



Australian Government

Office of the National Rural
Health Commissioner

Annual Report

2024–25



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.

Office of the National Rural Health Commissioner 2024–25 Annual Report

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



Australian Government
Office of the National Rural
Health Commissioner

9 September 2025

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 2024-2025 financial period.

Yours faithfully

A handwritten signature in dark ink, appearing to read 'Jenny May'.

Professor Jenny May AM
National Rural Health Commissioner

Messages from the Commissioners



“It has been a privilege to join the Office and witness the inner workings of our health system and to contribute to the reform agenda before us.”

National Rural Health Commissioner – Professor Jenny May AM

It is with great pleasure that I present the annual report for the financial year 2024–25.

As the third appointed National Rural Health Commissioner, I have taken the path onwards from my esteemed predecessor, Adjunct Professor Ruth Stewart.

Since joining the Office in September 2024, I have been privileged to begin work on significant opportunities across priorities in the Statement of Expectations provided to me by the Assistant Minister for Rural and Regional Health.

When I began this role, I transitioned from academic, teaching and clinical roles to one that listens and engages with Australia’s diverse and complex rural and remote communities. It has been a privilege to join the Office and witness the inner workings of our health system and to contribute to the reform agenda before us. I see it as my role to ensure policy is flexible and supportive of the differences between remote, rural and regional communities, while enabling and highlighting the important place-based considerations needed in each of those 3 contexts. It has been an honour to step into this role.

At the end of June this year we farewelled both of our Deputy Commissioners, Professor Faye McMillan AM and Adjunct Professor Shelley Nowlan, who both served 4 years in their roles. Their contributions to allied health, to nursing and midwifery and to First Nations health are visible across the sector and within policies. We owe them a deep debt of gratitude for their work and commitment. The new appointees will be enriched by the experiences and connection with stakeholders – from consumers to professional bodies.

Over the past year, the Office has supported several important initiatives. One highlight is the release of the second edition of the [National Consensus Framework for Rural Maternity Services](#) in June 2025. This work, which began under the leadership of Adjunct Professor Ruth Stewart, has been well received. I thank all stakeholders for their valuable contributions and look forward to seeing the framework guide future improvements in rural maternity care.

Many within the sector are still awaiting the decision on whether Rural Generalist Medicine will be formally recognised as a new field of specialty practice within General Practice. It must be mentioned that the work of formalising rural generalism and meeting the need for a National Rural Generalist Pathway was the driver in creating

the National Rural Health Commissioner role. To see how this work has progressed since Professor Paul Worley devised the pathway after extensive consultation with the sector is deeply humbling and significant. I am filled with profound gratitude to continue this important, world-leading work. My role is to strategically advise on the development, implementation and embedding of rural generalism into the medical workforce. At the same time, I will offer the lessons from this work for consideration by other health workforces that provide care in rural Australia.

My Office continues to work with the Department of Health, Disability and Ageing on primary care reform. Our focus is on embedding multidisciplinary team care in rural and remote settings, to strengthen sustainability of health services.

I am privileged to work with First Nations colleagues to support reducing the inequity that many First Peoples experience. I am grateful for the time and trust they share with me, as my role is to walk alongside First Peoples and support meaningful change.

An important collaboration has been with the Council of Presidents of Medical Colleges. Together we published [Implementing rural selection: a guide for medical colleges](#), which provides guidance on nationally consistent rural selection criteria for entry into non-GP specialty training. This work was strengthened by evidence from rural researchers, including Professor Matthew McGrail. I look forward to seeing its implementation.

In 2025–26 there will be an independent review of the part of the legislation that establishes the scope and function of the Commissioner role conducted. This is required by the Act that created the current National Rural Health Commissioner role. I look forward to supporting the review, as will many stakeholders, in shaping what this role can be going forward. I trust that the activity and experiences of my 10 months in the role to June 2025 are a strong indication of the value of a connected and expert voice that can contribute to our rural and remote health system.



“In many of our most remote regions, the nurse may be the only healthcare professional available. Often the nurse is not just as a provider of care but also as a trusted member of the community.”

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

Access to health care is a key factor in the health and wellbeing of communities. Healthy communities support economic viability, and this is especially true in rural and remote towns across Australia. A primary goal is equal access to health care, regardless of the geographical location. This includes access to an appropriate, skilled and well-supported health workforce.

Nursing and midwifery are foundation professions in the multidisciplinary healthcare team. They provide both primary and acute care to rural and remote communities. In many of our most remote regions, the nurse may be the only healthcare professional available. Often the nurse is not just as a provider of care but also as a trusted member of the community.

In line with the [National Agreement on Closing the Gap](#), we continue to forge ahead and close the gap for First Nations people. It is vital that we continue to increase the number of First Nations professionals in the nursing and midwifery workforce, with representation that reflects the communities they serve. Cultural capability must be central to practice. The [GENKE II report, *Getting em n keepin em n growin em*](#), remains a foundational guide in this effort.

In 2022 the Office set out to better understand the role of the rural and remote nurse generalist. This led to the publication of the [National Rural and Remote Nursing Generalist Framework 2023–2027](#), which defines the unique context and core capabilities of rural and remote registered nurse (RN) practice. The framework is underpinned by the Nursing and Midwifery Board of Australia’s Registered Nurse Standards for Practice (2016). It promotes flexibility in scope of practice, better access to training and professional development, and the advancement of nursing roles. It also emphasises culturally safe care delivered in partnership with families, communities and multidisciplinary teams.

The framework is a practical tool for:

- RNs transitioning to rural and remote generalist practice
- employers, educators, mentors and health administrators employing and/or working with RNs in rural and remote health care settings
- nursing, midwifery and allied health colleagues supporting the capabilities of the RN workforce.

To understand how people are using the framework, the Office conducted a stakeholder survey in 2024. The survey focused on uptake, reach and utilisation. Responses showed that people are using the framework as intended – as a resource

for education, curriculum development, professional growth, and support for nurses transitioning into rural and remote practice.

The nursing and midwifery workforces need flexibility in the scope of practice of health professionals, better access to training and continuing professional development, and promotion of advanced skill roles for nurses.

In 2024–25 the Office built on previous work to proactively consider and identify gaps in national rural pathways for nursing. We engaged with stakeholders from the states and territories, chief nursing and midwifery officers, and organisations and colleges that predominantly promote, educate and/or train rural and remote nurses. We also undertook a literature search to understand and to map current and future nursing generalist training pathways in rural and remote areas. The importance of understanding rural training pathways, including rural generalist pathways for nursing, led us to develop an issues and opportunities paper. We will shape and use this paper as a basis for ongoing work and discussion about training pathways and opportunities for nurses wanting to work in rural generalist roles.

Another body of work was supporting the facilitation into the review and update of the [Second Edition National Consensus Framework for Rural Maternity Services](#). Before the publication of the consensus framework (first edition) in 2008, there was no agreed set of principles that communities, service providers, decision-makers and funders could use to ensure safe, evidence-based maternity care outside urban centres. The absence of such a framework, coupled with ongoing rural maternity service closures and downgrades, placed rural and remote women and babies at unprecedented risk of poor health outcomes. Responding to this, the framework arose from consensus building among professional organisations representing the core disciplines that provide maternity care. I am pleased to announce that consensus on the revised version has been achieved. The second edition framework is now available to help frame policy and planning and to support quality maternity services in rural and remote Australia.

Nurses and midwives are the backbone of the rural and remote health workforce. They often fill service gaps and provide care to communities that may otherwise go without. However, this workforce is facing a critical shortage, which is likely to worsen due to high retirement rates. This is especially concerning because people in rural areas experience, on average, poorer health outcomes. It is also alarming because the post COVID-19 reform agenda in these communities will depend on services being provided closer to home and by competent rural generalist nurses and midwives. Our work in 2024–25 provided key resources to support individuals, service providers and organisations to attract and retain nurses and midwives to work in these settings.

I am extremely grateful to have had the privilege of being the inaugural Deputy National Rural Health Commissioner – Nursing and Midwifery. I believe that our work for the past 4 years has been instrumental in providing some foundational resources for the nursing and midwifery professions. I have been fortunate to work with and be supported by capable and dedicated staff within the Office, as well as professional colleagues more broadly. As I step down from this role, I am hopeful that the next Deputy Commissioner will build on this work and advocate strongly for our professions and the communities we serve.



“I commend the unwavering commitment of the First Nations leaders, allied health professionals, policymakers, educators and advocates who continue to push for excellence in rural and remote health care.”

Deputy National Rural Health Commissioner – Allied Health and First Nations Health – Professor Faye McMillan AM

As I end my time as Deputy National Rural Health Commissioner for Allied Health and First Nations Health, I reflect with immense gratitude on the privilege of serving in this role. The journey has been one of collaboration, innovation and deep commitment to fostering meaningful change in diverse regional, rural, remote and very remote communities across Australia.

I extend my sincerest thanks to:

- Adjunct Professor Ruth Stewart, whose leadership as the immediate past National Rural Health Commissioner laid the foundation for progress
- the current Commissioner, Professor Jenny May AM, who has continued this work with integrity and vision
- Adjunct Professor Shelley Nowlan for her professional generosity, knowledge and passion in her role as Deputy National Rural Health Commissioner for Nursing and Midwifery.

Their unwavering dedication has strengthened the collective effort to improve healthcare access and outcomes for rural and remote communities. It has been an honour to contribute alongside them.

I am profoundly grateful for the passion and tireless commitment of the entire team at the Office of the National Rural Health Commissioner. The work we have done together has amplified the voices of communities, shaped policies that centre those we serve and prioritise cultural safety, and strengthened the rural health workforce.

