



Australian Government

National Rural Health Commissioner

Office of the National Rural Health Commissioner

Annual Report

1 July 2020 – 30 June 2021



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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/nrhc



Acknowledgement of Country

The National Rural Health Commissioner (the Commissioner) and her Office acknowledges the Traditional Owners and Custodians of Country throughout Australia. The Commissioner recognises and deeply respects the strength and resilience of Aboriginal and Torres Strait Islander 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 assisting in the advancement of better health outcomes for Aboriginal and Torres Strait Islander people. The Commissioner is committed to doing this by promoting Aboriginal and Torres Strait Islander peoples' 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 she looks forward to continuing this journey.



The Hon Dr David Gillespie MP
Minister for Regional Health
Member for Lyne NSW
Suite M1.52, Parliament House
CANBERRA ACT 2600

Dear 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 covering the Commissioner's activities during the financial year from 1 July 2020 to 30 June 2021.

Yours sincerely

A handwritten signature in black ink that reads "Ruth Stewart".

Adjunct Professor Ruth Stewart
National Rural Health Commissioner

2021



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The National Rural Health Commissioner's Foreword



I wish to begin my first annual report as the National Rural Health Commissioner by paying tribute to the extraordinary work undertaken by skilled and dedicated rural health practitioners, educators, researchers and support staff from the outback to the mountains and to the beaches of Australia. Rural communities that were already staggering from the impact of drought, floods and fires and insufficient workforce have been further hit by the impacts of COVID-19 travel restrictions that have restricted the flow of domestic and international tourists to these communities and severely reduced the available pool of new and supporting rural health workforce. We often comment on the poor health outcomes in our far-flung communities. We do not often enough acknowledge that without the hard work of those precious few existing rural and remote clinicians the serious inequity witnessed in health care provision and health outcomes that exists would be much worse. I wish to thank every nurse, allied health professional, doctor and other providers of rural health care and those who enable and support them, for their resilience and dedication. They are the champions of this report.

This report addresses the activity that my staff and I have undertaken in the twelve months from July 2020 until June 2021. Writing it has given me pause to reflect upon our activity which has been wide-ranging. It has also given me the opportunity to recognise that we have achieved some of our goals, but I am constantly aware of the body of work that remains. It is considerable.

I see the role of National Rural Health Commissioner as being a boundary spanner 1 between the key stakeholders in rural health and the Government. The key stakeholders being, amongst others, clinicians, service providers, rural organisations, rural consumers and their communities, those institutions that train and support rural clinicians and rural health researchers. My work allows me to reach into the Department of Health and to work closely with the Minister for Regional Health, the Hon Dr David Gillespie MP and the Minister for Health and Aged Care, the Hon Greg Hunt MP, bringing the knowledge and viewpoints gleaned from that consultation and my previous experience to the conversation. I link and connect the various parts of the dispersed and often siloed system that influences the health of rural people and use the authority of the role to ensure the message is heard.

Too often our discussions of rural health status and rural health care focus on deficiencies therein. If we only focus on the problems, we will not create a better system. We need to draw upon the strengths of rural communities and the characteristics that have enabled these communities to persist against the odds. In short, we must take a strengths-based approach to find the solutions. As my term progresses, I am becoming more and more convinced that solutions to the challenges inherent to provision of health care in rural and remote communities will be found in the creation of multidisciplinary primary health care teams that are place based and co-designed by the communities they serve.



The current ways that moneys flow into rural health care are not working for rural and remote communities. As it stands, health dollars flow via the activity of doctors funded by Medicare, or to hospitals via the jurisdictions (state or territory health departments). There are not enough doctors, allied health professionals or nurses in rural communities nor are there enough services in hospitals across rural Australia providing services and so the money spent per person on health is less in rural Australia than it is in metropolitan areas. This needs to change. Funding should directly support the multidisciplinary primary health care teams that will keep Australians healthy.

Many non-metropolitan parts of Australia are now reliant upon locum doctors and agency nurses for health care. These practitioners fly in, and then fly out again shortly after. Their fees are high. With a rapid staff turnover there is little time for consumers to get to know or trust a practitioner. This lack of trust and continuity means issues that are difficult to discuss and treat may not be adequately addressed, indeed they may be overlooked until they are severe or even life threatening. The money these doctors and nurses earn is diverted from the community and does not contribute to the local economy. This expensive discontinuous health care is not the best way to provide the care our communities need. We need to design new health business and care models for rural and remote Australia.

I am already moving forward with the next tasks, responding to the instructions given to me by the Minister for Regional Health in the Statement of Expectations. I have been told that the ills of rural health are a wicked problem. I do not agree. Step by step and with cooperation, consultation, and commitment we can find solutions and design a system of health care that is fit to serve the people of rural and remote Australia. My staff and I will work with a coalition of the willing to enable that.

A handwritten signature in black ink that reads "Ruth Stewart". The signature is written in a cursive, flowing style.

Adjunct Professor Ruth Stewart
National Rural Health Commissioner



Introduction

The Australian Government confirmed its commitment to improving the health of rural and remote Australians with the appointment of a National Rural Health Commissioner (the Commissioner). The Commissioner is charged with consulting with key stakeholders, communities and consumers of rural health care to formulate advice for the government on policy and strategy to improve rural and remote health outcomes. The Commissioner is a statutory appointment, independent from the Commonwealth Department of Health (the Department) and the responsible Ministers.

Emeritus Professor Paul Worley served in the role from 2017 to mid-2020 as the inaugural Commissioner charged with formulating advice on the development of a National Rural Generalist Pathway for medicine and also formulating advice to improve access, quality and services for allied health care for rural and remote people. From his wide consultation two reports were delivered to the Minister for Regional Health.

Following the amendment *Part VA of the Health Insurance Act 1973* (the Act) the second Commissioner, Adjunct Professor Ruth Stewart, was appointed in July 2020. The expectations of the second Commissioner changed to working with government to implement the advice formulated by the inaugural Commissioner. The former Minister for Regional Health, Regional Communications and Local Government, the Hon Mark Coulton MP provided the Commissioner a Statement of Expectations on 23 March 2021. This document describes the work expected from the Office over a period of two years from July 2020 to 2022. It includes specific tasks relating to Rural Generalism in medicine and allied health, rural health workforce and General Practice training reforms, monitoring the health workforce impact of COVID-19, and working with the government to respond to evaluations of certain current programs.

