



Australian Government

Office of the National Rural Health Commissioner

2023–24 Annual Report

Office of the National Rural Health
Commissioner Annual Report 2023–24

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of Health and Aged Care

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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 advancing better health outcomes for First Nations people. The Commissioner is committed to doing this by promoting First Nations people's 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

11 September 2024

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. This report covers activities during the 2023-24 financial year.

Yours faithfully,

A handwritten signature in cursive script that reads "Jenny May".

Professor Jenny May AM
National Rural Health Commissioner

Messages from the Commissioners



National Rural Health Commissioner Adjunct Professor Ruth Stewart

(Term 1 July 2020 to 30 June 2024)

This year I have been reflecting deeply on how rural and remote health care is provided, where it is provided and who provides it. There is widespread agreement from all parts of the rural health sector, community members, clinicians and health administrators to policymakers, that what we are doing now is not adequately meeting the needs of rural and remote communities. This begets the question: how can we make it better?

The government is reconsidering workforce levers, incentives, rurality classifications, scope of practice for clinicians, supports for training in rural and remote regions and more. The National Rural Health Commissioner is called to take a leading role in this discourse to guide policy and activity towards evidence-based change for better rural and remote health; and to untangle the many strands of the Gordian knot of rural and remote health workforce shortfall and subsequent poor health outcomes in the regions.

The Statement of Expectations to which I have worked and which drives the activity of the Office of the National Rural Health Commissioner is prefaced by a call to improve the quality and sustainability of, and access to, health services and health professionals in regional, rural and remote Australia. The statement details further how this is to be done. It begins with support for urgent and emerging priorities and is followed by contribution to the implementation of Innovative Models of Care (IMOC) for rural and remote communities; support for First Nations peoples' health and wellbeing; contribution to rural workforce; training and primary care reform; and, finally, consultation with stakeholders.

And so it is that my work and the work of this Office shifts backwards and forwards between grassroots practical issues such as whether a telehealth consultation that includes a GP, a consultant specialist and a consumer can be billed to Medicare as 2 episodes of care, one from each doctor; and the policy consideration of what the impact would be of altering current Medicare regulations to enable this type of dual billing, who would be affected and what activity this change would drive. I have conversations with students about their experiences on rural placement and then advocate to government about an extension of financial supports for health professional students on rural placements. These examples are reactive, and both respond to the current situation. The opportunity that arises with the major reviews that are underway is to capitalise on the amazing innovation that I witness in rural and remote locations right across Australia and encourage, support and advocate for that innovation to be scaled up nationally with local adaptation.

To solve our rural and remote healthcare and health workforce challenges, we need to incorporate the solutions focus that many communities bring to the table and expand our vision to the whole system. We should enable co-design and co-development of health care in community. This should be done by respecting community members' and local professionals' expertise and their right to determine the care they receive, and by providing for their share of healthcare funding. It is time to stop imposing non-metropolitan communities with models of care and models of business designed in and for metropolitan settings. We should set frameworks of expectations and accountability to guide this innovation in healthcare delivery and enable communities to craft locally appropriate solutions.

I am extremely grateful to have had the privilege of leading such work for the past 4 years. Because I have worked closely with fantastic, capable and dedicated people, I know the work will continue. I am now stepping out of the Commissioner role and wish the third National Rural Health Commissioner, Professor Jenny May AM, all the very best for what is surely one of the most rewarding jobs in the world. I know I pass the role on to a good set of hands, a good head and strong shoulders.

This is a time of great opportunity and hope for rural communities. May that opportunity be nurtured, not squandered.

Farewell.



Deputy National Rural Health Commissioner – Nursing and Midwifery

Adjunct Professor Shelley Nowlan

Health care continues to be transformed for rural and remote communities across Australia. Australia has established a strong foundation of highly educated nurses and midwives who make up a significant percentage of the clinical team that provides this care. At times, they are the only health professionals, particularly in the most remote areas of this vast country.

The Office jointly advocates for nurses and midwives, recognising the skills and scope of our professions at graduation and early and mid-career and as we extend and expand our scopes of practice to ensure services are equitably provided and accessed by the community. Valuing our nurses and midwives by supporting them to work to their full scope of practice is critical to attracting and sustaining our workforce, retaining clinical services within the bush and meeting health priorities of all Australians, with a particular focus on First Nations people.

Early access to treatment and clinical care minimises the burden of diseases and clinical deterioration. As nursing is the largest of the health professions and is pivotal in determining national health outcomes, investment must continue to support a fit-for-purpose rural and remote nursing workforce. I am confident that, through the continued use of the National Rural and Remote Nursing Generalist Framework 2023–2027, using the evidence, reviewing and reflecting on practice, registered nurses will be attracted to rural nursing and be guided by the framework to develop critical knowledge and skills to feel confident in their approach in establishing rural and remote nursing generalist careers. The framework will continue to support providers of rural services, education providers and registered nurses, equipping them with the knowledge and resources to successfully build future rural and remote nursing generalists. The Office raises the flag, highlighting the paramount importance of nurses being able to do what they do best, deliver high-level comprehensive primary health care in diverse settings, develop the skills and the ability to respond and provide emergency care, and consult and refer as needed while providing holistic care to rural Australians.

The Office also acknowledges and values the role of the midwife in rural maternity services as outlined in the National Consensus Framework for Rural Maternity Services, which is under review. Continuity of Carer models, with known midwives, support the desire and need for rural and remote women and their families to be supported within community. Midwives provide professional support, contemporary care and, more importantly, continuity of care for generations of rural and remote families. Benefits to rural maternity services are through the best use of the nation's skilled midwives, supported with adequate resourcing to ensure improved and sustained outcomes for women, babies and their families. The Consensus Framework provides a set of principles and strategies to frame policy and planning and support quality maternity services in rural and remote Australia.

I thank the nurses, midwives, rural and remote health professionals, jurisdictional Chief Nurse and Midwifery Officers and university colleagues for the many conversations and yarning. I also thank those who provided their expertise, representing peak nursing and midwifery organisations, and the individual contribution from professionals and consumers from across the country. I have truly appreciated the collegiality of our joint efforts in advocating for our professions and demonstrating the Office's important links into the various national strategic reference groups and advisory processes that enliven and link the national strategies that strive to reduce the burden of disease, promote health and wellbeing and, importantly, close the gap of disease.



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

Professor Faye McMillan AM

This past year has deeply impacted me personally. It has provided an opportunity to reflect and reinforced my belief in the beauty of rural and remote communities and the passionate health professionals who not only provide services for and with their communities but also advocate for better health outcomes for all Australians irrespective of their postcode. However, this is not a Pollyanna reflection on what is taking place across communities and the work that needs to be done to ensure that all health professionals are valued for the skills, knowledge and passion they bring.

In 2023 and 2024, while continuing in my role as Deputy National Rural Health Commissioner, I was offered the unique professional development opportunity to undertake a Harkness Fellowship with the Commonwealth Fund in the United States of America. During this time, I was able to reflect on and contemplate the wonderful work that is taking place on a global scale to address rural and remote health workforce challenges, health equity and racism within health. The Australian Government has made commitments to addressing these challenges. The Commissioner, Deputy Commissioner for Nursing and Midwifery and I have worked collaboratively to share experiences and bring insights to support ongoing and emerging challenges that are shared across the portfolios.

As a Wiradjuri woman and the Deputy Commissioner for Allied Health and First Nations Health, I know that the outcome of the referendum impacted our sector and the communities immensely. The health sector attracts many Aboriginal and Torres Strait Islander health workers. As well as this, there are Indigenous health organisations that advocate and support these workforces. The outcome of the referendum added greater complexity and burden, with some individuals and organisations experiencing increased racism as a result.

A strength of the Office is the willingness to engage with professions and professional bodies that provide much-needed skills and services to rural and remote communities. Through this engagement, innovative opportunities often emerge. This was evident in the June announcement of a collaborative working relationship with the Australasian College of Paramedicine to develop a national rural and remote paramedicine framework.

Integral to the work of the Office is the relationships that are forged with various stakeholders, including the Chief Allied Health Officer (CAHO) and the team within that office. I very much valued the work of the immediate past CAHO, Anne-marie Boxall, and I thank her and the team for that. I am excited to continue the relationship with the newly appointed CAHO, Anita Hobson-Powell.

