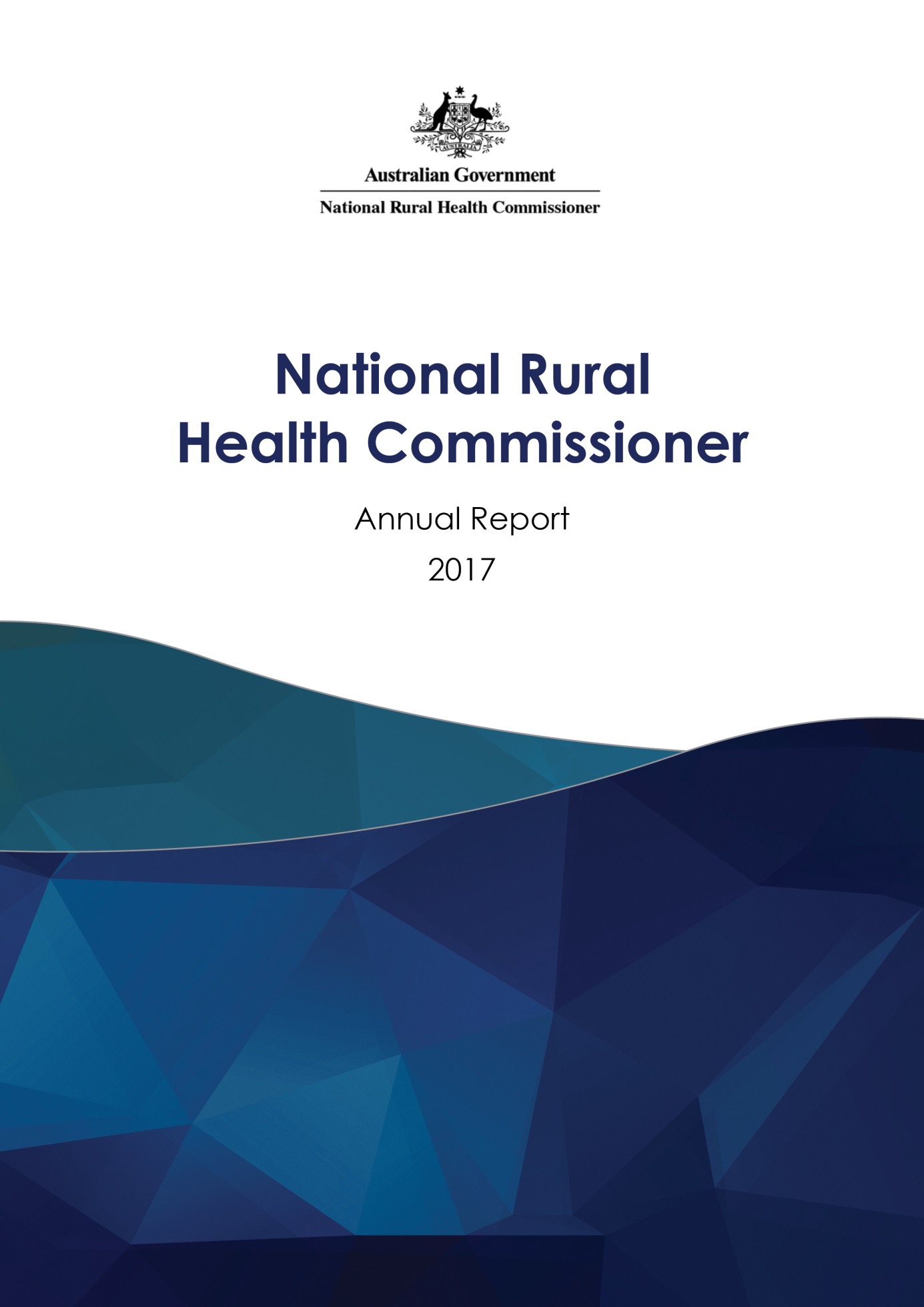


**National Rural Health Commissioner**

**Annual Report**

**2019**



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The Hon Mark Coulton MP

Minister for Regional Health, Regional Communications and Local Government

Member for Parkes NSW

Suite M1.52, Parliament House

CANBERRA ACT 2600

Dear Minister

In accordance with section 79AM of the *Health Insurance Act 1973*, I present to you the Annual Report of the National Rural Health Commissioner covering the Commissioner’s activities during the calendar year from 1 January 2019 to 31 December 2019.