The expansion of the Commissioner's role and the Office is part of the continued broader government strategy to improve health outcomes for people living in regional, rural and remote Australia. Her independent status enables the Commissioner to represent the broad views and experiences of the rural health sector, including consumers, peak and professional bodies, health practitioners and workers, students, educators, and health service organisations.

The Commissioner welcomes and looks forward to working with the Minister for Regional Health, the Hon Dr David Gillespie MP, who was a significant leader in legislating for the creation of the Commissioner role under the *Health Insurance Amendment (National Rural Health Commissioner) Bill 2017*. The Commissioner would also like to acknowledge the support and vision of the former Minister for Regional Health, Regional Communications and Local Government, the Hon Mark Coulton MP as well as the Hon Minister Greg Hunt MP and Department of Health staff and officials who have provided guidance and assistance to her and her office.

This Annual Report is a formal accountability document summarising the activities of the Commissioner and the Office during the statutory reporting period – 1 July 2020 to 30 June 2021 as per Section 79AP of the *Health Insurance Act (1973)* (the Act).

Purpose

The Commissioner's work is driven by her commitment to see rural health services co-designed locally and closely with rural communities, for the rural communities. This informs the need for health workforce reform to ensure practitioners are working to the fullest scope of practice, within supported multidisciplinary teams and can work collaboratively across geographical regions. This work should provide opportunities and support for clinicians including nursing, allied health and medical professionals to train and work in rural and remote Australia, enabling the provision of high quality, coordinated care with known providers close to home for rural and remote consumers. The multidisciplinary primary healthcare team should provide culturally safe and responsive health care by including and respecting the Aboriginal and Torres Strait Islander workforce, communities, culture and health practices.



Role of the Commissioner

The Commissioner's primary role is to consult with a broad range of stakeholders across regional, rural and remote Australia in order to provide independent, evidence-based advice to the Government about matters relating to health in regional, rural or remote areas. This includes identifying opportunities to strengthen and align health workforce and training, and promoting regionally based, patient centered approaches to the delivery of health services in rural areas.

The stakeholders with which the Commissioner works, engages and meets with are those in rural, regional, and remote communities, the health sector, peak bodies, training organisations, specialist training colleges, researchers and all levels of government. The Commissioner actively champions the cause of rural practice and works to develop evidence-based strategies and formulate policy to improve access to health services for regional, rural and remote communities across Australia.

Functions

In accordance with the Act, the functions of the Commissioner are to provide advice in relation to rural health to the Minister for Rural Health, as defined by the Minister's Statement of Expectations. On 23 March 2021, the former Minister for Regional Services, Local Government and Communications, the Hon Mark Coulton MP, issued a [Statement of Expectations](#) of the National Rural Health Commissioner. The Commissioner responded with her Statement of Intent on 5 July 2021.

The Statement of Intent outlines the Commissioner's approach to achieving the goals and obligations referred to in the Statement of Expectations. It sets out the priorities for the Office of the National Rural Health Commissioner, including the importance of strong and cooperative stakeholder relationships and a commitment to sound organisational governance and financial management consistent with the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

Financial Management

The Office of the National Rural Health Commissioner has a budgeted allocation of \$11.2m over four years from 2020-21 to 2024-25. This includes \$2.4 million for up to six grants supporting the design of innovative, multidisciplinary models of care. The Commissioner ensures the affairs of the Office are managed efficiently, effectively, and ethically and continues to exercise prudent management to minimise impost while ensuring that regional, rural, and remote stakeholders are able to participate and engage with the work.

Establishment of the Office of the National Rural Health Commissioner

During the Commissioner's first twelve months of service the Office of the National Rural Health Commissioner (the Office) was established, expanding the Commissioner's capacity. This included the appointment of two Deputy Commissioners to provide a system-wide view of rural health, doctors, nurses, allied health professionals and other rural health workers to ensure their views are represented and that proposed rural health initiatives consider integrated and multidisciplinary approaches.

The geographically dispersed team within the Office is located across Australia with the physical office located in Cairns, officially opened by the former Minister for Regional, Health, Regional Communications and Local Government, the Hon Mark Coulton MP and Mr. Warren Entsch MP, Member for Leichardt, on 21 May 2021.

The Commissioner and the Office contribute to significant health reforms underway, including primary care, workforce, and training reforms, as well as supporting the Government's ongoing rural response to COVID-19 and the vaccine rollout.

The funding of a grant opportunity that was later named the Primary care Rural Innovative Multidisciplinary Models (PRIMM) grant opportunity was announced with the appointment of the



Commissioner. The Office will oversee the development of several innovative primary care solutions in diverse rural, regional and remote regions. These will be tailored to the specific needs and challenges of each region, including Aboriginal and Torres Strait Islander communities.

Appointment of Deputy National Rural Health Commissioners

The Office expansion importantly includes the appointment of two Deputy Commissioners with expertise across allied health, Aboriginal and Torres Strait Islander health and nursing disciplines. These roles ensure the Office of the National Rural Health Commissioner can effectively engage with the broad multidisciplinary rural health workforce.

Deputy Commissioner Associate Professor Dr Faye McMillan AM

In March 2021, Dr Faye McMillan AM was appointed as the first Deputy Commissioner. Dr McMillan is Australia's first Indigenous Pharmacist and has significant rural health expertise and diverse experience in the rural health sector, including in education and as a rural community pharmacist. Deputy McMillan is a Wiradjuri yinaa (woman) originally from Trangie, New South Wales. She is well recognised for her leadership and contribution to population health, education, equity, and the community.

Dr Faye McMillan AM has overseen a grant opportunity that awarded a Primary Care Rural Innovative Multidisciplinary Models (PRIMM) grant to a consortium with strong and genuine partnership arrangements with Aboriginal and Torres Strait Islander organisations, and has worked collegially with departmental colleagues and leading sector experts to assist the advancement of better health outcomes for Aboriginal and Torres Strait Islander people or people who live in rural and remote areas.