Overall, I am heartened by the leadership shown by the Office and the rural health sector in the space of Rural Generalism; and the development of training pathways that support practitioners to better support our communities. While there is still so much work that needs to be done, such as the National Allied Health Workforce Strategy and the Scope of Practice Review, it is important that we stop and reflect on the work that has taken place and the passion and commitment shown across the sector. I am profoundly grateful to be part of the Office, and I am honoured and privileged to be involved in its relationships across communities and professions.

Mandaang guwu (thank you).

About the National Rural Health Commissioner and this report

The National Rural Health Commissioner (the Commissioner) is a statutory appointment that is independent of the Australian Government Department of Health and Aged Care and the minister responsible for rural and regional health. Part VA of the *Health Insurance Act 1973* details the Commissioner's functions.

This report details the impact and activities of the Office of the National Rural Health Commissioner (the Office) in 2023–24, 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 a Statement of Expectations to the Commissioner to prioritise activities for the period 1 July 2022 to 30 June 2024.

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

Accessing this report online

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

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A snapshot:

people who live and work in rural and remote communities

A third of Australia's population
(approx. 7.3 million)

(ABS 2022–23)



470,000 First Nations Australians

(ABS 2022)

Rural and remote health workforce

(ABS 2022–23)



3,300 GPs working in primary care

(DHAC and AHPRA 2024)

1,600 GPs in training in primary care

(DHAC and AHPRA 2024)

70,000 nurses

(NMBA 2023a)

6,300 midwives

(NMBA 2023b)

421 Aboriginal and Torres Strait Islander health practitioners

(ABS 2022)

21,521 registered allied health practitioners*

(ABS 2022)

5,158 paramedicine practitioners

(ABS 2022)

References:

Australian Bureau of Statistics (2022) [Census of population and housing – counts of Aboriginal and Torres Strait Islander Australians](#), ABS website, accessed 2 August 2024.

Australian Bureau of Statistics (2022–23) [Regional population](#), ABS website, accessed 2 August 2024.

Department of Health and Aged Care and Australian Health Practitioner Regulation Agency (2023) [Dashboard, summary statistics – metrics: Allied Health \(as at 2022\)](#), DHAC website, accessed 2 August 2024.

Department of Health and Aged Care (2024) [General Practice Workforce providing Primary Care services in Australia](#), DHAC website, accessed 2 August 2024.

Nursing and Midwifery Board of Australia (2023a) [Health profession demographic snapshot: Midwives – a snapshot as at 30 June 2023](#), NMBA website, accessed 2 August 2024.

Nursing and Midwifery Board of Australia (2023b) [Health profession demographic snapshot: Nursing – a snapshot as at 30 June 2023](#), NMBA website, accessed 2 August 2024.

*NB: while highly valued rural allied health workers, self-regulated allied health professionals (e.g. speech pathologists, audiologists, social workers, dietitians, exercise physiologists, sonographers) are not represented in the table due to the absence of reliable rural workforce data.

Vision

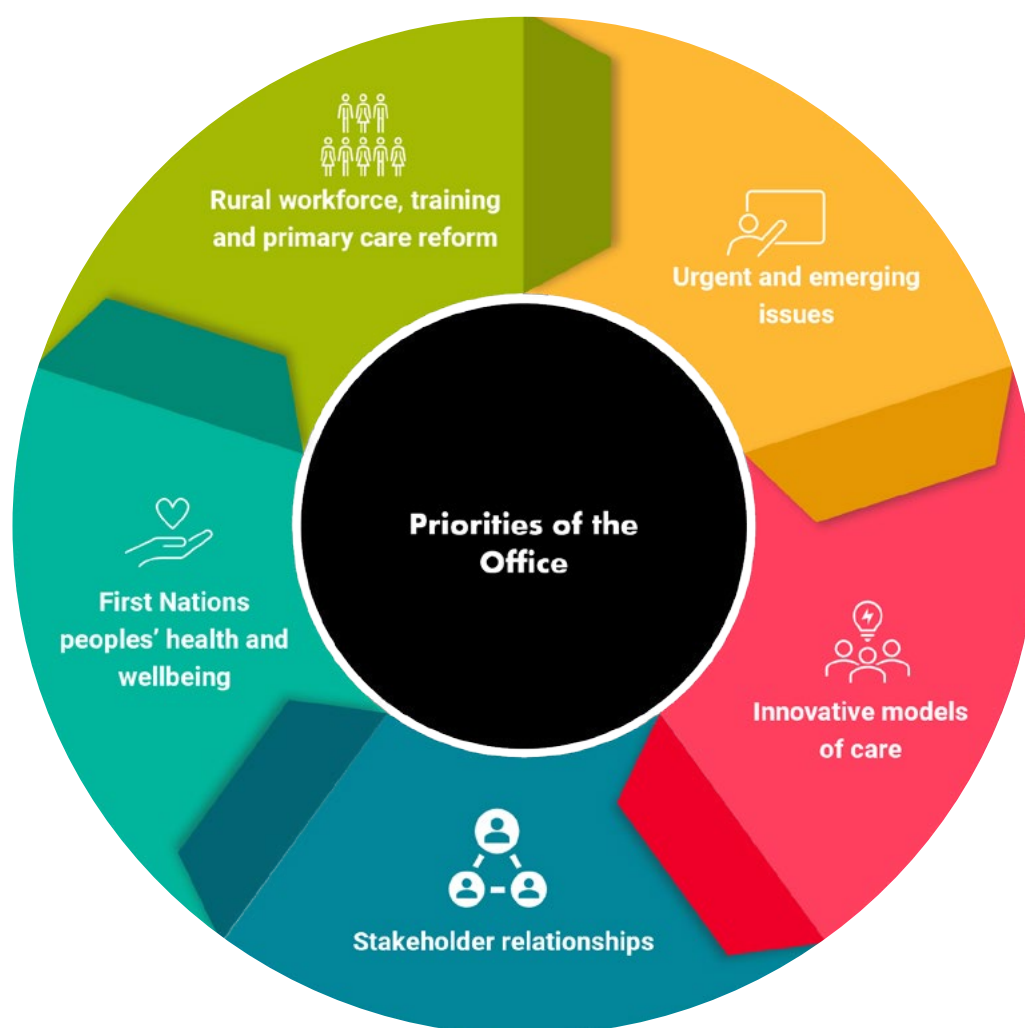
“The Commissioner will work to improve the quality and sustainability of, and access to, health services and professionals in regional, rural, and remote Australia.

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 issues a periodical Statement of Expectations to the Commissioner that determines priority areas for the Commissioner. This Statement of Expectations and the Commissioner’s Statement of Intent in response provide transparency on the focus of the Office’s activities.



See page 30 for the Office’s governance and financial management information.

2023–24 highlights



Continuing to elevate the voice of rural and remote communities with extensive stakeholder engagement and by establishing the National Rural Health Commissioner's Consumer Advisory Group



The Ngayubah Gadan Consensus Statement and the National Rural and Remote Nursing Generalist Framework, both released last year by the Office, are increasingly being utilised in policy development and practice



Special supplement published in the Medical Journal of Australia, 'Building a rural and remote health workforce with place-based education'



Co-hosted the National Rural Maternity Forum with the Australian College of Midwives and the Rural Doctors Association of Australia, with over 70 attendees with diverse representation at Parliament House



Strong focus on rural and remote maternity care, including working towards progressing the second edition of the National Consensus Framework for Rural Maternity Services



Extensive engagement with leaders in the rural and remote sector, including over 50 speaking engagements at conferences, forums and roundtables and co-hosting a webinar with an award-winning First Nations Alaskan health service



10 written submissions + advice and feedback to 11 consultations, reviews and briefings



Co-hosted the National Rural Surgeons' Training and Retention Workshop with the Royal Australasian College of Surgeons to improve access to surgical care in rural communities

Priorities

Stakeholder relationships

The Commissioner and deputies meet with a broad range of stakeholders in rural and remote health who deliver high-quality services to rural communities. For example, health educators, rural and remote service providers, workforce planners, policymakers, health students, rural health professionals, workers and assistants. The Commissioner and deputies know that an instrumental element in improving access to health and health outcomes is hearing from people who live in rural and remote communities. Effective policy needs the voices of those who experience firsthand how their health services can and do work.

The Commissioner and deputies recognise the value in fostering genuine relationships with people, organisations and communities that are the heartbeat of the country and vested in health outcomes, services and policy. The Office is committed to developing policy advice based on evidence and from open and robust stakeholder engagement. This can only be achieved when genuine relationships are already forged.

