2026-31 National Health Reform Strategy

Endorsed – 4 September 2026, Health Ministers' Meeting

National Health Reform: A case for change

Why reform is needed and what we're working towards

What system challenges are we facing?

Australia's health system is under ongoing pressure. Demand for care is growing, health needs are more complex, and the system has long-term challenges.

Challenges include:

- longer life expectancy with rising demand for health and aged care services
- fragmented care systems
- workforce shortages
- increasing healthcare complexity
- gaps in culturally safe and equitable care for Aboriginal and Torres Strait Islander people
- gaps in equitable care for people living in rural and remote Australia
- managing health at the preventative stage
- long-term system sustainability pressures.

What outcomes does the NHRA aim to achieve?

To respond to these challenges, the 2026-31 Addendum to the National Health Reform Agreement (2026-31 NHRA) sets out a shared, long-term reform agenda. It aims to improve outcomes, value and sustainability across Australia's public hospital system.

The 2026-31 NHRA introduces new approaches to **funding, governance**, and **data** to drive reform. It operates within a wider health system shaped by demand and delivery pressures.

Through the 2026-31 NHRA, the Commonwealth and each State and Territory government have agreed to work towards achieving a set of health system outcomes. These are in Clause 12 under the following interconnected outcome domains:

1. Appropriate care
2. Quality care
3. Equitable access and health outcomes
4. Value
5. Governance

National Health Reform

Australia's population and health system context

Ageing population

1 in 6

Australians aged 65 & over

Rural and remote population

27%

of Australians live in rural and remote areas

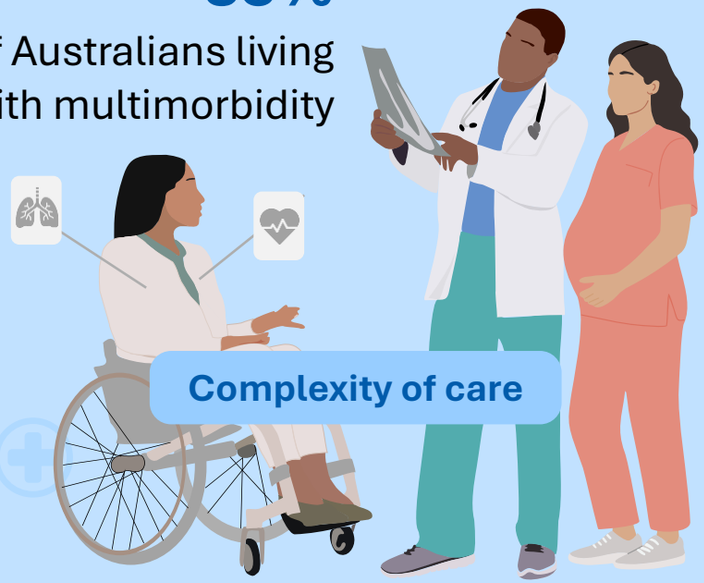
Aboriginal Community Controlled Health Organisations (ACCHOs)

440,000

people serviced in ACCHOs in 2024

38%

of Australians living with multimorbidity



Complexity of care

9.1 million

Emergency department presentations in 2024-25

Demand for care

34,500

Hospitalisations per day

467,000

Public hospital staff FTE

Public hospital workforce

Purpose of the NHRS

A shared framework for implementing the NHRA

Mandate

The National Health Reform Strategy (the NHRS) provides a shared approach for governments to deliver reform. It aims to align parties around agreed reform priorities and actions. The NHRS responds to Clause 17 of the 2026-31 NHRA.

Purpose of the NHRS

The NHRS complements the 2026-31 NHRA but does not capture all or override any commitments within it. The NHRS:

- outlines what the 2026-31 NHRA is trying to achieve
- sets out the national priorities for improving the system
- identifies when key steps in the reform journey will be delivered
- focuses on priorities rather than a line-by-line assessment of all commitments in the 2026-31 NHRA
- recognises that Australia's health system is complex and the 2026-31 NHRA and NHRS are only one mechanism for reform.

Guide to reading the NHRS

- **2026-31 NHRA vision:** The agreed long-term vision for Australia's public health system.
- **2026-31 NHRA objectives:** The three goals that guide system improvement under the 2026-31 NHRA.
- **2026-31 NHRA outcome domains:** The system-wide changes the 2026-31 NHRA aims to achieve. Outcomes are interdependent and will be achieved together. The 2026-31 NHRA includes five outcome domains and 10 detailed outcomes.