Deputy Commissioner McMillan holds a Doctor of Health Science, Master of Indigenous Health, Bachelor of Pharmacy, Graduate Certificate Wiradjuri Language, Culture and Heritage, Graduate Certificate Indigenous Governance, and Graduate Certificate in Education. She is a Senior Atlantic Fellow for Social Equity and founding member of Indigenous Allied Health Australia (IAHA) and was a board member of IAHA from 2009-2017. The Commissioner congratulates the Deputy Commissioner on being appointed as a Member (AM) of the Order of Australia in the Queen's Birthday 2021 Honours List. Professor McMillan's appointment recognises her significant service to Indigenous mental health, and to tertiary education.

Deputy Commissioner Adjunct Professor Shelley Nowlan

In April 2021, the Commissioner appointed Adjunct Professor Shelley Nowlan as the second Deputy Commissioner. Deputy Commissioner Nowlan is Queensland Health's Chief Nurse and Midwifery Officer. A registered nurse with more than thirty years' experience, Deputy Commissioner Nowlan brings a longstanding interest in health outcomes for rural and remote Australians.

Deputy Commissioner Nowlan has a Master of Health Management (University of New England), Bachelor's degree of Nursing (UNE), Graduate Certificate in Policy Analysis (Griffith University), Diploma Project Management (TAFE Queensland) and is an Institute of Company Directors Graduate.

Deputy Commissioner Nolan will commence the creation of a National Rural and Remote Generalist Framework in the new financial year. This endorsed framework will guide nursing services in Regional, Rural and Remote locations.

In their work engaging with the Indigenous, allied health, and nursing sectors, the Deputy Commissioners play a key role in addressing the Australian Government's rural health services and rural workforce agendas.



Left to right - Assoc. Professor Dr Faye McMillan AM, Adjunct Professor Ruth Stewart, the Minister for Health and Aged Care the Hon. Greg Hunt MP and Adjunct Professor Shelley Nowlan.

Stakeholder Engagement

Throughout the reporting period, the Commissioner and Deputy Commissioners have undertaken significant stakeholder engagement. They have promoted the role of the Office, engaging with policy makers, senior Government officials, industry experts and change makers.

The Office has an open-door policy and regularly meets with rural stakeholders including consumers, health services, clinicians, peak bodies, professional associations, training organisations, and community representatives. The Commissioner draws upon these many perspectives to formulate her advice to the Department and Minister's Office. A complete list of Office engagement is included in [Appendix 1](#).

A principle part of formal engagement is through the establishment of the Advisory Network of the National Rural Health Commissioner (ANNRHC). ANNRHC acts to share information and generate sector wide discussions on important matters in rural and remote health. The Commissioner draws upon these discussions to formulate her advice to the Department and the Minister for Regional Health on policy and strategies to improve the health of rural and remote communities. Members are representatives from peak bodies in rural health including from the professions, training and workforce organisations with expertise in matters relating to improving access to and the geographic distribution of the rural health workforce; strengthening health workforce training opportunities, the connections of existing medical rural training pathways; and emerging issues impacting on the rural health workforce.

ANNRHC also considers work undertaken in other parts of health care reform, including the National Medical Workforce Strategy, the National Rural Generalist Pathway Advice to the Minister for Regional Health, the report on Improvement of Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia; the Draft Recommendations from the Primary Health Reform Steering Group discussion paper, draft National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031, the Independent Evaluation of the Rural Health Multidisciplinary Training (RHMT) Program and Nursing Toward 2030.



Aboriginal and Torres Strait Islander Engagement

The Commissioner is strongly committed to working in partnership with Aboriginal and Torres Strait Islander workforces, health workers and practitioners and supporting Aboriginal and Torres Strait Islander health outcomes.

The Commissioner and the Office seeks opportunities to engage with key Aboriginal and Torres Strait Islander services and representative bodies including the Australian Indigenous Doctors Association (AIDA), Indigenous Allied Health Australia (IAHA), Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP) and National Aboriginal Community Controlled Health Organisation (NACCHO) to ensure the views and expertise of Aboriginal and Torres Strait Islander health professionals and organisations is heard by the Commissioner and incorporated into the work of the Office.

Statement of Reconciliation

The Office's published Reconciliation Statement, reflects the commitment and dedication of the Office and support staff to Closing the Gap in life expectancy of Aboriginal and Torres Strait Islander people by 2033, increasing the proportion of Aboriginal and Torres Strait Islander babies with a healthy birth weight to 91 per cent by 2031, and working to a significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero.

The Office is dedicated to promoting and advocating for workforce recruitment and retention strategies which increase participation and representation of Aboriginal and Torres Strait Islander people in the health sector.

The Reconciliation Statement is published on the Commissioner's website.

Media, Submissions and Editorials

Media Engagement

The Commissioner has accepted several high-profile media invitations to promote and increase the awareness of rural generalism and multidisciplinary rural health teams to the broader Australian public. The Commissioner's appearances include (but are not limited to):

- [National Rural Press Club](#) – Rural Maternity Services in Australia. Presented Tuesday 17 November 2020.
- ABC [Landline](#) - Significant rural health reforms and the role of Rural Generalists. Aired Sunday 21 February 2021.
- [ABC The Drum](#) – Special Rural Health Report. Aired Thursday 29 April 2021.

A complete list of speaking engagements can be found at Appendix 2

Submissions

As part of the Commissioner's engagement with the broader health and education sectors she has authored several articles and submissions. This work includes:

National Rural Health Commissioner Submission to the New South Wales Parliament Portfolio Committee No. 2 Inquiry into health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

- National Rural Health Commissioner Submission to Royal Australian and New Zealand College of Psychiatrists supporting rural, regional and remote psychiatry training.
- National Rural Health Commissioner Submission to the Government of South Australia on Consultation Draft Rural Workforce Plan for Allied Health.
- National Rural Health Commissioner Submission to the Government of South Australia on Consultation Draft Rural Workforce Plan for Nursing and Midwifery.



- National Rural Health Commissioner Submission to the Our Healthcare Future Immediate Actions and Consultation Paper Tasmanian Government.

Editorials

- Health Advocate - Equity for Sexual and Reproductive Health in Rural Australia.
- Medical Journal of Australia - Enough seagulls! Rural and remote communities need local researchers living, walking and talking with locals.
- Partyline - Post-COVID-19 rehabilitation needs in regional, rural and remote Australia.