The Office has continued to work with the diverse range of rural and remote stakeholders through the formalised advisory group structure that, includes the Advisory Network of the National Rural Health Commissioner and the Consumer Advisory Group (CAG). Our engagement with stakeholders has been critical to understanding the enablers and challenges affecting rural and remote communities and their access to high-quality care.

Table 1 lists stakeholder groups and explains why they are important and how we engage with them.

Table 1 – Some of our stakeholder relationships

Stakeholder	Why they're important	How we engage
Consumers	Understanding the experiences of rural and remote consumers and their communities reveals innovations that can be celebrated or issues that need to be addressed. Engaging with the voices and stories behind our health and population data will help us understand what needs to be done to improve healthcare access.	Through our Consumer Advisory Group (see page 15) and working with consumer representatives.
Health advocacy groups	These groups play an important role in elevating health issues, from healthcare to specific diseases, that need increased awareness.	Health advocacy groups seek meetings with the Office to improve our knowledge of gaps in the health system and share approaches to improve health care for patients, professionals and services.
Health ministers	The Assistant Minister for Rural and Regional Health determines the priorities for the Commissioner through the Statement of Expectations and has a critical role in rural health policy.	The Commissioner and deputies have regular meetings and interactions with the Assistant Minister to discuss and advise on rural health issues and opportunities.

Stakeholder	Why they're important	How we engage
Health services	The intricate and sophisticated nature of health service operations in rural and remote communities can only be comprehended with continued engagement at different levels across service providers to understand program and policy successes and gaps.	Health services meet with the Office to share successes of models of care or seek advice to navigate convoluted systems to get health workforce to areas of high need. Health services also invite the Commissioner and deputies to learn about their services and communities firsthand. This gives the Commissioner and deputies opportunities to speak with staff and community members in their communities.
Professional organisations and peak bodies	Organisations representing professionals, the broader health workforce or rural health interests are experts in their areas. The nuances of issues are better understood with these stakeholders as part of the health system and health policy.	The Commissioner and deputies regularly engage with professional organisations and peak bodies across the rural and remote healthcare continuum. This helps understand issues at workforce and service delivery levels and how these can overlap in rural settings.
Education and training providers	Where our future health workforce trains and how they are trained to provide culturally safe care have a significant effect on where they choose to work and patient outcomes. Understanding what health education and training providers are doing to sustain or improve the rural training pipeline is a vital component in influencing workforce trajectories.	Tertiary education providers regularly meet the Commissioner and deputies, or through forums or committees that the Commissioners attend or are members of. Specialist medical colleges or their societies also engage with the Commissioner to seek guidance on how to improve their fellowship's geographical distribution. For example, the Royal Australasian College of Surgeons has had the Commissioner as a member of their Rural Health Equity Committee for the last 2 years.
Health departments	State and territory health departments and their services offer health care from primary through to tertiary care, and they are often the primary care provider in remote communities. Their services are critical in supporting graduate positions for the health workforce and training placements for our future health workforce. They are a major stakeholder in rural and remote health care.	The Commissioner and deputies are engaged with health departments and their services through 2 of the Office's committees: the National Rural Generalist Pathway Strategic Council and the Advisory Network of the National Rural Health Commissioner. Connections through the work of the National Rural Generalist Pathway and the Australia and New Zealand Council of Chief Nursing and Midwifery Officers align implementation of policies across states and territories.

Stakeholder	Why they're important	How we engage
Local governments	Local governments have a broader role in rural and remote communities to ensure services are sustained. Understanding this role and the work that local governments do in collaboration with health services is critical.	Local governments seek meetings with the Commissioner when their local health services are at a crisis point or to better understand what they can do to prevent crises from happening. The Commissioner presented to the New South Wales Country Mayors Association last year on what local governments can do to attract and connect with a generalist workforce.
Regulatory bodies	Australia's healthcare system is strengthened by the role of regulatory bodies that ensure practitioners are skilled to practise, public safety is prioritised, and accreditation and assessment processes are supported and maintained.	The Commissioner and deputies meet with medical, nursing, midwifery and allied health regulatory or accreditation authorities to understand profession-specific assessment or accreditation issues. Most engagement has been with the Australian Medical Council on the recognition of Rural Generalist medicine as a new field of specialty practice within General Practice.

Our engagement with stakeholders has assisted in framing possible solutions for rural and remote health care to government for consideration.

Appendix A lists committees and regular engagement.

Appendix B lists presentations and stakeholder engagements.

Advisory Network of the National Rural Health Commissioner

The Advisory Network, now in its third year, gives the Commissioner and deputies expert insights from network members, who represent a diverse range of rural and remote health organisations. The network has also offered policymakers the opportunity to engage with experts on anticipated gains, impacts and consequences of policies that are in development or in implementation.

The network enables the Commissioner to focus in depth on issues and informs advice provided to the Assistant Minister for Rural and Regional Health and the department.

Appendix C lists the network's member organisations.

National Rural Health Commissioner's Consumer Advisory Group

The Consumer Advisory Group (CAG) is a dedicated forum of rural and remote health consumer peak organisations and advocacy groups. The forum is dynamic and diverse. It deepens the Office's understanding of consumer perspectives and experiences. These learnings enable the Commissioner and deputies to provide high value consumer-centred advice in policy, grant and program development.

The inaugural CAG meeting was convened in August 2023.

It has since met quarterly to inform the Commissioner on matters of importance to rural and remote people and communities, including:

- mental health and wellbeing
- access to primary care services in rural and remote communities
- access to maternity care
- co-design of health policy and programs with rural and remote communities
- culturally safe, appropriate and responsive service provision
- rural and remote workforce, training and education
- urgent and emerging priorities.

The CAG is becoming recognised as a primary point of contact to inform policy development and review processes regarding rural and remote consumer experience and expertise.

For example, representatives from the Department of Health and Aged Care attended the June 2024 quarterly CAG meeting to hear directly from members about rural and remote experiences of after-hours primary care services. Feedback from this session will be included in the review process. Additionally, CAG advice and feedback has been included into the Office's:

- submission to the Commonwealth Government COVID-19 Response Inquiry
- COVID-19 Lessons Learnt report to Assistant Minister Emma McBride
- joint submission with the National Rural Health Alliance to the Joint Standing Committee on the National Disability Insurance Scheme inquiry into National Disability Insurance Scheme participant experience in rural, regional and remote Australia.

Appendix D lists NRHC CAG member organisations.

First Nations Australians' health and wellbeing

First Nations health and wellbeing is a priority for the Office. The 2022 NRHC Position Statement: Impacts of Racism on the Health and Wellbeing of Indigenous Australians continues to underpin the work of the Office. Making health services culturally safe and responsive, and free from racism is essential to improving health outcomes of Aboriginal and Torres Strait Islander peoples and communities. It also improves quality of health provision for all who receive care. All health practitioners and service providers are responsible for providing culturally safe and responsive workplaces and environments for workers and community.

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.

Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

A joint statement between AHPRA, the Aboriginal and Torres Strait Islander Health Strategy Group and the National Health Leadership Forum (Australian Health Practitioner Regulation Agency, 2019).

The Office continues to prioritise and advocate for the alignment of all health policy with synergistic strategies, frameworks and plans including:

- 2023 Commonwealth Closing the Gap Implementation Plan
- National Aboriginal and Torres Strait Islander Health Plan 2021–2031
- National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031
- National Agreement on Closing the Gap
- National Anti-Racism Framework (Human Rights Commission)

We would like to acknowledge the ongoing commitment and dedication by First Nations leaders, communities, health professionals, peak bodies, health organisations and research and training organisations to improving health outcomes and opportunities.

Urgent and emerging issues

Rural and remote 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 quality maternity care for rural and remote women and their families. There is dedicated collaboration across government and professional organisations that is shaping a coordinated effort to adopt sustainable changes that benefit women and their families in rural and remote locations.

The Office, with the Australian College of Midwives and the Rural Doctors Association of Australia, held the National Rural Maternity Forum in Canberra in August 2023. This forum focused on the needs of rural mothers and their babies with an emphasis on access to care. Over 70 attendees represented diverse stakeholder groups, including consumers, peak health professional bodies, medical colleges, state and territory health departments and services, and the Australian Government Department of Health and Aged Care.