Yours sincerely



Emeritus Professor Paul Worley  
National Rural Health Commissioner

31 March 2020

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# Overview

The National Rural Health Commissioner (the Commissioner) was appointed as an Independent Statutory Officer in November 2017 through an amendment to the *Health Insurance Act,* (1973). The establishment of the Commissioner’s role was part of a broader government strategy to improve health outcomes for people living in regional, rural and remote Australia.

Since his appointment the Commissioner has consulted with a broad range of stakeholders across regional, rural and remote Australia in order to provide objective, evidence-based advice to the responsible Minister on health workforce reform and increased access to health services for Australians living outside metropolitan centres. The independent status of the Commissioner has enabled him to represent the views, experience and lived reality of a broad cross-section of the health sector including consumers, health providers, students, educators and health service organisations.

The activities summarised in this report cover the period from 1 January to 31 December 2019 and pertain to two specific areas:

1. Advice on strategies to improve access, quality and distribution of allied health services in regional, rural and remote Australia; and
2. The provision of assistance to the two General Practice Colleges on the application for national recognition of Rural Generalist Medicine as a distinct field of practice.

The Commissioner’s work has been framed by Aboriginal and Torres Strait Islander concepts of health, wellbeing and community development. Delivering services that are appropriate to the needs of local communities, ensuring that practitioners are able to work collaboratively across geographical regions by reducing professional isolation, and providing opportunities for more health professionals to train and work where they live are evidence-based strategies that help to build thriving and resilient communities.

The Commissioner would like to acknowledge the support of the former Minister for Regional Services, Sport, Local Government and Decentralisation, Senator the Hon Bridget McKenzie, and the current Minister for Regional Health, Regional Communications and Local Government, Hon Mark Coulton MP.

Support from the Minister’s office and staff from the Australian Department of Health has been invaluable in assisting the Commissioner in his role. The Commissioner acknowledges the assistance he has received from key stakeholders in allied health, along with the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine.

A summary of stakeholder consultations is included in this Report at Appendix One.

# Functions

The *Health Insurance Act 1973* (the Act) provides the legislative basis for the appointment and the functions of the National Rural Health Commissioner (the Commissioner).

In accordance with the Act, the functions of the Commissioner are to provide advice in relation to rural heath to the Minister responsible for rural health, including:

1. defining what it means to be a rural generalist;
2. developing a National Rural Generalist Pathway; and
3. providing advice to the Minister on the development and distribution of the rural workforce and on matters relating to rural health reform.

In performing these functions, the National Rural Health Commissioner must:

1. consult with health professionals in regional, rural and remote areas;
2. consult with States and Territories, and with other rural health stakeholders as the Commissioner considers appropriate;
3. consider appropriate remuneration, and ways to improve access to training for rural generalists; and
4. consider advice of the Rural Health Stakeholder Roundtable and the Rural Health Workforce Distribution Working Group.

# 2019 Work Program

In December 2018, the former Minister for Regional Services, Local Government and Decentralisation, Senator the Hon Bridget McKenzie, issued a Statement of Expectations to the National Rural Health Commissioner on rural allied health workforce reform:

*The Commissioner will develop recommendations to Government on effective and efficient strategies that will improve access to allied health services and quality of services, and to improve the distribution of the rural allied health workforce in regional, rural and remote Australia. This advice is due to Government no later than 1 October 2019[[1]](#footnote-2).*