Work Program

This report covers the period from 1 July 2020 to 30 June 2021 and covers commitments made by the Commissioner under the Statement of Intent. The work of the Office in this period includes:

Supporting Urgent and Emerging Priorities

The Office supports the Government's response to urgent and emerging priorities and communicates observations regarding potential emerging risks to rural health workforce distribution and service provision; notably reporting on impact of COVID-19 on workforce and supporting that workforce in its COVID-19 response.

Rural General Practice Respiratory Clinic Leaders Network (GPRC Network)

The Commissioner chairs the bi-weekly meeting for the GPRC Network which was formed to progress and support the rapid establishment of Commonwealth-funded COVID-19 respiratory clinics in rural Australia. These meetings reduce isolation of rural GPRC leaders and provides them with a forum to share learnings and solutions, and to identify emerging challenges in effective COVID-19 testing and vaccination of rural communities. When common (system wide) issues are identified these are discussed with Department representatives who attend the latter part of every meeting.

The GPRC Network meetings ensure emerging issues are identified and are quickly escalated. For example, in the case of sudden border closures, these meetings enabled rapid escalation to the Department regarding the interruptions to supply of rural workforce. The GPRC Network identified GPRCs as potential vaccination centres and promoted the concept to the Department, assisting with planning logistics of provision of staffing and equipment.

The Commissioner attends several meetings as a part of the Australian Department of Health COVID-19 Response, these include:

Primary Health Care COVID-19 Response Committee - where information is shared with internal and external stakeholders to support the COVID-19 response in primary care settings. The Commissioner ensures that rural challenges are discussed and addressed in this forum.

The Minister for Regional Health COVID-19 Rural Stakeholder's Roundtable – a consultation forum where rural key stakeholders discuss emergent issues relating to the COVID-19 pandemic with the Minister

COVID-19 Health Research Advisory Committee - the Commissioner's membership of this committee pre-dates her appointment as Commissioner however her role of providing a rural voice in these research-oriented discussions continue.

Innovative Models of Care in Regional, Rural and Remote Australia

The Government is investing in developing and promoting innovative and integrated approaches to the delivery of health services in rural areas to improve the quality and access to health services in those areas. The Commissioner continues to align with Government reform strategies to improve health outcomes in rural areas and has led the design of a grant opportunity for models of care with the potential for making system-wide improvements.



Primary care Rural Innovative Multidisciplinary Models (PRIMM) Grant Opportunity

From the time of appointment in June 2020, the Commissioner has worked with the Department to design and deliver a grant opportunity to support rural health services and providers to design innovative models of care. The Commissioner has sought to align the grant opportunity with evidence reflecting that the health of communities is improved when they have access to strong multidisciplinary primary health care teams close to home. The grant opportunity became the Primary care Rural Innovative Multidisciplinary Models (PRIMM) grant. In January 2021, the Commissioner's Office communicated and opened the first PRIMM round. This is designed to enable communities experiencing significant workforce or service access challenges to develop trial ready sustainable, innovative models of care. The \$2.4m budgeted for this initiative will fund six grants over three grant rounds. The program is administered according to the Commonwealth Grants Rules and Guidelines (CGRGs).

There has been significant interest in the PRIMM grant opportunity. Round 1 opened on 25 January 2021 with a considerable number of applications. Two applications have been awarded funding through the open competitive grant process. PRIMM grant Round 2 is scheduled to commence in late 2021.

Innovative Models of Care Trials

In March 2021, the Commissioner travelled with the then Minister for Regional Health, Regional Communications and Local Government, the Hon Mark Coulton to western NSW to meet with local health professionals and the community to announce the Canola Fields, Wentworth Shire, Lachlan Health Region and Snowy Valleys Collaborative Care Trials designed to test potential new solutions to rural health care.

The former Minister and Commissioner also visited Trangie, Tottenham, Tullamore and Trundle, towns known as the 4Ts. These small towns have traditionally been serviced by General Practitioners in a single doctor private practice providing Visiting Medical Officer care at the nearby small rural hospital twenty-four hours a day, seven days a week. Those doctors are nearing retirement and are unable to find successors. The model proposed for the 4Ts is for telehealth networking of practices in each town into a single virtual practice providing a combination of on site and telehealth afterhours care on a rotating basis with the practitioners being supported by the regional hospital for leave day relief.

The Commissioner is providing collaborative and strategic oversight of data gathering and evaluation activities as well as advice on future reform opportunities arising from evaluating these trials, including identifying localised solutions that could be scaled up more broadly.

Rural Workforce, Training and Primary Care Reform

The Government has an ambitious reform agenda across workforce planning, training and the delivery of primary care in rural communities. The Commissioner provides national leadership on these issues with a focus on the unique challenges and opportunities in rural training and workforce. The Commissioner has been working with the Department, conceptually linking work from different parts of the Department and sector to ensure that strategies and learnings are shared. The Commissioner's focus includes the broad membership of the multidisciplinary team including the medical, nursing and allied health workforces.

National Rural Generalist Pathway

The former Commissioner consulted widely and provided advice to the government on the development of a National Rural Generalist Pathway (the Pathway), a medical training pathway to attract, retain and support doctors in regional, rural and remote Australia.

As a first step in this consultation in early January 2018, senior representatives from the two General Practice Colleges, the Australian College of Rural and Remote Medicine (ACRRM) and the Royal Australian College of General Practitioners (RACGP), developed an agreed definition of what a



Rural Generalist is. This is now known as the Collingrove Agreement; it states:

A Rural Generalist is a medical practitioner who is trained to meet the specific current and future healthcare needs of Australian rural and remote communities, in a sustainable and cost-effective way by providing both comprehensive general practice and emergency care and required components of other medical specialist care in hospital and/or community settings as part of a rural healthcare team.

The Government announced the commencement of the first stage of the Pathway as described in Emeritus Professor Worley's National Rural Generalist Pathway Advice in the 2019-2020 Budget.

The Commissioner has a key role in progressing the implementation of the Pathway. Substantial progress has been made on the Pathway, including providing funding to seek formal recognition to provide a clear career pathway for aspiring rural generalists, to provide recognition by the Medical Board of Australia of Rural Generalism as a Specialised field of General Practice; establishing and expanding the Coordination Units for rural generalist training in each jurisdiction; and progressing the Murrumbidgee Rural Generalist Training Program initiative.