Image: Commissioner Ruth Stewart

The forum identified 6 priority actions to support rural maternity care. A key priority from the forum was to update the National Consensus Framework for Rural Maternity Services to reflect changes and advances in maternity care since the first iteration in 2008. To meet this priority, an Expert Review Advisory Group was established to ensure broad-ranging expertise and oversight in the revision. The advisory group was chaired by the Commissioner. Members of the advisory group included the original signatories of the 2008 version and new member organisations with expertise and experience in rural maternity.

Original signatories of the 2008 version

- Australian College of Midwives
- Australian College of Rural and Remote Medicine
- Royal Australian and New Zealand College of Obstetrics and Gynaecology
- Royal Australian College of General Practice
- Rural Doctors Association of Australia
- Rural Health Workforce Australia

New member organisations

- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Maternity Consumer Network
- National Association of Aboriginal and Torres Strait Islander Health Workers Health Practitioners
- National Rural Health Alliance
- Office of the National Rural Health Commissioner.



Image: (L-R) Australian College of Midwives Chief Midwife Alison Weatherstone, Commissioner Ruth Stewart and Rural Doctors Association of Australia Immediate Past President Dr Megan Belot

Four members of the advisory group formed an editing group with the Commissioner and Deputy Commissioner Nowlan to prepare revised draft versions of the consensus framework with ongoing input from the wider advisory group. The editing group included clinical experts (a midwife and a Rural Generalist with obstetric advanced skills), a consumer representative and rural health policy experts.

The second edition is close to being finished.

The Office will continue to work with all stakeholders to ensure rural and remote maternity care remains in focus so that rural and remote women and babies have the equitable care they deserve.

COVID-19

The impact of the COVID-19 pandemic has highlighted the importance of rural and remote proofing policies to ensure those communities remain a priority in future pandemic preparedness and response operations. The Statement of Expectations directed the Commissioner to provide lessons learnt from the COVID-19 pandemic. In 2023-24, the Commissioner sought lessons learnt from the Advisory Network and CAG and reflected on the critical role of rural general practice respiratory clinics. This work reaffirmed the ingenuity and resilience that exists in and is synonymous with rural and remote communities. It also highlighted the significant impact on mental health and the broader societal shift in recognising the importance of health beyond one's physical health and accessing mental health services. These lessons were reported to the Assistant Minister for Rural and Regional Health, with many of the learnings formalised into a submission to the government's independent inquiry into Australia's response to the COVID-19 pandemic.

Innovative Models of Care

Since 2021, the Office has funded the Primary Care Rural Innovative Multidisciplinary Models (PRIMM) initiative, which has provided 6 grant recipients up to \$400,000 each over 3 grant rounds. This initiative supports communities to develop trial-ready sustainable, innovative models of care where severe workforce or service access challenges occur. The Office and the department co-facilitated a workshop in August 2023 that supported PRIMM grant recipients to share learnings and to hear about their co-design approaches. Grant recipients gathered to discuss challenges and successes of the co-design process.

Five of the 6 PRIMM recipient projects will finish in June and December 2024, with evaluation reports to follow. The Office will work with the department on the learnings from this initiative following the evaluation.

One of the PRIMM round 1 recipients, Beechworth Health Service in Victoria's Upper Hume region, co-designed an age-friendly rural, multidisciplinary, integrated primary healthcare model that addresses local challenges to geriatric care. Beechworth Health Service completed their PRIMM project and received an Innovative Model of Care (IMOC) grant to build on their work to improve comprehensive care planning for older people across 4 multidisciplinary areas of health care:

What **M**atters, **M**edications, **M**obility and **M**ental Health.

The Commissioner welcomed the opportunity to be part of the IMOC project launch at the completion of the PRIMM project in October 2023. Beechworth Health Services has showcased genuine collaboration across 7 health services dedicated to improving healthcare access for a priority population. The next iteration of its work will provide important learnings along with the monitoring and evaluation that the John Richards Centre for Rural Ageing Research will provide.

The Office has continued to work with the department on IMOC grant opportunities. The IMOC grants support the implementation of new, innovative primary care service delivery models, such as models that reduce rural workforce shortages and improve patient access to care. While the department manages the IMOC grant, the Office has provided support in managing and reviewing its aims, intent and criteria. The Office 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 Commissioner and deputies have continued to work with the sector and department to build relationships, championing sustainable models of care and workforce supports to improve access to health services for rural and remote communities.

The first recipient of an IMOC grant, the New South Wales Rural Doctors Network, developed and trialed up to 5 different innovative models as part of its Collaborative Care Program across New South Wales over a 4-year period. Throughout its trials, New South Wales Rural Doctors Network has maintained close engagement with the Commissioner and Office to receive advice and inform of project learnings through their trials. The Collaborative Care Program concluded in this reporting period and the learnings are available for other IMOC recipients on the [department's website](#). The engagement with the Office allowed a deep understanding of contextual barriers and reiterated the need for prioritising multidisciplinary team care and how this must be translated into policy design for rural and remote communities.

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

Sponsored by the Office, a special supplement on the criticality of place-based education to build a rural and remote health workforce was published in the *Medical Journal of Australia* in August 2023. The supplement provides important insights and learnings on the Australian Government's decades-long investments in rural health education programs. This rural-dedicated investment is internationally significant when contrasted to other countries. It necessitated perspectives and reflections from rural health workforce trainers and educators to take stock of lessons learned over this period.

The supplement offers tangible solutions to rural health workforce education and training gaps. It has also emphasised the importance of dedicated rural health workforce training pipelines to improve rural and remote communities' access to health care.

The Commissioner and the Dean of Medicine and Dentistry at James Cook University and immediate past president of the Medical Deans Australia and New Zealand, Professor Richard Murray were interviewed for the publication in an *MJA Podcast*. It is hoped that insights from this supplement will be translated into policy through the work of the Office.



Showcasing an award-winning model of care from Alaska

It is important for Australia's health policymakers and services to be aware of internationally successful models of care for First Nations people and consider how these models could be applied in the Australian context.

The Office co-hosted a webinar with Southcentral Foundation in November 2023 to showcase their award-winning concept. Southcentral Foundation has developed the *Nuka System of Care*, which has transformed health care and health outcomes for Alaskan First Nations people. Strong engagement from the sector was seen with hundreds of webinar registrations and subsequent views of the [webinar recording](#) on the Office's webpage. How the Nuka System of Care can be augmented into Australia's contexts remains a key consideration, as well as how we challenge the norms and assumptions within Australia's health systems.

Rural workforce, training and primary care reform

National Rural Generalist Pathway

A Rural Generalist has specific expertise in providing general practice, emergency and other medical specialist skills aligned to the needs of the local rural and remote community they serve. This skill set broadens the range of locally available medical services. It enables rural and remote communities to access the right care, at the right time and as close to home as possible.

Rural Generalist doctors are integral to delivering high-quality care to rural and remote communities. The National Rural Generalist Pathway (NRGP) is the training pathway to grow this workforce.

The NRGP culminates decades of effort by rural and remote doctors to create a robust training program to prepare doctors to work outside of metropolitan areas. Rural and remote doctors work in settings often 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 paper included 19 recommendations to train, attract, develop and retain more Rural Generalists for rural communities.

The paper described 19 intersecting recommendations for the effective implementation of a national training pathway. Following this, the department has invested in implementing several recommendations, working closely with the Office.

National Rural Generalist Pathway governance structure

National Rural Generalist Pathway Strategic Council

The National Rural Generalist Pathway Strategic Council was convened in 2021 to oversee the progression and implementation of the NRGP and associated recommendations. It is chaired by the Commissioner and the Office manages the secretariat responsibilities.

The council provides expertise to support in formulating advice, prioritising actions and ensuring a nationally consistent approach continues to be considered and delivered.

The council continues to work closely with the National Rural Generalist Jurisdictional Implementation Forum (JIF) to align NRGP strategy with NRGP implementation and the Rural Generalist Recognition Taskforce to progress recognition of Rural Generalist medicine.

Rural Generalist Recognition Taskforce

The Rural Generalist (RG) Recognition Taskforce was established in 2019. The taskforce oversees the joint college (Australian College of Rural and Remote Medicine and Royal Australian College of General Practice) application for recognition of Rural Generalist medicine as a specialised field within the specialty of General Practice. It is chaired by the Commissioner. Members are representatives of the abovementioned GP colleges.