One of the most exciting parts of this journey has been witnessing the collaborative effort to develop the National Allied Health Workforce Strategy. This work exemplifies how we can achieve true progress when and where we have a shared commitment driving systemic transformation. The diversity of allied health professionals and their invaluable contributions across diverse settings cannot be overstated. Each profession and professional brings unique expertise that enhances holistic, patient-centred care. Their presence in rural and remote communities ensures comprehensive and culturally responsive healthcare services.

Equally, the rich diversity within First Nations communities presents an opportunity to honour uniqueness while embracing shared experiences. First Nations health is not monolithic; it is shaped by distinct languages, traditions and ways of

knowing across Nations. Recognising this diversity allows us to foster healthcare solutions that have deep roots in local knowledge. It also ensures that common priorities such as the need for culturally safe practices, elimination of racism and systemic change drive collective action.

I commend the unwavering commitment of the First Nations leaders, allied health professionals, policymakers, educators and advocates who continue to push for excellence in rural and remote health care. Their dedication ensures that rural, remote and First Nations communities receive the high-quality care they deserve. Thanks to their collaboration, innovation and respect for local expertise, the sector is positioned to sustain and strengthen healthcare access for generations to come.

On a personal note, I am immensely grateful to my family, whose unwavering support has been the foundation of my journey. Their encouragement has shaped my ability to serve with passion and purpose. I also extend heartfelt thanks to the team at the University of Technology Sydney for providing the space for me to undertake this role in synergy with the incredible work of the School of Public Health and the Girra Maa team. This alignment has ensured that my advocacy for Indigenous health remains deeply connected to education, policy and community impact.

As I transition from this role, I do so with confidence in the enduring legacy of this work. The momentum we have built together will continue to drive meaningful change so that rural and remote communities and the First Nations and allied health professionals who serve them receive the recognition and support they deserve. It has been a profound honour to serve in this position. I look forward to seeing the next chapter unfold with even greater impact.

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, Disability and Ageing 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 2024–25, 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 2 September 2024 to 30 June 2026.

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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Vision

The Commissioner and her Office are committed to improving the quality, sustainability and accessibility of health professionals and services in regional, rural and remote Australia.

The Commissioner will promote place-based approaches in government decision-making. These approaches will be co-designed with First Nations communities and rural and remote stakeholders to ensure they reflect local needs.

In advising government, the Commissioner will provide evidence-based recommendations on multidisciplinary teams. This advice will consider the rural impacts of health policies and explore how digital technologies can support future-focused health care.

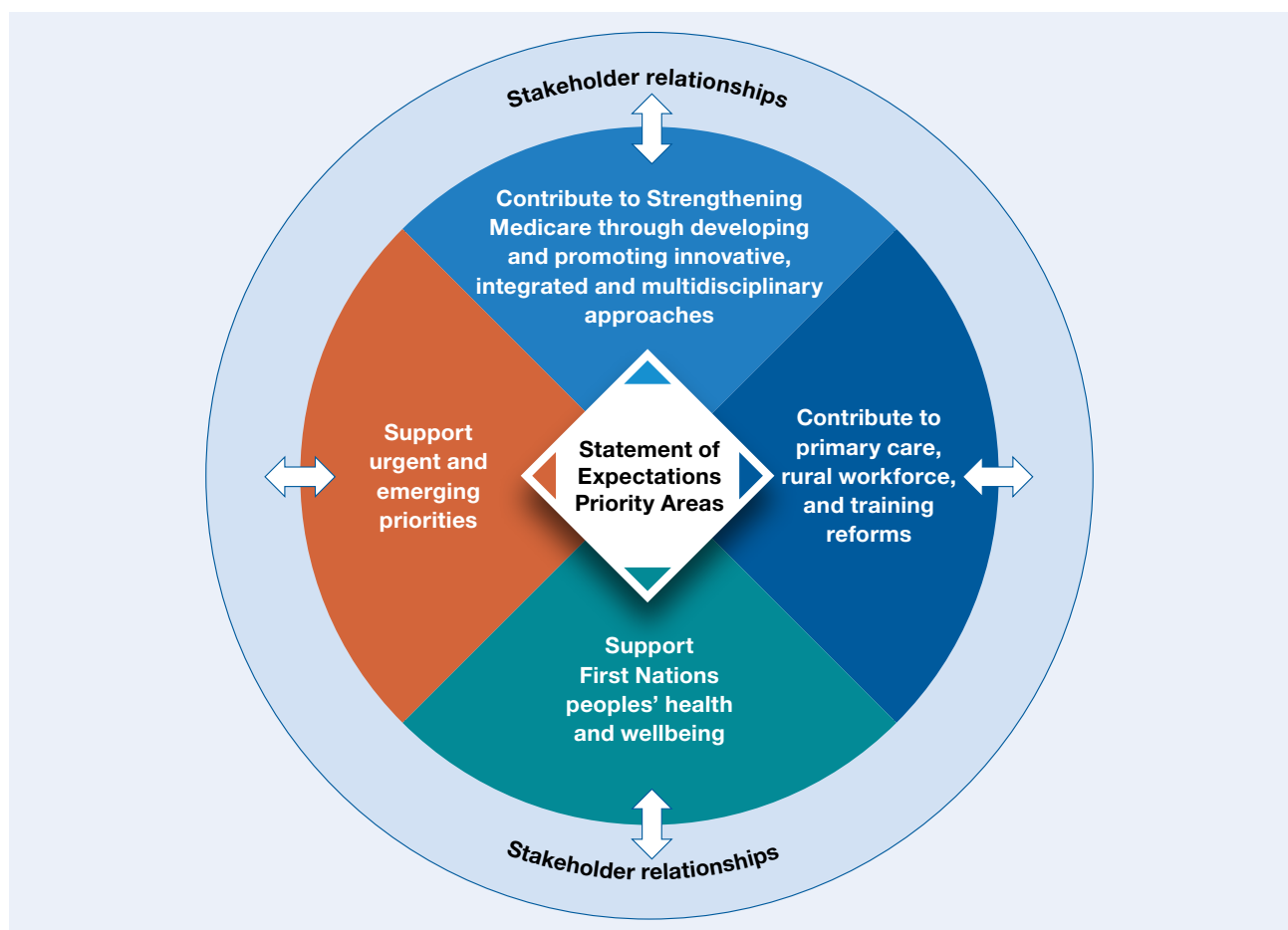
Statement of Expectations

The Assistant Minister for Rural and Regional Health issues a periodical **Statement of Expectations** that determines priority areas for the Commissioner.

In response, the Commissioner publishes a **Statement of Intent** which sets out how the Commissioner will address these priorities. Together, these documents provide a clear and transparent guide to the Office's activities.

The current **Statement of Expectations** covers the period 2 September 2024 to 30 June 2026.

Figure 1: Priorities of the Office of the National Rural Health Commissioner



See page 36 for the Office's governance and financial management information.

Priority areas

Stakeholder relationships

The Office works closely with a diverse range of stakeholders across rural and remote Australia. We engage formally and informally through:

- formalised engagement groups
- regular stakeholder meetings
- committee and advisory group meetings
- presentations and participation at conferences and forums
- issue-specific meetings with stakeholders as needed.

These engagement activities are essential to the work of the Office. They foster strong, mutually beneficial relationships that help identify the enablers and challenges affecting rural and remote communities. This ensures the Commissioner can provide timely, nuanced and evidence-informed advice to the department and the Assistant Minister, and meet the requirements set out in the Statement of Expectations.

