



Australian Government

Office of the National Rural
Health Commissioner

Annual Report

2025–26



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 2025–26 Annual Report

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More information about the Office of the National Rural Health Commissioner is available online at www.health.gov.au/our-work/onrhc.



Australian Government
Office of the National Rural
Health Commissioner

The Hon Emma McBride MP
Assistant Minister for Mental Health and Suicide Prevention
Assistant Minister for Rural and Regional Health
PO Box 6022
House of Representatives
Parliament House
CANBERRA ACT 2600

Dear Assistant Minister

In accordance with section 79AP of the *Health Insurance Act 1973*, I present to you the Annual Report of the National Rural Health Commissioner. This report covers activities during the 2025–26 financial year.

Yours sincerely

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

Professor Jenny May AM
National Rural Health Commissioner

4 September 2026

Messages from the Commissioners



“Health equity is strengthened when policy is informed by the realities and strengths of rural communities.”

National Rural Health Commissioner – Professor Jenny May AM

It is with great pleasure that I present the Annual Report for the 2025–26 financial year.

This report highlights the work of the Office of the National Rural Health Commissioner, including the contributions of the newly appointed Deputy Commissioners, Professor Linda Deravin (Nursing and Midwifery) and Associate Professor Geoff Argus (Allied Health). Both commenced in October 2025 and have quickly immersed themselves in the broad range of issues considered by the Office and our colleagues across the Department of Health, Disability and Ageing. It has been a pleasure to work alongside them in advancing place-based solutions and generalist models of care that support health equity for rural and remote communities.

Reflecting on the past year, I am pleased to see the Office continue to contribute to the broader health reform agenda. While workforce and Medicare reform remain important priorities, our work increasingly informs policy areas including regulatory and legislative frameworks, professional standards and accreditation, and digital health. Across these areas, our focus remains on improving access to care and health outcomes for people living in regional, rural and remote Australia.

This broader contribution was recognised through the independent review of the legislative framework that establishes the National Rural Health Commissioner. Conducted by Mr Mark Booth and tabled in Parliament in June 2026, the review acknowledged the value of the Office’s work and its contribution to improving health outcomes in rural and remote communities.

A significant milestone this year was the recognition of rural generalist medicine as a new field of specialty practice within general practice. This achievement reflects the dedication and collaboration of many individuals and organisations over a number of years and demonstrates Australia’s leadership in developing a workforce model designed specifically for rural populations. It was particularly rewarding to reflect on the role played by this Office, and by the two previous Commissioners, in helping to progress this reform. Recognition now enables the next phase of implementation of the National Rural Generalist Pathway.

The Office has worked closely with a broad range of stakeholders to improve access to the full continuum of health services provided by specialists, nurses, allied health professionals, and Aboriginal

and Torres Strait Islander Health Workers and Health Practitioners. Continued collaboration with the Council of Presidents of Medical Colleges and other professional colleges has highlighted significant efforts to strengthen rural training pathways and support a more equitable distribution of the health workforce.

It remains an honour to serve as the National Rural Health Commissioner. Through visits to regional, rural and remote communities, I continue to witness remarkable innovation, resilience and commitment across the health sector. These experiences reinforce the depth of expertise within communities and strengthen my understanding of the challenges and opportunities facing rural health systems.

I was honoured this year to accept a two-year extension to my appointment. I look forward to continuing to advocate for rural and remote communities and ensuring their needs remain at the centre of health policy and reform.



Occasional Address at the University of Newcastle graduation: Professor Jenny May AM



“Serving as National Rural Health Deputy Commissioner for Nursing and Midwifery has provided an important opportunity to advocate for a strong, sustainable and culturally responsive workforce that supports the health and wellbeing of all Australians. Through collaboration with communities, governments and the health sector, we can advance equitable access to high-quality, culturally safe care, regardless of where people live.”

National Rural Health Deputy Commissioner – Nursing and Midwifery – Professor Linda Deravin

I have had the privilege of serving as National Rural Health Deputy Commissioner for Nursing and Midwifery for the past eight months. As a proud Wiradjuri woman with more than 40 years of experience in nursing, I remain committed to improving health outcomes for people living in regional, rural and remote Australia. Through this role, I have focused on providing expert advice to support policies that strengthen healthcare delivery and better meet community needs.

Access to quality health care, regardless of where a person lives, is fundamental to the health, wellbeing and prosperity of all Australians. Achieving this depends on a workforce that is skilled, adaptable and responsive to local needs, supported by education, training and career pathways embedded within communities.

A strong generalist nursing and midwifery workforce is central to this vision. Generalist practitioners provide comprehensive, person-centred care across a broad scope of practice and are especially important in regional, rural and remote communities, where workforce shortages and service gaps can affect access to care. Nurses and midwives play a critical role across the health, disability and aged care sectors, often delivering care in diverse settings with limited resources.

Consistent with the National Agreement on Closing the Gap, workforce development must continue to support First Nations leadership, participation and success across the health professions. Place-based approaches help create culturally safe learning environments and build a workforce that reflects and understands the communities it serves.

I thank Professor Jenny May AM, National Rural Health Commissioner; Associate Professor Geoff Argus, National Rural Health Deputy Commissioner for Allied Health; and the many colleagues, partners and communities who continue to contribute to this important work. Together, we can strengthen Australia’s health workforce and ensure people living in regional, rural and remote Australia can access high-quality care closer to home.



“The strength of rural health care lies in the people and communities who shape it. Through listening, learning and working together, we can build a workforce that delivers high-quality care closer to home.”

National Rural Health Deputy Commissioner – Allied Health – Associate Professor Geoff Argus

It has been a privilege to serve as National Rural Health Deputy Commissioner for Allied Health over the past eight months. During this time, I have valued the opportunity to engage with allied health professionals, educators, regulators, peak bodies, employers and community leaders across Australia. These conversations have reinforced the vital contribution allied health professionals make to the health and wellbeing of rural, remote and First Nations communities, while providing valuable insights into the challenges and opportunities facing the sector.

I would like to acknowledge and thank my predecessor, Professor Faye McMillan AM, whose leadership strengthened the profile of allied health and First Nations health within rural health policy discussions. Her advocacy for cultural safety, workforce development and health equity continues to influence this important work.

A consistent message from stakeholders has been the value of multidisciplinary, team-based care in rural and remote communities. Effective rural health services rely on health professionals working together across disciplines to provide coordinated, person-centred care. Allied health professionals are essential members of these teams, contributing specialised expertise and innovative approaches that respond to local community needs.

Rural generalism remains central to strengthening the rural health workforce. Across allied health, nursing and medicine, rural generalists draw on broad scopes of practice to meet diverse community needs. Supporting rural generalist pathways, together with place-based education and training, will be critical to building a sustainable, adaptable and locally responsive workforce.

I recognise the important contribution First Nations allied health professionals make in delivering culturally responsive care and providing leadership across the health system. I look forward to continuing to listen to, learn from and work with First Nations leaders, communities and organisations to better understand priorities and opportunities in this area.

Through visits to regional and rural communities and participation in the Office's advisory forums, including the Consumer Advisory Group and Advisory Network, I have gained a deeper appreciation of the diverse roles allied health professionals play and the workforce and service delivery challenges facing many communities.

I thank Professor Jenny May AM, National Rural Health Commissioner; Professor Linda Deravin, National Rural Health Deputy Commissioner for Nursing and Midwifery; and the dedicated team within the Office of the National Rural Health Commissioner for their support, expertise and commitment. Together we remain focused on strengthening workforce capacity and improving access to high-quality health care for rural, remote and First Nations communities.

I am encouraged by the commitment, expertise and collaboration demonstrated across the sector. By continuing to work together, we can build a stronger, more sustainable and more equitable rural health system for all Australians.

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 2025–26, 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* 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 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 periodic **Statement of Expectations** that determines priority areas for the Commissioner.

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

The Statement of Expectations covered the period 2 September 2024 to 30 June 2026. This Annual Report responds to the Statement of Expectations priorities for July 2025 to June 2026.