*As Commissioner, to achieve this you will:*

1. *Conduct a literature review to: explore the means by which allied health services are delivered in rural, regional and remote areas; identify existing or developing issues; identify potential duplication of services provided by the Commonwealth and jurisdictions; and provide an evidence base for advice to Government.*
2. *Work with the Australian Allied Health Leadership Forum (which includes Allied Health Professions Australia, Indigenous Allied Health Australia, and Services for Australian Rural and Remote Allied Health Australia), Australian Healthcare and Hospitals Association and the National Rural Health Alliance to:*
   1. *Prepare a discussion paper on policy options, within the Commonwealth’s remit, to improve the quality, accessibility and distribution of allied health services in regional, rural and remote Australia;*
   2. *Deliver a final report with evidence-based recommendations for consideration by the Minister;*
   3. *Consult on policy concepts in the discussion paper. The above organisations can consult independently, on your behalf via their membership, and report back to you.*
3. *Provide advice on rural allied health matters at the request of the minister responsible for rural health.*

*Separate to allied health you are also required to provide assistance to the two GP Colleges (the Royal Australian College of General Practitioners and the Australian College of Rural and Remote Medicine) to collaboratively pursue recognition of Rural Generalists through a protected title and specialised field within General Practice.*

# Office

## Vision

Equitable access to high quality, locally delivered healthcare for all Australians.

## Role

To work with regional, rural and remote communities, the health sector, peak bodies, universities, and specialist training colleges and across all levels of government to improve rural health policies, champion the cause of rural practice, and to develop strategies to improve access to health services for regional, rural and remote communities across Australia.

## Annual Report

The Annual Report is a formal accountability document that summarises the activities of the Commissioner during the statutory reporting period – 1 January to 31 December, 2019 as per section 79AM of the *Health Insurance Act (1973*).

## Financial Management

The Office of the National Rural Health Commissioner receives funding of $4.4 million over four years until July 2020.

# Allied Health Workforce in Regional, Rural and Remote Australia

## The Allied Health Workforce

Allied health professionals work across the entire spectrum of patients’ lives. Their services are essential to the prevention of disease, recovery and restoration of health and maintenance of physical and mental wellbeing. Allied health professionals work in private and public settings across health, aged care, justice, education, disability, early childhood and rehabilitation. There is high and increasing demand for allied health services and, while supply is growing, this growth is not reflected in many regional, rural and remote areas, where unfilled vacancies, high turnover and maldistribution continue to limit access. In smaller rural and remote towns, allied health professionals often work in thin markets and areas of market failure where their scope of practice is broader, their geographic catchments larger, and their patient to practitioner ratios higher than in urban practice. Allied health professionals in these settings face additional challenges with short-term contracts or part-time positions. The introduction of the National Disability Insurance Scheme (NDIS), combined with the needs of an ageing rural population, has placed further demands on a workforce that already faces significant challenges in meeting the needs of rural and remote populations. However, this intersection of competing workforce needs, also provides an opportunity for collaboration and the potential to develop sustainable, integrated service and learning models.

## Literature Review

A significant part of the work undertaken by the Commissioner during the reporting period was the development of evidence-based policy options to improve the access, quality and distribution of allied health services in regional, rural and remote areas.

The Commissioner’s first task, as directed by the responsible Minister, was to undertake a comprehensive literature review to provide an evidence base for consultation and for the development of a discussion paper. The literature review provided a detailed analysis of 119 peer-reviewed articles pertaining to regional, rural and remote allied health workforce training, recruitment and retention along with models of service and scope of practice. The findings revealed significant differences in the way rural and remote allied health professionals worked compared to those based in metropolitan settings, including infrastructure, geographies and scope of practice. While the number of allied health professionals in metropolitan settings is increasing, rural and remote allied health services face significant recruitment and retention challenges, particularly for early career professionals. In addition, while there is a strong correlation between rural origin and rural retention of health professionals, rural students face significant barriers to accessing end-to-end tertiary training where they live. The literature review highlighted a number of strategies to increase the access, quality and distribution of allied health services, which were reinforced through the broad consultation process that followed. The *Literature Review*: *The Review of Allied Health Evidence to Inform Policy Development for Addressing Access Distribution and Quality* was released in July 2019 and is available at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/National-Rural-Health-Commissioner-publications>

## Sector Consultation

The findings from the literature review were part of comprehensive consultation with the allied health sector that included key stakeholders identified in the Statement of Expectations along with broader consumer, workforce and education sector input.