Figure 2: An overview of how we engage

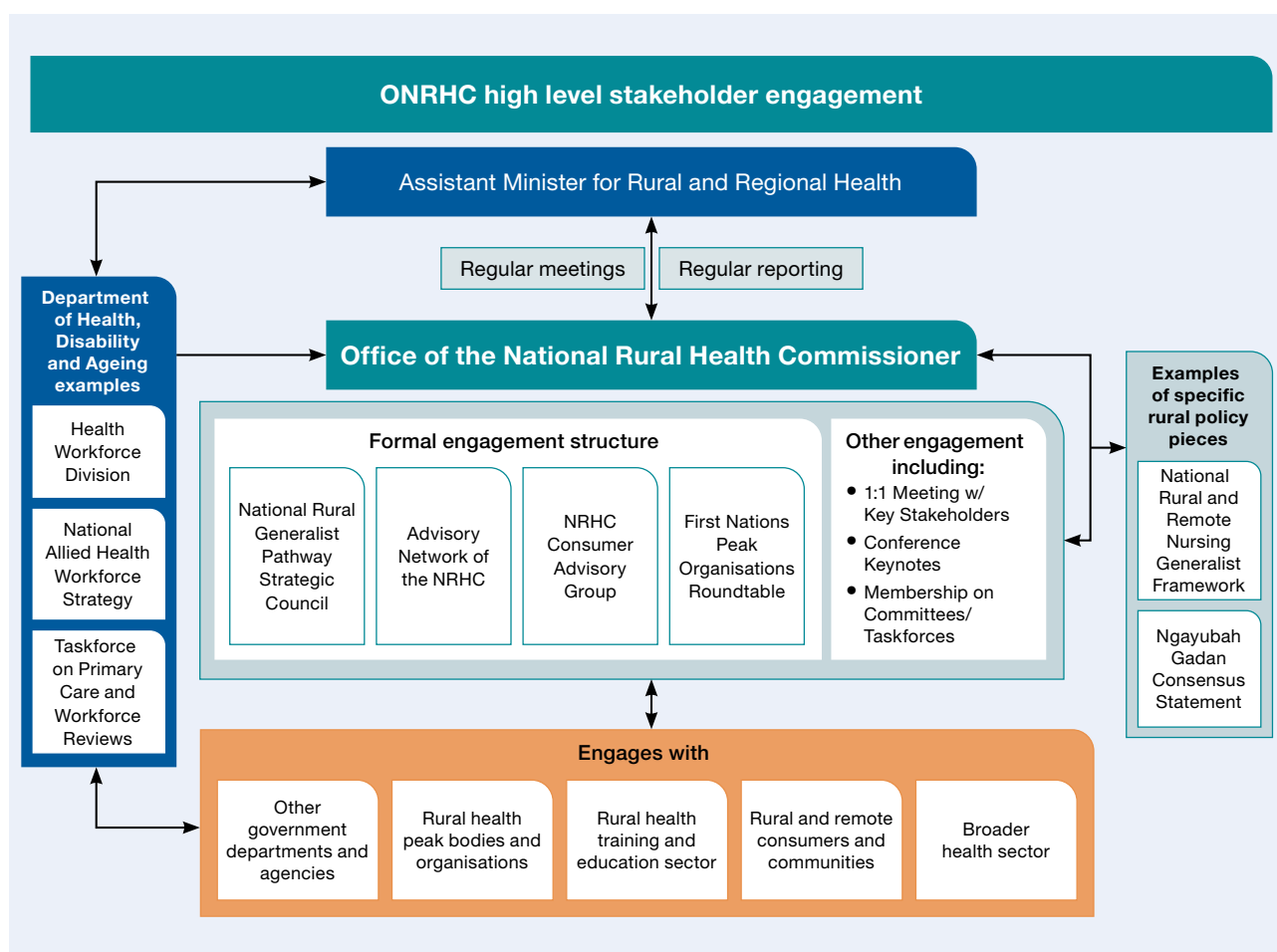
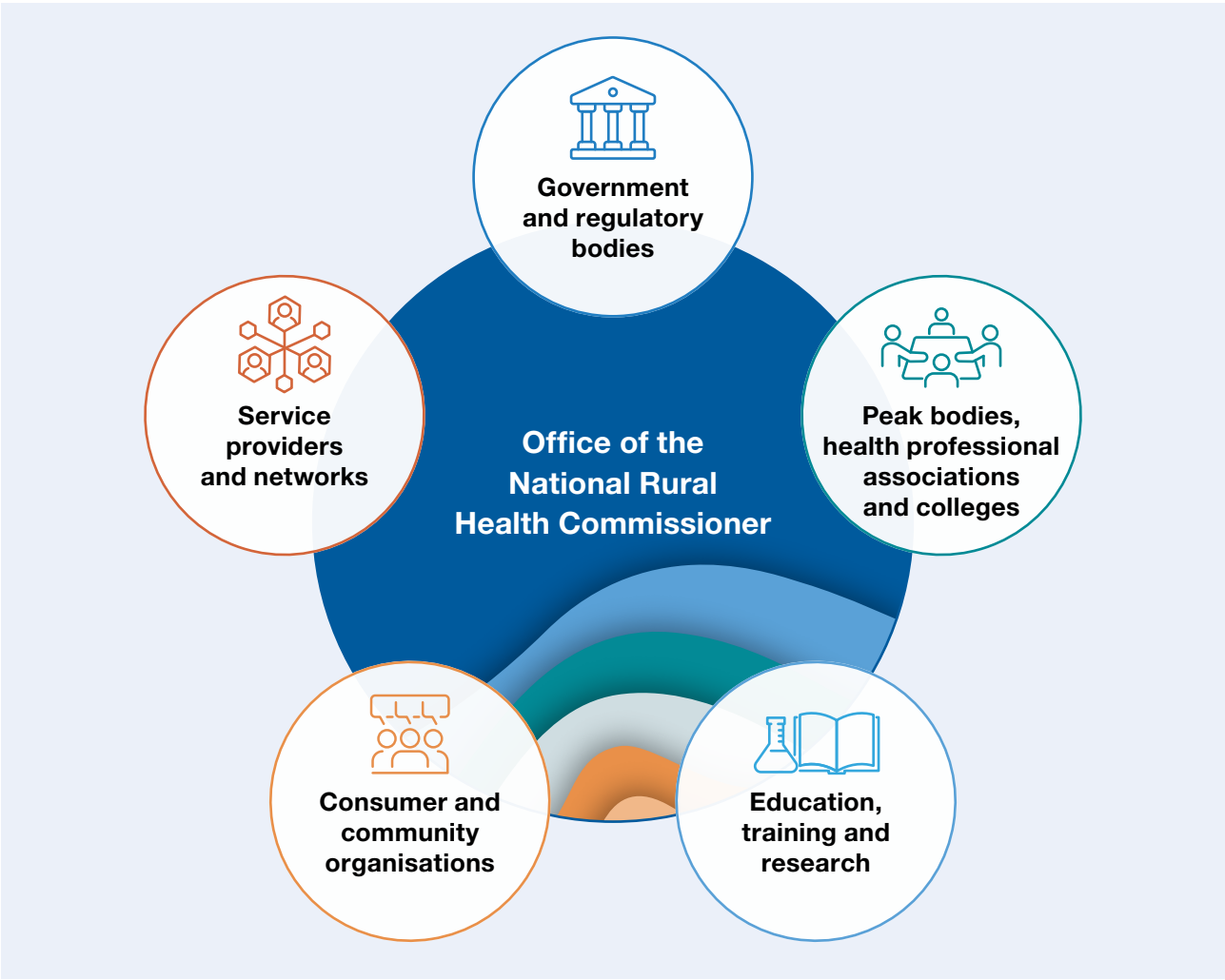


Figure 3: Who we engage with



Examples of who we engage with



Government and regulatory bodies

- The Australian Department of Health, Disability and Ageing
- State and territory health departments
- National Health and Medical Research Council (NHMRC)
- Australian Commission on Safety and Quality in Health Care (ACSQHC)
- Regional Education Commissioner
- National Emergency Management Agency (NEMA) Government and regulatory bodies
- Australian Institute of Health and Wellbeing (AIHW)



Education, training and research institutions

- Australian Rural Health Education Network (AHREN)
- Federation of Rural Australian Medical Educators (FRAME)
- Flinders University
- James Cook University (JCU)
- La Trobe University, Violet Vines Marshman Centre for Rural Health Research
- Lowitja Institute
- Manna Institute
- Medical Deans Australia and New Zealand (MDANZ)
- Vocational Education and Training (VET) sector
- University Departments of Rural Health (UDRH's)



Peak bodies, health professional associations and colleges

- Allied Health Professions Australia (AHPA)
- Australian College of Emergency Medicine (ACEM)
- Australasian College of Paramedicine (ACP)
- Australian College of Midwives (ACM)
- Australian College of Nurse Practitioners (ACNP)
- Australian College of Rural and Remote Medicine (ACRRM)
- Australian Dental Association (ADA)
- Australian Indigenous Doctors Association (AIDA)
- Australian Medical Association (AMA)
- Australian Primary Health Care Nurses Association (APNA)
- Council of Presidents of Medical Colleges (CPMC)
- CRANApplus
- Indigenous Allied Health Australia (IAHA)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- National Rural Health Students Network
- Pharmaceutical Society of Australia (PSA)
- Royal Australian College of General Practitioners (RACGP)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- Royal Australasian College of Physicians (RACP)
- Royal Australian College of Surgeons (RACS)
- Rural Doctors Association of Australia (RDAA)
- Services for Australian Rural and Remote Allied Health (SARRAH)
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)



Consumer and community organisations

- Consumers Health Forum of Australia
- COTA Australia
- Country Women's Association of Australia
- Healing Foundation
- Isolated Children's Parents' Association (ICPA)
- Maternity Consumer Network (MCN)
- Multicultural Council of the Northern Territory (MCNT)
- National Centre for Farmer Health
- National Rural Women's Coalition
- Remote Australians Matter
- Rural Rainbows
- Collarenebri Local Aboriginal Land Council
- Gayaa Dhuwi (Proud Spirit) Australia