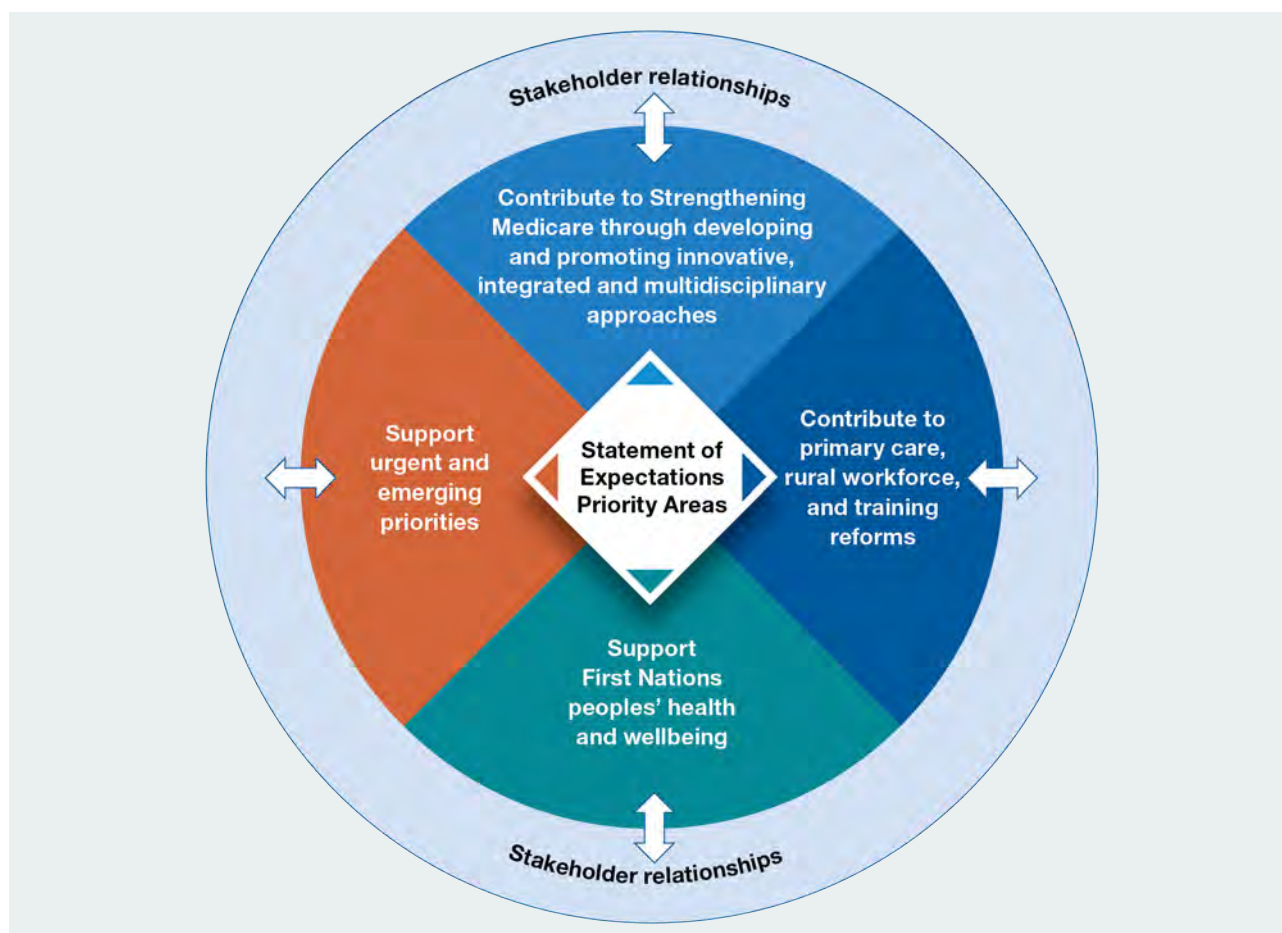
Priority areas

The four priority areas from the Statement of Expectations are:

1. Contribute to Strengthening Medicare through developing and promoting innovative, integrated and multidisciplinary approaches
2. Contribute to primary care, rural workforce and training reforms
3. Support First Nations peoples' health and wellbeing
4. Support urgent and emerging priorities.

Stakeholder relationships support all priority areas.

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



Policy impact

The Commissioner and her Office have provided the Assistant Minister for Rural and Regional Health and the Department of Health, Disability and Ageing with clear, evidence-based advice informed by extensive stakeholder engagement to advance the priorities identified in the 2024–2026 Statement of Expectations. Key outcomes included strengthening the evidence base for sustainable rural and remote health care, increasing awareness and understanding of place-based health education and training, progressing governance and regulatory arrangements to support rural generalism, and maintaining a strong focus on medical, nursing, allied health and First Nations workforce development.

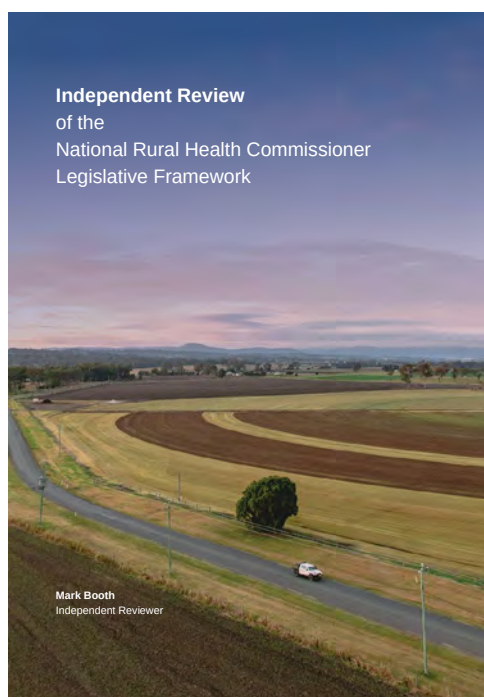
Legislated review of Part VA of the Health Insurance Act

The department appointed Mr Mark Booth in October 2025 to undertake an independent review of the functions, governance and reporting arrangements of the National Rural Health Commissioner, as required under Part VA of the *Health Insurance Act 1973*.

The review was an assessment of the effectiveness, relevance and impact of the legislative framework governing the Commissioner, and informed recommendations to support future improvements.

Mr Booth undertook broad consultation with key stakeholders, including Office staff, rural health professionals, stakeholder organisations and government agencies.

The final report said that the Office is performing a key role in seeking to improve health outcomes in regional, rural and remote Australia and suggested that it should continue this role under its current operational and legislative settings. The report was tabled in Parliament in June 2026 and is available at: www.health.gov.au/resources/publications/independent-review-of-the-national-rural-health-commissioner-legislative-framework. The report is currently being considered by Government.



Stakeholder relationships

The Commissioner and her Office engaged extensively in 2025–26 with stakeholders across regional, rural and remote Australia through advisory groups, committees, stakeholder meetings, conferences, site visits and targeted consultations. These engagements provided valuable insights into the opportunities and challenges facing rural communities and informed evidence-based advice to government.

During 2025–26, the Office undertook site visits and stakeholder engagements to strengthen relationships across the health sector and better understand local service delivery models. This included visits to hospitals, Multi-Purpose Service Program sites, Aboriginal Community Controlled Health Organisations, primary care services, universities, Primary Health Networks, government agencies and community organisations across several jurisdictions.

The Office also met with clinical leaders, health professional organisations, education providers and community representatives to discuss workforce sustainability, place-based education and training, rural generalism, service integration and emerging health system reforms. These discussions helped identify practical opportunities to improve access to care and strengthen the rural health workforce.

The Commissioner and her Office often undertook these visits in collaboration with representatives from the department, state and territory governments and members of parliament. They were opportunities to engage directly with communities and observe service delivery firsthand.

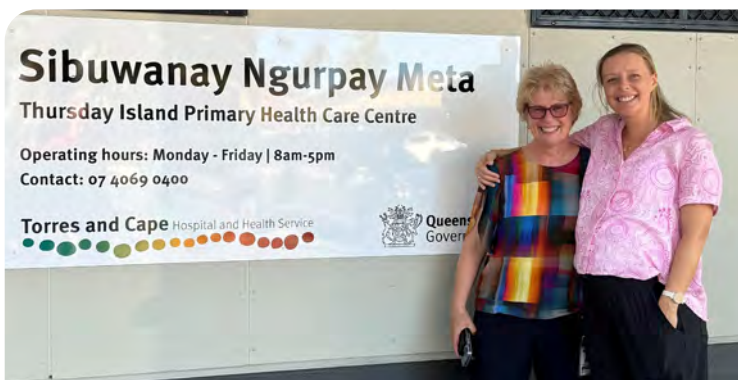
Insights from these engagements informed the Office's policy advice and supported delivery of the priorities outlined in the Statement of Expectations.