- **National priorities:** Areas of reform that drive system change of national significance. National priorities are cross-cutting and contribute to multiple outcomes.
  - The 2026-31 NHRA includes many commitments and clauses which are broadly organised into national priorities for the purpose of the NHRS.
  - For clarity, national priorities are mapped to the most relevant outcome.
- **Delivery partners**: The organisations and entities that deliver and enable reform.

- **Priority deliverables:** Specific reforms and actions that contribute to achieving the national priorities. Priority deliverables are cross-cutting and may contribute to multiple national priorities and outcomes.
  - For clarity, priority deliverables are mapped to the most relevant national priority.

2026-31 National Health Reform Strategy - on a page

Vision: an Australian healthcare system that is person-centred, equitable, responsive, and sustainable

Objective 1: Better health outcomes and experiences for all Australians and better value for patients

Objective 2: Stronger shared stewardship of the whole health system

Objective 3: A simpler, more equitable public hospital and health services funding model

Outcome domains

Better health outcomes for Aboriginal and Torres Strait Islander people

Appropriate care
The right care, in the right setting, at the right time, with a focus on prevention

Quality care
Safe, high-quality services with continuity across the care journey

Equitable access & health outcomes
Equitable access to services and improved health outcomes

Value
Innovation, efficiency, effectiveness and value for public investment

Governance
Strong collective stewardship, accountability and system coordination

National priorities

- Improve patient flow and the integration between care systems
- Design and expand scope for better service models
- Ensure safe, high-quality care across all settings
- Uphold consumer rights
- Improve equitable access to care and better health outcomes, including in rural and remote areas
- Build a sustainable, skilled and supported health workforce
- Embed cultural safety into the fabric of our health system
- Continuously improve the funding model and implement new payment reforms
- Modernise and connect our systems through data and digital health
- Strengthen system stewardship through coordinated planning, governance and accountability
- Measure whole-of-system performance

Delivery partners

- Commonwealth
- States & Territories
- National bodies
- Aboriginal and Torres Strait Islander Health Sector
- Non-government service delivery organisations

Progress on 2026-31 NHRA outcomes will be monitored through the Health System Performance Assessment Framework

Better outcomes for Aboriginal and Torres Strait Islander people

Improving outcomes for Aboriginal and Torres Strait Islander people is a shared, whole-of-system responsibility

An integrated healthcare system that is responsive to the needs and aspirations of Aboriginal and Torres Strait Islander people, enabling achievement of the highest attainable standard of health and wellbeing and experience a health system that is culturally safe and free of racism

Strengthening accountability for equitable, culturally safe and responsive care

- ***Schedule B*** **–** ***Better Health Outcomes for Aboriginal and Torres Strait Islander people*** is a new schedule in the 2026-31 NHRA that:
  - invites significant change in relationships between government, hospital facilities, health professionals and Aboriginal and Torres Strait Islander people
  - recognises and embeds the critical role of the Aboriginal and Torres Strait Islander community-controlled health sector
  - ensures independent monitoring by the **Aboriginal and Torres Strait Islander Health Sector** at national, state and territory, and Local Hospital Network levels
  - requires accountability for commitments across the broader 2026-31 NHRA.
- Inclusion of this dedicated Schedule is a foundational step in embedding the National Agreement on Closing the Gap into the mainstream health system.
- This requires the mainstream health system to work differently with Aboriginal and Torres Strait Islander people, communities and their peak bodies.
- Key mechanisms include co-design and working in partnership with Aboriginal and Torres Strait Islander people and organisations, particularly through Schedule B reforms.

What whole-of-system action looks like

- **Formal Partnerships** which redefine the relationships between mainstream organisations and the Aboriginal and Torres Strait Islander Health Sector.
- **Co-design** as an equitably resourced partnership process that ensures knowledge-sharing, power-sharing and shifts in control and access to data and information.
- **Positive shifts in health system performance** that demonstrate sustained delivery of equitable, culturally safe and responsive care for Aboriginal and Torres Strait Islander people.
- **Indigenous Data Governance** understood and embraced by government health data custodians.
- **Independent monitoring** by an Aboriginal and Torres Strait Islander-led body.