The results of these consultations, combined with the literature review, assisted in the development of a discussion paper with policy options, which was then circulated widely for public feedback. The discussion paper received 116 written feedback submissions from a diverse range of stakeholders representing the education, training and service sectors, consumers and students, along with submissions from individual practitioners.

The outcomes of initial consultations, the literature review, and the feedback from the discussion paper were synthesised into strategic themes. These were tested and refined through further consultation with key stakeholders in the sector and within Government.

## Strategic Themes

Four strategic themes address the elements of access, quality and distribution as interrelated parts of a comprehensive approach to improved healthcare delivery in regional, rural and remote settings.

First, in order to produce a sustainable, local workforce, rural students need increased access to tertiary training through improved training pathway systems. During their training, all students with a rural interest need the opportunity to learn and train in smaller rural and remote towns where access to services is more limited. Increased opportunities for end-to-end and longitudinal placements will contribute to future workforce recruitment and retention.

Second, strategies that increase the participation of Aboriginal and Torres Strait Islander allied health professionals through community-led initiatives and pathways into tertiary training, can enhance the cultural safety and cultural responsiveness of health services and contribute to the wellbeing of Aboriginal and Torres Strait Islander populations.

Third, a strategy to build scale and sustainability in rural allied health services is required. The development of collaborative networks across clusters of small towns can support existing local public, private and not-for-profit providers to improve workforce distribution, strengthen thin markets, enhance retention and ensure continuity of care for local communities. These integrated networks can also ensure positive, quality learning environments for students and new graduates. A focus on public health and quality improvement can ensure that learning and service provision aligned with community need and patient safety are culturally safe and culturally responsive.

Finally, in order to be successful, all initiatives need to be community led and framed by Indigenous concepts of health, wellbeing and community development. National leadership through a central dedicated senior role in government to contribute to policy across departments and portfolios, and oversee the development of a comprehensive workforce strategy and dataset for all allied health professionals, would greatly contribute to improved representation of the sector in policy development along with evidence-based workforce planning.

The ongoing contribution of key stakeholders in the development and refinement of these strategic themes has greatly informed and enriched the Commissioner’s work. The literature review will provide a valuable resource for ongoing and future research.

## Next Steps

A draft report of the Commissioner’s Advice was submitted to the responsible Minister, the Hon Mark Coulton, Minister for Regional Services, Decentralisation and Local Government, on 1 October, 2019. Later in the same month, the responsible Minister issued a revised Statement of Expectations, extending the submission of the report to 30 December 2019. As a result, the report was submitted to the responsible Minister by the due date.

The responsible Minister has now issued a new Statement of Expectations for the period 1 January – 30 June 2020. The scope of work outlined in the Statement of Expectations requires the Commissioner to further develop and refine the report and to recommend practical and efficient implementation processes. The Commissioner will continue to work closely with the sector and the Government to complete this work and will submit a final report on 30 June 2020.

# National Recognition for Rural Generalist Medicine

In addition to the scope of work on allied health reforms, the Statement of Expectations issued by the responsible Minister included a direction to assist the Australian College of Rural and Remote Medicine and the Royal Australian College of General Practitioners to collaboratively pursue recognition of Rural Generalist Medicine. This was a key recommendation of the *Advice to the National Rural Health Commissioner on the Development of the National Rural Generalist Pathway* by the National Rural Generalist Taskforce:

*That the two General Practice colleges support the national recognition, as a protected title, of a Rural Generalist as a Specialised Field within the specialty of General Practice.*

There are considerable public benefits to national recognition including greater public transparency of skills and training, improved patient safety, more streamlined credentialing processes for health services, the portability of skills across jurisdictions, improved data collection for workforce planning, and an attractive career pathway for future and existing rural doctors.

National recognition requires a specific application process to the Australian Medical Council. To facilitate and expedite this process the Commissioner formed and chaired a Rural Generalist Recognition Taskforce comprised of senior representatives from both General Practice Colleges. The Taskforce met monthly during the drafting of the application, which was submitted to the Australian Medical Council on 10 December 2019. This submission completed the first stage of the application process, which also includes extensive consultation across the sector. Further work will continue in 2020.