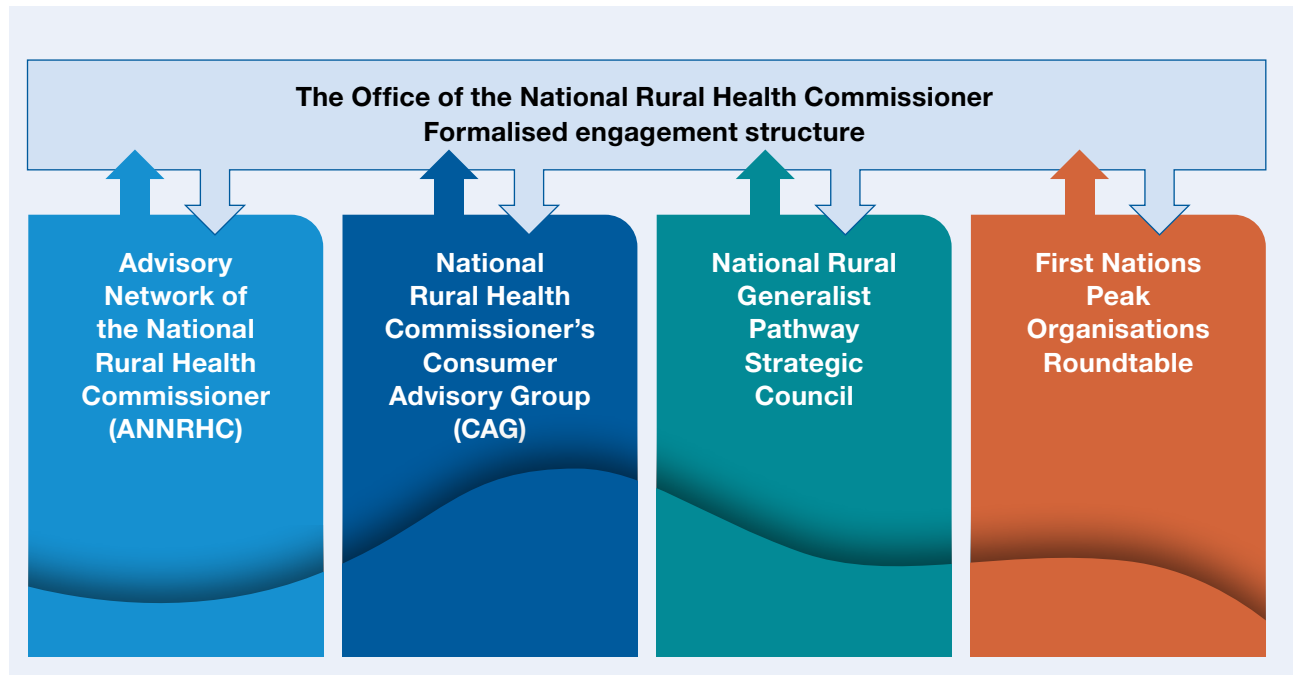
Service providers and networks

- General Practice Registrars Australia
- General Practice Supervision Australia
- HealthWISE
- Ochre Health Collarenebri
- Outback Futures
- Primary Health Network (PHN) CEOs Rural Health Working Group
- Royal Flying Doctor Service (RFDS)
- The People Project (Chair of Rural Workforce Agency Network)
- NBN Co
- World Health Organisation (WHO) – Health Equity Division
- National Rural Health Alliance (NRHA)

Formalised engagement groups

To help us provide comprehensive and inclusive advice to the Assistant Minister, the Office has developed a formalised engagement structure that reflects a wide range of rural and remote perspectives.

Figure 4: Formalised engagement groups



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 was established in 2021. The Commissioner engages with members in a range of ways to seek advice on matters such as workforce training issues and opportunities, needs-based funding considerations, and service standards and accreditation.

The Advisory Network membership has broad representation from professional bodies, service providers and peak First Nations health bodies. Their rich expertise gives the Commissioners and departmental policymakers the opportunity to understand anticipated gains, impacts and consequences of review recommendations or policies that are in development or implementation.

The Advisory Network provides in-depth engagement and assists the Commissioner in giving informed advice to the Assistant Minister and the department.

Appendix C lists the Advisory Network's member organisations.

National Rural Health Commissioner's Consumer Advisory Group

Established in 2023, the Consumer Advisory Group is a dedicated forum of rural health consumer peak bodies and advocacy groups. It informs the Office's understanding of consumer experiences and rural health issues.

The group's most recent meeting focused on place-based health education.

Members contributed insights on barriers, enablers and opportunities to improve place-based education models.

Appendix D lists the Consumer Advisory Group's member organisations.

National Rural Generalist Pathway Strategic Council

Convened in 2021 with the Commissioner as its chair, the National Rural Generalist Strategic Council (the Strategic Council) formulates strategic advice for the National Rural Health Commissioner. It focusses on initiatives identified as of strategic importance to the successful implementation of the National Rural Generalist Pathway and the sustainability rural generalism more broadly.

The Strategic Council works closely with:

- the National Rural Generalist Jurisdictional Implementation Forum to align strategy and implementation
- the Rural Generalist Recognition Taskforce to advance recognition of Rural Generalist Medicine.

Appendix E lists the Strategic Council's member organisations.

First Nations Peak Organisations Roundtable

In 2024–25 the Office established a roundtable with First Nations peak organisations and leaders to discuss health system challenges and opportunities in funding, policy and training. The inaugural roundtable took place on 18 October 2024.

See 'First Nations Peak Organisations Roundtable' on page 34 for more detail.

Appendix F lists the First Nations Peak Organisations Roundtable member organisations.

Cross-sector collaboration

The Office works with and across Commonwealth and state and territory government departments, agencies and services. In addition to this, the Commissioners contribute their expertise in various taskforces and committees.

Regional Education Commissioner

The National Rural Health Commissioner continued to partner with the Regional Education Commissioner, the Hon Fiona Nash, to identify opportunities for collaboration and address shared challenges in health education and training. This cross-portfolio approach has been and continues to be essential to navigate the complex systems that govern health and education legislation, policy and programs.

The National Rural Health Commissioner and the Regional Education Commissioner have a focus on identifying levers in tertiary education to increase and enhance:

- place-based education and training for the health workforce
- First Nations opportunities and supports.

This work centres on improving education access and outcomes in rural and remote communities in line with the [Universities Accord](#).

The National Rural Health Commissioner and the Regional Education Commissioner will soon engage in the first legislated independent review of [Higher Education Loan Program \(HELP\) Debt Reduction Program](#). An external reviewer, Ms Rachel Hunter AO PSM, will lead the review, with the report due to government by mid-November 2025.

Speaking engagements

Communicating the work of the Office and sharing the latest research in health policy requires a strong commitment to speaking engagements. Commissioners regularly present to:

- committees
- boards
- conferences
- cross-sector forums.

While the impact of speaking engagements can be difficult to measure, they are recognised as a valuable tool for knowledge exchange and relationship building. They support collaboration across sectors and help address complex issues affecting rural and remote health.

In 2024–25 the Commissioners spoke at more than 50 events, including the following:

17th National Rural Health Conference

September 2024

The Commissioner began her term as a keynote speaker at the 17th National Rural Health Conference in Perth. The conference – themed ‘Inspire, Imagine and Innovate’ – brought together many people from across Australia and across disciplines with an interest in rural health. Deputy Commissioner Nowlan also presented on the National Consensus Framework for Rural Maternity Services and the review of the National Rural and Remote Nursing Generalist Framework.

Rural Medicine Australia (RMA24)

October 2024

The Commissioner’s role was originally established in 2017 to:

- define rural generalism
- develop the National Rural Generalist Pathway
- report to the responsible minister on these matters.

Although the Commissioner’s role has expanded since then, rural generalism remains a central focus of the Office’s work. The previous and current Commissioners are rural generalists and deeply connected to the value of this model in delivering comprehensive care.

At RMA24, Professor Jenny May AM was formally introduced as the third appointed Commissioner. She shared her priorities, which are grounded in generalism, place-based care, and equity.



Professor Jenny May AM with Remote Australians Matter members: Stan Stavros, Annabelle Brayley and Gus Whyte

National Medicines Symposium

October 2024

The Australian Commission on Safety and Quality in Health Care (ACSQHC) invited the Commissioner to its symposium to speak on rural considerations in the safe and appropriate use of medicines for ageing populations. The Commissioner participated in a panel discussion with experts and offered insights into the practical challenges of medicines management in rural settings and bridging gaps between service providers, clinicians and policymakers.

UniSQ Charleville Nursing Cohort Celebration

January 2025

The Commissioner attended and spoke at the University of Southern Queensland (UniSQ) celebration for the Charleville Bachelor of Nursing cohort.

This initiative, launched in 2022, is a collaboration between UniSQ, South West Hospital and Health Service, Southern Queensland Rural Health, and Charleville State High School.

The Commissioner acknowledged the importance of localised education pathways and congratulates everyone involved, particularly the new graduates.



Professor Jenny May AM with the UniSQ Bachelor of Nursing End-to-End Program (Charleville Cohort)

World Health Organization Technical Consultation on Rural Proofing for Health Equity

February 2025

The WHO recognises the health challenges facing rural communities worldwide. For this reason, it has developed resources and principles to help member states adopt better practices that can reduce health inequities in rural areas.

More recently, the WHO has focused on how its diverse member states can embed rural-proofing in their health systems. The WHO has begun to identify key elements that member states should consider to safeguard rural community needs through legislation, policies and programs. The Commissioner welcomed the opportunity to contribute Australian perspectives at a technical consultation on this. She shared how Australia approaches rural-proofing through, in part:

- the legislated role of the Commissioner
- geographical classifications
- workforce models such as rural generalist medical practitioners.

This presentation provided valuable insights for the rural-proofing toolkit, which WHO continues to develop with member state input.

Royal Australasian College of Surgeons' Annual Scientific Congress Syme Oration

May 2025

In recent years the Commissioner has engaged with the Royal Australasian College of Surgeons (RACS) on several initiatives to support their focus on reducing health inequities through the surgical workforce. The annual congress includes the graduation of surgical fellows and an oration, named after a RACS founder, Sir George Syme. The Commissioner was honoured to deliver the Syme Oration, in which she highlighted the role of RACS and its efforts to grow and support a rural surgical workforce.



Professor Jenny May AM

Queensland Rural and Remote Clinical Network Annual Forum

June 2025

The Commissioner presented on the current rural and remote landscape for health services, practitioners and populations and what is needed in the future to ensure equitable service provision in rural areas.

Contribute to Strengthening Medicare through developing and promoting innovative, integrated and multidisciplinary approaches

Australia's health system requires meaningful relationships across governments, agencies, health services, professional bodies and the research sector. These relationships help rural and remote Australians access high-quality health care, even where services and infrastructure are limited. Australia's universal health insurance system, Medicare, is a key focus of reform. The Office has welcomed the opportunity to embed rural priorities into this reform agenda and in negotiations for the next National Health Reform Agreement (NHRA). These negotiations are ongoing, guided by recommendations from the [Mid-term Review](#) of the NHRA.