Visit to Beverley Multi-Purpose Service, WA Country Health Service (WACHS): (L-R) Susan Chambers, Acting District Director, Wheatbelt, WACHS, Zoe Lear, Health Service Manager/Director of Nursing for Beverley Health Service, WACHS, Dr Trish Cook MP, Member for Bullwinkel, Professor Linda Deravin, ONRHC, Peta Sands, Wheatbelt Regional Aboriginal Health Consultant, WACHS, Lesley Watson, Acting Aged Care Manager, WACHS and Amber Reynolds, Personal Assistant to District Director, WACHS.



Visit to Babinda Multi-Purpose Health Service, Cairns and Hinterland Hospital and Health Service: (L-R) Office of the National Rural Health Commissioner staff Simone Champion, Katherine Terrell, Elissa Nottley, Associate Professor Geoff Argus and Dr Helen Frazer.



Visit to Sibuanay Ngurpay Meta / Thursday Island Primary Health Care Centre, Torres and Cape Hospital and Health Service: Professor Jenny May AM with Dr Ineke Weber, Medical Director, Primary Health Care, Torres and Cape Hospital and Health Service.

Figure 2: An overview of how we engage

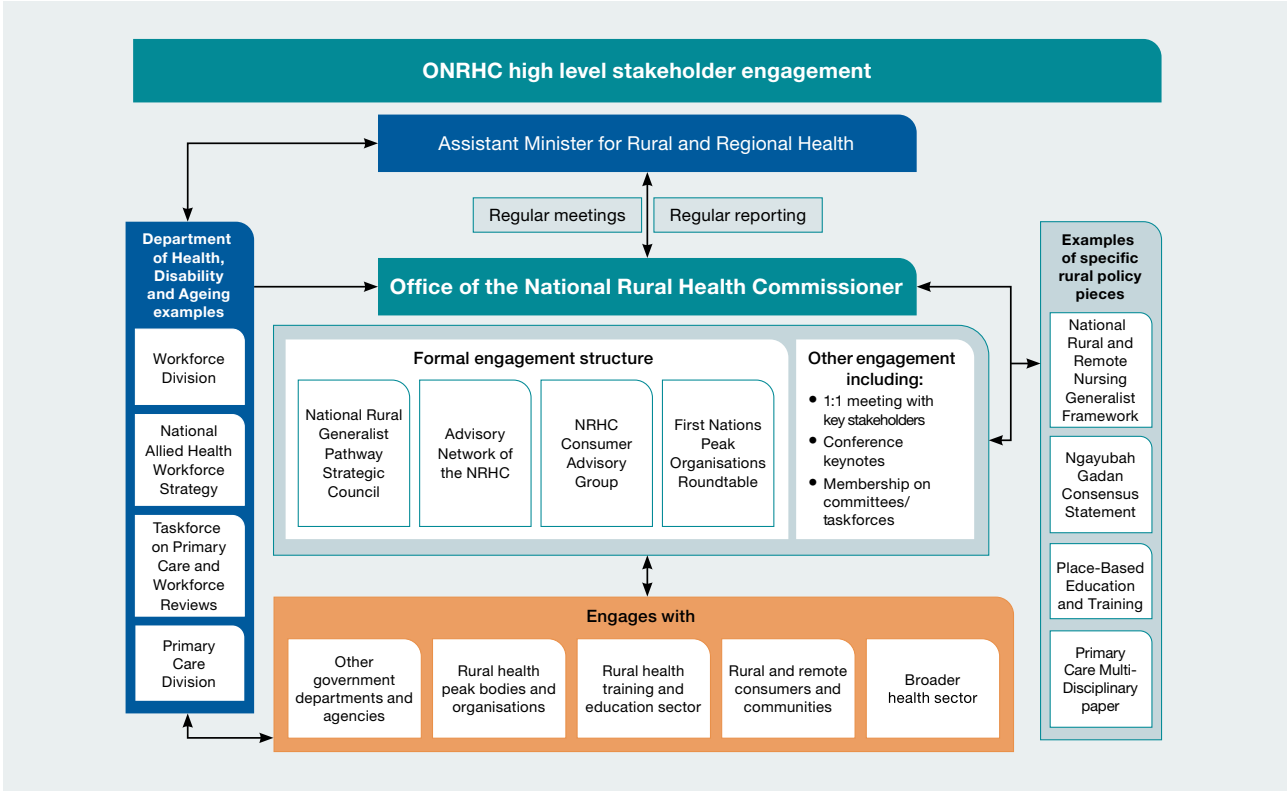


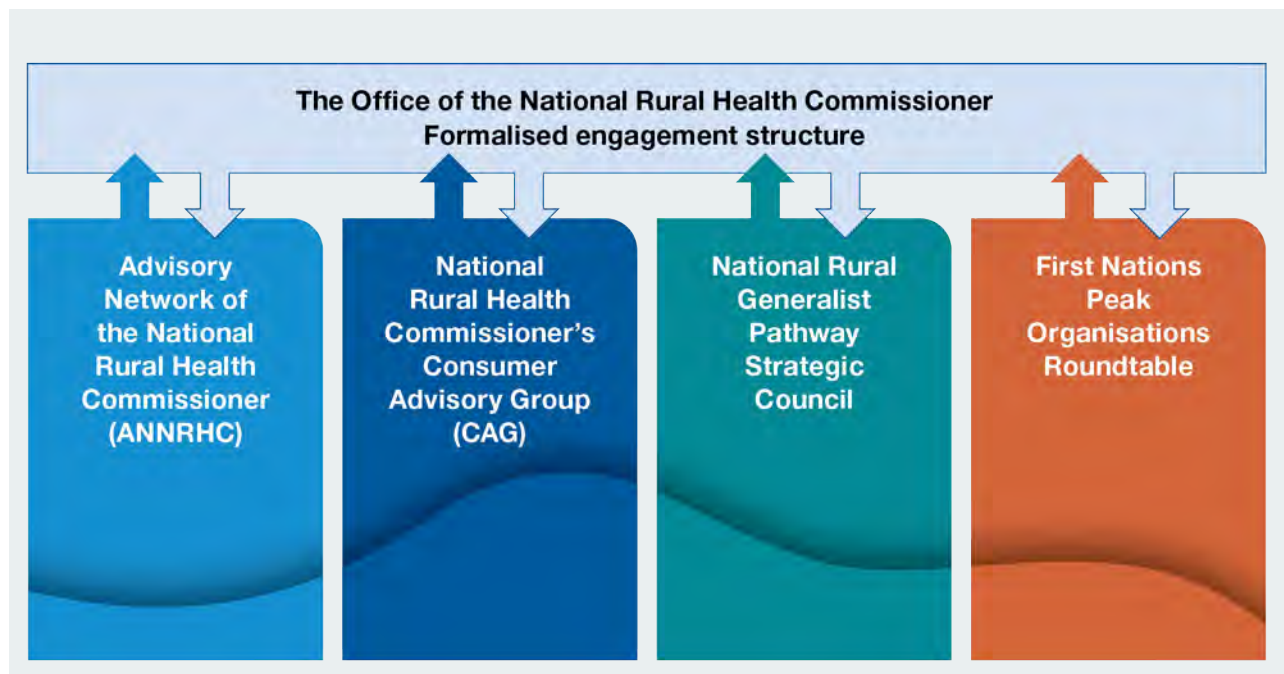
Figure 3: Who we engage with



Formalised engagement groups

To help us provide comprehensive and inclusive advice to the Assistant Minister for Rural and Regional Health, the Office uses a formalised engagement structure that reflects a wide range of rural and remote perspectives.

Figure 4: Formalised engagement groups



Appendixes A and B list committees and regular engagement.

Appendix C lists presentations and stakeholder engagements.

Advisory Network of the National Rural Health Commissioner

Since its establishment in 2021, the Advisory Network has remained an important mechanism for engaging with the rural and remote health sector. It brings together representatives from professional bodies, service providers and First Nations health organisations, providing a broad range of perspectives on issues affecting rural and remote communities.

The Commissioner regularly seeks advice from Advisory Network members on matters including workforce development, education and training, service integration, professional standards and accreditation. Insights from these discussions help inform policy advice and support evidence-based approaches to improving health outcomes in regional, rural and remote Australia.

The Aged Care and the Health Economics and Research (now Evidence and Research) divisions of the department consulted the Advisory Network in November 2025 on the potential for streamlining service provider regulatory requirements across the care and support sectors (disability, aged care, veterans and early childhood).

The Advisory Network continues to play a valuable role in strengthening collaboration across the health sector and ensuring the Office remains informed by the experiences and expertise of key stakeholders.

Appendix D lists the Advisory Network's member organisations.