Appropriate Care

Detailed outcomes

i. People access optimal models of care that encourage a shift to community care (Outcome 1.1)
ii. Demand for care is efficiently managed across public hospital and health services and alleviated by adjacent health and care systems[1] (Outcome 1.2)
iii. Prevention and health promotion strategies are used to keep people well and reduce the burden of disease (Outcome 1.3)

National priorities drive delivery of the detailed outcomes

Improve patient flow and the integration between care systems

Actions to improve care transitions for patients moving between systems.

Design and expand scope for better service models

Actions to support best practice service models to improve patient outcomes and deliver allocative efficiency.

Priority deliverables

2026-27	2027-28	2028-29	2029-30	2030-31
Develop nationally consistent definitions, data collection and performance reporting for public hospital patients that are NDIS participants or prospective NDIS participants	Provide quarterly reporting to health and disability ministers, with reporting to be made publicly available			
Develop nationally consistent definitions and data collection for delayed discharge of older patients	Clarify scope of NHRA-funded services and processes for inclusion on the general list			
Develop new collaborative governance arrangements for assessing, scaling and evaluating best practice service and care models	Implement, evaluate, share and scale successful service and funding models to embed change on the ground			
	Establish new Service Model Reform Funding (SMRF) stream			

See appendices for clause-by-clause mapping to the priority deliverables

Footnote 1: Adjacent systems include primary, disability and aged care sectors

Quality Care

Detailed outcomes

i. People receive continuity of care across health and other care systems (Outcome 2.1)
ii. Public hospitals and health services consistently provide safe, high-quality care (Outcome 2.2)

National priorities drive delivery of the detailed outcomes

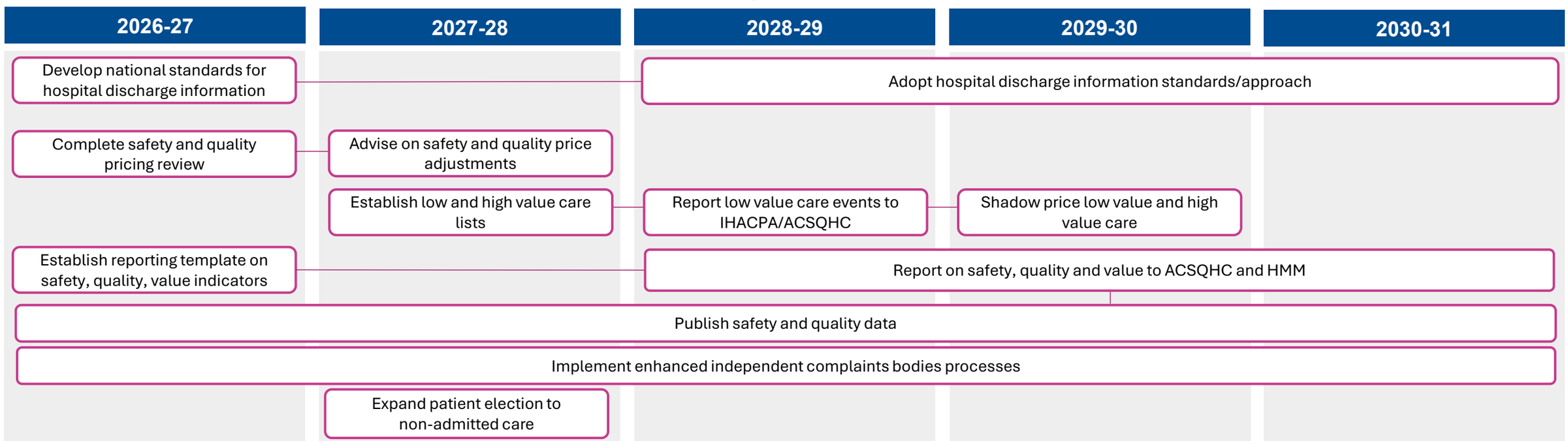
Ensure safe, high-quality care across all settings

Actions to strengthen safety, quality, transparency, and accountability through pricing, public reporting, complaints processes and reducing low value care.

Uphold consumer rights

Actions to uphold consumer rights and best support patients to make informed choices about their health care.

