is a unified call from rural and remote health stakeholders to support, fund and enable RRMHTs to deliver high quality care to the community they serve.



Image: (L-R) the Australasian College of Paramedicine Chief Executive Officer, John Bruning and Commissioner Stewart.

The National Rural and Remote Nursing Generalist Framework 2023–2027

In March 2023, the Assistant Minister for Rural and Regional Health launched the National Rural and Remote Nursing Generalist Framework 2023–2027 (the Framework) at Parliament House alongside peak nursing organisations and stakeholders. Underpinned by the Nursing and Midwifery Board of Australia's Registered Nurse Standards for Practice, the Framework describes the unique context of practice and capabilities for rural and remote Registered Nurses' practice.

The Framework recognises rural and remote nurses provide primary health, acute and aged care in small teams, or in isolation. It acknowledges the legacies of prior rural and remote health service delivery with limited resources, and the effect of this on current rural and remote health outcomes.

Tertiary education providers, state governments and peak organisations are now using the Framework in nursing curricula, training, and policy development. CRANaplus has embedded the Framework into its trial Remote Area Nursing pathway program. National organisations such as the National Nursing and Midwifery Board of Australia, Australian College of Nursing, National Rural Health Alliance, Australian Nursing and Midwifery Federation, the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, and CRANaplus have actively promoted the Framework via their own publications and social media. Universities have been leaders in applying the Framework into rural nursing programs and rural nursing micro-credentials.



Launch of the National Rural and Remote Nursing Generalist Framework 2023–2027 at Parliament House, Canberra with the Assistant Minister for Rural and Regional Health, the Assistant Minister for Health and Aged Care, Deputy Secretary Penny Shakespeare, the Commissioner and the Steering Committee.



The Framework is a seminal resource and guide developed by and for rural and remote nurses to support them to work to their fullest scope of practice, and where cultural safety is intrinsic to quality care.

The Office continues to receive strong interest in the Framework from the national and international nursing community.



Strengthening Medicare Taskforce

The Australian Government's strong focus and commitment to strengthen Medicare to be fit-for-purpose for current and future Australians is welcomed by the Office. The Minister for Health and Aged Care, the Hon Mark Butler MP established the Strengthening Medicare Taskforce in July 2022 to prioritise improvements to Medicare using the \$750 million Strengthening Medicare Fund. The Commissioner was invited to be a member of the Taskforce as a rural and remote health expert and provided innovative solutions to the Taskforce and the Minister for Health and Aged Care. The Taskforce's final report, published in February 2023, recognises rural and remote practices need new funding models and that innovative models of primary care must be supported.

The Minister for Health and Aged Care welcomed the Commissioner and Australian College of Rural and Remote Medicine Immediate Past President Dr Sarah Chalmers to develop policy options targeted for rural and remote communities and health service providers.



Image: Strengthening Medicare Taskforce members (L-R): Dr Sarah Chalmers, Immediate Past President, Australian College of Rural and Remote Medicine, Commissioner Ruth Stewart and the Minister for Health and Aged Care, the Hon Mark Butler MP (Chair).

Rural maternity care

Improving access to maternity care remains a priority of the Office. We have collaborated with stakeholders in rural health and government to better understand issues of access to maternity care and services in rural and remote communities. The Commissioner provided a submission to the [Senate inquiry into universal access to reproductive health](#) and at the public hearing, shared considerations and approaches that could improve access to care. The inquiry's final report, [Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia](#), was published in May 2023 and included several recommendations provided by the Commissioner. The Commissioner will work with the Australian Government to progress recommendations from the final report.

The Office worked with the Rural Doctors Association of Australia and the Australian College of Midwives to deliver a Rural Maternity Think Tank in Canberra in May 2023. It has prefaced work to gain consensus on how to improve maternity care access in rural and remote communities with a broader sector and government forum planned for August 2023.

In New South Wales, the Agency for Clinical Innovation hosted a webinar on building resilient rural maternity services with a shrinking general practitioner and obstetrician workforce. The Commissioner provided insights and learnings on how to manage and support rural maternity services, while underlining what rural women need and want in their maternity care. This engagement was critical as state and territory governments provide public hospital birthing services. The Commissioner led discussions on ways to maintain maternity services despite ongoing health workforce maldistribution.

Preterm birth prevention has also been a focus in Queensland with a dedicated Queensland Health program on this issue. The program facilitated a 2 day forum in March 2023 which also considered how social inequity interrelates with the incidence of preterm birth. The Commissioner spoke about how poverty and lack of access to health care predisposes to preterm birth, of the importance of culturally responsive Birthing on Country services for First Nations women, and of the vital role that RRMHTs have in providing maternity care. The impact of inequality of health care access and how this affects health outcomes of rural and remote Australians is a message that our Office reinforces in all of our engagements.

2022 Pharmaceutical Society of Australia Symbion Excellence Award

In July 2022, Deputy Commissioner Faye McMillan was awarded the Pharmaceutical Society of Australia (PSA) Pharmacist of the Year.

The PSA Excellence Awards celebrate achievers of the profession: those involved in innovative practice, those who are striving to raise practice standards, and those who, through their professionalism, provide a model of practice which others strive to emulate.

The Award recognises Deputy Commissioner Faye McMillan's commitment to community pharmacy, rural and remote communities, and for her work with First Nations Australians' health. This includes her work as part of the writing team, preparing the guidelines for pharmacists supporting First Nations Australian with medicines management.



Image: (L-R) PSA President and Chair, Dr Fei Sim, and Deputy Commissioner McMillan.



"Professor McMillan has had a great impact on the health of Indigenous Australians, as well as the pharmacy profession more broadly. I cannot think of a pharmacist more deserving of this award." PSA National President, Dr Fei Sim

The 13th Organisation for Economic Co-operation and Development (OECD) Rural Development Policy Conference



Image: OECD Conference delegates, image courtesy of [OECD Events](#).