# Rural Health Stakeholder Roundtable

During the reporting period, the Commissioner attended two Rural Health Stakeholder Roundtable (the Roundtable) meetings. The first meeting was held on 28 March 2019 and was convened by the former Minister for Regional Services, Sport, Local Government and Decentralisation, Senator the Hon Bridget McKenzie. The Commissioner updated Roundtable members on two main areas of work for 2019 – regional, rural and remote allied health services and national recognition of Rural Generalist Medicine. Roundtable members provided valuable feedback on issues impacting on allied health access, quality and distribution including market failure, lack of reliable workforce data, limited rural placements for students and credentialing issues for allied health professionals.

The second Rural Health Stakeholder Roundtable meeting was held on 20 September 2019 and was convened by the Minister for Regional Services, Decentralisation and Local Government, the Hon Mark Coulton MP. The Commissioner updated members on the progress of the allied health report and discussed the strategic themes that had emerged through consultation. Members again provided valuable and constructive advice. Progress on the application for national recognition of Rural Generalist Medicine was also discussed.

# Conclusion

Throughout the reporting period and from the commencement of his role, the Commissioner has continued to champion rural and remote health as a high value career and a critical component of rural economies. Healthy communities are thriving communities. A locally trained, sustainable workforce, where learning, service provision and research are interdependent elements of a holistic health ecosystem can strengthen communities and improve health outcomes. Community led, locally-based initiatives that integrate and support service provision and share resources over multi-town settings, will increase access where markets traditionally fail. Increased opportunities for rural-origin students to train as health professionals without having to relocate to cities, will have a positive impact on recruitment and retention. Increasing the number of Aboriginal and Torres Strait Islander health professionals in rural and remote communities will improve cultural safety and help to ensure culturally responsive health services. Leadership at the national level that represents the broad spectrum of allied health will provide a conduit for input into policy development across government. Continuing the process for recognition of Rural Generalist Medicine as a specialised field within the speciality of General Practice will lead to greater transparency, quality and safety in the provision of medical services in both hospitals and community settings.

During the last 12 months the Commissioner has continued to engage with a broad range of stakeholders to develop consensus-driven and evidence-based strategies and recommendations to improve the health and wellbeing of people living in diverse settings outside of major cities. Rural and remote communities, and the health professionals who serve them, have contributed generously to this process. In the course of the year, many of these same communities have faced unprecedented, catastrophic damage through the combined impact of fire, long-standing drought and recent flooding. Rural and remote communities, engaged in the process of rebuilding and revitalising towns across the country, now face a new challenge – preventing the spread of COVID-19 and protecting already-vulnerable populations. An important aspect of this process is to ensure that rural, and especially remote, Australians have equitable access to high quality and appropriate, locally-delivered health services.

Now, as never before, is the time for public and private health systems to come together across regions and sub regions to form collaborative networks, where resources are shared, continuity of care for patients is safe-guarded, and the next generation of dedicated generalist clinicians is trained. Towns that rely on a single practitioner or frequent locums have never been more vulnerable or brittle. We can no longer afford these models. Our communities deserve a more sustainable, holistic approach. Strong and adaptable local remote and rural health services are critical to our response in crisis, and even more important in our recovery.

Australia has one of the best health systems in the world. It is our challenge to ensure that all Australians have access to it, no matter where they live.

# Contacts

The Office of the National Rural Health Commissioner can be contacted by:

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Further information about the National Rural Health Commissioner can be found on the Commissioner’s website at [www.health.gov.au/national-rural-health-commissioner](http://www.health.gov.au/national-rural-health-commissioner)

## Enquiries

Enquiries about the *content* of this report may be directed to the Rural Policy Section,   
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Canberra ACT 2601, or [copyright@health.gov.au](mailto:copyright@health.gov.au)

# Appendix One: Consultations

**Commonwealth Ministers’ Offices**

Minister for Regional Services, Decentralisation and Local Government, the Hon Mark Coulton MP

