



Australian Government

National Rural Health Commissioner

# National Rural Health Commissioner

Annual Report  
2019



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**Australian Government**

**National Rural Health Commissioner**

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

A handwritten signature in black ink, appearing to read 'P. Worley'.

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 health to the Minister responsible for rural health, including:

- a) defining what it means to be a rural generalist;
- b) developing a National Rural Generalist Pathway; and
- c) 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:

- a) consult with health professionals in regional, rural and remote areas;
- b) consult with States and Territories, and with other rural health stakeholders as the Commissioner considers appropriate;
- c) consider appropriate remuneration, and ways to improve access to training for rural generalists; and
- d) 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<sup>1</sup>.*

*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:*
  - a. *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;*
  - b. *Deliver a final report with evidence-based recommendations for consideration by the Minister;*
  - c. *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.*

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<sup>1</sup> The due date for the Advice was subsequently amended to December 30, 2019.

# 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 version of the allied health 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:

**Telephone** | +61 8 8237 8061

**Email** | [NRHC@health.gov.au](mailto:NRHC@health.gov.au)

**Mail** | National Rural Health Commissioner, Department of Health, GPO Box 9848, Adelaide SA 5001

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, Health Workforce Division, Department of Health, or [NRHC@health.gov.au](mailto:NRHC@health.gov.au)

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# 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

Jenny Campbell	Chief Health Professions Officer, WA Department of Health
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
Catherine Turnbull	Chief Allied and Scientific Health Officer, SA Health

## 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
Dr Ewen McPhee	President, Australian College of Rural and Remote Medicine
Gabrielle O'Kane	CEO, National Rural Health Alliance
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
A/Prof Ayman Shenouda	Chair, Royal Australian College of General Practitioners - Rural Faculty
Dr Ruth Stewart	Chair, Federation of Rural Australian Medical Educators

## National Organisations

Philip Anderton	Convenor, Rural Optometry Group of Optometry Australia
Ashley Brown	Chair, National Rural Health Student Network
Megan Cahill	Chair, Rural Workforce Agency Network
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
Shane Jackson	Acting CEO, Pharmaceutical Society Australia
Martin Lavery	former CEO, Royal Flying Doctors Service of Australia
Martin Lavery	Secretary General, Australian Medical Association
Tanya Lehmann	Chair, National Rural Health Alliance
Cath Maloney	CEO, Services for Australian Rural and Remote Allied Health
Dr Ewen McPhee	President, ACRRM
Donna Murray	CEO, Indigenous Allied Health Australia
Anja Nikolic	CEO, Australian Physiotherapy Association



Gabrielle O’Kane	CEO, National Rural Health Alliance
Krishn Parmer	Allied Health Officer, National Rural Health Student Network
Janine Ramsay	National Director, Australian Rural Health Education Network
Peta Rutherford	CEO, Rural Doctors Association of Australia
A/Prof Ayman Shenouda	Vice President, Royal Australian College General Practice
Edward Swan	Executive Officer, Rural Health Workforce Australia
Alison Verhoeven	CEO, Australian Healthcare and Hospitals Association
Dr Vijay Roach	President, Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
Vase Jovoska	CEO, RANZCOG
Catherine Luckin	Australian Academy of Health and Medical Sciences
Frank Quinlan	Executive Director RFDS

## Jurisdictional Consultations

Dr Ross Bailie	Director, University Centre for Rural Health, University of Sydney
Leanne Beagley	CEO Western Victoria Primary Health Network
Kate Boucher	Principal Policy Advisor, Allied Health & Community Services Workforce, Victoria
Chris Brenber	Dean of Education, College of Nursing and Health Sciences, Flinders University
Nick Bush	CEO, Echuca Regional Health
Maureen Carter	Nindilingarri Cultural Health Services
Richard Cheney	Director Allied Health, Western New South Wales Local Health District
Richard Colbran	CEO, NSW Rural Doctors Network
Wendy Cox	Executive Director Medical Services, Murrumbidgee Local Health District
Lisa Davies Jones	CEO, North West HHS
Bob Davis	CEO, Maari Ma
Michael Dirienzo	CE, Hunter New England Local Health District
Vivienne Duggin	Regional Training Hub Project Officer, University of Western Australia
Michael Fisher	Principal, Broken Hill Public School
June Foulds	Regional Training Hub Project Officer, University of Western Australia
Stuart Gordon	CEO, Western Queensland Primary Health Network
Richard Griffiths	Executive Director, Workforce Planning and Talent Development Branch, New South Wales Ministry of Health
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
Sabina Knight	Director, Centre for Rural & Remote Health, James Cook University
Jill Ludford	CEO, Murrumbidgee Local Health District
Esther May	Dean, Academic and Clinical Education, Health Sciences Divisional Office, University of South Australia
A/Prof Jenny May	Director, University of Newcastle Department of Rural Health
Scott McLachlan	CE, Western New South Wales Local Health District
Prof Richard Murray	Dean, College of Medicine and Dentistry, James Cook University
Kim Nguyen	Executive Director, Workforce and Allied Health, Hunter New England Local Health District
Ilsa Nielsen	Acting Director Allied Health, Allied Health Professions’ Office of Queensland, Clinical Excellence Division
Stephen Pincus	CEO, Northern Territory General Practice Education
Amanda Proposch	CEO Gippsland Primary Health Network
Greg Sam	CEO, Royal Flying Doctor Service, Broken Hill



Rebecca Sealey	Associate Dean of Learning & Teaching, College of Healthcare Services, James Cook University
Tim Shackleton	CEO, Rural Health West
John Smithson	Acting Academic Head Nursing and Midwifery, James Cook University
Dr Tim Smyth	Chair, Western New South Wales Primary Health Network
Lee Stewart	Dean, College of Healthcare Sciences, Division of Tropical Health & Medicine, James Cook University
Catherine Stoddart	CEO, Northern Territory Health
Rachel Strauss	Executive Director, Latrobe Community Health Service, Victoria
Lisa Vandommele	Acting Director of Academic Quality & Strategy, James Cook University
Robyn Vines	Senior Lecturer Mental Health, Western Sydney University, Bathurst
Katrina Wakely	Allied Health Academic, University of Newcastle Department of Rural Health
Luke Wakely	Allied Health Academic, University of Newcastle Department of Rural Health
Judi Walker	Board Director, Latrobe Community Health Service
Trish Wielandt	Academic Head Occupational Therapy and Speech Pathology, College of Health Science, James Cook University
Rebecca Wolfgang	Allied Health Academic, University of Newcastle Department of Rural Health
Prof Ian Wronski	Deputy Vice Chancellor, Division of Tropical Health & Medicine, James Cook University
Jacqui Yoxall	Director, North Coast Allied Health Association
Mimi Zilliacus	Manager, Goulburn Valley Regional Training Hub
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