National Rural Health Commissioner's Consumer Advisory Group

Established in 2023, the Consumer Advisory Group provides a dedicated forum for rural health consumer peak bodies and advocacy organisations to inform the Office's understanding of consumer experiences and priorities. It supports the development of consumer-centred policy, programs and services for rural and remote communities.

During 2025–26, the Consumer Advisory Group contributed to several national policy discussions. In July 2025, group members met with the Primary Care and Workforce Reviews Taskforce to provide rural and remote perspectives on primary care reform. In October 2025, representatives from the Australian Commission on Safety and Quality in Health Care consulted with the group on the development of the third edition of the National Safety and Quality Health Service Standards. In June 2026, group members considered consumer experiences of the Multi-Purpose Service Program (MPSP) model and its role in delivering integrated aged care, primary care and hospital services in rural communities.

The Consumer Advisory Group continues to provide valuable insight into the experiences and priorities of rural consumers, helping to ensure policy advice reflects the needs of the communities that policies are intended to serve.

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

National Rural Generalist Pathway Strategic Council

The National Rural Generalist Pathway Strategic Council meets quarterly. In 2025–26 it continued to focus on gaining Australian Medical Council approval for rural generalist medicine as a new field of speciality practice within the speciality of general practice, and identified priority actions such as establishing a training pathway and making arrangements for governance and accreditation.

Appendix F lists the Strategic Council's member organisations.

First Nations Peak Organisations Roundtable

In 2024 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 most recent First Nations Peak Organisation Roundtable was in February 2026.

A review of this model of engagement is planned for late 2026.

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

Cross-sector collaboration

The Office works collaboratively across Commonwealth and state and territory governments, agencies and service providers, while contributing expert advice through a range of committees, advisory groups and consultation processes.

During 2025–26, the Office made a submission to the parliamentary inquiry into the Thriving Kids initiative. The submission advocated for active involvement of rural and remote stakeholders in the co-design of models of care, including representation on advisory groups. It highlighted the importance of recognising the multiple touchpoints required to support children at risk of mild to moderate developmental delays, including prevention, screening, assessment and therapy. It explored alternative funding approaches to address the challenges of thin markets (markets with low numbers of consumers and providers, like rural health care) and support a sustainable rural and remote health workforce.

Regional Education Commissioner

The National Rural Health Commissioner continued to work closely with the Regional Education Commissioner, the Hon Fiona Nash, to address shared challenges and identify opportunities to strengthen health education and training in rural and remote Australia. This cross-portfolio collaboration supports coordinated approaches to the complex policy, legislative and program settings that influence both the health and education sectors.

During 2025–26, collaboration focused on advancing place-based health education and training, strengthening opportunities and supports for First Nations students, and contributing to the effective establishment of the Australian Tertiary Education Commission (ATEC). This work supports improved education access and outcomes for rural and remote communities and aligns with the objectives of the Universities Accord.

In March 2026, the Commissioner and Deputy Commissioners provided a paper on rural health education and training considerations to ATEC Interim Commissioners the Hon Fiona Nash, Professor Barney Glover AO and Professor Tom Calma AO. The paper emphasised the need to assess tertiary education investment based on community impact, including workforce supply, retention and service continuity. It recommended embedding place-based, outcomes-focused approaches within ATEC's funding, performance and partnership frameworks.

The Office also made a submission in response to ATEC's discussion paper *A more joined-up tertiary system*, to ensure rural, regional, remote and First Nations perspectives are reflected in the development of the National Tertiary Roadmap.

Speaking engagements

Communicating the work of the Office and sharing insights on rural health policy, workforce reform and health system innovation remains an important part of the Commissioners' role. Speaking engagements support knowledge exchange, strengthen stakeholder relationships and promote collaboration across the rural health sector.

In 2025–26, the Commissioners presented at 43 events, including conferences, forums, professional meetings and cross-sector discussions. Their presentation topics included rural generalism, place-based education and training, workforce reform, multidisciplinary care and improving health equity for rural, remote and First Nations communities.

Key engagements included:

- Clinical Excellence Queensland Showcase (June 2026)
- National Single Employer Model Summit (May 2026)
- 21st WONCA World Rural Health Conference, New Zealand (April 2026)
- Department of Health, Disability and Ageing Primary Care Conference (March 2026)
- Parliamentary Friends for Maternal Health (March 2026)
- Rural Medicine Australia 2025 (October 2025).

A full list of presentations and speaking engagements is provided in Appendix C.



National Single Employer Model Summit: (L-R) Current and previous National Rural Health Commissioners Adjunct Professor Ruth Stewart, Professor Jenny May AM and Emeritus Professor Paul Worley



RMA25 Perth: (L-R) Professor Tarun Sen Gupta, Head of Townsville Clinical School, College of Medicine and Dentistry, Dr Lauren Bosley, junior doctor, Townsville University Hospital and Academic at James Cook University, Dr Deborah Roczo, Managing Director, Health Care Management Advisors, Dr Michael Clements, Chair, RACGP Rural, Dr Kristine Battye, Managing Director, KBC Consulting, Professor Jenny May AM, and Professor Belinda O'Sullivan, Professor and Director of Research, Monash University School of Rural Health



Visit to Thursday Island Hospital, Torres and Cape Hospital and Health Service: Professor Jenny May AM with Sean Lane, Assistant Secretary, Rural and First Nations Workforce Branch, and Mark Roddam, First Assistant Secretary, Primary Care Division, Australian Government Department of Health, Disability and Ageing

Priority 1: Contribute to Strengthening Medicare through developing and promoting innovative, integrated and multidisciplinary approaches

Strong partnerships across governments, health services, professional bodies, education providers and the research sector are essential to improving access to health care in regional, rural and remote Australia. These relationships underpin efforts to build a sustainable health workforce and support delivery of high-quality, locally responsive care.

During 2025–26, the Commissioner and her Office continued to contribute to the Strengthening Medicare agenda and broader primary health care reforms. Through stakeholder engagement, evidence reviews and strategic policy advice, the Office supported initiatives to strengthen workforce distribution, promote multidisciplinary models of care and improve access to services for rural and remote communities.

The Office also gave advice on a range of health system reforms, with a focus on ensuring rural and remote perspectives were considered in policy development, program design and implementation.

Strategic advice and program reform

The Commissioner continued to provide expert advice to support primary care and workforce reform through close collaboration with the Department of Health, Disability and Ageing, particularly the Workforce and Primary Care divisions.

During 2025–26, the Office advised the Primary Care and Workforce Reviews Taskforce on reforms including rural primary care funding models, workforce distribution, harmonisation of drugs and poisons legislation, and implementation of review recommendations. The Consumer Advisory Group also contributed rural and remote perspectives to this work.

The Office gave advice on several key workforce initiatives, including:

- the Working Better for Medicare reforms to laws and policies used to encourage health professionals to work in areas of workforce shortage
- policy settings relating to section 19AB of the *Health Insurance Act 1973*, which allows overseas-trained doctors and foreign graduates of accredited medical schools to access Medicare benefits if they work in certain locations, including districts of workforce shortage
- review of the Higher Education Loan Program (HELP) Debt Reduction Initiative
- amendments to the Bonded Medical Program, which provides Commonwealth Supported Places for medical students in exchange for their commitment to work in regional, rural and remote areas.

The Office's advice focused on strengthening workforce retention and improving awareness and accessibility of existing incentives for rural practice.

The Commissioner continued to serve on the Council for Connected Care, contributing strategic advice on digital health interoperability and implementation of the National Healthcare Interoperability Plan 2023–2028.

The Office also advised on revisions to the Urgent Care Clinic Operational Guidance Review. The advice supported measures to improve cultural safety for First Nations communities, strengthen accessibility for priority populations, recognise the role of carers, and provide greater flexibility for smaller rural and remote clinics while maintaining minimum service standards.

Together, these activities helped ensure rural and remote perspectives were reflected in primary care, workforce and digital health reforms, supporting improved access to care and a more sustainable health system.

International engagement and knowledge exchange

The Commissioner represented Australia at the 21st World Organization of Family Doctors (WONCA) World Rural Health Conference in Wellington, New Zealand, in April 2026. The conference brought together international rural health leaders, policymakers and practitioners to share evidence and approaches to strengthening rural health systems.

The Commissioner presented on the importance of investing in locally trained, multidisciplinary workforces, strengthening rural generalist pathways, and expanding place-based education and training models. The conference provided opportunities to engage with New Zealand health leaders and officials on shared workforce challenges and emerging trends in rural health care, including rural generalism.