In September 2022, the Commissioner presented at the 13th OECD Rural Development Policy Conference in Ireland on the role of community voice in tackling inequities in rural and remote communities. The opportunity to speak to over 400 delegates from over 30 OECD states allowed the Commissioner to share Australian ideas and learnings on rural proofing for health. The Commissioner spoke at a joint OECD and World Health Organisation session on the role of consumers, particularly in First Nations Australians' health and wellbeing, across the lifespan and the need for innovative, multidisciplinary models of care. The invitation from the OECD indicates the leading role that Australia holds in rural health internationally. While the successes are not nation-wide, Australia continues to demonstrate to the world workforce policy which can create sustainable, effective change for people living in rural communities.

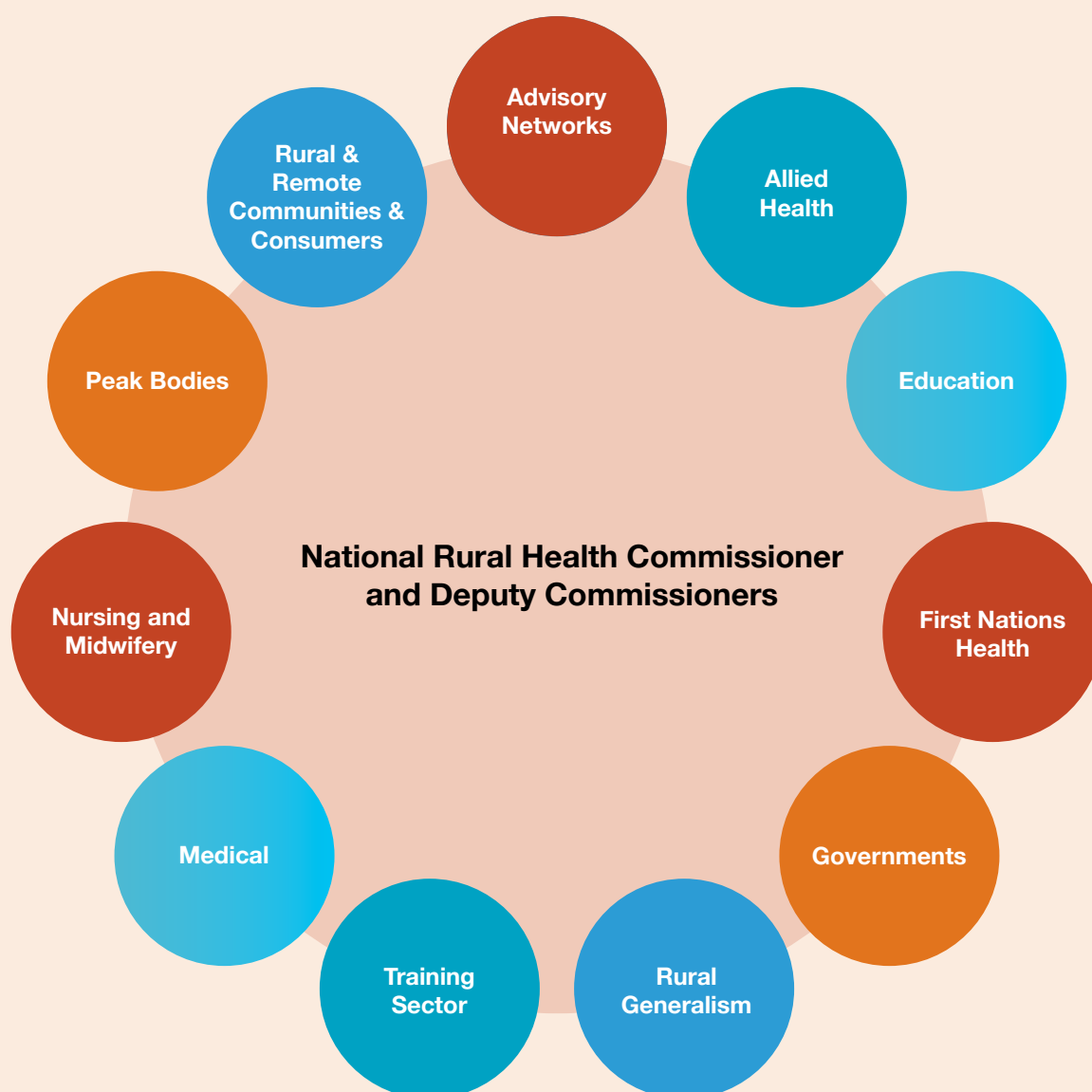
Priority Areas

Priority area – Stakeholder relationships – advice and connection

The Office engages with stakeholders in health, health education, and beyond, and connects with those who are willing to effect change in health outcomes for rural and remote people. Broad engagement enables collective affirmative action to be taken resulting in wide reaching changes in policy and operation and the reduction of health inequalities.

Increasingly the Office is contacted by communities and organisations that have exhausted all known solutions to resolve their complex health service challenges. The Office can provide advice or facilitate introductions to organisations that have solved similar problems. This function is a significant part of the Office's activity and has earned us respect. We refer to it as our 'adviser and connection' role. At times it extends to facilitating negotiations between organisations that disagree on best ways forward in a situation.

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



Advisory Network of the National Rural Health Commissioner (ANNRHC)

The ANNRHC is a dedicated forum for peak rural and remote health organisations to share their expertise, learnings, and ideas with the Commissioners. It first met in June 2021. The network's intent is to have positive impacts on rural health outcomes, informing policies for rural health systems and rural health workforce training. The advice from this multi-professional network assists the Commissioner to formulate rural proofed strategic and policy advice to the Assistant Minister for Rural and Regional Health.

The first ANNRHC meeting of last financial year occurred in November and was attended by the Assistant Minister for Rural and Regional Health. It enabled the Commissioners to consult with the broad stakeholder group on the Ngayubah Gadan Consensus Statement and focused on achieving consensus on critical issues for the Statement.

In February 2023 an in-person meeting was hosted at the nbn® Discovery Centre in Sydney. It was co-facilitated by the department's Digital Health branches. Advice focused on the strategic direction of digital health, electronic medicine charting in aged care, digital health learnings from COVID-19 and how to inclusively design digital health. This meeting was an excellent opportunity to meet members in person and to learn more about nbn® services available for rural and remote businesses and communities.