The Commissioner has partnered with the Department to implement and commence governance arrangements to oversee the development of the Pathway and broker agreement with key stakeholders on further implementation. This includes establishment of the National Rural Generalist Pathway Strategic Council (the Council), chaired by the Commissioner. The Council assists the Commissioner to formulate advice for the Minister for Regional Health and brokers agreement with key stakeholders responsible for current and future implementation of the Pathway. More specifically, the Council provides strategic advice to the Commissioner with a current focus on identifying and monitoring elements of the Pathway where national consistency is preferable; monitoring Pathway implementation by the Australian Government, jurisdictions and Colleges to identify emerging risks or blockages; monitoring the impact of other major reforms on the Pathway and proposing options to progress the Pathway in areas where a national approach cannot be achieved. The Council is assisted in this work by advice provided by two groups: the National Rural Generalist Pathway Jurisdictional Implementation Forum (the Forum) and the abovementioned ANNRHC.

The Forum facilitates inter-jurisdictional collaboration on matters regarding implementation of the Pathway. The Forum supports information sharing and provides advice to the Department and the Council from a jurisdictional perspective. It is a conduit for information between the Commonwealth Department of Health and the state and territory departments on the rollout of the first stage and collaboration on the next steps. Additionally, the Forum provides advice on long term planning for national rural generalist training, facilitates information exchange between all members on rural generalist training and pathway progression, and provides advice on known and emerging issues in relation to the Pathway and rural generalist training more broadly.

National Recognition for Rural Generalist Medicine

Recognition of Rural Generalist practice as a specialised field of General Practice is critical to the progression of a National Rural Generalist Pathway. This recognition can be granted by the Medical Board of Australia.

While rural communities and consumers value the broad scope of practice of a Rural Generalist, awareness of the title Rural Generalist is not common, not least an understanding of what the role entails. Rural Generalism must be understood by communities for the value and benefits of this field of practice to be fully realised. If communities do not know the services that can be delivered by a Rural Generalist, they will not seek them to fill positions in their communities and they will not receive the broad scope of medical care that they need.



Similarly, aspiring clinicians cannot plan to become something that they do not see. A coordinated National Rural Generalist Pathway with a strong communication plan enables trainees to plan a future as a clinician in rural Australia.

The Commissioner is using every opportunity to socialise the term and define the Rural Generalist and promote the concept of clinicians working to their fullest scope of practice in rural communities.

With the establishment of the Council, the Commissioner receives expert advice that assists her in formulating advice for the Minister for Regional Health. In the Council she brokers agreement with stakeholders responsible for current and future implementation of the Pathway.

Transition to College-Led GP Training

In late 2018 Minister Hunt announced the transition of the Australian General Practice Training Program (AGPT) from Department to College-Led training.

The Commissioner co-chairs with Professor Michael Kidd AM (Department Deputy Chief Medical Officer and Principal Medical Advisor) the Transition to College-Led Training Advisory Committee (TCLTAC). The committee is a small, targeted group focusing on the design and implementation of the model for College-Led GP training. The Commissioner provides advice to ANNRHC on transition planning and implementation.

The long-standing GP Training Advisory Committee (GPTAC) will continue to provide advice to the Minister for Health on GP training issues and will provide a forum to test the models developed by the TCLTAC with the wider GP training stakeholder group. The Commissioner refers rural health TCLTAC discussions that have broader applicability beyond GP training to ANNRHC.

Rural Health Multidisciplinary Training Program

In May 2020 the Government received a commissioned [independent evaluation of the RHMT program](#). The evaluation acknowledges that universities funded through the program continue to provide health students with high quality rural clinical training experiences. It describes the decades of development of concepts of best practice in rural health education and recognises that universities located in regional, rural and remote communities provide considerable social and economic benefits to local communities.

The evaluation provides a roadmap for the future, identifying key areas of reform. The reforms are designed to build on the successes of the program incorporating innovations in education, rural models of care, service-learning, and the value of longer, high-quality rural placements for nursing and allied health students.

The Commissioner is working with the Department as it responds to the published evaluation, aiming to protect those parts of the program that are very effective, to sharpen the focus on rural and remote leadership and place-based learning and to contemporise the program to reflect innovation and changes to health training and service provision.

The Commissioner provides the Department with an independent view on the evaluation and provides input on prioritising recommendations within the available budget.

The Commissioner continues to actively engage with pivotal stakeholders including the Australian Rural Health Education Network, Federation of Rural Australian Medical Educators, Medical Deans Australia and New Zealand, and the Australian Council of Deans of Health Sciences, to compile current issues and concerns to present to the Department as they remain responsible for policy and advice to Government.

Adjunct Professor Ruth Stewart on Thursday Island early 2021



The Commissioner provides advice to the Minister for Regional Health and the Department on rural and remote aspects for a range of primary care initiatives. The Commissioner provides strategic advice for rural reforms linked to the development of the Primary Health Care 10 Year Plan (the Plan) and its impact and implementation in rural and remote communities.

The Commissioner participates in meetings of the the Primary Health Reform Steering Group (the Steering Group) and is promoting and socialising the draft recommendations from the Steering Group Discussion Paper for public consultation. The Discussion Paper and consultation will inform the development of the Steering Group recommendations on the Government's Primary Health Care 10 Year Plan. The Commissioner continues to work as a member of the Steering Group to progress the development of the Plan.

The Commissioner will continue to participate in implementation working groups that will be established to facilitate collaboration among key stakeholders on action planning and implementation of the Plan nationally. The Plan is expected to be finalised in late 2021.

Future-proofing Allied Health, and Nursing and Midwifery Regional, Rural and Remote Health Workforces

The Commissioner and Deputy Commissioners work with key stakeholder of the rural health sector and the Department to identify and develop future reform and policy options to increase access to allied health and nursing and midwifery services.

Rural Allied Health Workforce

Deputy Commissioner McMillan has led progression of activities to address the former Commissioner's report on Improving Access, Quality and Distribution of Allied Health Services in Regional, Rural and Remote Australia (the Rural Allied Health Report). The report acknowledges the strengths of rural and remote communities and the need to leverage local education and employment opportunities. Deputy Commissioner McMillan oversees the progression of the report's key recommendations including Recommendation 1: the development of the Service and Learning Consortia (SLC) model to improve allied health access in rural communities. The SLC model promotes the integration of rural and remote 'grow your own' health training systems with networked rural and remote health service systems to improve recruitment and retention of allied health professionals by making rural and remote allied health practice and training more attractive and better supported.