Supporting the priority to strengthen Medicare

The department has set up a taskforce to consolidate advice to government arising from recent reviews of general practice incentives and primary care services. The Commissioner is a member of 2 expert panels guiding this taskforce. The taskforce is developing a plan for whole-of-system reform. This includes advice to government on blended payment options for primary care.

The Commissioner has provided the taskforce with evidence-based research on effective primary care models in rural areas. She has also shared insights of rural GPs and other healthcare providers to ensure proposed funding models do not disadvantage rural services.

Engaging with rural experts to implement recent review recommendations

The Advisory Network of the National Rural Health Commissioner engaged with the department and ACSQHC in 2024–25 to:

- share information about general practice and primary care standards and accreditation
- hear perspectives on barriers to meeting the accreditation standards in rural and remote areas
- consider how to implement recommendations from recent reviews.

Rural-proofing Australia's health system and sharing learnings with international partners

The Office has continued its broad engagement across agencies such as the Australian Institute of Health and Welfare (AIHW), with institutions like the WHO and with the Department of Foreign Affairs and Trade on health priorities. There is a lot to learn from Australia's health system, which has:

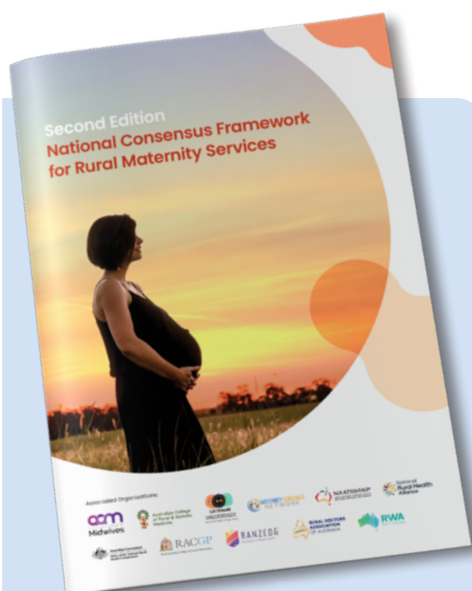
- a matured universal health insurance system supporting access to affordable care
- an advanced understanding of measuring what matters
- established norms to give evidence about what matters to government and the community.

In 2024–25 the Office engaged in:

- the AIHW's review of the Australian Health System Performance Assessment Framework
- the WHO's technical consultation on rural-proofing for health equity, where the Commissioner shared Australia's policy and system innovations
- the Australian Government's Pacific Health Partners Roundtable, where the Commissioner shared workforce learnings on rural generalists and remote area nurses and how they can provide high-quality care in diverse settings.

Accessing health care in rural and remote Australia requires fast, reliable and affordable internet. The Commissioner contributed to the [2024 Regional Telecommunications Review](#), which considered what a renewed Universal Service Obligation (USO) should include. She advocated for the next USO to include internet access as part of a modern telecommunications service obligation. This is critical, as health care increasingly relies on digital technologies that need internet to function. She highlighted that digital solutions enhance and complement but do not replace the place-based care that rural communities need.

The Council for Connected Care is leading the national effort to improve digital health and the use of digital solutions. The Council is advising on the implementation of the [National Healthcare Interoperability Plan 2023–2028](#). The Commissioner is a member of the Council and provides advice on rural service needs. This includes addressing infrastructure and financial barriers that limit digital health reform in rural and remote settings.



Professor Jenny May AM with Alison Weatherstone, Chief Midwife, Australian College of Midwives and Dr Raymond 'RT' Lewandowski III, President, Rural Doctors Association, celebrating the release of the Second Edition of the National Consensus Framework for Rural Maternity Services

Second Edition of the National Consensus Framework for Rural Maternity Services

The Office is pleased to announce the release of the [Second Edition of the National Consensus Framework for Rural Maternity Services](#). This edition supersedes the original version published in 2008.

Following the National Rural Maternity Forum in 2023, rural maternity experts identified the need to review and update the original framework. The Office supported the facilitation of this work, in partnership with an expert advisory group. This group's members and the Commissioner are the signatories to the framework.

The signatories to the second edition are, in alphabetical order:

- Australian College of Midwives
- Australian College of Rural and Remote Medicine
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Maternity Consumer Network
- National Association of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners
- National Rural Health Alliance
- Office of the National Rural Health Commissioner (chair)
- Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- Royal Australian College of General Practitioners
- Rural Doctors' Association of Australia
- Rural Workforce Agencies Network.

The updated framework has a strong focus on:

- woman-centred and family-centred care
- respectful maternity care
- continuity of care and carer
- cultural safety training
- culturally safe and responsive maternity services.

This industry-led, principles-based document provides guidance for governments, organisations and health professionals. It supports policy, planning and delivery of high-quality maternity services in rural and remote Australia.

The signatories see the framework as a valuable planning tool for communities seeking to improve access to maternity care. The Office commends their collaborative approach and their commitment to improving maternity services for rural and remote women and their families.

Rural and remote considerations in primary health care and multidisciplinary team care

The Office has begun developing an evidence base on primary health care in rural and remote Australia. This includes models of primary care and approaches that support sustainable and integrated health workforce development. This review of the evidence highlights the many challenges of delivering primary health care in rural and remote settings. It also points to key contextual factors, opportunities and strategies to improve service delivery.

Building on this evidence, the Office will continue to explore and work in this area. We will examine current models of primary health care, including the importance of multidisciplinary health teams in rural and remote communities.

Contribute to primary care, rural workforce and training reforms

Growing a sustainable rural and remote health workforce is essential. It ensures communities can access appropriate, high-quality primary care close to home.

Place-based education and training opportunities are a key enabler of growing a rural workforce. They help attract and retain health professionals in rural and remote areas. Rural generalism also plays a vital role. It creates more opportunities for communities to access timely primary health care closer to home. While rural generalism looks different across different professions, the principles of delivering high-quality care close to home are the same. Recognition also matters. It is important to acknowledge the scope of work that rural and remote health professionals can perform, and to value their contributions to the health system.

Alongside Strengthening Medicare initiatives, the government's broader health reform agenda has required the Office to actively engage in rural-proofing policies, programs and strategies. Our strength is in health workforce policy, and our engagement across health professions reflects the breadth of our expertise. The past year was a busy period of collaboration, advice and stakeholder partnerships, resulting in important progress.

Place-based education and training

It is well known that attracting and retaining a rural and remote health workforce in Australia is challenging. Evidence suggests that:

- students of rural origin are more likely to work in rural and remote locations
- longer rural placements during training increase retention
- supporting existing rural health professionals with ongoing education also improves retention.¹

Place-based learning allows students to study while living in rural and remote communities, rather than relocating to regional centres or major cities. This is a key focus for the Office – including the importance of skills escalators to support career progression.

The Commissioner and the Regional Education Commissioner are preparing to co-host a policy workshop in October 2025 focusing on place-based education and training. This will take place during the [Rural Health International Place-based Education and Research Conference](#).

Rural and remote nursing education and training pathways – a mapping activity

In 2024–25 the Office conducted a desktop review and consulted with nursing stakeholders to map education and training pathways for:

- enrolled nurses
- registered nurses
- nurse practitioners.

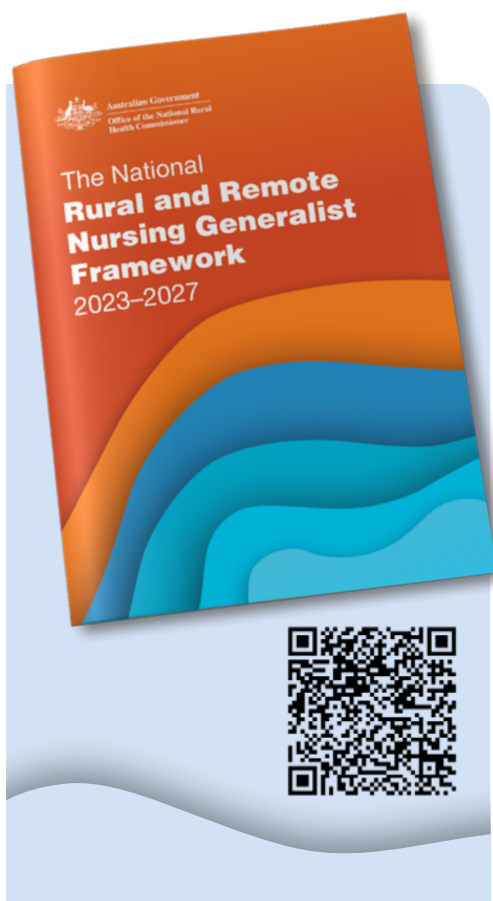
This work led to a paper identifying gaps and opportunities to strengthen the national response to secure a dedicated rural nursing workforce. Some of the broad strategies and initiatives found to support nursing pipelines in rural and remote locations include:

- building the local workforce through place-based education and clinical placements
- recruitment and retention incentives, including financial and career progression support
- strengthening graduate transition programs and postgraduate training in rural and remote communities.

The Office will use this paper as a basis for ongoing work and discussion about training pathways and opportunities for nurses wanting to work in rural generalist roles.

We acknowledge the valuable contributions from jurisdictions and peak bodies in developing the paper.

¹ Russell, D., Mathew, S., Fitts, M., Liddle, Z., Murakami-Gold, L., Campbell, N., Ramjan, M., Zhao, Y., Hines, S., Humphreys, J. S. & Wakerman, J. 2021. Interventions for health workforce retention in rural and remote areas: a systematic review. *Human Resources for Health*, 19, 103.