Image: Deputy Commissioner Shelley Nowlan, Deputy Commissioner Faye McMillan, Commissioner Ruth Stewart and nbn Executive Manager Agriculture and Health, Robert Hardie at the nbn® Discovery Centre in Sydney.

The topic discussed at the the last meeting for the financial year was the Australian Rural Health Education Network's project in creating and managing rural and remote aged care student service learning placements. This trial focuses on the future health service needs of aged care in rural and remote areas. The program is showing signs of early impact but experiencing local and shared challenges across all sites. Attendees reflected upon inhibitors in the project, including lack of appropriate infrastructure, and how students' experiences on these and other rural and remote placements prepares them for the rural and remote health workforce. The Regional Education Commissioner, the Hon Fiona Nash, attended to discuss her priorities, including her role on the Australian Universities Accord Panel and National School Reform Agreement Ministerial Reference Group. Commissioner Nash talked with the ANNRHC members to deepen her understanding of rural and remote health education challenges.

The intent is for future ANNRHC meetings to focus on priorities in the Commissioner's Statement of Expectations and to intersperse these priority meetings with seminars to share new concepts and experiences in rural health..

Appendix B lists the Advisory Network of the National Rural Health Commissioner member organisations.

Priority area – Urgent and emerging

COVID-19

The Office was a member of and chaired several COVID-19 committees and networks that supported rural and remote community's access to appropriate care during the pandemic. Thus the Office advocated for primary care providers involved in COVID-19 response. In the Primary Health Care COVID-19 Response forum, issues could be raised and information shared, including critical updates from the Deputy Chief Medical Officer on vaccines, treatments, and supplies. The Office maintained its membership throughout the financial year and continued its advocacy role.

Rural General Practice Respiratory Clinics were able to participate in a national leaders network chaired by the Commissioner and supported by a departmental employee who informed on resources and operational specific updates. In these meetings providers were able to receive updates on vaccines, treatments and supplies. The network became a community of practice where challenges could be explored. When issues could not be resolved drawing on expertise of the network membership, the Commissioner advocated to the department seeking resolution.

Rural maternity care

The future wellbeing of rural and remote communities begins with the care of mothers and babies. The Office places a high priority on ensuring access to maternity care for rural and remote women and families and on the quality care of mothers and babies. Dedicated collaboration across government and professional organisations is shaping a coordinated effort to adopt sustainable changes that are fit for current and future rural and remote women. The Office will continue to work closely with all stakeholders to ensure rural maternity care remains in focus for governments so rural women and babies have equitable care they deserve.

Roundtables

Royal Australian and New Zealand College of Obstetricians and Gynaecologists Rural Women's Health Roundtable

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists hosted its first rural women's health roundtable in May 2023. The Commissioner and Deputy Commissioner for Nursing and Midwifery attended with the Commissioner providing an opening address. The focus was on challenges women and their health care providers face in rural and remote areas, and the solutions that could be incorporated into the College's Rural Women's Health Strategy.

Health Minister's Health Workforce Roundtable

In August 2022, the Minister for Health and Aged Care held a Health Workforce Roundtable with health stakeholders in Canberra. This Roundtable preceded the National Jobs and Skill Summit held in September 2022 and provided opportunities to participate in discussing critical issues with short to long term solutions to these issues. The Roundtable's outcomes focused on health workforce and service delivery and informed the Minister for Health and Aged Care with critical considerations for the National Jobs and Skills Summit and the Employment White Paper.

The Commissioner spoke to rural and remote health needs, offering solutions to growing the health workforce, improving workforce retention, improving equity in access to healthcare, and supporting innovative models of care. Opportunities described by the Commissioner include the following:

- Supporting rural and remote midwifery group practice
- "Growing our own" workforce
- First Nations workforce training pipelines and supports
- Valuing rural and remote multidisciplinary health teams and incentivising these teams.

LGBTIQA+ Roundtable

LGBTIQA+ people experience greater disparities in health and wellbeing compared to the general population and face barriers in accessing healthcare services. A Roundtable was convened by the Assistant Minister for Health and Aged Care, the Hon Ged Kearney MP, during World Pride to launch a national consultation with LGBTIQA+ people and discuss evidence and lived experiences of the diverse LGBTIQA+ community and those providing care to the LGBTIQA+ community. The Roundtable brought together representatives including from LGBTIQA+ community-run organisations and health experts. Deputy Commissioner Faye McMillan attended to ensure the additional and compounding challenges of rural and remote LGBTIQA+ people were considered.

Aged Care Workforce Roundtable

In December 2022, the Minister for Aged Care, the Hon Anika Wells MP, hosted 4 Roundtables with representatives of aged care workers, older people, providers, peak bodies, education and training providers and unions. These Roundtables focused on actions to strengthen the aged care workforce over the short to long term. Deputy Commissioner Faye McMillan attended the *Thin Markets: Rural and Remote Aged Care* roundtable and spoke on attracting and retaining workforce in rural and remote areas, utilising the paramedic workforce in aged care, place-based solutions that take a regional or community approach to growing the workforce and delivering culturally safe and responsive aged care.

Solutions and strategies put forward at the Roundtables will strengthen aged care workforce policies and programs across the department.

Priority area – Innovative models of care

The Office works with the department in the design and management of grant opportunities to improve rural health care access. These grants allow the implementation of sustainable, innovative, place-based models of primary health care. In addition, when working with stakeholders the Commissioners create and inspire the development of rural and remote innovative models of care, and link health service providers to exchange ideas in and problem solve rural and remote workforce development, education, and policy issues.

Primary Care Rural Innovative Multidisciplinary Models (PRIMM) grant opportunity

Since June 2021, the PRIMM initiative provided \$2.4 million to fund 6 grants over 3 grant rounds. These grants allow communities experiencing severe workforce or service access challenges to develop trial-ready sustainable, innovative models of care. The 6 grants have been awarded to organisations through a rigorous panel process chaired by the Commissioner.