Associate Professor Geoff Argus, Deputy Commissioner for Allied Health, continued to contribute to national and international allied health leadership as a member of the Organising Committee for the 2027 International Allied Health Conference to be held in Canberra. In this role, he supported the development of the conference program, including themes, speakers and event design, helping to showcase contemporary allied health policy, practice and workforce developments.

Sustainable innovative, integrated and multidisciplinary approaches

Growing a sustainable rural and remote health workforce is critical to ensuring communities can access high-quality primary health care close to home. During 2025–26, the Office completed a review of the evidence on rural and remote primary health care, identifying opportunities and strategies to strengthen service delivery and workforce sustainability. Building on this work and on the Ngayubah Gadan Consensus Statement and advice from the Consumer Advisory Group, the Office developed evidence papers to improve understanding of multidisciplinary team-based care in rural and remote primary health care settings.

The Office discussed findings and implications of the review with the department in June 2026. This work complements previous Office publications, including case studies of common primary care delivery models in rural and remote communities and analysis of factors influencing workforce attraction and retention. Through this work, the Office promoted evidence-based approaches that support sustainable, accessible and locally responsive primary health care for rural and remote Australians.

The Multi-Purpose Service Program (MPSP) is an integrated model of care that brings together hospital, aged care and community health services within a single service, enabling flexible and locally responsive care in rural and remote communities. Drawing on Deputy Commissioner Professor Linda Deravin's clinical and academic expertise, the Office examined the MPSP model across a range of geographic settings during 2025–26 to better understand how it contributes to sustainable service delivery and workforce models in rural and remote Australia. This work included visiting service sites and considering consumer experiences and the opportunities presented by integrated funding and service delivery arrangements. Insights gained will inform future policy development relating to the integration of health, aged care and disability services aimed at improving access to care in rural and remote communities.

Priority 2: Contribute to primary care, rural workforce and training reforms

The Office continues to advocate for place-based education and training opportunities, which are key to attracting and retaining health professionals in rural and remote areas. The Office supports the advancement of rural generalism across health professions, recognising its role in improving access to comprehensive care and ensuring health professionals can work to their full scope of practice.

In 2025–26, the Office supported the Department of Health, Disability and Ageing's evaluation and reform of key primary health care programs and policies. This work included contributions to:

- modernisation of specialist referral pathways
- evaluation of Commonwealth funding to the Royal Flying Doctor Service
- Primary Health Networks multidisciplinary team commissioning program
- COAG Section 19(2) exemptions to improve access to primary care in small rural towns, remote communities and very remote communities by enabling state-operated health facilities to bulk bill for primary health care services
- procurement activities for an evaluation of the Innovative Models of Care Program, which supports organisations to trial new ways of providing primary care in rural and remote communities.
- reforms to the Rural Locum Assistance Program to better align program objectives with workforce priorities and improve program delivery.

Place-based education and training

A highlight of 2025–26 was the joint leadership of the National Rural Health Commissioner and the Regional Education Commissioner in convening a policy workshop on place-based education and training at the Rural Health International Place-based Education and Research (RHIPER) Conference in October 2025.

Developed in partnership with SA Health RHIPER organisers and 14 presenters, the workshop brought together clinicians, educators, students, health service leaders, First Nations representatives, rural training hubs and community-based providers. The Assistant Minister for Rural and Regional Health, the Hon Emma McBride MP, opened the event. The workshop explored how high-quality place-based education and training can be delivered and expanded in small and medium rural towns and remote and very remote communities.

Discussion focused on three areas:

- Optimising student learning in rural and remote settings
- Showcasing successful education and training models across nursing, allied health, medicine, and Aboriginal and Torres Strait Islander Health Practitioners and Health Workers
- Designing future-focused programs that reflect the needs and strengths of rural communities.



Rural Health International Place-based Education and Research Conference: (L-R) Associate Professor Geoff Argus, Regional Education Commissioner the Hon Fiona Nash, Professor Jenny May AM, and Assistant Minister for Rural and Regional Health, the Hon Emma McBride MP

A consistent theme was that place-based education and training is more than a delivery model. It is an approach to workforce development that connects education, training and employment with community need. Presenters highlighted successful examples, including school–TAFE–university pathways, earn-and-learn cadetships, rural university hubs, locally supported placements and rural mentoring models.

The workshop identified factors critical to success, including sustainable supervision, recognition of local educators, flexible placement models, protected teaching time, effective use of technology, and culturally safe support for First Nations students and practitioners. Participants emphasised that successful rural training models must be co-designed with communities and local services rather than adapted from city models.

Following the workshop, the Office prepared a series of papers summarising the evidence, policy considerations and examples presented through the RHIPER program. This work demonstrated that place-based education and training is a practical and scalable approach to strengthening the rural health workforce. The Office continues to work with the Regional Education Commissioner to identify opportunities to inform future policy, program design and investment.

The Office also contributed to discussions on the future development of the Rural Health Multidisciplinary Training Program and the Murray–Darling Medical Schools Network. As part of planning for a refreshed program from 2027, the Office worked with the department and stakeholders on developing program logic, performance measures, data collection approaches, cultural safety requirements and Closing the Gap objectives. National Rural Health Commissioners Associate Professor Ruth Stewart and Professor Jenny May AM and Regional Education Commissioner The Hon Fiona Nash, served on the expert reference groups for program evaluations.

The Rural Health Commissioner and Deputy Commissioners also presented to the Federation of Rural Australian Medical Educators, Australian Rural Health Education Network, Australian Council of Deans of Health Sciences, and Council of Deans of Nursing and Midwifery. Their presentations promoted place-based approaches as a key mechanism for strengthening rural workforce supply and retention and community-based health service delivery.



Rural Health International Place-based Education and Research Conference: Speaker Professor Jenny May AM

Medical training reform

The Office contributed to the department's evaluation of the Advanced Skills Training Posts Program for Rural Generalists and General Practitioners and supported discussions on future reforms.

The Commissioner continued to support medical workforce reform as a member of the Specialist Training Program Reform Steering Committee, where she advised on workforce and training gaps not addressed through state-based programs, including support for First Nations non-GP specialist registrars.

Recognising increasing concerns about access to non-GP specialists in rural and remote communities, the Office reviewed policies that support a sustainable specialist workforce. This included considering training pathways, workforce distribution measures and opportunities to strengthen rural training experiences that support broad generalist scopes of practice.

The Commissioner and her Office continued to work closely with the Council of Presidents of Medical Colleges to strengthen rural training pathways and improve recognition of rural experience in college selection processes. In March 2026, the Commissioner participated in a joint rural workforce workshop at Parliament House, where members discussed opportunities to expand rural training pipelines and support workforce distribution.

This work built on the joint publication in June 2025 of the Implementing rural selection guide, which gives practical guidance to medical colleges on strengthening rural selection processes and supporting future rural workforce supply.

The Commissioner also contributed to the Australian Medical Council's review of Specialist Medical Program Standards. She advocated for greater recognition of place-based training models and increased opportunities for training in regional, rural and remote communities.

The rural generalist workforce

Rural generalism is a key workforce model that supports access to high-quality health care in rural and remote communities. It enables health professionals to provide a broad range of services across diverse clinical settings, responding to local community needs where specialist services may be limited.

Rural generalism looks different across medicine, nursing and allied health, but the principles are the same: delivering high-quality, person-centred care closer to home and making the best use of available skills and resources.

Recognising and supporting rural generalism helps maximise workforce capability, strengthen multidisciplinary team-based care, and improve access to timely and sustainable health care for rural and remote Australians. The Office has strongly supported this workforce model since it began and continues to work consistently to promote it as a key response to rural and remote healthcare need.

Rural generalist medicine

Rural generalist medicine is being implemented through a coordinated national reform agenda to strengthen training, recognition, employment and service models for rural medical practice. Rural generalists provide comprehensive care across community and hospital settings, including general practice, emergency medicine and at least one advanced skill area. Their role helps ensure rural and remote communities can access a broad range of services closer to home.

During 2025–26, the Commissioner and her Office continued to support implementation of the National Rural Generalist Pathway, contributing to reforms across recognition, training and accreditation, workforce planning, employment arrangements and Medicare Benefits Schedule (MBS) policy.

The National Rural Generalist Pathway Strategic Council, chaired by the Commissioner, continued to provide strategic oversight and coordination across the reform agenda, supporting alignment between organisations responsible for implementing the pathway.

A major milestone was achieved on 21 September 2025 when health ministers approved rural generalist medicine as a new field of specialty practice within the specialty of general practice. The recognition followed assessment by the Australian Medical Council, public consultation, recommendation by the Medical Board of Australia and approval by the Health Ministers' Meeting (state, territory and Commonwealth health ministers). It established 'specialist rural generalist' as the protected specialist title associated with the recognised field of specialty practice.