Brief review of the National Rural and Remote Nursing Generalist Framework 2023–2027

In 2024 the Office released a stakeholder survey to help us understand the awareness and use of the [National Rural and Remote Nursing Generalist Framework 2023–2027](#).

The survey received 101 responses, of which 76 were from individuals and 25 on behalf of an organisation. Most respondents were registered nurses or dual-registered nurse-midwives working in rural and regional areas. They held roles in clinical care, management, education, academia and leadership across the primary healthcare, government and education sectors.

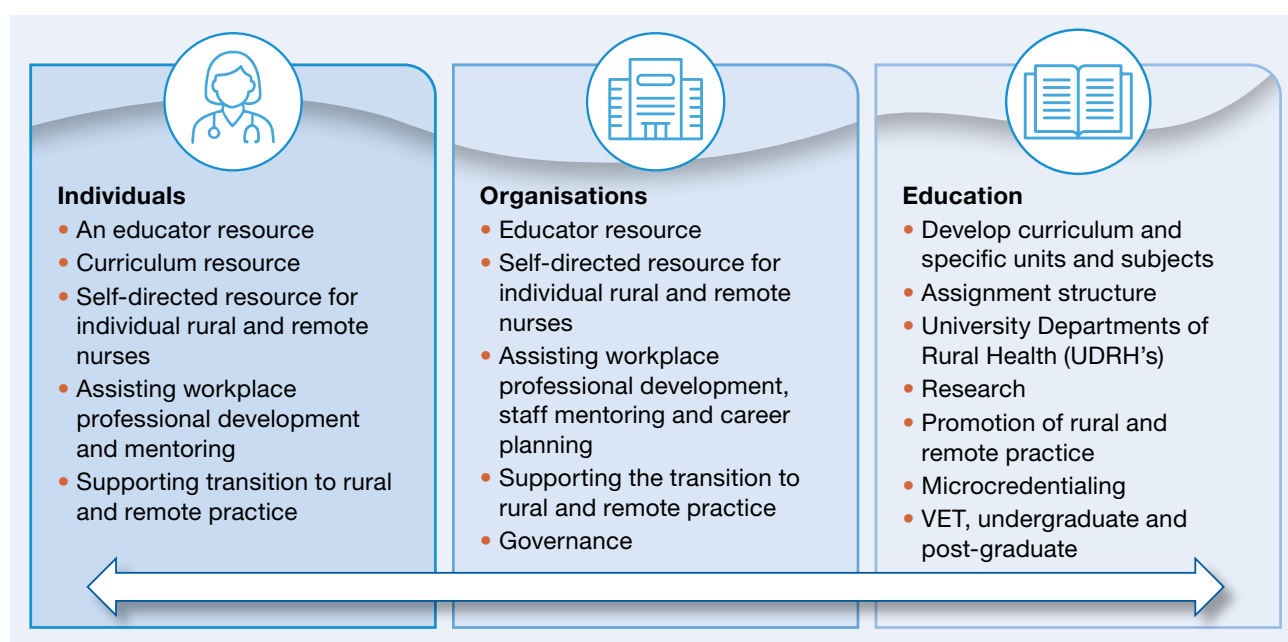
Respondents who had used the framework reported using it as intended:

- as an education and curriculum resource
- for self-directed learning
- in workplace professional development
- to support transition into rural and remote practice.

While uptake of the framework in the nursing sector across Australia continues, a high number of respondents indicated that they had only just become aware of it (within the past month of the survey being released). This suggests a need for further and ongoing promotion of this resource across the nursing sector networks.

The survey and review process has been an important exercise to gauge the framework's ongoing application in rural and remote generalist nursing. The results indicate that the framework is seen as a valuable resource. The Office thanks all participants who contributed to the survey.

Figure 5: Stakeholder survey utilisation results



National Allied Health Workforce Strategy

In response to the significant shortage of allied health professionals across Australia, particularly in rural and remote areas, the Australian Government is collaborating with states and territories to develop a National Allied Health Workforce Strategy. This was a recommendation in the Independent Review of Australia's Regulatory Settings Relating to Overseas Health Practitioners [Final Report](#). The strategy will consider how workforce challenges vary across sectors, and aim to better align allied health workforce supply with current and future demand. It is to be finalised by the end of 2025.

Steering committee and advisory group

A steering committee has been formed to guide the National Allied Health Workforce Strategy's development. Deputy Commissioner McMillan is a member, along with Chief Allied Health Officers from each jurisdiction and representatives from:

- the Australian Government departments of Education, Veterans' Affairs, Social Services, and Employment and Workplace Relations
- the National Disability Insurance Agency.

Deputy Commissioner McMillan ensures that the strategy reflects the needs of rural and remote allied health professionals and communities. This includes advocating for approaches that aim to grow the rural and remote workforce, such as increasing university access for students of rural and remote origin and offering place-based learning.

Deputy Commissioner McMillan also sits on the advisory group, which advises the steering committee. Members include peak allied health organisations, including those with a rural focus such as Services for Australian Rural and Remote Allied Health (SARRAH). The advisory group has identified current barriers to rural workforce growth. These include limited place-based training pipelines, lack of policy distinction between rural and remote areas, and insufficient mentoring and support for rural clinicians.

Increasing the allied health workforce in regional, rural and remote Australia

The Office is developing advice to support implementation of the National Allied Health Workforce Strategy. Our advice builds on 5 key rural action areas in the draft strategy. It aims to increase the number and equitable distribution of allied health professionals in regional, rural and remote communities.

The advice includes practical suggestions and links to other major Commonwealth reviews. It is based on published research and consultations with consumers, allied health professionals, academics and rural stakeholders.

It is guided by principles such as selecting students from rural backgrounds, supporting extended or place-based training, recognising advanced and generalist skills, and ensuring ongoing professional and career development.

Allied Health Industry Reference Group

The Allied Health Industry Reference Group is a stakeholder forum that discusses strategic allied health issues. Deputy Commissioner McMillan is a member of the group and provided advice on rural allied health matters.

National rural generalist workforce and recognition

The rural generalist workforce

Rural generalists provide vital primary and emergency care to rural and regional communities. Many often have additional training in areas such as obstetrics, mental health and anaesthetics. Their broad skill set increases access to medical services locally. This helps communities receive the right care, in the right place, at the right time, as close to home as possible.

The additional skills of rural generalists are tailored to the specific needs of the communities and regions where they work. Under community control principles, local health services and communities help determine which services they need most.

Recognition of Rural Generalist Medicine



Current and previous National Rural Health Commissioners: Adjunct Professor Ruth Stewart, Professor Jenny May AM, Emeritus Professor Paul Worley

The Rural Generalist Recognition Taskforce has led the work to formally recognise Rural Generalist Medicine (RGM) as a new specialised field within General Practice, with a protected title. See Appendix F for Rural Generalist Recognition Taskforce membership.

Under Australian law, new medical specialties must be assessed and recommended by the Australian Medical Council (AMC) on behalf of the Medical Board of Australia. The AMC has completed a comprehensive multi-stage assessment of RGM and the Medical Board of Australia has approved the application to recognise Rural Generalist Medicine as a new specialist field. A final determination on the application will be made at the Health Ministers Meeting.

A final determination supporting recognition will result in Rural Generalist Medicine being incorporated into national law and ultimately included on the national register of specialties. This will ensure quality assurance for rural generalist training and the unique skill set of rural generalists.

In partnership with rural health leaders and the Department of Health, Disability and Ageing, each National Rural Health Commissioner has been instrumental in shaping a nationally consistent rural generalist training pathway and advancing recognition. Emeritus Professor Paul Worley, appointed in 2017 as the inaugural National Rural Health Commissioner, his successor, Adjunct Professor Ruth Stewart, and the current Commissioner, Professor Jenny May, have all played pivotal roles in advancing the recognition and development of the National Rural Generalist Pathway.

Recognition aligns with the Australian Government's commitment to improve access to general practitioners, including rural generalists, in regional and rural areas.

National Medical Workforce Strategy 2021–2031

The implementation of the [National Medical Workforce Strategy 2021–2031](#) is being overseen by the Medical Workforce Advisory Collaboration. The Commissioner contributes to this work through expert groups focused on:

- understanding supervision opportunities in rural and remote training sites
- increasing the generalist specialist workforce to address the oversupply of some sub-specialities.

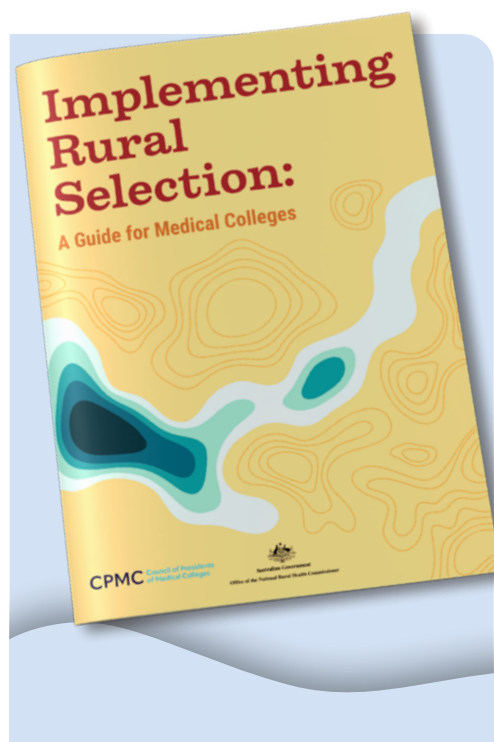
Addressing the oversupply of sub-specialities could have an overwhelmingly positive impact for all Australians and improve the productivity and efficiency of specialist services across the public and private sectors.