This reporting period covers the third and final round of PRIMM grants. Round 1 recipient, Beechworth Health Service, has successfully completed their project on a multidisciplinary aged care model in the Upper Hume region of Victoria. The second round 1 recipient, Flinders University, and both round 2 recipients, Royal Flying Doctors Service (South-Eastern Section NSW) and Hamilton Medical Group in Victoria, have iteratively developed their models. The successful recipients in the third and final PRIMM grant round are:

- Gippsland Primary Health Network (PHN) to develop a community-led primary model of care for the Victorian Local Government Areas of Bass Coast, Baw Baw, East Gippsland, South Gippsland and Wellington,
- coHealth Limited to develop a community designed plan for multidisciplinary primary health care services and innovative workforce solutions on the east coast of Tasmania.

During 2022–23, the PRIMM grant program was succeeded by the Innovative Model of Care (IMOC) grant opportunity. IMOC expands on the 2020–21 budget measure that funded 5 well-developed proof-of-concept pilot models in western and southern New South Wales. PRIMM recipients are eligible to apply for IMOC funding to implement their trial-ready models. Beechworth Health Service was a successful PRIMM round 1 and IMOC round 2 recipient and is now implementing their aged care multidisciplinary model in rural Victoria.

Innovative Models of Care

The IMOC grant opportunity is managed by the department and supports the implementation of new, innovative primary care service delivery models. These grants seek models that reduce rural workforce shortages and improve patient access to care. While the department manages this grant, the Office has supported reviewing the aims, intent and criteria of the grants. It also ensures the IMOC grant prioritises rural and remote multidisciplinary team building, cultural safety, consumer engagement and collaboration, as embodied in the [Ngayubah Gadan Consensus Statement](#).

The first IMOC grant was provided by the department to NSW Rural Doctors Network (NSW RDN) in 2021 for their Collaborative Care program in western and southern New South Wales. The Commissioner and Office have closely followed the progress of the Collaborative Care program, participating in stakeholder meetings, site visits and program updates. Initial learnings from the program's evaluation recognise enablers for sustainable workforce solutions in rural and remote communities. This program has demonstrated that strong relationships and trust between service providers and community improve project/program viability, as do the commitment of time to thorough community engagement and co-design.

Rural and remote communities and their health care professionals value culturally safe multidisciplinary teams that collaborate and continuously engage community in service co-design. These values are reflected in the PRIMM and IMOC grant programs to foster and build sustainable solutions in resource thin communities.

The Commissioner and deputies will continue to work with the sector and department to build relationships and champion sustainable models of care and workforce supports to improve access to health services for rural and remote communities.

Priority area – First Nations Australians’ health and wellbeing



To improve health outcomes for First Nations people and communities, it is essential to ensure health care is culturally safe, responsive and free from racism. It is the responsibility of all services and employers to create safe employment and training environments for First Nations health students and professionals to train and work in.

The Office recognises that to ensure improvement in the health status of First Nations peoples, Aboriginal and Torres Strait Islander communities and organisations must be meaningfully represented in policy development and leadership roles, co-designing and co-developing models and systems of health care.

The Office works with First Nations Australians’ organisations and communities to deepen our understanding of the challenges experienced by workforces and communities, and to promote examples of high quality care in First Nations and rural and remote communities. The Commissioners engage with the following organisations:

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

Ngayubah Gadan Consensus Statement

During the development of the [Ngayubah Gadan Consensus Statement](#), the Office sought advice from and worked closely with NACCHO, AIDA, IAHA, CATSINaM and NAATSIHWP who shared their expertise throughout the Statement development phase. As a result of this engagement with First Nations Australians partners, the Consensus Statement is of a higher quality, is more inclusive and is more applicable to rural and remote communities and health workforces.

A core principle of the Consensus Statement is:

1. *Making all health services culturally safe and responsive and free from racism is essential to improving health outcomes for Aboriginal and Torres Strait Islander people and communities and improves overall quality of health provision for all who receive care and*
2. *Any strategy, workforce plan or model of care for Aboriginal and Torres Strait Islander communities must be contextualised, developed and implemented around the self-determination of Aboriginal and Torres Strait Islander communities with acknowledgement of the unceded sovereignty of Aboriginal and Torres Strait Islander peoples. Workforce development is about nation building; community consultation is about co-design/ development and ensuring there is meaningful transparency and accountability throughout such processes. In addition to a strong focus on addressing racism and the application of cultural safety, investments must favour place-based, relational-centred nation-building work programs to effect substantive change.*

Collarenebri/Galariinbaraay Community

The Office has worked closely with Collarenebri/Galariinbaraay Community, through the Healthy Communities Foundation Australia and Galariinbaraay Community Working Party, who are delivering allied health, medical, dental, aged care, child health screening programs and skills and training pathways for their community. First Nations staff comprise approximately 20.2% of the workforce profile demonstrating “grow your own” training pathways deliver great outcomes for communities.

Priority area – Rural workforce, training, and primary care reform

General Practitioner training transition

In February 2023, the two general practice colleges successfully transitioned general practice training from the Australian Government managed Australian General Practice Training Program to college-led training. This now aligns general practice training with all other medical specialist training; where the specialist colleges determine the curriculum and deliver training towards fellowship. The transition to college/profession led training was preceded by years of negotiation between the department, the general practice colleges, regional training organisations and other professional organisations. The Commissioner and former Deputy Chief Medical Officer and Principal Medical Advisor, Professor Michael Kidd AM, co-chaired the Transition to College Led Training Advisory Committee that advised the Australian Government on the transition. This committee had oversight of the development of new models of training delivery, and the risks and timeframes thereof. The last meeting of this committee was in Canberra in March 2023 and marked the closure of the committee and transfer of monitoring of college-led training to the General Practice Training Advisory Committee. The Commissioner will continue her advisory role as a member of this committee. During the transition, the Commissioner also co-chaired the Aboriginal and Torres Strait Islander General Practice Training Advisory Group with AIDA's Chief Executive Officer, Ms Monica Barolits-McCabe. This advisory group oversaw the transition of programs that develop a future First Nations workforce and cultural safety among all general practice registrars. A separate First Nations General Practice Training Committee is being created to assist culturally safe and appropriate training pathways for First Nations general practitioners in college-led GP training and to oversee training in cultural safety for all GP registrars.