Priority deliverables



See appendices for clause-by-clause mapping to the priority deliverables

Equitable access and health outcomes

Detailed outcomes

i. People have equitable access to care and equitable health outcomes (Outcome 3.1)

ii. Aboriginal and Torres Strait Islander people, regardless of where they live, have access to health care that is effective, culturally safe and appropriate, equitable, and free of racism (Outcome 3.2)

National Priorities drive delivery of the detailed outcomes

Improve equitable access to care and better health outcomes, including in rural and remote areas

Actions to improve health equity to better meet the needs of Aboriginal and Torres Strait Islander people and those in rural and remote areas.

Build a sustainable, skilled and supported health workforce

Actions to build a well-distributed, more flexible, skilled workforce through national planning, scope of practice reform, and better use of capability.

Embed cultural safety into the fabric of our health system

Actions to enable a health system that is culturally safe, trauma-aware, healing-informed, responsive and free from racism.

Priority deliverables

2026-27	2027-28	2028-29	2029-30	2030-31
Develop advice for Health Ministers to improve health equity for people living in rural and remote Australia	Consider findings of COAG s19(2) exemption initiative evaluation		Undertake evaluation of the National Registration and Accreditation Scheme (NRAS)	Embed cultural safety in the Australian Health Service Safety and Quality Accreditation Scheme
Agree on parameters to support national strategic workforce planning	Complete review of National Efficient Price weights for Aboriginal and Torres Strait Islander patients, rural and remote patients, and small states			
Develop reform program to implement priority actions from Scope of Practice Review				

Ongoing oversight by the independent Aboriginal and Torres Strait Islander Monitoring and Accountability Group

Implement the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan

Develop and implement processes to embed cultural safety and eliminate institutional racism

See appendices for clause-by-clause mapping to the priority deliverables

Value

Detailed outcomes

i. Innovation and continuity of care are incentivised to generate value for patients and the system (Outcome 4.1)

ii. Care delivered across public hospitals and health services is efficient, cost effective, and priced appropriately (Outcome 4.2)

National priorities drive delivery of the detailed outcomes

Continuously improve the funding model and implement new payment reforms

Actions to deliver more efficient funding for public hospitals and health services to improve patient outcomes and maintain a sustainable system.

Modernise and connect our systems through data and digital health

Actions to deliver a modern, digitally connected health system to support faster, safer and more consistent sharing of patient information.

Priority deliverables

2026-27	2027-28	2028-29	2029-30	2030-31
Develop and implement roadmaps for better uptake of discharge summaries and Healthcare Identifiers to assure smoother transitions between public hospitals and other care settings			Adopt and expand digital enablers	
Implement the new NHRA funding model to increase Commonwealth public hospital funding	Monitor the NHRA funding model			
	Update NHRA funding streams to improve transparency and allocative efficiency			
		Complete independent review of the National Efficient Price methodology		

See appendices for clause-by-clause mapping to the priority deliverables

Governance

Detailed outcomes

i. Robust governance enables innovation and collective stewardship across the continuum of care, particularly across adjacent care systems including primary, acute, aged and disability care settings (Outcome 5.1)

National priorities drive delivery of the detailed outcomes

Strengthen system stewardship through coordinated planning, governance and accountability

Actions to improve collaboration and integration of services to better meet local health needs.

Measure whole-of-system performance

Actions to measure and report on system performance and support evidence-informed decision making.

Priority deliverables

2026-27	2027-28	2028-29	2029-30	2030-31
Improve system measurement and reporting on Aboriginal and Torres Strait Islander health outcomes				
Strengthen monitoring, governance and escalation arrangements to address barriers to timely care across system interfaces				
Establish joint statewide planning governance and a supporting national framework to enable consistent, coordinated health system planning and commissioning				
Develop new Health System Performance Assessment Framework and produce first annual reports by June 2027	Regular reporting on Health System Performance Assessment Framework, including health system and Aboriginal and Torres Strait Islander report cards to Health Ministers			
	Develop National Health Data System Governance Framework for authorised data sharing		Design and develop a National Health Data System	

See appendices for clause-by-clause mapping to the priority deliverables

Delivery and accountability

Accountability helps turn agreed reform into progress. It is enabled through three mechanisms:

1. **Clear roles and decision-making:** agreed responsibilities for delivering NHRA commitments and escalation pathways through governance forums.
2. **Transparency:** including through the Health System Performance Assessment Framework.
3. **Monitoring and assurance:** national bodies and groups assess progress, identify risks, and hold delivery partners to account.