Supporting rural affirmative measures in selection processes for non-GP specialty training

A well-known determinant in creating a sustainable rural health workforce is to train people with a rural background. In February 2025 the Office and the Council of Presidents of Medical Colleges (CPMC) hosted a workshop to inform participants – including CPMC’s member colleges and interested stakeholders – of the latest evidence on rural affirmative selection strategies.

The workshop featured:

- evidence presented by Professor Matthew McGrail
- case studies from 3 college representatives and learnings on college processes when using rural affirmative selection strategies
- discussion on contextualisation of selection processes.



In June 2025 the Office and CPMC released [a guideline](#) for implementing rural affirmative selection strategies for CPMC’s member colleges to adopt.

The guideline complements existing government initiatives including:

- rural quotas and rural placements for Commonwealth Supported Places in medicine
- rural quotas in the Rural Health Multidisciplinary Training Program (including Rural Clinical Schools)
- rural placements offered to Rural Clinical School students.

Effective implementation of the guideline will strengthen the rural training pipeline and it can improve access to specialist care. The Commissioner acknowledges the leadership of CPMC Chair Associate Professor Sanjay Jeganathan and CEO Jodie Long in prioritising this work. It is anticipated that the adoption of this guideline will occur in due course.

Supporting the rural surgeon workforce

Since 2022 the Commissioner has been a member of the Royal Australasian College of Surgeons (RACS) Rural Health Equity Steering Committee. The committee oversees the implementation of the [RACS Rural Health Equity Strategy](#) in Australia and New Zealand.

The strategy has 5 focus areas for improvement:

1. Representation for rural
2. Selecting for rural
3. Training for rural
4. Retaining for rural
5. Collaborating for rural.

The committee is also advising on implementing new models of training and supervision that support place-based training for rural surgeons, through supporting Flexible Approach to Training in Expanded Settings projects. This work complements priorities in the [National Medical Workforce Strategy](#).

Medical workforce

In 2024–25 the Commissioner advised and supported the department in its work to reform or trial the following training programs:

- The Australian General Practice Training Program
- The Specialist Training Program
- The Advanced Skills Training Post Rural Generalists and General Practitioners Program.

The Commissioner is also a member of the Murray–Darling Medical Schools Network Expert Reference Group. This group supports independent evaluators assessing the viability of the new end-to-end training network.

It is anticipated that a sustained approach across these programs and initiatives will improve access to doctors in rural areas.

Engaging with the research sector and rural-proofing the National Health and Medical Research Strategy

The Commissioner has contributed to the development of Australia's first National Health and Medical Research Strategy and is likely to continue to do so until the strategy is published. The Commissioner's involvement began after an audit of the health and medical research workforce found that rural and remote researchers are under-represented.

It is hoped that the strategy will prioritise investments and capacity building in the rural and remote research workforce so that governments and health policymakers can better understand:

- inequity issues
- unmet demand
- opportunities to improve services and the workforce
- best practice in Indigenous data sovereignty in research.

Building the capacity of the rural and remote research workforce is essential. Their contributions strengthen the evidence base for rural and remote health systems and they support work in clinical trials.

Clinical trial networks are increasingly working with rural and remote health providers and communities. However, trial delivery in these settings requires careful consideration of local context. The Commissioner has engaged with multiple clinical trial networks, including the Australian Teletrial Program. She has emphasised the importance of place-based approaches to ensure First Nations, rural and remote communities can participate in clinical trials as easily as metropolitan communities.

Support First Nations people's health and wellbeing

The Office is committed to supporting initiatives that reduce the health inequities experienced by First Nations people, especially in rural and remote communities. Our work is guided by the principles and priorities of Closing the Gap. This includes supporting First Nations workforce initiatives and advocating for culturally safe and responsive employment and training systems.

The Office regularly seeks advice from First Nations peak bodies and organisations on specific policy work. For example, in the development of the [second edition of the National Consensus Framework for Rural Maternity Services](#), the contributions of the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives significantly strengthened the framework with a focus on:

- identifying and eliminating racism
- co-designing culturally respectful maternity services
- providing culturally safe care, training and workplaces.

The Office continues to support measures that can:

- encourage First Nations people to pursue rewarding careers in health
- retain the First Nations health workforce in rural and remote communities to provide culturally safe care
- support the career development of First Nations health workers and clinicians in ways that respect individual self-determination and environmental opportunities.

Through ongoing engagement with the First Nations Peak Organisations Roundtable and in other forums, the Office is learning about the vital work First Nations peak health organisations are doing to strengthen their professions and workforces and deliver high-quality care.

The Office also supports these organisations in advocating for future needs-based funding that recognises the cultural and professional needs of First Nations health workers.

First Nations Peak Organisations Roundtable

The Office established the First Nations Peak Organisations Roundtable in partnership with First Nations peak organisations and leaders. The roundtable meets twice a year and provides a forum to discuss key issues and opportunities for rural and remote communities from the perspectives of First Nations health leaders.

Appendix H lists the roundtable members.

At the first meeting, on 18 October 2024, participants discussed:

- potential impacts of the Scope of Practice Review recommendations on community-controlled health services
- the need for professional development opportunities for health workers in remote and very remote communities
- the benefits of place-based training and skills escalators
- the resource-intensive nature of baseline funding cycles, particularly when organisations are operating at full capacity
- the [Aboriginal Health Workforce Strategic Framework and Implementation Plan 2021–2031](#) and the need for governments to progress this work.

First Nations focus for the National Allied Health Workforce Strategy

The Office plays a key role in advocating for the First Nations allied health workforce. As a member of the National Allied Health Workforce Strategy Steering Group, Deputy Commissioner McMillan has highlighted the importance of including recommendations for measures that will attract, retain and support the First Nations allied health workforce. This advocacy aligns with the [National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031](#). The Office has also provided advice on strengthening culturally responsive environments for First Nations allied health students, allied health professionals and consumers.

Support urgent and emerging priorities

As highlighted throughout this annual report, the Commissioners and the Office continue to have broad engagement with rural and remote stakeholders across the health sector. These connections are essential for responding to urgent and emerging priorities as they arise.

With the increasing frequency of severe weather events and climate extremes, particularly in rural and remote areas, responses from the local communities remain incredibly important. The Office will continue to engage with stakeholders on the important role of rural primary care in disaster and recovery management planning.

Future Focus

Moving forward, the Office will continue to advise on approaches that aim to grow the health workforce in regional, rural, and remote areas. This includes advocating for rural generalist and multidisciplinary team-based models, as well as supporting the development of education and training pathways to build and sustain a robust rural and remote workforce.

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, Disability and Ageing. The duties of officials set out in the PGPA Act apply to the Commissioner and the Office. The PGPA Act requires the management of the Office's activities in a way that promotes efficient, effective and ethical use of resources.

The Commissioner was issued a Statement of Expectations for 2024–2026 by the Assistant Minister for Rural and Regional Health in September 2024. The Commissioner responded with a Statement of Intent. These documents are published on the Office [webpage](#).

Financial management

The Office's allocated budget for the 2024–25 financial year was \$1.988 million, which includes the salaries for the Commissioner, Deputy Commissioners and Office staff.

Table 1: Australian Public Service staff by employment status during the 2024–25 financial year

State/location	Full-time ongoing	Part-time ongoing	Full-time non-ongoing
QLD	3	2	
SA	1		1
ACT		1	

Table 2: Secondment arrangements during the 2024–25 financial year

Name	Position title	FTE
Professor Faye McMillan	Deputy National Rural Health Commissioner – Allied Health and First Nations Health	0.4 FTE
Adjunct Professor Shelley Nowlan	Deputy National Rural Health Commissioner – Nursing and Midwifery	0.2 FTE

Table 3: Accountable authority during the 2024–25 financial year

Name	Position title	Start date	End date
Professor Faye McMillan	A/g National Rural Health Commissioner	1 July 2024	1 September 2024
Professor Jenny May	National Rural Health Commissioner	2 September 2024	30 June 2025

Appendixes

Appendix A – List of committees and advisory groups the Commissioners were members of during 2024–25

Appendix B – Presentations and stakeholder engagements (including roundtables)

Appendix C – Membership of the Advisory Network of the National Rural Health Commissioner

Appendix D – Membership of the National Rural Health Commissioner's Consumer Advisory Group

Appendix E – Membership of the National Rural Generalist Pathway Strategic Council

Appendix F – Membership of the Office of the National Rural Health Commissioner and First Nations Peak Organisations Roundtable

Appendix G – Membership of the Rural Generalist Recognition Taskforce

Appendix H – Publications

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

Appendix J – Media appearances



Appendix A – List of committees and advisory groups the Commissioners were members of during 2024–25

- Allied Health Industry Reference Group
- Australia and New Zealand Council of Chief Nursing and Midwifery Officers
- Council for Connected Care
- Distribution Working Group
- General Practice Training Advisory Committee
- Maternity Strategic Advisory Group
- Murray–Darling Medical Schools Network Evaluation – Expert Reference Group
- National Allied Health Workforce Strategy Advisory Group
- National Allied Health Workforce Strategy Steering Group
- National Maternity Workforce Strategy Steering Committee
- National Medical Workforce Strategy – Clinical Supervision Working Group
- National Medical Workforce Strategy – Generalism Working Group
- National Rural Generalist Pathway Jurisdictional Implementation Forum
- Primary Care and Workforce Reviews Expert Panel
- Primary Care and Workforce Reviews Internal Advisory Group
- Queensland Health Rural Generalist Workforce Working Group
- Royal Australasian College of Surgeons’ Rural Health Equity Steering Committee
- Rural Generalist Medicare Benefits Schedule Project Steering Committee
- Strengthening Medicare – Baseline Practice Payment Working Group
- Strengthening Medicare – Extended Medicare Safety Net Reform Working Group
- Strengthening Medicare – Implementation Oversight Committee Meeting