National Rural Generalist Jurisdictional Implementation Forum

Chaired by the department, the JIF is a quarterly meeting of NRGP jurisdictional coordinating units' representatives, the medical colleges, the Office and the department. This forum allows for knowledge exchange, understanding local implementation while retaining a level of national consistency. Two JIF members attend NRGP Strategic Council meetings to maintain close connection of NRGP strategy with implementation.

Appendix E lists the NRGP Strategic Council member organisations.

Appendix F lists the RG Recognition Taskforce member organisations.

Appendix G lists the JIF member organisations.

Recognition of Rural Generalist Medicine

Recognising Rural Generalist medicine as a protected title and specialised field within General Practice is a key priority. It will 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 and support the continued development of the NRGP.

The Medical Board of Australia (MBA) is currently assessing the joint application to have Rural Generalist medicine recognised as a specialised field within the discipline of General Practice. It is also assessing if 'Rural Generalist' be recognised as a protected title.

The application is now undergoing its final stage assessment conducted by the Australian Medical Council.

Following the consultation and final review and approvals processes, the Health Ministers' Meeting will receive advice from the MBA. Following this, the success of the application will be determined. We are confident of a final positive determination by the Health Ministers' Meeting.

National Rural and Remote Nursing Generalist Framework 2023–2027

Released in 2023, the [National Rural and Remote Nursing Generalist Framework 2023–2027](#) describes the unique context of practice and capability for rural and remote registered nurses' practice in Modified Monash Model 3–7 locations.

The framework consists of 4 domains, supported by capabilities and capability statements that reflect the unique context and requirements and align with the Nursing and Midwifery Board of Australia's (NMBA) Registered Nurse Standards for Practice (2016) and NMBA's Code of Conduct for Nurses (2018). The 4 domains and capabilities are highlighted in Figure 1.

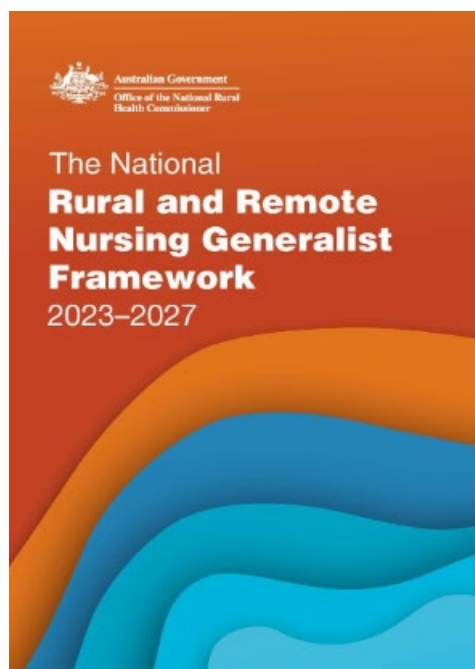
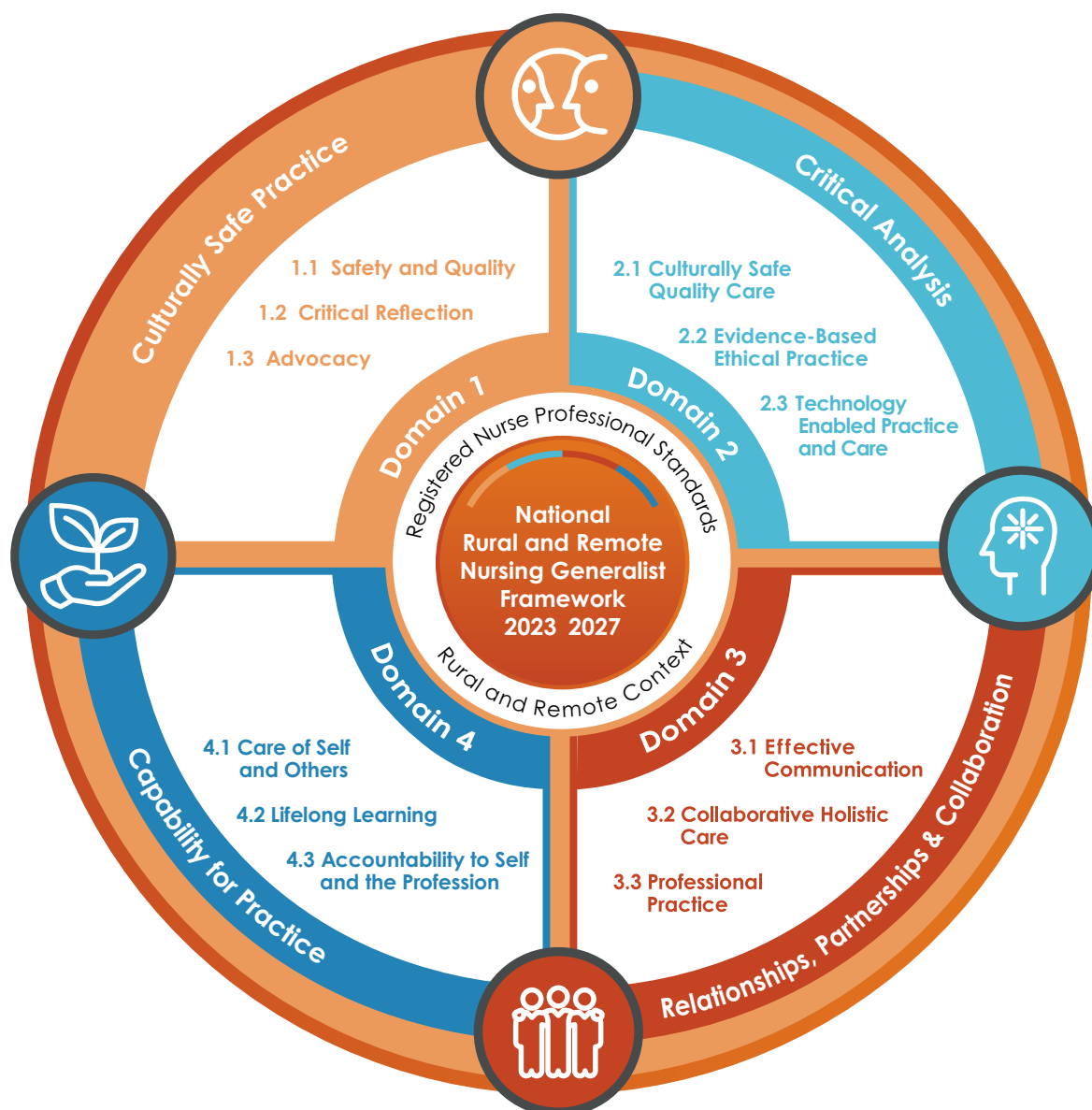


Figure 1 – National Rural and Remote Nursing Generalist Framework domain and capability statement



The framework can be applied by:

- **registered nurses** to map their development of the capabilities with a mentor and to develop from formative to proficient skill levels
- **educators and education providers** to support individual skill development or curriculum based on the capabilities
- **government, organisations and employers** as a guide to growing and supporting the development of a skilled rural and remote RN workforce.

There continues to be strong interest in the framework nationally and internationally. The Office has increasingly heard that educators, including university departments of rural health and regional universities, are embedding the framework capabilities into their curriculum. This supports the growth of a capable nursing workforce for rural and remote communities.

The Office is undertaking a review of the framework to better understand the awareness and utilisation of the framework nationally.

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

Released in 2023, the Ngayubah Gadan Consensus Statement on Rural and Remote Multidisciplinary Health Teams (RRMHTs) was developed by the Office in close collaboration with key stakeholders. 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 communities they serve.

Importantly, the statement recognises that, to deliver high-quality care, it is essential that:

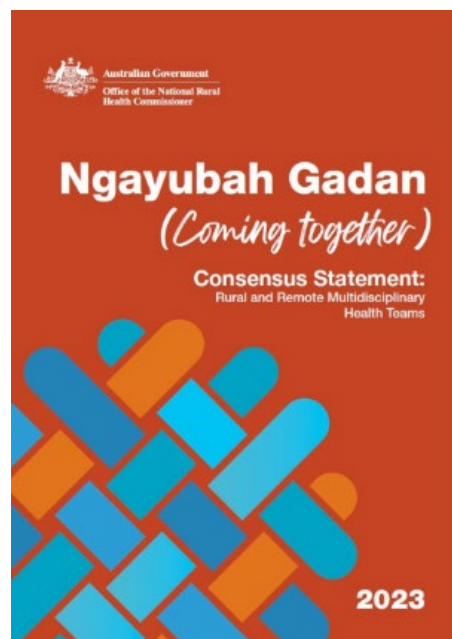
- racism in all health services is addressed and eliminated; and
- all health services provide culturally safe and responsive workplaces and care.

