



The Hon Emma McBride MP

Assistant Minister for Mental Health and Suicide Prevention
Assistant Minister for Rural and Regional Health

Ref No: MS26-000700

Professor Jenny May AM
National Rural Health Commissioner
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Dear Commissioner

Jenny

I am pleased to provide you with an updated Statement of Expectations (SoE) following your reappointment as the National Rural Health Commissioner for the period 1 July 2026 to 30 June 2028.

The Australian Government is committed to making sure all Australians have access to high-quality, affordable and safe health care, while recognising the unique challenges faced by people living in rural, regional and remote communities.

In this context, your role as National Rural Health Commissioner remains critical. You help make sure the voices of rural and remote Australians are heard, so that decision-making is informed by robust, evidence-based advice on how to improve access to care and address workforce challenges.

The enclosed SoE sets out the Government's expectations for your functions and priorities over the coming period and, together with your Statement of Intent (Sol), forms an important component of the governance framework supporting your role. Your Sol should outline how you propose to meet these expectations, including priority activities, deliverables and timeframes.

I look forward to continuing to work with you to improve health outcomes for all Australians, particularly those living in rural and remote areas.

Yours sincerely

Emma McBride

10 August 2026

Encl (1) Statement of Expectations

Statement of Expectations for the National Rural Health Commissioner

1 July 2026 – 30 June 2028

Purpose

This Statement sets out the Australian Government's expectations for the National Rural Health Commissioner (Commissioner). It directs the Commissioner on performing functions under Schedule 1, Part VA of the *Health Insurance Act 1973* (Act).

Role

The Commissioner is a statutory appointment, responsible to the Assistant Minister for Rural and Regional Health. The Commissioner acts independently and impartially to perform the functions and exercise the powers set out in the Act.

The Commissioner provides independent, evidence-based advice to Government and the Department of Health, Disability and Ageing (Department), to strengthen Australia's health system for regional, rural and remote¹ populations. This includes advice and support on policies and programs that aim to improve access to services, workforce sustainability, and health outcomes, with a strong focus on generalist models of care, place-based training and equity.

Support for the Commissioner reflects the Government's priority to improve healthcare access and outcomes for Australians living in rural communities.

Expectations

Contribute to Strengthening Medicare and rural health systems

The Commissioner will:

- Provide advice on the design and implementation of primary healthcare reforms that prioritise generalist scopes of practice and multidisciplinary and integrated models of care.
- Provide advice on innovative funding models that deliver comprehensive, continuous care close to home, particularly in rural settings.
- Support policy development to advance evidence-based, sustainable service models aligned to population need.
- Identify and advise on strategies to reduce inequities in access to care, addressing geographic, socioeconomic, and service availability disparities.
- In collaboration with the Australian Digital Health Agency and other key stakeholders, identify and advise on strategies to support equity of access to advancing digital health capability for rural communities.

Contribute to health workforce and training reform

The Commissioner will:

- Provide advice on strategies to develop sustainable rural workforces, with a focus on rural generalism, across all professions.
- Provide advice on place-based education and training pathways, including integrated rural training pipelines and community-embedded training models linked to local health, disability and aged care service delivery.
- Support alignment of workforce planning, service design and training systems to ensure rural communities can train, recruit and retain their own health workforce.
- Provide advice on flexible scopes of practice that enable practitioners to work effectively in rural settings.

¹ For the purposes of this statement of expectations, future references to "rural" should be read as "regional, rural and remote".

Support Aboriginal and Torres Strait Islander health equity

The Commissioner will:

- Work in partnership with Aboriginal and Torres Strait Islander organisations and communities to support implementation of the National Agreement on Closing the Gap and its Priority Reforms.
- Ensure that equity, cultural safety and self-determination underpin advice on strategies, policies and programs.
- Consider opportunities for alignment with the objectives of *the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*, including place-based pathways and workforce development opportunities.
- Promote culturally responsive practice by encouraging strengthened cultural capability across the broader health workforce.

Support emerging priorities and address system risks

The Commissioner will:

- Monitor, identify and advise on current and emerging risks to rural health outcomes, including workforce distribution and service sustainability challenges.
- Provide practical, evidence-based options to strengthen system resilience, including the role of generalist workforce capability in emergency and disaster readiness, and in consideration of the interdependencies and linkages between the health, disability and aged care systems and workforces.
- Consider where relevant, opportunities, challenges and implications of emerging technologies, including artificial intelligence, and their safe and responsible use to improve health outcomes and access to care for rural communities.
- Contribute to reviews and policy discussions relevant to the delivery of health services in rural communities.

Undertake stakeholder engagement and system leadership

The Commissioner will undertake consultation with stakeholders, including:

- Rural communities, consumers and service providers
- Aboriginal Community Controlled Health Organisations and other related services
- Primary Health Networks and Rural Workforce Agencies
- Peak professional workforce bodies
- Universities, training providers and health professional colleges
- Australian, state and territory government departments and agencies
- Australian Government Ministers and their Offices
- Other parliamentarians, upon request, and with the approval of the Assistant Minister for Rural and Regional Health.

The Commissioner will also:

- Ensure place-based engagement, where local perspectives inform policy development and program design, and their implementation.
- Contribute to national leadership through participation in committees, advisory groups, and multi-jurisdictional and multi-stakeholder engagement processes.

Organisational governance

The Commissioner is supported by two Deputy Commissioners with expertise across allied health and nursing and midwifery, to support a multidisciplinary approach. The Commissioner is also supported by staff employed as Australian Public Servants within the Department.

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

Activity Work Plan

The Commissioner will develop and maintain an Activity Work Plan (Plan) that outlines the activities that they and their Office will progress to deliver the expectations set out in this document. As part of the Plan, the Commissioner can propose additional work that can be achieved during their term. The Plan will be delivered to the Assistant Minister with the Commissioner's Statement of Intent, and will include indicators for measuring progress and timeframes for delivery.

The Assistant Minister may task the Commissioner with additional specific projects or inquiries, which will be communicated via written correspondence.

The Plan will be updated annually to include progress against the indicators, risk and issues identified, and new and emerging priorities as they arise.