If you train in rural and remote regions you are more likely to stay in the regions.

National Rural Generalist Pathway

Strong and sustainable primary health care services in rural, regional and remote areas improve health in these communities. Investing in primary healthcare can prevent illness and death and correlates with more equitable population health. Rural Generalist doctors provide comprehensive primary health care in community and hospital settings, and care using elements of specialist advanced skills. Rural Generalists working in RRMHTs provide a sustainable model of care. While consultant specialist doctors are needed, they are not central in primary health care; they can and should work closely the local RRMHTs to provide care. The COVID-19 pandemic demonstrated the potential of telemedicine linked to RRMHTs to provide specialist services to rural and remote communities.

Rural Generalist doctors are integral to our regional, rural and remote health workforce. They broaden the range of locally available medical services. This helps rural and remote communities to access the right care, in the right place, at the right time, as close to home as possible. Growing our Rural Generalist workforce can reduce hospital admissions and use of locum services while limiting the need for patient travel. All of these outcomes reduce the cost of rural health care.

The National Rural Generalist Pathway (NRGP) culminates decades of effort by rural and remote doctors to create a robust program of training to prepare competent and confident doctors to work

outside of metropolitan areas. Rural and remote doctors work in low resource settings far removed from tertiary hospitals and specialist and sub specialist consultant networks.

In December 2018, the National Rural Generalist Taskforce provided the *Advice to the National Rural Health Commissioner on the Development of the National Rural Generalist Pathway* (the Advice Paper). The Advice Paper included 19 recommendations to attract, develop, and retain more Rural Generalists for rural communities.

In 2019, the Australian Government responded to the Advice Paper with \$62.2m for the first stage of the NRGPs, to attract, retain and support doctors in rural and remote areas. The funding objectives are:

- Achieve recognition of Rural Generalist Medicine
- Improve the coordination of Rural Generalist training
- Increasing support for Rural Generalists
- Increasing opportunities for doctors to train and practise in hospital and primary care settings in rural or remote communities
- Keeping doctors working in rural or remote communities.

To support NRGPs implementation, the Commissioner worked with the department to establish appropriate governance mechanisms:

- NRGPs Recognition Taskforce;
- NRGPs Strategic Council; and
- NRGPs Jurisdictional Implementation Forum.

The Commissioner chairs the NRGPs Recognition Taskforce and Strategic Council and is a member of the NRGPs Jurisdictional Implementation Forum.

Recognition of Rural Generalist Medicine

The intention of recognising Rural Generalist Medicine as a protected title and specialised field within General Practice is to define and give status to Rural Generalists as doctors skilled to provide care in rural and remote communities. Recognition will strengthen the attraction of the career to trainees and makes a clear case for the development of the specific training pathway.

The Rural Generalist Recognition Taskforce is a joint project of the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practice. It was established in 2019 to oversee the joint college application to the Medical Board of Australia (MBA) for recognition of Rural Generalist Medicine as a specialised field within the specialty of General Practice. It is chaired by the Commissioner and the members are representatives of the 2 GP colleges.

In 2021 MBA assessed and determined a case had been established to progress the joint application to the next assessment stage, conducted by the Australian Medical Council (AMC). An Office of Impact Analysis Regulation Impact Study was not required in the assessment.

A determination from the AMC is imminent, and a consultation paper is being prepared as part of this assessment process, to commence national consultation.

After the national consultation, the AMC will make a recommendation to the MBA, that will then make a recommendation to the Health Ministers.

National Rural Generalist Pathway Strategic Council

Implementation of the NRGPs requires action by a broad range of stakeholders, including GP colleges and medical associations, the states and the Northern Territory and the Department of Health and Aged Care. In 2021 the NRGPs Strategic Council was convened with broad representation from such medical groups to provide strategic advice to the Commissioner and via her to the Assistant Minister on achieving a national Pathway.

The NRGPs Strategic Council develops strategic advice for the Commissioner focused on:

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

The NRGPs Strategic Council receives regular updates on the work of the NRGPs Jurisdictional Implementation Forum. This forum enables discussion and cooperation between the jurisdictional coordinating units for Rural Generalist training. These units support, implement and monitor the rural generalist training in each jurisdiction. Initiatives to support the NRGPs include funding for jurisdictional coordination units to oversee the development of Rural Generalist programs in their domain, for the John Flynn Prevocational Doctor Program, and the Rural Generalist and General Practitioner Advanced Skills Training.

Appendix C is a list of the NRGPs Strategic Council member organisations.

National Rural and Remote Nursing Generalist Framework 2023–2027

The National Rural and Remote Nursing Generalist Framework complements the NRGPs for doctors, and the National Allied Health Rural Generalist Pathway. It is a resource to enable Registered Nurses (RNs), employers and educators to map the capabilities needed for RNs to their full scope as rural nurse generalists in rural and remote settings. This Framework directly contributes to growing and supporting the development of a skilled rural and remote RN workforce in Australia. RNs with an interest in rural work but no experience in that context can use this framework to guide their upskilling.

Further information about the Framework is within the 2022–23 Highlights and Future Focus sections. Appendix D lists the member organisations that were in the Steering Committee who developed the Framework.

Building a rural and remote health workforce with place-based education

Nearly 30 years of continuous investment in place-based education through the Australian Government's Rural Clinical Schools, University Departments of Rural Health and Regional Training Hubs has built a significant body of evidence on what works to support and create a rural health workforce. The Office sponsored a special supplement of the Medical Journal of Australia to review what has been learnt about rural and remote health workforce training and education. The evidence reinforces the need for coordinated and well supported place-based undergraduate training strongly linked with local postgraduate training for a future rural and remote workforce. The special supplement is due to be published in August 2023. It includes reflections and perspectives from the Regional Education Commissioner, the Hon Fiona Nash, the Medical Deans Australia and New Zealand, the Australian Rural Health Education Network, and the Federation of Rural and Remote Medical Educators. It also includes a report describing the learnings of international rural medical

educators and personal accounts from a rural medical student and First Nations clinician training to become a doctor on Country. The Office will continue to work closely with the health and education sectors to improve educational delivery and to ensure more equitable distribution of the Australian health workforce.