Delivery Partners are accountable for:

- progressing agreed reforms within their roles and levers
- working together across jurisdictions and sectors, recognising that national priorities cannot be delivered alone, and
- supporting transparency, performance monitoring and reporting against agreed outcomes.

The following bodies are accountable for:

- **Health Ministers' Meeting (HMM) and Health Chief Executives Forum (HCEF):** providing Ministerial and senior official oversight and strategic direction for NHRA implementation.
- **System Reform Deputies Group (SRDG):** providing stewardship of NHRA implementation*, supporting coordination, oversight, system improvement, and a review cycle to assess progress, identify risks and inform system improvements.
- **Independent Aboriginal and Torres Strait Islander Monitoring and Accountability Group:** independently monitoring implementation and impact of Aboriginal and Torres Strait Islander reform commitments in the NHRA.

**supported by Collaborations and Taskforces specified in relevant schedules e.g. Health Workforce Taskforce*

SRDG: Life-of-agreement stewardship of the 2026-31 NHRA

NHRS is a mechanism

The **NHRS is just one mechanism for implementation planning**.

It provides the initial roadmap to guide delivery of the 2026-31 NHRA.

The NHRS is not a static document. It is reviewed regularly to ensure it remains a "living" document that evolves as priorities shift.

SRDG are the stewards

While the NHRS supports strategic direction, SRDG steward implementation more broadly. SRDG ensures commitments in the 2026-31 NHRA are delivered, not just those in the NHRS.

SRDG coordinates, oversees and drives continuous improvement in line with NHRS through tools such as internal implementation plans.

To ensure accountability for progress, SRDG relies on the following:

- **NHRA Tracker to Health Chief Executives**: comprehensive reports on progress towards 2026-31 NHRA objectives. It is a monitoring mechanism for reforms.
- **Regular report cards for Health Ministers**: progress reports on objectives and outcomes in the 2026-31 NHRA and NHRS. Dedicated Aboriginal and Torres Strait Islander report cards will track health indicators aligned to the NHRA and the National Agreement on Closing the Gap.
- **Independent Mid-Term Review**: a review to inform the next Addendum, commissioned by Health Ministers and completed by 30 June 2029.

How we steward NHRA implementation

1 Oversight
SRDG maintains a "whole-of-system" view to monitor progress against outcomes

2 Coordination
SRDG coordinates efforts across jurisdictions and national bodies, to align priorities and avoid duplication

3 Continuous improvement
SRDG reviews reporting to identify risks early and strengthen implementation over time

Health System Performance Assessment Framework

The Health System Performance Assessment Framework (**SPA Framework**) is being developed by the Australian Institute of Health and Welfare (**AIHW**) to measure system performance. **Performance measurement is how we know if the system is working** and if we require action.

The NHRS and SPA Framework will be complementary, linking national priorities, outcomes, and system performance measurement.

Aboriginal and Torres Strait Islander health outcomes will be developed to the satisfaction of the independent Aboriginal and Torres Strait Islander Monitoring and Accountability Group.

Proposed tools and products

To support performance measurement, the AIHW will collaboratively develop:

- harmonised indicators and review processes (drawn from existing national measures and new NHRA-specific indicators, where needed)
- regular report cards for Health Ministers, including reporting on Aboriginal and Torres Strait Islander health outcomes as determined by Aboriginal and Torres Strait Islander people
- a national health performance portal and community engagement.

Clause-by-clause mapping (1/3)