Senator the Hon Bridget McKenzie

Minister for Health, the Hon Greg Hunt

Minister for Indigenous Affairs, the Hon. Ken Wyatt

**Members of Parliament**

The Hon Stephen Wade, Minister for Health and Wellbeing, South Australia

The Hon Dr David Clarke, Health Minister, New Zealand

The Hon Rowan Ramsay, Member for Grey, South Australia

The Hon Peter Treloar, Member for Flinders, South Australia

**Australian Government**

Caroline Edwards – Deputy Secretary of Health Systems Policy and Primary Care Group, Department of Health

Diagnostic Imaging and Pathology Branch, Medical Benefits Division, Department of Health, Health Training Branch, Health Workforce Division (inc. Consultant Kristine Battye)

Health Workforce Reform Branch, Health Workforce Division, Department of Health

Indigenous Health Division, Strategy and Evidence Branch, Department of Health

National Disability Insurance Scheme Market Reform Branch, Department of Social Services Pharmacy Branch, Technology Assessment and Access Division, Department of Health

Primary Care, Dental and Palliative Care Branch, Primary Care and Mental Health Division, Department of Health

Primary Health Networks Branch, Primary Care and Mental Health Division, Department of Health Rural Access Branch, Health Workforce Division, Department of Health

Rural and Remote Market Strategy, National Disability Insurance Agency (NDIA)

**Australian Allied Health Leadership Forum**

Allied Health Professions Australia

Australian Council of Deans of Health Sciences

Indigenous Allied Health Australia

National Allied Health Advisors and Chief Officers Committee

Services for Australian Rural and Remote Allied Health

**State and Territory Chief Allied Health Officers and Advisors**

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Andrew Davidson Chief Allied Health Officer, NSW Department of Health

Hassan Kadous Principal Allied Health Advisor, NSW Department of Health

Heather Malcolm Principal Allied Health Officer, NT Department of Health

Donna Markham Chief Allied Health Officer, Safer Care Victoria

Helen Matthews Chief Allied Health Officer, ACT Department of Health

Liza-Jane McBride Chief Allied Health Officer, Allied Health Professions’ Office of Queensland, Clinical Excellence Division

Kendra Strong Chief Allied Health Advisor, TAS Department of Health

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**Rural Health Stakeholder Roundtable**

Monica Barolits-McCabe CEO, Australian Indigenous Doctors’ Association

Terry Battalis NT Branch President, Pharmacy Guild of Australia

Simon Blacker Branch President, Pharmacy Guild of Australia

Lisa Bourke Chair, Australian Rural Health Education Network

Karl Briscoe CEO, National Aboriginal and Torres Strait Islander Health Worker Association

Ashley Brown Chair, National Rural Health Student Network

Christopher Cliffe CEO, CRANAplus

Rob Curry President, Services for Australian Rural and Remote Allied Health

Nicholas Elmitt Policy Advisor, Australian Medical Association

A/Prof David Garne Board Member, Federation of Rural Australian Medical Educators

Keith Gleeson Board Director, Australian Indigenous Doctors’ Association

Allan Groth Indigenous Allied Health Australia

Dr John Hall President, Rural Doctors Association of Australia

Dr Ross Hetherington Chair, Rural Health Workforce Australia

Claire Hewat CEO, Allied Health Professions Australia

Dr Sandra Hirowatari Chair, AMA Council of Rural Doctors

Eithne Irving Deputy CEO, Australian Dental Association

Katherine Isbister CEO (Proxy), CRANAplus

Shane Jackson CEO, Pharmaceutical Society of Australia

Richard Kingsford Pharmacy Guild of Australia

Mark Kinslea CEO, Pharmaceutical Society of Australia

Harry Jude Chair, National Rural Health Student Network

Cath Maloney CEO, Services for Australian Rural and Remote Allied Health

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Janine Ramsey National Director, Australian Rural Health Education Network

Melanie Robinson CEO, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)

Peta Rutherford CEO, Rural Doctors Association of Australia

Dr Shehnarz Salindera Council of Rural Doctors, Australian Medical Association

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Dr Ruth Stewart Chair, Federation of Rural Australian Medical Educators

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Phil Calvert National President of Australian Physiotherapy Association