Recognition makes rural generalist medicine more visible and attractive as a training and career pathway and acknowledges the skills of doctors who provide comprehensive care in regional, rural and remote Australia. Work is now progressing on accreditation of training programs and specialist registration arrangements.

The Joint Consultative Committee on Rural Generalist Medicine was established in May 2026 and is chaired by the Commissioner. The committee brings together the two general practice colleges to support collaboration on standards, curriculum, training, accreditation and workforce planning. This will support implementation of rural generalist medicine as a speciality practice.

The Office engaged with the MBS Review Advisory Committee and its Rural Generalist Working Group to improve access to Medicare services for rural generalists. The Office's advice focused on opportunities to expand access to relevant MBS items in rural towns and remote and very remote locations to improve service availability in those communities.

In addition, the Office worked with state and territory governments and other stakeholders on employment, remuneration and workforce reforms required to support implementation of rural generalist medicine. This included considering training pathways, advanced skills posts, employment models and workforce planning to help ensure recognition translates into sustainable rural careers.

A continuing focus has been strengthening the connection between training pathways and employment opportunities. Expanding training capacity alone will not be sufficient without supported roles that enable rural generalists to practise across the full scope of their skills and meet community needs.

In June 2026, the Commissioner delivered a keynote address at the Single Employer Model Summit in Devonport, Tasmania. She highlighted the contribution of the Single Employer Model to workforce attraction, training continuity and service sustainability across rural and remote communities.

Together, these activities demonstrate the Office's ongoing role in supporting implementation of the National Rural Generalist Pathway and ensuring that recognition, training, funding and workforce reforms contribute to improved access to care for rural and remote Australians.

Nursing rural generalism

Australia's rural and remote workforce is being strengthened through targeted national leadership and policy reform. The Office is playing a central role in advancing rural generalism in nursing. The National Rural and Remote Nursing Generalist Framework 2023–2027 has gained traction as a practical tool shaping education, professional development and transition to practice. Its uptake by nurses, education providers and health services reflects growing recognition of the distinct capabilities required for safe, high-quality care in rural and remote settings.

Government investment in rural workforce pipelines through scholarships, grants and employment incentives continues to reduce barriers to entry and support career progression for nurses and midwives. At the same time, expanded prescribing rights for endorsed nurses and midwives represent a significant shift in scope of practice, with benefits for rural and remote communities where access to care is constrained.

Led by Deputy Commissioner Professor Linda Deravin, the Office further developed its internal Rural and Remote Nurse Education and Training Pathways Mapping Background Paper. This work was informed by findings from the National Rural and Remote Nursing and Midwifery Survey (February to March 2026), evidence reviews, and consultations with jurisdictions, peak bodies and education providers. It identified key gaps, challenges and opportunities across rural and remote nursing and midwifery education and training pathways.

Findings from the survey, evidence reviews and consultations highlighted the value of undergraduate nursing programs in preparing graduates for rural and remote practice. They also identified challenges in midwifery education, postgraduate training pathways and targeted supports for rural students. The paper provides an evidence base to inform future policy and program development, with a focus on strengthening place-based education, particularly beyond the undergraduate level, and supporting a sustainable rural and remote generalist health workforce.

While progress has been made, the key challenge remains establishing a coordinated, end-to-end system that supports nurses and midwives throughout their careers. Achieving this will be critical to strengthening rural nursing generalism and improving health outcomes for rural and remote Australians.



National Rural and Remote Health Awards 2025:
Speaker Professor Jenny May AM

Allied health rural generalism

Allied health rural generalism can be described as encompassing both a broad scope of practice and advanced skills in particular areas of practice within a rural or remote context. Rural generalists provide services to a large range of consumers, for a wide range of clinical presentations across all ages and in a variety of healthcare delivery settings, often in multidisciplinary team environments. Allied health rural generalist practice is currently recognised across 10 professions: dietetics, exercise physiology, medical radiation science (radiography), occupational therapy, pharmacy, physiotherapy, podiatry, psychology, social work and speech pathology.

The Allied Health Rural Generalist Pathway was established over a decade ago and continues to operate within several state and territory health systems. In the non-government sector, most Commonwealth support for allied health rural generalism has been provided through grant funding for the Allied Health Rural Generalist Education and Training Scheme delivered by Services for Australian Rural and Remote Allied Health. This funding ended in 2025–26. The Office is now contributing to discussions on the future of allied health rural generalism, including opportunities for a more nationally consistent approach to rural generalist education and training. As part of this work, the Deputy Commissioner for Allied Health has been consulting with allied health stakeholders to better understand their perspectives on allied health rural generalism within the non-government sector. Insights from this engagement will inform targeted consultation on allied health rural generalism, including opportunities, challenges and considerations for the future progression of the pathway.

During 2025–26, significant progress was achieved through the formal recognition of rural generalist medicine. Ongoing work is required to strengthen rural and remote nursing and midwifery education and training pathways. This will involve continued engagement with the allied health sector to support the development of a nationally consistent approach to allied health rural generalism. Together, these initiatives reinforce the importance of a skilled, flexible and multidisciplinary workforce capable of responding to the diverse needs of rural and remote communities.

Priority 3: Support First Nations people's health and wellbeing

The Commissioner and her Office supported initiatives aimed at reducing health inequities experienced by First Nations peoples, particularly in rural and remote communities. Advice and policy development were informed through ongoing engagement with First Nations health organisations, workforce representatives and community-controlled health services, with a focus on strengthening First Nations workforce development, education and training, and improving health outcomes.

In February 2026, the Office convened the First Nations Peak Organisations Roundtable, where Deputy Commissioners Professor Deravin and Associate Professor Argus were introduced to the group. Attendees were invited to raise key issues for their members with the Office.

During 2025–26, the Commissioner began regular engagement with the National Aboriginal Community Controlled Health Organisation (NACCHO) through quarterly meetings with its CEO. This complemented broader stakeholder consultation activities.

The Office continued to engage with Aboriginal Community Controlled Health Organisations and First Nations workforce representatives. This included consulting with Miwatj Health Aboriginal Corporation to better understand primary care delivery models in remote communities, and engaging with the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners to inform work on place-based education and training pathways.

The Office made a submission to the Department of Education's consultation on the First Nations Education Policy. The submission focused on strengthening vocational and tertiary education pathways into the health workforce. In addition, First Nations workforce and service delivery considerations were incorporated into a range of policy and program reforms, including reviews of the Specialist Training Program and Advanced Skills Training Program.

The Deputy Commissioners continued to support this work through a dedicated focus on First Nations health and wellbeing and by strengthening relationships across First Nations health organisations and networks.

Priority 4 Support urgent and emerging priorities

In preparation for the Treasurer's Productivity Roundtable, the Commissioner provided a briefing paper to the Assistant Minister for Rural and Regional Health, the Hon Emma McBride MP on productivity opportunities involving the rural generalist workforce and their contribution to health system efficiency solutions.

Rural maternity workforce and services

The Commissioner and the Office continued to engage extensively with rural and remote health stakeholders to monitor emerging workforce risks and inform advice on the sustainability of rural maternity services.

The Commissioner remained a member of the National Maternity Workforce Strategy 2026–2036 Steering Committee and supported the development and facilitation of the second edition of the National Consensus Framework for Rural Maternity Services. In September 2025, the Commissioner presented an overview of the revised framework to the Jurisdictional Chief Nursing and Midwifery Officers, promoting a nationally consistent approach to strengthening rural maternity service planning and delivery.

During 2025–26, the Office developed a briefing paper examining challenges in attracting and retaining the rural general practice obstetrician (GPO) workforce, including rural generalists with advanced obstetric skills. The paper highlighted potential impacts on access to maternity services in rural and remote communities, including increased travel requirements for women needing higher-level obstetric care, and ongoing pressures on the viability of rural maternity units.

The Office led targeted engagement on workforce opportunities and challenges affecting rural GPOs. This included convening two stakeholder forums with the Australian College of Rural and Remote Medicine, the Royal Australian College of General Practitioners, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Rural Doctors Association of Australia. The Office also engaged on this matter with the Australian Medical Association.

These discussions gave a coordinated view of the future GPO workforce and training pipeline. They identified challenges such as fragmented funding arrangements, misaligned training pathways and variation in credentialling processes, and explored potential solutions and current reform initiatives. An update to the National Rural Generalist Pathway Jurisdictional Implementation Forum in May 2026 highlighted the critical role of the states and territories in supporting GPO training pathways and sustainable rural maternity workforce environments. This work is ongoing.