The statement also highlights that First Nations people, communities and organisations are at all times represented:

- in policy development
- in leadership roles
- as fundholders
- as organisational leaders
- in co-design with community; and
- by working and training in rural and remote multidisciplinary teams.

The statement has been endorsed by 58 rural and remote health stakeholder organisations. It is increasingly being utilised in rural and remote policy, research and advocacy spaces – for example:

- Altmeier J (2023) 'Building relationships, driving change', *Australasian College of Paramedicine: RESPONSE*, Winter 2023:7.
- Argus G (2024) 'Sustaining multidisciplinary teams in rural and remote primary care', *Australian Journal of Rural Health*, 32(3):606–607, doi:[10.1111/ajr.13144](https://doi.org/10.1111/ajr.13144).
- Australasian College of Paramedicine (20 June 2023) 'New era for paramedicine in collaborative, co-designed models of healthcare for Australia's rural and remote communities', ACP website, accessed 2 August 2024.
- Australian College of Rural and Remote Medicine (2024) *Scope of Practice Review: Issues Paper 1*, ACRRM website, accessed 2 August 2024.
- Australian Medical Association (2023) *AMA plan for improving access to rural general practice*, AMA website, accessed 2 August 2024.
- Department of Health and Aged Care (2023) *Innovative Models of Care (IMOC) grant opportunity guidelines*, Australian Government.
- Department of Health and Aged Care (2023) *Medical Research Future Fund: primary health research plan*, DHAC, Australian Government, accessed 2 August 2024.
- Philibert JH (2023) 'The importance of developing potential for rural practice: a student's journey influenced by rural health opportunities', *Medical Journal of Australia*, 219(S3):S31–S32, doi: [10.5694/mja2.52024](https://doi.org/10.5694/mja2.52024).



Rural and remote allied health workforce

Allied health professional shortages are widespread in rural and remote areas, often resulting in negative impacts on the lives of the people in these communities. Long wait lists for services, high turnover of staff and limited locally available services are challenging for communities and rural allied health professionals alike. A range of initiatives is required to address these complex challenges.

Deputy Commissioner McMillan continues to represent the Office in several forums to advocate and ensure that rural and remote allied health professionals and services are well considered during policy and program development and design. The forums are discussed below.

National Allied Health Workforce Strategy Steering Committee

The Office has welcomed the development of the first National Allied Health Workforce Strategy (NAHWS). The NAHWS Steering Committee is led by the department's Office of the CAHO. It aims to ensure the many sectors where allied health professionals play a pivotal role are well represented and included. As a member of the committee, Deputy Commissioner McMillan continues to ensure that the particular needs of rural and remote allied health professionals and communities are well reflected in the NAHWS. This includes promoting the role of Allied Health Rural Generalists (AHRG) who specialise in delivering high-quality allied health services to geographically and demographically diverse rural and remote populations.

Allied Health Industry Reference Group

The Allied Health Industry Reference Group is a stakeholder forum that discusses strategic issues. Deputy Commissioner McMillan continues to represent the Office at the forum to champion the rural allied health workforce and communities.

Allied Health Rural Generalist Pathway National Strategy Group

An important component in retaining a rural health workforce is continuing to support rural health professionals by providing structured career pathways and ongoing professional training. 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 National Strategy Group (NSG) oversees development of the AHRG Pathway as a nationally recognised, sustainable and valuable rural training pathway for allied health professionals. The NSG provides strategic advice and support to stakeholders, decision-makers and allied health service providers. Deputy Commissioner McMillan represents the Office on the NSG.

Rural end-to-end allied health program

Strong rural career pathways are important for rural workforce attraction and retention. There is substantial evidence from medical education, and emerging evidence from nursing and allied health, that when graduates study close to their rural home they remain and work in rural Australia. Rural programs provide opportunities for rural people who would otherwise be locked out of university education if relocation to metropolitan centres were required.

The new Flinders University Bachelor of Allied Health programs are specifically designed to enable rural and remote origin students to study, work and live at home without the need to relocate to metropolitan centres. These courses are the first allied health programs in Australia to be delivered entirely in rural settings. They are a much-needed boost for strengthening the rural allied health workforce.

Flinders University's Bachelor of Allied Health program (Occupational Therapy, Physiotherapy and Speech Pathology) is delivered in Port Pirie, Mount Gambier and Renmark in South Australia.

The unique element of this program is that it provides an Allied Health Assistant qualification at Year 1, rapidly contributing to building a skilled local workforce while students continue their studies. This enables students to contribute to the care and support of local communities, develop their clinical skills, build professional networks and have improved financial stability while they study.

The Flinders University rural allied health degrees align closely with the priorities of the Office, including supporting and implementing innovative, place-based approaches to grow the rural health and care workforce. The Office has regularly met with the Flinders University team leading this work and has collaborated on the design and implementation of the new programs since 2020.

Rural and remote paramedicine

Paramedics are a highly skilled and respected workforce who have traditionally worked in state-based ambulance services. Increasingly, the value of employing paramedics in primary and community care settings is being recognised as an opportunity to broaden career opportunities for paramedics and meet increasing primary health service demand. In rural and remote communities, the need for a primary care workforce is greater still.

Paramedic workforce numbers in rural and remote Australia is trending up. This presents opportunities to explore how the paramedic workforce in rural and remote Australia may be best utilised to provide services to these communities.

Deputy Commissioner McMillan has worked closely with the Australasian College of Paramedicine (ACP) to identify challenges and opportunities to best utilise the paramedic workforce in rural and remote primary care settings. This has led to an agreement with the ACP to develop the first National Rural and Remote Paramedicine Framework. The Framework will describe the unique context of practice and core capabilities for rural and remote paramedicine practice.

The framework will provide guidance to rural health policy and fundholders, governments, workforce planners, rural health services and rural and remote communities in optimising the rural and remote paramedic workforce in critical, primary and urgent care settings.

It is anticipated the Office's advisory committees will be consulted during development to ensure rural and remote stakeholders are well engaged throughout the process.

National Rural Surgeons' Training and Retention Workshop

Addressing the severe undersupply of particular specialties in rural and remote areas is a key objective of the National Medical Workforce Strategy 2021–31. Dedicated time will be required to address this, because a multitude of adjustments and improvements across the medical training pipeline are needed to improve the geographic distribution of the specialist medical workforce. It is recognised that there are several diverse stakeholders who have a role in medical training, and it means concentrated work is necessary to address issues at various stages across the training pipeline.

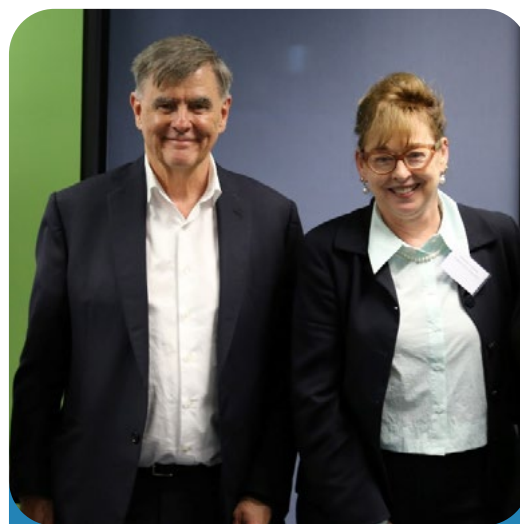


Image: (L-R) Professor Brendan Murphy AC and Royal Australian College of Surgeons President Associate Professor Kerin Fielding

The Commissioner's collaboration with the Royal Australasian College of Surgeons has brought unique opportunities to understand issues that medical colleges experience in implementing changes that seek to influence rural careers within their fellowship. For example, the Commissioner is a member of their Rural Health Equity Steering Committee that supports the implementation of their rural strategies. It has proven that achieving equitable distribution is an immense task.

In recognition of the multitude of stakeholders that must collaborate to achieve such a task, the Office and Royal Australasian College of Surgeons co-hosted a workshop in February 2024. The workshop was independently facilitated by medical workforce expert Professor Brendan Murphy AC.

The workshop aimed to understand:

- levers and barriers specific to surgical training
- inform the development of rural surgical training models and networks and;
- explore what short-, medium- and long-term solutions can be achieved.