Workshop on Rural Allied Health Service and Learning Consortia

On 1 June 2021, the Commonwealth Chief Allied Health Officer (CAHO), Dr Anne-marie Boxall, the Commissioner, and Deputy Commissioner McMillan convened a workshop in Queenstown,



Tasmania to explore the SLC recommendation from the Rural Allied Health Report.

The workshop brought together more than 90 rural allied health stakeholders from all over Australia, including but not limited to: representatives from Commonwealth, state and territory Departments of Health, Education and Disability; University Departments of Rural Health; allied health peak bodies; consumer representatives; and individual health professionals. Participants attended virtually or in person, with the event being generously hosted by the West Coast Council of Tasmania and facilitated by Professor Sabina Knight, James Cook University, Centre for Rural and Remote Health.

Principles that were identified by participants to be consistent across regions in the development of an SLC model included co-design, flexibility and locally driven approaches. It was noted that to design local level solutions there needs to be co-contributions from all participating organisations.

To continue the conversations that began at the workshop Deputy Commissioner McMillan continues work with the CAHO and meet with rural health representative groups such as the National Rural Health Alliance, professional allied health associations and member organisations of the Australian Allied Health Leadership Forum, including Services for Australian Rural and Remote Allied Health, Indigenous Allied Health Australia, and National Allied Health Advisors and Chief Officers to further explore opportunities to improve access to allied health services in rural Australia.

Rural Nursing and Midwifery Workforce

Earlier in 2021, Deputy Commissioner Shelley Nowlan commenced work with the office. Professor Nowlan is esteemed by colleagues and has expertise, skill and judgement to assist in the work of the Office in the area of rural nursing and midwifery.

Closing Remarks

I sincerely thank my office and staff, past and present for their support in compiling this Annual Report.

During my term as Rural Health Commissioner. I have worked to see an increase in the number of Rural Generalist doctors, nurses and allied health professionals trained and employed across rural and remote Australia. I have worked with each state and territory governments to develop the workforce that is needed for strong multidisciplinary primary health care teams to turn around the health of the nation. Drought, bushfires, and the COVID-19 pandemic have highlighted the importance of training a rural workforce that resides in community and is able to respond to immediate and future needs.

I would like to acknowledge Australia's existing rural and remote health workforce and educators who provide high quality services and training in rural and remote communities, often in highly challenging environments. Twenty-twenty and 2021 have been particularly challenging and distressing years for rural and remote communities with devastating natural disasters, followed by the societal impacts of the COVID-19 pandemic. Rural health professionals and educators have stepped up to provide their communities with the testing and vaccination needed to keep us all safe in these compounding challenges. They have provided training opportunities for the future rural health workforce while adapting themselves to new ways of training and delivering care safely even as their usual supports were stopped at the borders. We must celebrate their work, devise new ways to support them, and listen to their advice on how to improve the systems of care they work in.

This annual report provides a snapshot on the ongoing work of the Office of the National Rural Health Commissioner. I look forward to continuing to bring people and groups together to work on innovative ideas for better rural and remote health and to assist communities in gaining the best level of multi-disciplinary primary health care in Australia.

Thank you



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Appendix A: Consultations

Australian Government Ministers

Minister for Regional Health, the Hon Dr David Gillespie MP

Former Minister for Regional Health, Regional Communications and Local Government, the Hon Mark Coulton MP

Minister for Health and Aged Care, the Hon Greg Hunt MP

Minister for Indigenous Affairs, the Hon Ken Wyatt AM MP

Members of Parliament

The Hon Dr Joe McGirr MP, Member for Wagga Wagga

The Hon Brad Hazzard MP, NSW Minister for Health and Medical Research

The Hon Helen Dalton MP, Member for Murray

Australian Department of Health

Dr Brendan Murphy, Secretary

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

Ms Penny Shakespeare, Deputy Secretary Health Resourcing

Mr Matthew Williams, First Assistant Secretary Health Workforce

Mr Martin Rocks, Assistant Secretary Health Training Branch

Ms Louise Clarke, Assistant Secretary Rural Access Branch

Dr Anne-Marie Boxall, Chief Allied Health Officer, Assistant Secretary, Allied Health and Service Integration Branch, Primary Care Division

Mr Nick Pascual, Director Rural Access Branch

Mr Simon Cotterell, First Assistant Secretary, Primary Care Division

Mr David Ness, Primary Health Networks Branch

Dr Lucas De Toca, COVID-19 Primary Care Response Taskforce

Health Training Branch, Health Workforce Division

Health Workforce Reform Branch, Health Workforce Division

Indigenous Health Division

Primary Health Networks Branch, Primary Care and Mental Health Division

Rural Access Branch, Health Workforce Division

External Stakeholder Engagement

| External Stakeholder Engagement | Names of external Stakeholder Engagement |
|---|--|
| Aboriginal Community Controlled Health Organisation | Sarah Joyce Registered Nurse, Mount Isa |
| Advance Cairns | Nick Trompf, Executive Chair |



| External Stakeholder Engagement | Names of external Stakeholder Engagement |
|---|--|
| Allied Health Professions Australia | Gail Mulcair, Chair Clare Hewitt, Chief Executive Officer |
| Allied Health Professions Queensland | Ilsa Nielsen, Acting Director |
| Allied Health Professions Queensland | Liza-Jane McBride, Chief Allied Health Officer |
| Australian Allied Health Leadership Forum | Catherine Maloney, Chair |
| Australian College of Rural & Remote Medicine | Marita Cowie AM, Chief Executive Officer |
| Australian Council of Deans of Health Sciences | Prof Esther May, Chair |
| Australian Farmers Federation | Tony Mahar, Chief Executive Officer |
| Australian Healthcare and Hospitals Association | Alison Verhoeven, Chief Executive Officer |
| Australian Indigenous Doctors Association | Monica Barolits, Chief Executive Officer |
| Australian National University | Prof Amanda Barnard, Dean Rural & Indigenous Health |
| Australian Primary Health Care Nurses Association | Ken Griffin, Chief Executive Officer |
| Australian Remote Medicine Academy | Susanne Tegen, University of Adelaide |
| Australian Rural Health Education Network | Prof Lisa Bourke, Chair |
| Australian Rural Health Education Network | Joanne Hutchinson, National Director |
| Broken Hill Public School | Michael Fisher, Principal |