Allied health workforce and service development

The Office provided evidence-informed advice to strengthen rural and remote allied health services, with a particular focus on workforce distribution and improving access to care.

The Office had representatives on both the Steering Group and the Advisory Group overseeing development of the National Allied Health Workforce Strategy. During 2025–26, the Office contributed to consultation for and refinement of the strategy. This included considering feedback from public consultation and the Health Workforce Taskforce. The Strategy is expected to be released in 2026. It will provide a national framework to address allied health workforce shortages, including challenges specific to rural and remote Australia.

The Deputy Commissioner for Allied Health continued to contribute to strategic allied health policy as a member of the Allied Health Industry Reference Group – a stakeholder forum that addresses key allied health workforce and service delivery issues. In this role, he advised on matters affecting rural and remote allied health services and workforce sustainability.

The Office also contributed to the Allied Health Digital Health Advisory Group, convened by the Australian Digital Health Agency, supporting initiatives to strengthen the integration of allied health services into digital health systems and improve connected care across the health sector.

The Office advised the department on recommendations from the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) inquiry into rural, regional and remote Australia. The Office's advice focused on workforce shortages affecting health, allied health and NDIS services, and opportunities to improve travel flexibility for NDIS participants living in remote and very remote communities.

The Office contributed a submission to the House of Representatives Standing Committee on Health, Aged Care and Disability inquiry into the Thriving Kids initiative. The submission advocated for:

- including rural and remote perspectives in the co-design of care models
- recognising the full continuum of developmental support services
- exploring alternative funding approaches to address 'thin market' challenges and support a sustainable allied health workforce in rural and remote communities.

Submissions to regulatory agencies

The Office advises professional regulatory bodies on supporting safe, accessible and sustainable health care in rural and remote Australia.

During 2025–26, the Office made submissions to the Nursing and Midwifery Board of Australia on the review of the Registration Standard: Endorsement for Scheduled Medicines for Midwives and the review of the Enrolled Nurse (EN) and Registered Nurse (RN) Standards for Practice.

The Office's recommendations included:

- giving more emphasis to demonstrated clinical competence rather than minimum practice hours
- more clearly differentiating between EN and RN standards
- strengthening recognition of the social determinants of health, particularly for Aboriginal and Torres Strait Islander peoples and rural and remote communities.

The Office also made a submission to the Pharmacy Board of Australia on proposed prescribing endorsement arrangements for scheduled medicines. The submission supported allowing pharmacists to prescribe more types of lower-risk medicines, subject to safety, communication and clinical governance frameworks being in place. It did not support allowing pharmacists to prescribe higher-risk Schedule 8 medicines.

The Office contributed to the Optometry Board of Australia's review of the Registration Standard and Guidelines for Endorsement for Scheduled Medicines. The submission recommended measures to encourage workforce distribution to areas of greatest need and strengthen governance, oversight and accountability for prescribing medicines.

Emergency management and disaster preparedness

The Office engaged with stakeholders and the National Emergency Management Agency to strengthen the role of rural and remote primary health care in disaster preparedness, response and recovery planning. Through ongoing information sharing, policy development and collaboration across states and territories, the Office advised on the unique challenges facing rural and remote communities during emergencies. Discussions in December 2025 and June 2026 highlighted the importance of strong local collaboration between health services, Primary Health Networks and disaster management agencies, as well as staying aware of workforce availability, resilient supply chains, access to essential medications and food security during emergencies.

Rural and remote health research

The Commissioner contributed to the development of Australia's first National Health and Medical Research Strategy 2026–2036. This followed findings from the Health and Medical Research Workforce Audit that highlighted the under-representation of rural and remote researchers.

The strategy includes a dedicated focus on strengthening place-based regional, rural and remote research (Outcome 3.5). It recognises the importance of building research capability and leadership within rural communities to address health inequities and improve service delivery.

The strategy is available on the National Health and Medical Research Council (NHMRC) website at: www.nhmrc.gov.au/research-policy/research-priorities/regional-rural-and-remote-health-equity.

The Office advocated for investment in the rural and remote research workforce to improve understanding of unmet health needs, workforce challenges, service innovation and Indigenous data sovereignty. Strengthening rural research capacity is critical to expanding the evidence base for rural health policy and practice and enabling more people in rural areas to participate in clinical trials.

This work aligns with initiatives of both the National Health and Medical Research Council (NHMRC) and the Medical Research Future Fund (MRFF). The NHMRC and the MRFF now offer support for regional, rural and remote research through targeted funding streams, research capacity-building activities and place-based research programs designed to improve health outcomes for rural and remote Australians. Information about the MRFF funding for regional, rural and remote research is available at www.health.gov.au/resources/publications/medical-research-future-fund-funding-for-regional-rural-and-remote-research.

The Commissioner engaged with several clinical trial networks, including the Australian Teletrial Program, to promote improved access to clinical trials for First Nations, rural and remote communities. The Office emphasised the importance of place-based, community-informed models that enable equitable participation in research regardless of geographic location.

Governance

Under section 79AO of the *Health Insurance Act 1973*, the National Rural Health Commissioner is an official of the Department of Health, Disability and Ageing for the purposes of finance law. Therefore, the duties and obligations of officials under the *Public Governance, Performance and Accountability Act 2013* apply to the Commissioner and the Office, including the requirement to manage resources in an efficient, effective, economical and ethical manner.

The Office operated in accordance with the Statement of Expectations 2024–2026 issued by the Assistant Minister for Rural and Regional Health in September 2024. The Commissioner responded through a Statement of Intent outlining the Office’s planned activities to meet these expectations. Both documents are publicly available on the Office’s webpage.

Financial management

The Office’s allocated budget for the 2025–26 financial year was \$1.89 million, which includes the salaries for the Commissioner, Deputy Commissioners and Office staff.

Table 1: Australian Public Service staff by employment status during the 2025–26 financial year

State/location	Full-time ongoing	Part-time ongoing	Full-time non-ongoing
Queensland	2	2	
South Australia	1	1	1
Australian Capital Territory	1	1	

Table 2: Deputy Commissioners by employment status during the 2025–26 financial year

Name	Position title	FTE ¹
Professor Linda Deravin	National Rural Health Deputy Commissioner – Nursing and Midwifery	0.3 FTE
Associate Professor Geoff Argus	National Rural Health Deputy Commissioner – Allied Health	0.3 FTE

1. FTE = full-time equivalent.

Table 3: Accountable authority during the 2025–26 financial year

Name	Position title	Start date	End date
Professor Jenny May	National Rural Health Commissioner	2 September 2024	30 June 2028

Future focus

Looking ahead, the Office of the National Rural Health Commissioner will continue to provide independent, evidence-based advice to support better health outcomes for people living in regional, rural and remote Australia.

Building on the findings of the independent legislative review and the progress achieved during 2025–26, the Office will focus on advancing rural generalist and multidisciplinary workforce models, strengthening place-based education and training, supporting First Nations health equity, and contributing to reforms that improve access to high-quality care.

Following Professor May's reappointment for a further two years, the Office has received a new Statement of Expectations for 2026–2028 from the Assistant Minister for Rural and Regional Health and will develop a corresponding Statement of Intent. Together, these documents will guide the Office's priorities and activities over the next reporting period.

Through continued collaboration with communities, governments, health professionals and sector leaders, the Office will champion practical, locally informed solutions that improve access to care and help ensure rural and remote Australians receive the right care in the right place at the right time.