Image: Commissioner Ruth Stewart

Workshop attendees represented stakeholders such as health departments, medical colleges, surgical societies, regulatory bodies, medical workforce advocacy groups and rural medical workforce experts. The workshop emphasised the shared accountability of each stakeholder where they have a role in addressing barriers to rural surgical training and retention. It also informed the development of rural training networks for the Royal Australasian College of Surgeons.

Solutions were developed into an outcomes and action paper, which was distributed to all invited stakeholders. The paper has identified relevant stakeholders who need to collaborate with the Royal Australasian College of Surgeons to achieve agreed outcomes from the workshop.

The Commissioner will continue to engage with the Rural Health Equity Steering Committee and stakeholders to improve access to specialist services in rural and remote communities.

Strengthening Medicare

The Commissioner and Office have been closely involved with the priority to strengthen Medicare by ensuring rural expertise is at the policy table so that rural and remote communities can get better access to local primary care services. The 2022–23 Annual Report detailed the Commissioner's membership of the Strengthening Medicare Taskforce as a rural health expert and the release of the taskforce's report in December 2022. Since then, this priority work has continued with implementing the taskforce report's recommendations, which have several measures that aim to:

- increase access to primary care
- encourage multidisciplinary team-based care
- modernise primary care
- support change management and cultural change.

The involvement of the Commissioner and Office in key measures has ensured rural and remote considerations remain central in decision-making when developing schemes, enhancing policies or implementing programs. Below are some of the measures that the Commissioner and Office have been involved in.

Scope of Practice Review

- ***This review is looking at the available evidence about health professionals' ability to deliver on their full scope of practice in primary care.***
- The Commissioner and Office have participated in roundtables led by the independent reviewer and provided written submissions responding to the issues papers.
- The Advisory Network of the National Rural Health Commissioner was consulted by the lead reviewer in December 2023.

Working Better for Medicare Review

- ***This review is examining distribution levers for doctors and whether they are effective in equitably distributing doctors around Australia.***
- The Commissioner has been consulted by the independent lead reviewers and consultants.
- The Office has provided written submissions that focus on improving rural training pipelines for domestically trained medical graduates.

Chronic Wound Consumables Scheme

- ***This scheme is being established to improve the management of wounds for patients in primary care settings.***
- The Commissioner is a member of the Expert Advisory Group and has ensured the inclusion of considerations for:
 - wound management in tropical environments.
 - rural and remote general practices and primary care clinicians.

Scope of Review of General Practice Incentive Program

- ***This review is assessing the effectiveness of current general practice incentives and what enhancements need to be implemented to foster quality person-centred care from a multidisciplinary team within general practice.***
- The Office provided a written submission to the public consultation that focused on enhancing incentives for rural primary care and exploring solutions to program eligibility barriers for rural general practices; and advocated for increased supports to provide multidisciplinary care as defined in the Ngayubah Gadan Consensus Statement.

Reform of After-hours Programs

- ***This review is examining the efficiency and effectiveness of the current after-hours primary care system which includes the Medicare Billing Schedule funding and specific after-hours care programs administered and delivered by various stakeholders.***
- The Office provided written feedback on rural and remote access to after-hours primary care models of care and funding.
- The Commissioner's Consumer Advisory Group members were consulted by departmental representations overseeing the review in June 2024. Members reported their experiences of accessing after-hours primary care in rural and remote communities

National Health Reform Agreement

The next iteration of the National Health Reform Agreement is much anticipated by the health sector following the release of the Mid-Term Review of the National Health Reform Agreement Addendum 2020–25 in October 2023. It brings challenges and opportunities for rural and remote health care and presents a different health system landscape to when the first agreement was signed in 2011. There is sector-wide recognition of the influential role of local hospital networks in teaching and training our future rural health workforce. As well as caring for rural and remote patients where primary care has not been accessible.

The Office has been advising on rural and remote considerations throughout the mid-term review period and in the considerations of how to implement recommendations from that review. As part of this work, we have also advised on data considerations to the Independent Health and Aged Care Pricing Authority (IHACPA) in their determinations for the Pricing Framework for Australian Public Hospital Services 2025–26 to improve transparency on teaching and training expenditure within local hospital networks. Much of this advice focused on the 18th recommendation from the Advice to the National Rural Health Commissioner on the development of the National Rural Generalist Pathway and how to implement this within IHACPA's pricing considerations. It also corroborates calls from across the health sector to improve funding transparency through the National Health Reform Agreement to address healthcare inequities.

The Office will continue to support the department to ensure principles for equitable health care are central to how the agreement will be implemented across Australia.

Governance

Under section 79AO of the Health Insurance Act 1973, for the purposes of the finance law, the Commissioner is an Official of the Department of Health and Aged Care, and the duties of officials set out in the 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 a Statement of Expectations for 2022–2024 from the Assistant Minister for Rural and Regional Health in December 2022. The Commissioner responded with a Statement of Intent. These documents are published on the Office website.

As an independent statutory office, the Office has developed a 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. This ensures that staff are supported to engage with and support the work of the Commissioner and deputies.

Financial management

The Office has an ongoing budget allocation of \$2.08 million each financial year which includes the salaries of the Commissioner, deputies and Office staff.

Table 2 – Australian Public Service staff by employment status during the 2023-2024 financial year

State/location	Full-time ongoing	Part-time ongoing	Full-time non-ongoing	Part-time non-ongoing
QLD	3	1		1
SA	1		1	

Table 3 – Secondment arrangements during the 2023-2024 financial year

Level	Position title	FTE
1 x SES band 1	Deputy National Rural Health Commissioner - Nursing and Midwifery	0.2FTE
1 x SES band 1	Deputy National Rural Health Commissioner - Allied Health and First Nations Health	0.4FTE

Table 4 – Accountable authority during the 2023–2024 financial year

Name	Position title	Start date	End date
Adjunct Professor Ruth Stewart	National Rural Health Commissioner	1 July 2023	30 June 2024

Appendixes

Appendix A – Committees and regular engagement

Advisory Network of the National Rural Health Commissioner	National Consensus Framework for Rural Maternity Services Review Advisory Group
Assistant Minister, Hon Emma McBride MP	National Nursing Workforce Strategy Advisory Group
Australasian College of Paramedicine	National Rural and Remote Nursing Generalist Steering Committee
Australian College of Midwives	National Rural Generalism Recognition Taskforce
Australian College of Rural and Remote Medicine	National Rural Generalist Pathway Strategic Council
Australian Commission on Safety and Quality in Health Care	National Rural Health Alliance
Business Council of Co-operatives and Mutuals	National Rural Health Commissioner's Consumer Advisory Group
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	National Rural Health Student Network Council
Coalition of National Nursing and Midwifery Organisations	Nursing and Midwifery Strategic Reference Group
Council for Connected Care	Occupational Therapy Australia
Department of Health and Aged Care	Regional Education Commissioner
Distribution Working Group	Royal Australian College of General Practitioners
Future-proofing our Rural Workforce Collaborative	Royal Australasian College of Surgeons – Rural Health Equity Strategy Committee
General Practice Training Advisory Committee	Royal Australian and New Zealand College of Obstetrics and Gynaecology
Indigenous Allied Health Australia	Royal Doctors Association of Australia
Jurisdictional Implementation Forum	Rural Workforce Agencies Network
Living Evidence for Australian Pregnancy and Postnatal Care	Services for Australian Rural and Remote Allied Health
Maternity Consumer Network	Services for Australian Rural and Remote Allied Health Rural Generalist Pathway Steering Group
Murdi Paaki Coordinating Committee	Strengthening Medicare Implementation Oversight Committee
National Aboriginal Community Controlled Health Organisation	
National Association of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners	