| External Stakeholder Engagement | Names of external Stakeholder Engagement |
|---|--|
| Broken Hill University Department of Rural Health | Prof David Lyle, Head of Department |
| Congress of Aboriginal and Torres Strait Islander Nurses and Midwives | Professor Roianne West, Chief Executive Officer |
| Clinical Medical Services Far West NSW LHD | Dr Andre Nel, Director |
| Committee of Presidents of Medical Colleges | Angela Magarry, Chief Executive Officer |
| Rural Support Service, SA Health | Dr Hendrika Meyer, Chief Clinical Advisor |
| Darling Downs Health | Annette Scott, Director, Allied Health |
| Latrobe Health Advocate | Jane Anderson, Latrobe Health Advocate |
| Lowitja Institute | Janine Mohamed, Chief Executive Officer |
| Maari Ma Health (Western NSW) | Bob Davis, Chief Executive Officer |
| Deakin University, Regional Training Hub Alliance | Barry Morphett, Chair Division of Tropical Health & Medicine, James Cook University Prof Lee Stewart, College Health Sciences |
| Far West NSW Local Health District | Stephen Rodwell, Chief Executive |
| Far West NSW Regional Training Hub | Jenny Rodwell, Director |
| Riverland Mallee Coorong LHN, SA Health | Em Prof Paul Worley, Executive Director Clinical Innovation |
| Flinders University | Prof Chris Brebner, Dean Nursing and Health Sciences |
| Gippsland Primary Health Network | Amanda Proposch, Chief Executive Officer |



| External Stakeholder Engagement | Names of external Stakeholder Engagement |
|--|---|
| Glenn Innes Severn Council | Carol Sparks, Mayor |
| Goulburn Valley Regional Training Hub | Mimi Zilliacus, Manager |
| Gratton Institute | Dr Stephen Duckett, Health and Aged Care Program Director |
| Griffiths University and Queensland Health | Adj Prof Jocelyn Toohill, Director of Midwifery, Clinical Excellence Division |
| Health Policy Analysis Pty Ltd | Jim Pearse, Director |
| Health Workforce Queensland | Chris Mitchell, Chief Executive Officer |
| Indigenous Allied Health Australia | Donna Murray, Chief Executive Officer |
| James Cook University, Health Systems | Prof Sarah Larkins |
| James Cook University, Medicine and Dentistry | Assoc Prof Peta-Ann Teague, A/g Dean |
| James Cook University, Medicine and Dentistry | Prof Richard Murray, Dean |
| James Cook University, Nursing and Midwifery | Dr John Smithson, A/g Academic Head |
| JCU Tropical Australian Academic Health Centre | Prof Ian Wronski, Chair |
| KB Consulting | Kristine Battye, Director |
| Latrobe Community Health Service | Judi Walker, Board Director |
| Monash University | Dr Lisa Hall, Senior Lecturer |



| External Stakeholder Engagement | Names of external Stakeholder Engagement |
|--|--|
| Monash University, Primary & Allied Health Care | Prof Danielle Mazza, Head Dept General Practice |
| Murrumbidgee Local Health District | Dr Wendy Cox, Executive Director |
| Murrumbidgee Primary Health Network | Melissa Neal, Chief Executive Officer |
| National Aboriginal Community Controlled Health Organisation | Pat Turner, Chief Executive Officer Dr Dawn Casey, Chair |
| National Allied Health Advisors and Chiefs | Catherine Turnbull, (former) Chair |
| National Health Leadership Forum | Colleen Gibbs, Director Policy |
| National Rural Health Alliance | Gabrielle O'Kane, Chief Executive Officer |
| National Rural Health Student Network | Ashley Brown, Chair and Alastair Weng Vice Chair External, Rural Health Committee |
| North Coast Allied Health Association | Jacqui Yoxall, Chair |
| Northern Territory Department of Health | Heather Malcolm, Principal Allied Health Officer |
| Northern Territory General Practice Education | Stephen Pincus, Chief Executive Officer |
| Northern Territory Health | Catherine Stoddart, Chief Executive Officer |
| Northern Territory PHN | Nicki Herriot, Chief Executive Officer |
| NSW Rural Doctors Network | Richard Colbran, Chief Executive Officer |
| Optometry Australia | Simon Hanna, Clinical Consultant |



| External Stakeholder Engagement | Names of external Stakeholder Engagement |
|--|--|
| Pharmacy Guild of Australia | Suzanne Greenwod, Executive Director |
| Playability | Geoff Johnston, Chief Executive Officer |
| Primary Health Care NSW | Debra Jones, Director |
| Queensland Health, Healthcare Purchasing | Nick Steele, Deputy Director-General |
| Queensland Health, Midwifery | Adj Prof Jocelyn Toohill, Director |
| Queensland Health, Charleville | Dr Sonya Manwaring, Director of Nursing |
| Royal Australasian College of Medical Administrators | Prof Alan Sandford Rural Policy |
| Royal Australian College of General Practitioners | Dr Michael Clements, Chair Rural Council |
| Royal Australian College of General Practitioners | Dr Matthew Miles, Chief Executive Officer |
| Royal Australian College of General Practitioners | Dr Karen Price, President |
| Royal Flying Doctor Service Broken Hill | Greg Sam, Chief Executive |
| Royal Flying Doctor Service of Australia | Frank Quinlan, Federation Executive Director |
| Royal Flying Doctor Service of Australia VIC | Scott Chapman, Chief Executive Officer |
| Royal Flying Doctor Service QLD | Meredith Staib, Chief Executive Officer |
| Registered Training Organisations Network | Bianca Matthews, Executive Officer |
| Rural Doctors Association of Australia | Peta Rutherford, Chief Executive Officer |