National Primary Health Network (PHN) Allied Health in Primary Care Engagement Framework

The Office has worked with the National PHN Cooperative to develop a National PHN Allied Health in Primary Care Engagement Framework (the NPHNAH Framework) through consultation workshops and stakeholder meetings. The NPHNAH Framework defines the scope and role of PHNs in engaging with allied health services to achieve the goals of Australia's Primary Health Care 10-Year Plan 2022–2032. This work has been led by the Hunter New England and Central Coast PHN Chief Executive Officer Richard Nankervis. The Office worked with the National PHN Network to ensure the design of the NPHNAH Framework is suitable for rural and remote settings.

The NPHNAH Framework promotes a shared leadership approach, enabling PHNs and the healthcare sector to collaborate and identify common goals. It can also guide allied health, consumer and community engagement strategies.

The NPHNAH Framework describes the value and cost efficiency of allied health services and provides practical strategies to improve access, quality, and distribution of allied health services in rural and regional communities.

Allied Health Industry Reference Group

The Allied Health Industry Reference Group is a stakeholder forum to discuss strategic issues. Deputy Commissioner Faye McMillan represented the Office at the forum to champion the rural allied health workforce and communities. A range of topics were discussed, including:

- Development of a National Allied Health Workforce Plan
- Development of a National Allied Health Minimum Dataset
- A department allied health data gap analysis project
- Formation of the Allied Health Assistant National Association
- Delegation and supervision of allied health assistants and the development of a national framework
- Allied health student training and clinical placements challenges and opportunities
- Digital health activities in the allied health sector
- Strengthening Medicare Taskforce report and allied health related budget measures

Allied Health Rural Generalist (AHRG) Pathway

The AHRG Pathway is a health workforce development, recruitment and retention initiative that aims to improve rural access to allied health services. It also supports and aims to grow the rural and remote allied health workforce across all healthcare delivery settings, including community-controlled providers. The AHRG Pathway supports allied health professionals to:

- Understand the rural and remote context
- Develop their skill sets to meet the needs of the community
- Develop the cultural competencies for working in First Nations Australians communities of non-Indigenous allied health professionals.

Cultural safety and responsiveness are a critical area for development in the AHRG education standards. It is under review by the AHRG Accreditation Council. These capabilities are vital for the entire health workforce. All health service practitioners and providers have an obligation to provide safe, high-quality care to First Nations Australians, many of whom access services through mainstream services. This aligns the AHRG program with and supports the principles and delivery of the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031.

AHRG Pathway National Strategy Group

The AHRG Pathway National Strategy Group (the NSG) aims to achieve a nationally recognised and accepted, sustainable and valuable rural generalist pathway for allied health professions. It oversees the development of the AHRG Pathway, and strategic advice and support to stakeholders, decision-makers and allied health service providers. Deputy Commissioner Faye McMillan represents the Office on the NSG.

Additionally, the NSG Terms of Reference describe further roles and objectives including:

- Oversight and advice to establish an Accreditation Council to define coursework accreditation processes
- Development and monitoring of the AHRG Pathway Development Plan including the post-graduate education accreditation system.

AHRG Accreditation Council

The independent AHRG Accreditation Council is now established. Funding continues to support the NSG in alignment with The Allied Health Rural Generalist Education and Training Scheme (TAHRGETS) activities. The Council accredits post-graduate professional education programs in rural generalist practice for allied health professions as part of the AHRG Pathway.

Priority area – Organisational governance and financial management

As per Section 79AO of the *Health Insurance 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.

The Office was issued with a Statement of Expectations for 2022–2024 from the Assistant Minister for Rural and Regional Health in December 2022 and the Commissioner responded with a Statement of Intent. These documents are published on the website of the ONRHC.

Budget

The Office 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 of the Commissioner and Deputy Commissioners.

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 are supported to engage with and support the work of the Commissioner.

Staffing

The Office structure supporting the Commissioner as of 30 June 2023

Ongoing Employees and Classification	Non-Ongoing Employees	Secondment Arrangement
1 x EL 2	1 x EL1	1 x SES Band 1 (0.2 FTE)
1 x EL 1	1 x APS6	1 x SES Band 1 (0.4 FTE)
	2 x APS5	

Future Focus



Ngayubah Gadan Coming Together Guiding Paper: currently in development to capture the extensive feedback received during consultation for the Consensus statement that will detail system and service enablers, actions and considerations required when building RRMHTs. This will also include a suite of supporting resources for different audiences and purposes.



National Rural and Remote Nursing Generalist Framework 2023–2027: The Framework will be evaluated during 2023-24 to support ongoing uptake among stakeholders and to continue to attract and retain a skilled rural generalist nursing workforce in rural and remote communities.



Convening a Consumer Advisory Group to provide a structured mechanism for the Commissioner to hear the voices, experiences and perspectives of rural consumers and communities accessing health care and services. The group will explore emergent issues and challenges and solutions such as models of engagement and care that have improved experiences and outcomes for rural consumers and communities.



The office will work with rural and remote women and their families, and with key stakeholder groups to examine the challenges in rural and remote maternity care provision and to formulate advice on solutions to these.