Appendixes

Appendix A – List of committees and advisory groups the Commissioners were members of during 2025–26

Appendix B – Examples of bodies the Office regularly engages with

Appendix C – Presentations and stakeholder engagements (including roundtables)

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

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

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

Appendix G – Membership of the First Nations Peak Organisations Roundtable

Appendix H – Members of the Joint Consultative Committee on Rural Generalist Medicine

Appendix I – Membership of the Rural Generalist Recognition Taskforce

Appendix J – Publications

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

Appendix L – Media appearances

Appendix A – List of committees and advisory groups the Commissioners were members of during 2025–26

- Allied Health Industry Reference Group
- Australia and New Zealand Council of Chief Nursing and Midwifery Officers
- Council for Connected Care
- 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 – Implementation Oversight Committee Meeting

Appendix B – Examples of bodies the Office regularly engages with

Category	Name
Government and regulatory bodies	Australian Commission on Safety and Quality in Health Care Australian Government Department of Health, Disability and Ageing Australian Institute of Health and Wellbeing National Emergency Management Agency National Health and Medical Research Council Regional Education Commissioner State and territory health departments
Peak bodies, health professional associations and colleges	Allied Health Professions Australia Australasian College of Paramedicine Australian College of Emergency Medicine Australian College of Midwives Australian College of Nursing Australian College of Rural and Remote Medicine Australian Dental Association Australian Indigenous Doctors' Association Australian Medical Association Australian Physiotherapy Association Australian Primary Health Care Nurses Association Congress of Aboriginal and Torres Strait Islander Nurses and Midwives Council of Presidents of Medical Colleges CRANApplus Indigenous Allied Health Australia National Aboriginal Community Controlled Health Organisation National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners National Rural Health Students Network Occupational Therapy Australia Pharmaceutical Society of Australia Physiotherapy Board of Australia Royal Australasian College of Physicians Royal Australian and New Zealand College of Obstetricians and Gynaecologists Royal Australian College of General Practitioners Royal Australian College of Surgeons Rural Doctors Association of Australia Services for Australian Rural and Remote Allied Health

Category	Name
Education, training and research institutions	Australian Rural Health Education Network
	Federation of Rural Australian Medical Educators
	James Cook University
	La Trobe University, Violet Vines Marshman Centre for Rural Health Research
	Lowitja Institute
	Manna Institute
	Medical Deans Australia and New Zealand
	Rural Workforce Agencies Network
	University Departments of Rural Health
Consumer and community organisations	Vocational education and training sector
	Collarenebri Local Aboriginal Land Council
	Consumers Health Forum of Australia
	COTA Australia
	Country Women's Association of Australia
	Gayaa Dhuwi (Proud Spirit) Australia
	Healing Foundation
	Isolated Children's Parents' Association
	Maternity Consumer Network
	Multicultural Council of the Northern Territory
	National Centre for Farmer Health
	National Rural Women's Coalition
	Remote Australians Matter
Service providers and networks	Rural Rainbows
	General Practice Registrars Australia
	General Practice Supervision Australia
	HealthWISE
	National Rural Health Alliance
	NBN Co
	Ochre Health Collarenebri
	Outback Futures
	Primary Health Network (PHN) CEOs Rural Health Working Group
	Royal Flying Doctor Service
	The People Project (Chair of Rural Workforce Agency Network)
	World Health Organization – Health Equity Division

Appendix C – Presentations and stakeholder engagements (including roundtables)

Conference/forum	Role
Allied Health Industry Reference Group	Speaker
Allied Health Professionals Australia – Member Collaborative Forum	Speaker
Australian College of Health Service Management Asia-Pacific Congress	Speaker/ panellist
Australian Council of Chief Nursing and Midwifery Officers meeting	Speaker
Australian Council of Deans of Health Sciences Board meeting	Speaker
Australian Dental Industry Association Parliamentary Roundtable	Speaker
Australian Rural Health Education Network Board meeting	Speaker
Clinical Excellence Queensland Showcase	Speaker
Council of Presidents of Medical Colleges Rural Workshop	Speaker
Federation of Rural Australian Medical Educators 2026	Speaker
GPT3 Registrars Workshop	Speaker
Health and Medical Research Office – Journeying in Rural Health Research Seminar	Speaker
La Trobe University – Rural Health School's Annual Research Conference – Violet Vines Marshman Oration	Speaker
Medical Workforce Advisory Collaboration Generalism Working Group	Speaker
Medicines Management 2025	Speaker
National Allied Health Advisors and Chief Officers Committee	Speaker
National Allied Health Conference	Speaker
National Regional Training Hub Forum	Speaker
National Rural and Remote Health Awards	Speaker
National Single Employer Model Summit	Speaker
NSW Regional Health Ministerial Advisory Panel	Speaker
NSW Rural Doctors Network – Rural GPs Conference	Speaker
Parliamentary Friends of Maternal Health	Speaker
Parliamentary Friends of Rural and Regional Health	Speaker
Primary Care Conference 2026	Speaker
Queensland Rural Generalist 20 Year Forum	Speaker
Remote Australians Matter – Health Horizons – Health Equity for Remote Kids Summit	Speaker
Research Australia University Roundtable	Speaker
Royal Melbourne Hospital Medical Workforce Grand Round	Speaker
Rural and Remote Health Scientific Symposium	Speaker

Conference/forum	Role
Rural Doctors Association of Queensland 2026	Speaker
Rural Generalist Engagement and Networking Conference 2026	Speaker
Rural Health International Place-based Education and Research Conference 2025	Speaker
Rural Medicine Australia 2025	Speaker/ panellist
Rural Practice Owners Conference	Speaker
Tamworth Business Chamber – State of the Nation Leadership Forum	Speaker
Tasmanian Rural Health Conference 2026	Speaker
UniSQ Bachelor of Nursing Charleville Cohort Celebration	Speaker
University of Newcastle College of Health, Medicine and Wellbeing Graduation Ceremony	Speaker
University of Sydney Health Ethics and the University Centre for Rural Health Northern Rivers – Prof Stephen Lee Lecture in Ethics	Speaker/ panellist
University of Wollongong Rural Health Research Conference	Speaker
Victorian Rural Health Conference 2026	Speaker
21st WONCA World Rural Health Conference	Speaker

Appendix D – 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 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 E – 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 F – 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
- National Aboriginal Community Controlled Health Organisation
- National Rural Generalist Pathway Jurisdictional Implementation Forum representatives
- Royal Australian College of General Practitioners
- Rural Doctors Association of Australia

Appendix G – Membership of the First Nations Peak Organisations Roundtable

- Australian Indigenous Doctors' Association
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Gayaa Dhuwi (mental health and suicide prevention)
- 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 H – Membership of the Joint Consultative Committee on Rural Generalist Medicine

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

Appendix I – 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 J – Publications

McGrail, MR, May, J & Logan, K 2026, 'Specialty college selection: why change is critical to support a future rural workforce', **Medical Journal of Australia**, vol. 224, no. 1, e70121, <https://doi.org/10.5694/mja2.70121>.

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

Name	Consultations, reviews and briefings
Australian Government, Department of Education	First Nations education policy
Australian Government, Department of Health, Disability and Ageing	Bonded Medical Program Legislative Rule amendments Council of Australian Governments Section 19(2) evaluation Consultation on defining allied health Evaluation of the Advanced Skills Training Posts Program for Rural Generalists and General Practitioners Inquiry into Thriving Kids Initiative Modernising Referral Pathways Review of the Australian General Practice Training Program performance and outcomes framework for 2026-30 Review of the Higher Education Loan Program debt reduction for health practitioners Royal Flying Doctor Service mid-term evaluation Rural Locum Future Direction Consultation Specialist Training Program Urgent Care Clinic guidance review Working Better for Medicare Review
Australian Medical Council	Review of the specialist programs assessment of the Rural Generalism program Review of the Standards for Assessment and Accreditation of Specialist Medical Programs
Australian Tertiary Education Commission	A More Joined-Up Tertiary System discussion paper Consideration of tertiary education settings to support rural and remote health workforce outcomes
Nursing and Midwifery Board of Australia	Endorsement for scheduled medicines for midwives Review of the Registration Standard: Enrolled Nurse and Registered Nurse Standards for Practice
Optometry Board of Australia	Review of the Registration Standard: Optometry endorsement for scheduled medicines and Guidelines for use of scheduled medicines
Pharmacy Board of Australia	Endorsement for scheduled medicines for pharmacists proposal

Appendix L – Media appearances and media releases

News outlet	Delivery type	Topic
Australian Broadcasting Corporation	Radio	Reflections on the first 12 months as the National Rural Health Commissioner
Australian Broadcasting Corporation	Radio	Visit to Family Medical Practice and Longreach Hospital
Insight	Media release/article	Release of <i>Implementing Rural Selection: A Guide For Medical Colleges</i> developed by the National Rural Health Commissioner with the Council of Presidents of Medical Colleges
Lismore Times	Media release/article	Inaugural Professor Stephen Lee Lecture in Ethics, presented by Sydney Health Ethics and the University Centre for Rural Health Northern Rivers
Longreach Leader	Media release/article	Visit to Family Medical Practice and Longreach Hospital
The Medical Republic	Media release/article	Council of Presidents of Medical Colleges Rural Workshop at Parliament House
WIN TV	TV	Violet Vines Oration, La Trobe University Bendigo
WIN TV	TV	Rural Doctors Network Conference, Rural Health Month



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All information in this publication is correct as at September 2026