| External Stakeholder Engagement | Names of external Stakeholder Engagement |
|---|---|
| Rural Health West Board | Tim Shackleton, Chief Executive Officer |
| Rural Health West Board | Grant Woodhams, Chair |
| Rural Health Workforce Australia | Edward Swan, Executive Officer Rural Optometry Group of Optometry Australia Philip Anderton, Convenor |
| Rural Vocational Training Scheme | Dr Patrick Giddings, Chief Executive Officer |
| Rural Workforce Agency Network | Megan Cahill, Chair |
| Rural Workforce Agency Network | Chris Scott, Chief Executive Officer |
| Rural Workforce Agency Victoria | Morton Rawlin, Board Director |
| Services for Australian Rural and Remote Allied Health | Catherine Maloney, Chief Executive Officer |
| Safer Care Victoria | Donna Markham, Chief Allied Health Officer |
| SPHERE - Monash University | Prof Danielle Mazza, Director, Centre of Research Excellence in Women's Health |
| Southern Queensland Rural Health | Derek Tuffield OAM, Chair |
| South West Hospital & Health Service | Matt Boyd, A/g Chief Executive |
| St John Ambulance Western Australia | Dr Tim Lipscombe, Head of General Practice |
| Telstra Health | Prof Mary Foley AM, Managing Director |
| Torres and Cape Hospital and Health Service | Bev Hamerton, Health Service Chief Executive |



| External Stakeholder Engagement | Names of external Stakeholder Engagement |
|--|---|
| Townsville Cancer Centre | Prof Sabe Sabesan, Clinical Dean |
| Universities Australia | Rachel Yates, Policy Director |
| University of Adelaide Rural Medical School | Lucie Walters, Director |
| University of Melbourne, Dept of Rural Health | Gwenda Freeman Lecturer Aboriginal Health Education |
| University of Newcastle Dept of Rural Health | Prof Jenny May, Director |
| University of New England | Prof Brigid Heywood, Vice-Chancellor & CEO |
| University of New England | Prof Rod McClure, Dean Medicine & Health |
| University of Queensland, Faculty of Health | Prof Bruce Abernethy, Executive Dean |
| University of South Australia, Health Sciences | Prof Esther May, Dean |
| University of Southern QLD, Faculty of Health | Prof Glen Coleman, Executive Dean |
| University of Western Australia | June Foulds, Regional Training Hub |
| WA Country Health Service | James Thomas, Executive Director |
| WA Department of Health | Jenny Campbell, Allied Health Advisor |
| WA North Metropolitan Health Service | Prof Megan Galbally, Co-Director Women's Health, Genetics and Mental Health |
| WA Mercy Mental Health | Dr Gaynor Blankley, Deputy Director |
| West Coast Council Tasmania | David Midson, General Manager |
| Western NSW Health Research Network | Catherine Hawke, Co-Chair |



| External Stakeholder Engagement | Names of external Stakeholder Engagement |
|--|---|
| Western NSW Local Health District | Richard Cheney, Director Allied Health |
| Western NSW Local Health District | Scott McLachlan, Chief Executive Officer |
| Western NSW Primary Health Network | Andrew Harvey, Chief Executive Officer |
| Western NSW Primary Health Network | Michele Pitt, Manager Chronic Disease and Aged Care |
| Workforce Planning NSW Ministry of Health | Richard Griffiths, Executive Director |
| Wuchopperen Health Service Pty (ACCHO) | Dr Jacki Mein |
| Rural Primary Health Network Working Group | Matthew Jones, Chair |



Appendix B: Speaking Engagements

National Rural Health Commissioner

2020 Rural Nursing and Midwifery Celebrations - Keynote Speaker
AMA Council of Rural Doctors - Keynote Speaker
Are You Remotely Interested? Conference – Keynote Speaker
Australian Rural Health Education Network - Keynote Speaker Board meeting
Australian College of Rural & Remote Medicine 24th Annual General Meeting - Keynote Speaker
Australian National Advisory Council on Alcohol and Other Drugs - Keynote Speaker
Bilateral Regional Health Forum - Guest Speaker
Committee of Presidents of Medical Colleges – Guest Speaker
Gippsland Primary Health Network Keynote Speaker AGM & Health Awards
James Cook University Medicine 20 years' celebration - Making rural health better
Monash University Symposium keynote speaker - Disruption, Adaptation, Resilience
National Rural Press Club - Keynote Speaker
National Rural Health Alliance Councilfest - Keynote Speaker
Regional Australia Institute Regions Rising Summit - Keynote Speaker
Royal Australasian College of Medical Administrators - Guest Speaker
Rural Doctors Association of Australia Presentation - RDAA Bursary to student & Annual lunch
Rural Workforce Agency Victoria - Q&A panel
Rural Doctors Workforce Agency (SA) Conference 2020 – Keynote Speaker
Services for Australian Rural and Remote Allied Health Summit - Keynote Speaker
SPHERE - Monash University – Guest Speaker
Southern Queensland Rural Health - Opening SQRH Clinical Training Facility. Charleville
The Future of Rural Health - Keynote Speaker
University of New England, New England Health Network - Guest Speaker
Victorian Rural Health Awards - Keynote Speaker
Western NSW Health Research Network 2020 Research Symposium Awards - Guest Speaker
Committees and Working Groups
Transition to College Led Training Advisory Committee
Rural General Practice Respiratory Clinic National Leaders Network
National Rural Generalism Recognition Taskforce
National Rural Generalist Pathway Strategic Council
National Rural Generalist Pathway Implementation Forum
Advisory Network of the National Rural Health Commissioner
Medical Workforce Reform Advisory Committee
Distribution Working Group



General Practice Training Advisory Committee

Primary Care COVID-19 Vaccine Stakeholder Roundtable

Rural Health Workforce Strategy Steering Committee (SA)

Rural Generalist Program SA Steering Committee

Deputy Commissioner Assoc. Professor Dr Faye McMillian AM

Speaking engagements

Pharmacy Guild of Australia Conference 2021

Occupational Therapy Australia Conference 2021

Biennial Outback Allied Health Symposium (June 2021)

Committees

SARRAH National Rural Generalist Pathway Steering Committee

SA Aboriginal and Torres Strait Islander Health Plan Steering Group

Deputy Commissioner Adj Professor Shelley Nowlan

Speaking engagements

Delegate- International Council of Nurses delegation to the 74th World Health Assembly (May 2021)

RANZCOG Women's Health Summit (June 2021)

Statewide Rural and Remote Clinical Network forum (June 2021)



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