Appendices

Appendix A – Ngayubah Gadan (Coming Together) Consensus Statement endorsees

Allied Health Professions Australia	James Cook University – Central Queensland
Australian College of Emergency Medicine	Centre for Rural and Remote Health
Australasian College of Paramedicine	La Trobe Rural Health School
Australian Nursing and Midwifery Accreditation Council	Medical Deans Australia and New Zealand
Australian Association of Psychologists	Monash University Rural Health
Australian College of Nurse Practitioners	National Alliance of Self-Regulating Health Professions
Australian College of Nursing	National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
Australian College of Rural and Remote Medicine	National Rural Health Alliance
Australian Hospitals and Healthcare Association	National Rural Health Students Network
Australian Medical Association	Nursing and Midwifery Board of Australia
Australian Rural Health Education Network	Occupational Therapy Australia
Australian Primary Health Care Nurses Association	Panaceum Geraldton
Business Council of Co-operatives and Mutuals	Pedorthic Association of Australia
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	Pharmaceutical Society of Australia
Consumer Health Forum	Regional Medical Specialists Association
Council of Deans of Nursing and Midwifery (Australia and New Zealand)	Royal Australian College of General Practitioners
Council of Presidents of Medical Colleges	Royal Far West
CRANaplus	Rural Clinical School of Western Australia
Curtin University School of Nursing	Rural Workforce Agencies Network
Exercise & Sports Science Australia	Services for Australian Rural and Remote Allied Health
Federation of Rural Australian Medical Educators	Southern Cross University
Flinders University Poche SA+NT	University of South Australia
Flinders University SA+NT Medical Program	University of Sydney Faculty of Medicine and Health
GP Supervision Australia	Australian Indigenous Doctors Association
New South Wales Rural Doctors Network	National Aboriginal Community Controlled Health Organisation
Australian Nursing and Midwifery Federation	Australian Council of Deans of Health Sciences
Rural Doctors Association of Australia	Royal Australasian College of Physicians
The Health Education and Training Institute	
Healthy Communities Foundation Australia	
Indigenous Allied Health Australia	

Appendix B – ANNRHC member organisations

Australian College of Nurse Practitioners	Royal Flying Doctor Service
Australian College of Rural and Remote Medicine	Rural Doctors Association of Australia
Australian Dental Association	Rural Workforce Agency Victoria
Australian Indigenous Doctors Association	Services for Australian Rural and Remote Allied Health
Australian Medical Association	South Australian Department of Health and Wellbeing
Australian Rural Health Education Network	Tasmanian Department of Health
Australasian College of Paramedicine	Victorian Department of Health
Australian Council of Deans of Health Sciences	Western Australian Department of Health
Consumers Health Forum of Australia	
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	
Council Presidents of Australian Medical Colleges	
Council of Remote Area Nurses of Australia	
Department of Health and Aged Care	
Federation of Rural Australian Medical Educators	
General Practice Registrars Australia	
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 Aboriginal Community Controlled Health Organisation	
National Association of Aboriginal & Torres Strait Islander Health Workers & Practitioners	
National Mental Health Commission	
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	
Primary Health Networks Rural Cooperative	
Queensland Health	
Royal Australian College of General Practitioners	

Appendix C – NRGPs Strategic Council member organisations

Australian College of Rural and Remote Medicine
Australian Medical Association
Australian Indigenous Doctors Association
Department of Health and Aged Care
National Aboriginal Community Controlled Health Organisation
Office of the National Rural Health Commissioner
Royal Australian College of General Practitioners
Rural Doctors Association of Australia
South Australian Department of Health and Wellbeing
Tasmanian Department of Health

Appendix D – National Rural and Remote Nursing Generalist Framework steering committee member organisations

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
Department of Health and Aged Care
James Cook University
Nursing and Midwifery Board of Australia

Appendix E – Committees and regular engagement

Aboriginal and Torres Strait Islander General Practice Training Advisory Group	Primary Health Networks
Advisory Network of the National Rural Health Commissioner	Royal Australian College of General Practitioners
Allied Health Industry Reference Group	Royal Australasian College of Surgeons – Rural Health Equity Strategy Committee
Australasian College of Paramedicine	Royal Doctors Association of Australia
Australian College of Midwives	Rural Workforce Agency
Australian College of Rural and Remote Medicine	Rural General Practice Respiratory Clinic National Leaders Network
Australian Commission on Safety and Quality in Health Care	South Australia Rural Health Workforce Strategy Steering Committee
Council for Connected Care	Services for Australian Rural and Remote Allied Health
Department of Health and Aged Care	Services for Australian Rural and Remote Allied Health Rural Generalist Pathway Steering Group
Dietitians Australia	Spinifex Network
Distribution Working Group	Strengthening Medicare Taskforce
General Practice Training Advisory Committee	Transition to College-Led Training Advisory Committee
Indigenous Allied Health Australia	
Medical Workforce Reform Advisory Committee	
Murdi Paaki Coordinating Committee	
National Aboriginal Community Controlled Health Organisation	
National Alliance of Self-Regulating Health Professions	
National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners	
National Mental Health Commissioner	
National Primary Health Network Allied Health in Primary Care Engagement Framework	
National Regional Education Commissioner	
National Rural and Remote Nursing Generalist Steering Committee	
National Rural Generalism Recognition Taskforce	
National Rural Generalist Pathway Strategic Council	
National Rural Health Alliance	
National Rural Health Student Network Council	
NBN Co	
New South Wales Rural Doctors Network	
Nursing and Midwifery BA Nurse and Midwife Support Advisory Group	
Occupational Therapy Australia	