Dr Dawn Casey COO, National Aboriginal Community Controlled Health Organisation

Deborah Cole Chair, Australian Healthcare and Hospitals Association

Rob Curry President, Services for Australian Rural and Remote Allied Health

Mark Diamond CEO, National Rural Health Alliance

Suzanne Greenwood Executive Director, Pharmacy Guild of Australia

Simon Hanna Clinical Consultant, Optometry Australia

Claire Hewat CEO, Allied Health Professions Australia

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Martin Laverty former CEO, Royal Flying Doctors Service of Australia

Martin Laverty Secretary General, Australian Medical Association

Tanya Lehmann Chair, National Rural Health Alliance

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Andrew Harvey CEO, Western New South Wales Primary Health Network

Denis Henry Chair, Royal Flying Doctors Service, Victoria

Nicki Herriot CEO Northern Territory Primary Health Network

Matt Jones CEO, Murray Primary Health Network

Martin Jones Director, UDRH Whyalla

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Dr Tony Robbins WA Department of Health

Dr John Williams Port Lincoln

Dr John Moran Northern Rivers University Department of Rural Health

Prof John Dewar La Trobe University

Wendy Keech Health Transition, South Australia

Dr Rohan Kerr Tasmania

Prof Christine Jorm NSW Regional Health Partners

A/Prof Hakan Muyderman University of Adelaide

Dr Kevin Gillespie Northern Beaches GP Superclinic

A/Prof Martin Jones University Department of Rural Health Whyalla

Mark Priddle Healius Institute

Renee Blackman Gidgee Healing, Queensland

Dr Peter Stephen Hayfield Medical Centre, Victoria

Dr Sarah Christenson Hayfield Medical Centre, Victoria

Prof Adam Guastella Brain and Mind Centre, Westmead Hospital, NSW

Dr Chris Buck WAGPET

A/Prof Tina Noutsos Flinders University

Todd Fraser Osler Technology

Kirstin Petrie University of Waikato, New Zealand

Dr Mark Wenitong Apunipima Health Service, Cairns

Dr Paul Stephenson Apunipima Health Service, Cairns

Prof John Humphreys Monash University

Mark Roe Director, Fusetec

Dr Robin Williams Chair, Western NSW Primary Health Network

Ben Wilson CEO, Medical Travel Companions

Jason Thompson Australian Institute of Health and Welfare

Dr Dalton Kelly CEO, Rural General Practice Network, New Zealand

**Invited Presentations**

New Zealand Rural Health Conference

Australian and New Zealand Society of Palliative Medicine

Western Victoria PHN Board and Clinical and Community Advisory Council

National Rural Health Alliance Forum

Hills Mallee Fleurieu Student Welcome Dinner

RFDS Victoria Board Meeting

Hunter New England Professional Development Program for Doctors 2019

NSW Agency for Clinical Innovation Rural Health Network Executive Meeting

Northern Territory PHN Board Meeting

WA Rural Medical Practitioners Annual Conference

NAHAC/ACDHS Joint Meeting

National Rural Health Alliance Conference

Indigenous Allied Health Australia Conference

GP Supervisors Liaison Officer Network

Murrumbidgee PHN Board Meeting

South Australia Allied Health Research Forum

Universities Australia Health Professions Education Standing Group Meeting

Western NSW Innovation Symposium

General Practice Training and Education Conference 2019

Towards Unity in Health Conference 2019

South Australian Digital Showcase

Australian College of Health Service Management Podcast

Australian Rural Health Education Network Board Meeting

Rural Medicine Australia 2019

GP19 Rural Faculty Meeting 2019

National Rural Health Alliance Council Meeting

Sustainable Rural Generalist Employment Models Forum

Third Annual Vietnam National Medical Education Conference

National Association of Field Experience Administrators

PHN North and Central West Queensland Health Forum

Gippsland PHN Combined Clinical and Advisory Council Meeting

Royal Australasian College of Surgeons Tristate Annual Scientific Meeting

NSW Bilateral Regional Health Reform Meeting

Rural and Remote Primary Health Care Strategy Roundtable

Primary Care Reform Consultation Group Meeting

Coalition of Nursing and Midwifery Organisations Members Meeting

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1. The due date for the Advice was subsequently amended to December 30, 2019. [↑](#footnote-ref-2)