Appendix B – Presentations and stakeholder engagements

Conference/forum	Role
3rd Asia Pacific Conference on Integrated Care	Speaker
40th Council of Remote Area Nurses Australian (CRANApplus) Conference	Speaker
Allied Health Rural Generalist Pathway Showcase	Attendee
Association of Queensland Nursing and Midwifery Leaders Conference	Speaker
Australian College of Midwives Queensland Conference	Speaker
Australian and New Zealand (ANZ) Prevocational Medical Education Forum	Speaker
Australian College of Nursing (ACN) National Nursing Forum 2023	Speaker
Australia Pharmacy Professional Conference (APP2023) – Rural Pharmacy Forum 2023	Speaker
Darling Downs Health Service Senior Nurse and Midwife Forum	Speaker
Empowering Women Leaders in Healthcare Seminar	Panel
Federation of Rural Australian Medical Educators (FRAME) Tasmania Conference 2023	Speaker
GP Obstetrician Conference Ararat	Speaker
Indigenous Wellbeing Conference	Attendee
James Cook University Murtupuni Centre for Rural and Remote Health (JCU MCRRH) 11th Biennial Conference	Speaker
National Medicines Symposium 2023	Speaker
National Rural Maternity Services Forum	Co-host
National Rural Surgeons' Training and Retention Workshop	Co-host
National Single Employer Model (SEM) Conference 2024	Speaker
National Suicide Prevention Conference	Attendee
NSW Country Mayors' Association Health Forum	Speaker
Nursing and Midwifery Board of Australia (NMBA) National Midwifery Futures Symposium	Attendee
Nursing and Midwifery Leaders Conference 2023	Speaker
Occupational Therapy Australia National Conference	Speaker
Paramedicine Board of Australia Forum	Panel

Conference/forum	Role
Parliamentary Friends of Rural and Remote Health	Speaker
Primary Care Conference (PCC24)	Speaker
Queensland Pre-term Birth Prevention Program GP Forum	Speaker
Queensland Rural and Remote Clinical Network Annual Forum	Speaker
Remote Australians Matter Conference	Speaker
Rural Doctors Association of Queensland (RDAQ) Conference 2024	Speaker
Rural Medicine Australia (RMA23)	Speaker
Rural Mental Health Conference	Attendee
Rural Workforce Collaborative Think Tank	Speaker
Rural Workforce Agency Victoria (RWAV) Allied Health Solutions Forum	Speaker
RWAV Conference 2024	Speaker
Sax Institute Colloquium	Panel
South Australia Health's Rural Workforce Collaborative	Speaker
Services for Australian Rural and Remote Allied Health (SARRAH) Forum	Speaker
The Royal Australasian College of Physicians	Attendee
The Royal Australian and New Zealand College of Psychiatrists (RANZCP) 2024 Congress	Speaker
Western Australia (WA) Rural Health Conference	Speaker
World Organisation of Family Doctors (WONCA) 2023 World Conference	Speaker

Appendix C – ANNRHC member organisations

Australasian College of Paramedicine	General Practice Registrars Australia
Australian Allied Health Leadership Forum	General Practice Supervisors Australia
Australian College of Midwives	Indigenous Allied Health Australia
Australian College of Nurse Practitioners	Medical Deans Australia and New Zealand
Australian College of Rural and Remote Medicine	National Aboriginal Community Controlled Health Organisation
Australian Council of Deans of Health Sciences	National Association of Aboriginal & Torres Strait Islander Health Workers and Practitioners
Australian Dental Association	National Mental Health Commission
Australian Government, Department of Health and Aged Care	National Rural Health Alliance
Australian Indigenous Doctors Association	National Rural Health Commissioner's Consumer Advisory Group
Australian Medical Association	National Rural Health Students Network
Australian Rural Health Education Network	Pharmaceutical Society of Australia
Chair of the General Practice Training Advisory Committee	Primary Health Networks Rural Cooperative
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives	Royal Australian College of General Practitioners
Consumers Health Forum of Australia	Royal Flying Doctor Service
Council of Presidents of Australian Medical Colleges	Rural Doctors Association of Australia
Council of Remote Area Nurses of Australia	Rural Workforce Agency Network
Dr Steve Hambleton	Services for Australian Rural and Remote Allied Health
Dr Walid Jammal	State and territory health departments
Federation of Rural Australian Medical Educators	

Appendix D – NRHC CAG member organisations

Collarenebri Healthy Communities
COTA Australia
Country Women's Association of Australia
Isolated Children's Parents' Association
Multicultural Council of the Northern Territory
National Farmers Federation
National Rural Women's Coalition
Ninti One Foundation
Remote Australians Matter
Rural Rainbows

Appendix E – NRGF Strategic Council member organisations

Australian College of Rural and Remote Medicine
Australian Government, Department of Health and Aged Care
Australian Indigenous Doctors Association
Australian Medical Association
Jurisdictional Implementation Forum Representatives
National Aboriginal Community Controlled Health Organisation
Office of the National Rural Health Commissioner
Royal Australian College of General Practitioners
Rural Doctors Association of Australia

Appendix F – RG Recognition Taskforce member organisations

Australian College of Rural and Remote Medicine
Office of the National Rural Health Commissioner
Royal Australian College of General Practitioners

Appendix G – JIF member organisations

National Rural Generalist Pathway Jurisdictional Coordination Units in:

- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

Australian College of Rural and Remote Medicine

Australian Government, Department of Health and Aged Care

Australian Indigenous Doctors Association

Australian Medical Association

National Aboriginal Community Controlled Health Organisation

Office of the National Rural Health Commissioner

Appendix H – Written submissions

Australian Health Practitioner Regulation Agency public consultation for the application for recognition of a new field of specialty practice: Rural Generalist medicine

Australian Universities Accord Interim Report

Independent Health and Aged Care Pricing Authority Pricing Framework for Public Hospital Services 2025–26

Input to departmental submission to the Senate Community Affairs References Committee inquiry into equitable access to diagnosis and treatment for individuals with rare and less common cancers, including neuroendocrine cancer

Joint submission with National Rural Health Alliance to the Joint Standing Committee on the National Disability Insurance Scheme inquiry into the NDIS participant experience in rural, regional and remote Australia

National Nursing Workforce Strategy

Strengthening Medicare - Working Better for Medicare Review (Section 19AB and District of Workforce Shortage)

Strengthening Medicare – General Practice Incentives Effectiveness Review

Strengthening Medicare – Scope of Practice Review Issues Paper 1

The Department of the Prime Minister and Cabinet inquiry into the Commonwealth Government's response to the COVID-19 pandemic

Appendix I – Advice and feedback to consultations, reviews and briefings

Department of Health (WA) – Review of maternity and newborn services for women and families from country WA

Electronic Prescribing Mandate – Stakeholder Consultation

Evaluation of the Private Hospital Stream Program

Evaluation of the Psychiatry Workforce Program – Preliminary stakeholder consultations to inform the Situation Analysis

Medical Research Future Fund Regional, Rural and Remote research streams

National Allied Health Workforce Strategy Steering Group – Allied Health Environmental Scan

Strengthening Medicare – Scope of Practice Review Issues Paper 2

Strengthening Medicare – Review of after-hours primary care policies and programs

Strengthening Medicare – Working better for Medicare review (Section 19AA, Distribution Priority Area and Modified Monash Model)

The Department of Health and Aged Care's submission to the Department of the Prime Minister and Cabinet inquiry into the Commonwealth Government's response to the COVID-19 pandemic

The Department of the Prime Minister and Cabinet inquiry into the Commonwealth Government's response to the COVID-19 pandemic discussion with panel members

Appendix J – Participation in roundtables

Australian Dental Industry Association Parliamentary Roundtable

Australian Patient Advocacy Alliance Summit 2024

First 2,000 Days in Rural and Remote Context Roundtable

Miscarriage Roundtable

Northern Territory Primary Health Care Workforce Summit

Regional Health Workforce Summit

Strengthening Medicare Scope of Practice Roundtables

Western Australia Rural GP Summit

WONCA Roundtable: Effective pathways to rural practice – bringing a rural lens to health policy formulation

Appendix K – Media appearances

Australasian College of Paramedicine	Podcast	Ngayubah Gadan Consensus Statement
Australian Broadcasting Corporation	Radio	Beechworth PRIMM final report and IMOC project launch
Australian Broadcasting Corporation	Radio	Closing the Gap – Productivity Commission report
Australian Broadcasting Corporation	Radio	Forum to find solutions to regional maternity crisis
Australian Broadcasting Corporation	Radio	Rural anaesthetist shortages
Australian Broadcasting Corporation	Television	Rural maternity forum
Croakey Health Media	Article	Sustainability and medicines
Dubbo Community FM Radio Station	Radio	Rural maternity units in NSW
Health Services Daily	Interview	Rural maternity forum
Medical Journal of Australia	Podcast	Building a rural and remote health workforce with place-based education
Medical Republic	Article	GP provider numbers
Network 10	Television	Rural maternity forum
The Advocate	Newspaper	Come from rural, return to rural
The Australian	Newspaper	Rural maternity forum

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