Appendix F – Submissions to inquiries

Senate Inquiry on the Universal Access to Reproductive Healthcare

Senate Inquiry on Provision and Access to Dental Services

Senate Inquiry on the Human Rights (Children Born Alive Protection) Bill 2022

Appendix G – Authored articles and papers, including abstracts

Australian Journal of Rural Health	Faye McMillan (co-author)	Indigenous Cultural Identity of Research Authors Standard: Research and reconciliation with Indigenous Peoples in rural health journals
Australian Journal of Rural Health	Ruth Stewart (co-author)	Requesting air ambulance transport of patients with suspected appendicitis: the decision-making process through the eyes of the rural clinician
Contemporary Nurse	Faye McMillan (co-author)	Aboriginal and Torres Strait Islander nurses and midwives culturally safe mentoring programmes in Australia: a scoping review
Global Public Health	Faye McMillan (co-author)	Reconciliation and Indigenous self-determination in health research: a call to action
International Journal of Qualitative Methods	Faye McMillan (co-author)	Co-designing a farm safety gamified education resource with secondary school students and their teachers: qualitative study protocol
Medical Journal of Australia	Faye McMillan (co-author)	Unintended pregnancy among Aboriginal and Torres Strait Islander women: where are the data?
The Medical Republic	Ruth Stewart	Attracting and influencing: Getting doctors into rural careers without the bulldust!
Partyline	Faye McMillan	Allies in rural health: using the full scope of practice of allied health professionals in rural and remote communities
Partyline	Ruth Stewart	Developing the strength to do bold things
PLOS ONE	Faye McMillan (co-author)	Protocol for iSISTAQUIT: implementation phase of the supporting Indigenous smokers to assist quitting project
Rural and Remote Health	Ruth Stewart (co-author)	A return-on-investment analysis of impacts on James Cook University medical students and rural workforce resulting from participation in extended rural placements
Rural and Remote Health	Shelley Nowlan (co-author)	The Limerick Declaration on Rural Health Care 2022

Appendix H – Advice and feedback in consultations and evaluations

Department engagement with CheckUP Australia, the Royal Flying Doctors Service Queensland and BDO on the Economic Evaluation of Outreach

South Australian Health and Medical Research Institute National Aboriginal and Torres Strait Islander Youth Health Roadmap

Submission on National Stillbirth Action Plan

Submission on Rural Procedural Programs Streamline and Expansion

Submission to the Australian Commission for Safety and Quality in Healthcare on Primary and Community Healthcare Standards Draft Guide

Appendix I – Participation in roundtables

Aged Care Workforce Roundtable

Health Minister's Health Workforce Roundtable

RANZCOG Rural Women's Health Roundtable

Sydney WorldPride Roundtable on LGBTIQ+ Health and Wellbeing

Appendix J – Media appearances

Australian Broadcasting Corporation	Radio	Australia Wide Program on Rural Maternity
Australian Broadcasting Corporation	Television	National News on Rural Maternity
Dubbo FM (radio) in New South Wales	Radio	Rural Maternity Units
FlowFM (radio) in South Australia	Radio	Rural Maternity Units

Appendix K – Presentations and stakeholder engagements

Conference/Forum	Theme	Role
9th Rural and Remote Health Scientific Symposium	Connecting research, practice & communities	Speaker
14th National Rural and Remote Allied Health Conference	People, Purpose, Passion: Pathways to Success	Speaker
16th National Rural Health Conference	Bridging social distance; Rural health innovating and collaborating	Attendee
AHPRA Pharmacy Board	Allied Health Rural Generalist Pathway initiative	Speaker
Attract Connect Stay	How to Attract Healthcare Workers to your Rural Community	Speaker
Australia New Zealand Prevocational Medical Education Forum	Rural Health Pathways	Speaker
Australasian Doctors' Health Conference	The thriving doctor: towards harmony, productivity, and longevity	Speaker
Australia and New Zealand Allied Health Summit	Demonstrating value and utility of allied health care	Speaker
Australian College of Nurse Practitioners National Conference	Inspiring Future Growth - Growing the Rural Health Workforce	Speaker
Australian Pharmacy Professional (APP) — Rural Pharmacy Forum	Supporting Rural Pharmacy Access in Rural Australia	Speaker
AMA National Conference	Forward Together	Speaker
Coalition of National Nursing and Midwifery Organisations (CoNNMO) Conference	Passion, purpose, influence, impact	Speaker
Darling Downs Health Innovation and Research Collaboration Symposium		Speaker
IAHA National Conference	Past, Present, Future: Transforming Allied Health	Speaker
La Trobe Rural Health School Annual Research Conference	New Frontier in Rural Health	Speaker
Lymphoma Australia Annual Health Professionals Conference		Speaker
Manna Institute Leadership Program Launch	Mental health research and training for regional Australians: A First Nations Perspective	Speaker
NAATSIWHP Conference	Stronger together, now more than ever!	Attendee
NACCHO Conference	Honour The Past - Prepare for the Future	Attendee

Conference/Forum	Theme	Role
National Health Workforce Summit	Growing and supporting the First Nations health workforce	Speaker
National Rural Health Student Network Council Meeting	Leadership, study and practice in rural and remote communities	Speaker
National Water Safety Summit	Challenges in rural and regional areas and local approaches to water safety	Speaker
National Women's Health Advisory Council	Rural birthing	Speaker
New Zealand National Rural Health Conference	Shaping the future of rural health and Growing the Rootstock for Rural Health Academia	Speaker
Northern Territory Primary Health Network Compass Conference	Navigating the Way Forward	Speaker
New South Wales Agency for Clinical Innovation Rural Maternity Webinar	What Makes Maternity Services Resilient?	Speaker
New South Wales Hunter New England Health District – Building Resilient Services Webinar	Rural Maternity Care – What Women Want	Speaker
OECD Rural Development Conference (Cavan, Ireland)	Building Sustainable, Resilient and Thriving Rural Places	Speaker
Queensland Preterm Birth Prevention Program Roma Forum	Overcoming Health Inequities in Rural Australia – Birthing on Country and rural multidisciplinary models of care	Speaker
Rural Doctors Association of Queensland Conference	Medicine in the Extreme	Speaker
Rural Medicine Australia RMA22	Bold, Boundless and Together	Speaker
Royal Flying Doctors Launch of 'Best for the Bush' Report	Best for the Bush	Attendee
RTT Collaborative Annual Meeting (Montana, USA)	Rural Generalist Workforce: How we promote, support, and grow	Speaker
Society of Hospital Pharmacists of Australia Medicines Management	How do we do better at Indigenous health?	Speaker
South West Hospital and Health Service (Queensland) Board Meeting	Australia's Rural and Remote Health	Speaker
Tasmanian Rural Health Conference	Coming Together	Speaker
Victorian Rural Generalist Statewide Reference Committee	Rural Generalist Pathway	Speaker
Victorian Rural Health Conference	Rural medicine, it's an adventure	Speaker

For more information visit:
health.gov.au/our-work/onrhc