National Priority	Priority deliverables	Relevant 2026-31 NHRA clause/s	Entity/s
Appropriate care			
1. Improve patient flow and the integration between care systems	Develop nationally consistent definitions and data collection for delayed discharge of older patients **(2026-27)**	C49	Cwlth and States
	Performance reporting on hospital discharge of existing and prospective NDIS participants: • Develop nationally consistent definitions, data collection and performance reporting for public hospital patients that are NDIS participants or prospective NDIS participants **(2026-27)** • Provide quarterly reporting to health and disability ministers, with reporting made publicly available **(2027-28 to 2030-31)**	C56	Cwlth and States
2. Design and expand scope for better service models	Develop new collaborative governance arrangements for assessing, scaling and evaluating best practice service and care models **(2026-27)**	D7-D11	Cwlth and States
	Implement, evaluate, share and scale successful service and funding models to embed change on the ground **(2027-28 to 2030-31)**	D12-D23	States, IHACPA and ACSQHC
	Establish new Service Model Reform Funding (SMRF) stream **(2027-28)**	A27-A29, D24-D30	NHFB, Cwlth
	Clarify scope of NHRA-funded services and processes for inclusion on the general list (**2027-28**)	A106-A109	IHACPA, Administrator
Quality care			
3. Ensure safe, high-quality care across all settings	Complete safety and quality pricing review • Complete safety and quality pricing review **(2026-27)** • Advise on safety and quality price adjustments **(2027-28)** • If implemented, review recommendations/adjustments to start no later than one year after recommendations considered by HCEF	D51-D55, A87, Appendix B	ACSQHC, IHACPA
	Establish low-value and high-value care list and pricing approaches • Establish low/high value care list **(2027-28)** • Report low-value care events to IHACPA/ACSQHC **(2028-29)** • Shadow price low value and high value care **(2029-30)**	A94, A95, A97	ACSQHC, IHACPA, Cwlth and States
	Report on safety, quality and value indicators to increase public transparency • Establish reporting template on safety, quality, value indicators **(2026-27)** • Report on safety, quality and value to ACSQHC and HMM **(2028-29 to 2030-31)** • Publish safety and quality data **(2026-27 to 2030-31)**	D49, D50	States, ACSQHC, IHACPA
	Development of national standards for hospital discharge information and coordinated implementation • Develop national standards for hospital discharge information for HCEF approval **(2026-27)** • Agree to coordinated implementation approach/priorities **(2027-28)** • Adopt hospital discharge information standards/approach **(2028-29 to 2030-31)**	D47, D48	ACSQHC, Cwlth and States
4. Uphold consumer rights	Expand patient election to non-admitted care **(2027-28)**	J16, J17, J31, J32	Cwlth and States
	Implement enhanced independent complaints bodies processes **(2026-27 to 2030-31)**	J10-15	States, ACSQHC

AIHW: Australian Institute of Health and Welfare
ACSQHC: Australian Commission for Safety and Quality in Health Care
IHACPA: Independent Health and Aged Care Pricing Authority
HCEF: Health Chief Executives Forum
HMM: Health Ministers' Meeting
NHFB: National Health Funding Body

Note: Clause-by-clause mapping is not an exhaustive list of NHRA reforms

Clause-by-clause mapping (2/3)

National Priority	Priority deliverables	Relevant 2026-31 NHRA clause/s	Entity/s
Equitable access and health outcomes			
5. Improve equitable access to care and better health outcomes, including in rural and remote areas	Complete review of National Efficient Price weights for Aboriginal and Torres Strait Islander patients, rural and remote patients, and small states **(2027-28)**	A64	IHACPA
	Develop advice for Health Ministers to improve health equity for people living in rural and remote Australia **(2026-27)**	F18	Cwlth and States
	Consider findings of COAG s19(2) exemption initiative evaluation **(2027-28)**	F20, F21	Cwlth and States
6. Build a sustainable, skilled and supported health workforce	Agree on parameters to support national strategic workforce planning (**2026-27**)	G11	Cwlth and States
	Develop a reform program to implement priority actions from the Scope of Practice Review (**2026-27**)	G19	Cwlth and States
	Undertake evaluation of the National Registration and Accreditation Scheme (NRAS) **(2029-30 to 2030-31)**	G24	Cwlth and States
	Implement the Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan **(2026-27 to 2030-31)**	B84, G29	Cwlth and States
7. Embed cultural safety into the fabric of our health system	Embed cultural safety in the Australian Health Service Safety and Quality Accreditation Scheme **(2030-31)**	B64	ACSQHC, Aboriginal and Torres Strait Islander Health Sector
	Ongoing oversight by the independent Aboriginal and Torres Strait Islander Monitoring and Accountability Group **(2026-27 to 2030-31)**	B23	Cwlth, Aboriginal and Torres Strait Islander Health Sector
	Develop and implement processes to embed cultural safety and eliminate institutional racism in LHNs **(2026-27 to 2030-31)** • Embed Aboriginal and Torres Strait Islander governance • Co-design of racism elimination strategies • Development of formal racism complaints mechanisms	B65, B69, B71	States, Aboriginal and Torres Strait Islander Health Sector