Appendix B – Presentations and stakeholder engagements (including roundtables)

Conference/forum	Role
9th Annual Western Alliance Research Symposium	Speaker
ASCEPT, APFP and APSA Joint Congress 2024	Speaker
Association of Queensland Nursing and Midwifery Leaders (AQNML) Conference	Speaker
Australian College of Nursing National Nursing Forum	Speaker
Australian Medical Association Council of Rural Doctors Committee	Speaker
Australian Pharmacy Professional Conference and Trade Exhibition (APP) Rural Pharmacy Forum	Speaker
Australian Clinical Trials Education Centre – Symposium on Regional Clinical Trials	Speaker
Australian College of Midwives National Conference	Speaker
Australian Local Government Association National Forum	Speaker
Australian Teletrial Program webinar	Speaker
Central Queensland Wide Bay Regional Medical Program Steering Committee	Speaker
Council for Connected Care – Meeting 9 – Aboriginal and Torres Strait Islander, rural and remote communities	Speaker
CRANApplus Conference	Speaker
Diverse Careers in Medicine Webinar	Speaker
Forum: Connecting Commonwealth policy and program alignment to enable person-centred, place-based service delivery in rural and remote Australia	Attendee
FRAME Bathurst 2025	Speaker
FRAME Darwin 2024	Attendee
Health Translation SA (HTSA) Consumer and Community Involvement Annual Event	Attendee
International Council of Nurses (ICN) Congress Helsinki	Speaker
Joblink Plus Annual International Women's Day Lunch	Speaker
Joint Australian Medical Council (AMC) / College Forum	Attendee
Medical Deans Australia and New Zealand (MDANZ) Conference	Attendee
National Aboriginal Community Controlled Health Organisation (NACCHO) Conference	Panellist
National Centre for Farmer Health Symposium	Speaker
National Health and Medical Research Council – Research Committee	Speaker
National Medicines Symposium	Speaker and panellist

Conference/forum	Role
National Rural and Remote Health Awards	Speaker
National Rural Generalist Jurisdictional Implementation Forum	Speaker
National Rural Health Conference	Speaker and panellist
National Summit on Driving Equity of Access in Clinical Trials for All Australians	Speaker
NSW Health Education and Training Institute Rural Generalist Engagement Network Conference	Speaker
NSW Rural Health Conference / NSW Rural GPs Conference	Speaker
Pacific Health Partners Roundtable	Speaker and panellist
Pharmacological Society of Australia National Conference	Attendee
Primary Health Care Congress	Attendee
Promotion of Wound Care Scholarships Webinar	Speaker
Queensland Rural and Remote Clinical Network Annual Forum	Speaker and panellist
Regional Australia Institute Regions Rising National Summit	Panellist
Royal Australian College of General Practitioners (RACGP) Conference	Speaker and panellist
RACGP Doctors for Women in Rural Medicine Committee	Speaker
RACGP Fellowship Support Program Roundtable	Attendee
RACGP Rural Member Forum	Speaker
Royal Australasian College of Surgeons (RACS) Annual Scientific Congress Syme Oration	Speaker
RACS Workshop – Solutions for Rural Training: What Works and Why	Attendee
Rural Doctors Association of Queensland 2025 Conference (RDAQ25)	Speaker
Rural Medicine Australia 24 (RMA24) Darwin Conference	Speaker
Rural Pathway presentation at the University of Newcastle Department of Rural Health	Speaker
Rural Workforce Agency Victoria (RWAV) Conference	Speaker
SARRAH 2024 National Rural and Remote Allied Health Conference	Speaker
Single Employer Model (SEM) Conference	Speaker
Tasmanian Rural Health Conference	Speaker
Universities Australia Health Profession Education Standing Group Roundtable 2025	Attendee
University of New England Graduation Ceremony – Occasional Address	Speaker
University of Southern Queensland Charleville Cohort Nursing Graduation	Speaker

Conference/forum	Role
University of Wollongong Community Based Education Forum	Speaker
Victorian Rural Health Conference	Speaker and panellist
Webinar: The Future of Rural Birthing in Australia	Panellist
Western Health Victorian Geriatric Medicine Training Program	Speaker
Western NSW Health Research Network Symposium	Speaker
Women in Leadership Institute Summit	Attendee
World Health Organization Technical Consultation on Rural Proofing for Health Equity	Speaker and panellist
Yorke and Northern Local Health Network Board Meeting	Speaker

Appendix C – Membership of the Advisory Network of the National Rural Health Commissioner

- Allied Health Professions Australia
- Australasian College of Paramedicine
- Australian College of Midwives
- Australian College of Nurse Practitioners
- Australian College of Rural and Remote Medicine
- Australian Dental Association
- Australian Indigenous Doctors Association
- Australian Medical Association
- Australian Rural Health Education Network
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Consumers Health Forum of Australia
- CRANaplus
- Federation of Rural Australian Medical Educators
- General Practice Registrars Australia
- General Practice Supervision Australia
- Indigenous Allied Health Australia
- Medical Deans Australia and New Zealand
- National Aboriginal Community Controlled Health Organisation
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners
- National Rural Health Alliance
- National Rural Health Commissioner's Consumer Advisory Group
- National Rural Health Students Network
- Pharmaceutical Society of Australia
- Primary Health Network Chief Executive Officers Rural Health Working Group
- Royal Australian College of General Practitioners
- Royal Flying Doctor Service
- Rural Doctors Association of Australia
- Rural Workforce Agencies Network
- Services for Australian Rural and Remote Allied Health
- State and territory government health representatives

Appendix D – Membership of the National Rural Health Commissioner’s Consumer Advisory Group

- Collarenebri Local Aboriginal Land Council
- COTA Australia
- Country Women’s Association of Australia
- Isolated Children’s Parents’ Association
- Multicultural Council of the Northern Territory
- National Rural Women’s Coalition
- Ochre Health Collarenebri
- Remote Australians Matter
- Rural Rainbows

Appendix E – Membership of the National Rural Generalist Pathway Strategic Council

- Australian College of Rural and Remote Medicine
- Australian Government Department of Health, Disability and Ageing
- Australian Indigenous Doctors Association
- Australian Medical Association
- Jurisdictional Implementation Forum representatives
- National Aboriginal Community Controlled Health Organisation
- Royal Australian College of General Practitioners
- Rural Doctors Association of Australia

Appendix F – Membership of the Office of the National Rural Health Commissioner and First Nations Peak Organisations Roundtable

- Australian Indigenous Doctors Association
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Gayaa Dhuwi (Proud Spirit) Australia
- Healing Foundation (Stolen Generations with and for families)
- Indigenous Allied Health Australia
- Lowitja Institute
- National Aboriginal Community Controlled Health Organisation
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners

Appendix G – Membership of the Rural Generalist Recognition Taskforce

- Australian College of Rural and Remote Medicine (secretariat)
- National Rural Health Commissioner (chair)
- Royal Australian College of General Practitioners

Appendix H – Publications


May, J, 2025, 'Reimagining the future', ANZ Journal of Surgery, pp.1–4, <https://doi.org/10.1111/ans.70219>.

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

- Advanced Skills Training Post Rural Generalists and General Practitioners Program evaluation design
- National Antimicrobial Resistance Strategy consultation with Health Design Lab
- Australian Commission on Safety and Quality in Health Care strategic plan consultation
- Australian Institute of Health and Welfare Australian Health System Performance Assessment Framework review
- Australian Medical Council Standards for Specialist Medical Programs review
- Department of Health, Disability and Ageing on the consultation on expanding eligibility under the Midwife Professional Indemnity Scheme for low-risks homebirths discussion paper
- Grattan Institute's Access to Specialist Care Report development
- Jobs and Skills Australia Regional Jobs and Skills Road Map development
- National Allied Health Workforce Strategy development
- National Audit of Early Pregnancy Assessment Services
- National Health and Medical Research Strategy development
- National Nursing Workforce Strategy development
- National Nursing Workforce Strategy monitoring and evaluation framework
- National Oral Health Plan 2025–2034 consultation
- National Palliative Care Paramedicine Framework
- Remote Northern Territory Locum Program co-design
- Primary Care Rural Innovative Multidisciplinary Models (PRIMM) evaluation design
- Regional Telecommunications Review 2024
- Primary Health Network Business Model and Mental Health Flexible Funding Model review
- Roadmap to Sustainable Allied Health Rural Generalist Pathway
- Rural Locum Assistance Program reform
- Specialist Training Program evaluation
- WHO Rural Proofing for Health Toolkit development

Appendix J – Media appearances

Australian Broadcasting Corporation	Radio	The year that made me: Professor Jenny May, 2000
Medical Republic	Article	On milk, petrol, plane rides and rural practice
Australian Broadcasting Corporation New England North West	Radio	Interview with National Rural Health Commissioner and Tamworth GP Dr Jenny May about her first four weeks in the role and her plans for the future
newsGP (RACGP)	Article	Meet Australia's new Rural Health Commissioner



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All information in this publication is correct as at September 2025