AIHW: Australian Institute of Health and Welfare
ACSQHC: Australian Commission for Safety and Quality in Health Care
IHACPA: Independent Health and Aged Care Pricing Authority
HCEF: Health Chief Executives Forum
NHFB: National Health Funding Body

Note: Clause-by-clause mapping is not an exhaustive list of NHRA reforms

Clause-by-clause mapping (3/3)

National Priority	Priority deliverables	Relevant 2026-31 NHRA clause/s	Entity/s
Value			
8. Continuously improve the funding model and implement new payment reforms	Implement the new NHRA funding model to increase Commonwealth public hospital funding **(2026-27)**	A1-A55	NHFB, IHACPA, HCEF
	Monitor the NHRA funding model **(2027-28 to 2030-31)**	-	-
	Update NHRA funding streams to improve transparency and allocative efficiency **(2027-28)**	A25-A26, A80, A27-A29, A84-A97	Cwlth and States, IHACPA, Administrator, ACSQHC
	Complete independent review of the National Efficient Price methodology **(2028-29)**	Preliminaries 49	Cwlth, Independent reviewer
9. Modernise and connect our systems through data and digital health	Develop and implement roadmaps for better uptake of discharge summaries and Healthcare Identifiers to assure smoother transitions between public hospitals and other care settings **(2026-27 to 2028-29)**	H68-H73, D48	Cwlth and States, AIHW
	Adopt and expand digital enablers **(2029-30 to 2030-31)**		
Governance			
10. Strengthen system stewardship through coordinated planning, governance and accountability	Establish joint statewide planning governance and a supporting national framework to enable consistent, coordinated health system planning and commissioning **(2026-27)**	E37, E38	Cwlth and States
	Strengthen monitoring, governance and escalation arrangements to address barriers to timely care across system interfaces **(2026-27 to 2030-31)**	C18-C27	Cwlth and States
11. Measure whole-of-system performance	Develop new Health System Performance Assessment Framework and produce first annual reports by June 2027 **(2026-27)**	H19	AIHW
	Regular reporting on Health System Performance Assessment Framework, including health system and Aboriginal and Torres Strait Islander report cards to Health Ministers **(2027-28 to 2030-31)**	H21-H22	AIHW
	Improve system measurement and reporting on Aboriginal and Torres Strait Islander outcomes **(2026-27 to 2030-31)** • Co-design of Aboriginal and Torres Strait Islander health indicators for the Health System Performance Assessment Framework • Improve data collection, reporting and analysis of disaggregated Aboriginal and Torres Strait Islander health system data to address existing gaps	B50, H10-H13, B66	AIHW, Cwlth and States
	Develop National Health Data System Governance Framework for authorised data sharing (**2027-28 to 2028-29**)	H42	Cwlth and States
	Design and develop a National Health Data System **(2029-30 to 2030-31)**	H34	Cwlth and States

AIHW: Australian Institute of Health and Welfare
ACSQHC: Australian Commission for Safety and Quality in Health Care
IHACPA: Independent Health and Aged Care Pricing Authority
HCEF: Health Chief Executives Forum
NHFB: National Health Funding Body

Note: Clause-by-clause mapping is not an exhaustive list of NHRA reforms

How the NHRS was developed

Clause 17(a) of the 2026-31 NHRA requires that the NHRS:

- be developed collaboratively
- with the Aboriginal and Torres Strait Islander Health Sector
- in line with Schedule B, and
- can be amended as needed through that collaboration.

Collaborative approach

- The Commonwealth, states and territories and a nominee of the Aboriginal and Torres Strait Islander Health Sector developed the NHRS.
- Engagement took place through existing and new governance structures including:
  - the **NHRS Working Group** meetings with membership from all jurisdictions and a representative nominated by National Aboriginal Community Controlled Health Organisation (NACCHO)
  - **SRDG** meetings
  - two presentations to the **Aboriginal and Torres Strait Islander Health Collaboration.**
- All feedback was recorded in a feedback register.
- HCEF and HMM approved the NHRS.
- SRDG will regularly review the NHRS in collaboration with Aboriginal and Torres Strait Islander stakeholders, as per Clause 17.