



**Australian Government**

**National Rural Health Commissioner**

**Interim Report  
to the  
Minister for Regional Health,  
Regional Communications and Local Government**

**Improvement of Access, Quality and Distribution of Allied Health  
Services in Regional, Rural and Remote Australia**

**March 2020**



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## Enquiries

Enquiries regarding any other use of this publication should be addressed to The Office of the National Rural Health Commissioner by:

**Telephone** | +61 8 8237 8260

**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)

## Disclaimer

The National Rural Health Commissioner is an independent statutory officer. The views expressed in this document do not represent an official position of the Commonwealth Department of Health or the Australian Government. Publication of this document by the Commissioner does not necessarily reflect the views of the Department of Health or indicate a commitment to a particular course of action.

## Acknowledgement of Country

The National Rural Health Commissioner (the Commissioner) acknowledges the Traditional Owners and Custodians of Country throughout Australia. The Commissioner recognises the strength and resilience of Aboriginal and Torres Strait Islander peoples and acknowledges and respects their continuing connections and relationships to country, rivers, land and sea. The Commissioner acknowledges and respects the Traditional Custodians upon whose ancestral lands our health services are located and the ongoing contribution Aboriginal and Torres Strait Islander peoples make across the health system and wider community. He also pays his respects to Elders past, present and emerging and extends that respect to all Traditional Custodians of this land.

In developing the Interim Report the Commissioner has been guided by learnings from Aboriginal and Torres Strait Islander peoples' concepts of health and wellbeing, in the importance of community control and connection to country, and with respect and consideration for the wisdom of Elders and local decision-making.

## Terminology

In this Report, the Modified Monash Model (MMM) is used to differentiate areas of Australia in terms of their remoteness and population. The Commissioner acknowledges that there are important considerations beyond distance and size that distinguish one area of Australia from another and that these can be accommodated in planning and implementation. However, for simplicity, this document will occasionally use collective terms to describe certain areas of Australia and those terms should be taken broadly to have the following meanings:

- 'Regional' means MMM 2 and 3 areas
- 'Rural' means MMM 4 and 5 areas
- 'Remote' means MMM 6 and 7 areas

The terms 'Aboriginal and Torres Strait Islander' and 'Indigenous' are used interchangeably throughout this document with respect.

The term 'health service provider' is used in this report to include collective individual service providers as well as health service organisations from the public, private and not for profit sectors.

Allied Health Professionals - are qualified to apply their skills to retain, restore or gain optimal physical, sensory, psychological, cognitive, social and cultural function of clients, groups and populations. Allied Health Professionals hold nationally accredited tertiary qualifications (of at least Australian Qualifications Framework Level 7 or equivalent), enabling eligibility for membership of their national self-regulating professional association or registration with their national board. The identity of allied health has emerged from these allied health professions' client focused, inter-professional and collaborative approach that aligns them to their clients, the community, each other and their health professional colleagues.<sup>1</sup>

Note: It is generally accepted that nursing, dentistry, midwifery, emergency and medical specialities are excluded from the definition and have been for the purposes of this Report.

Based on advice from the National Aboriginal and Torres Strait Islander Health Worker Association (NATSIWA), Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners have not been included in the definition of allied health professionals for this Report. Aboriginal and Torres Strait Islander Health Workers and Health Practitioners have a unique training pathway and role definition.

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<sup>1</sup> Australian Allied Health Leadership Forum (2019) What is Allied Health? [Accessed 12 Sep 2019] Retrieved from: <https://aahlf.com/what-is-allied-health>.

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# The Office of National Rural Health Commissioner

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 independent and objective advice in relation to rural health to the Minister responsible for rural health.

This Interim Report is prepared for, the Hon Mark Coulton, Minister for Regional Health, Regional Communications and Local Government (the Minister), and contributes to priority one of the 2020 Statement of Expectations received by the Commissioner, December 2019.<sup>2</sup> It continues the work of the Commissioner carried out in 2019 at the Minister's request to provide advice on distribution, quality and access of rural allied health services.<sup>3</sup>

## Interim Report

The National Rural Health Commissioner is undertaking a broad-scale consultation with the rural and allied health sectors at a national, jurisdictional and local level. The purpose of the consultation is to develop a set of recommendations and associated implementation considerations aimed at improving the quality of services, and equitable access and distribution of the regional, rural and remote allied health workforce. Throughout the consultations there has been widespread acknowledgment of the high quality work that allied health professionals in rural and remote regions currently do, often with limited support and high workloads.

Alongside this work, a detailed review of 20 years of published rural allied health literature has been completed to provide a sound evidence base to develop the recommendations. The culmination of these two pieces of work will form the Final Rural Allied Health Report which will be presented to the Minister in June 2020 and will include detailed recommendations and implementation considerations.

This Interim Report provides an insight into the Commissioner's thinking to date. It describes four key strategic themes identified through the consultations and evidence, which will set the parameters for the recommendations in the Final Report. These strategic themes have been considered within the context of broader health and rural health policy including *Australia's Long Term National Health Plan (2019)* the *Closing the Gap* strategy, the *Stronger Rural Health Strategy* and *10-year Primary Health Care Plan*, as well as cross-sector programs such as the National Disability Insurance Scheme (NDIS) and My Aged Care.

## Introduction

Since December 2018, the Commissioner has engaged in extensive consultation (Attachments 1 and 2) underpinned by the principles of integration, inclusion and collaboration and focused on improving the quality, access and distribution of allied health services in regional, rural and remote Australia. The Commissioner has travelled across Australia to work with students, allied health peak bodies, associations and professional bodies, rural allied health service providers, clinicians, universities and schools, Aboriginal and Torres Strait Islander representative bodies and health services, consumers and consumer groups, and local, state, territory and Australian Government representatives to develop a comprehensive understanding of the current contributors and challenges affecting equity of the provision of allied health services for rural and remote Australians.

At the same time an extensive literature review was being conducted in order to develop a strong evidence base, as per the Minister's 2019 Statement of Expectations (December 2018). The review examined factors

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<sup>2</sup> Australian Government (2019) Statement of Expectations January –June 2020 [Accessed 12 Sep 2019] Retrieved from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/National-Rural-Health-Commissioner-publications>

<sup>3</sup> Australian Government (2018) Statement of Expectations January –December 2019 [Accessed 12 Sep 2019] Retrieved from: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/National-Rural-Health-Commissioner-publications>

that affect the quality, access and distribution of allied health services, particularly in relation to workforce scope of practice, rural training pathways, recruitment and retention incentives, and models of service.

To broaden the Commissioner's engagement, a discussion paper was developed outlining policy options for improving the quality, access and distribution of allied health services in regional, rural and remote Australia. The paper was released in July 2019 for public consultation and 116 submissions were received. The feedback was received from a broad range of respondents including individuals, the university sector, public, private and not for profit organisations, consumers, student bodies, peak bodies, professional associations and representation from every state and territory in Australia. There was overwhelming support for the approach undertaken in developing the discussion paper and broad support for the options presented.

Based on all of the feedback, and with careful consideration for the wide range of views, triangulated with the literature review, the Commissioner's findings have been developed into strategic themes. The strategic themes have been tested and refined through further consultations with the peak bodies named in the Statement of Expectations, other key stakeholders such as the Commissioner's Consumer Expert Reference Group and National Rural Health Student Network, and with relevant areas within the Australian Government. These consultations, supported by the literature review, have provided a sound evidence-base for the Commissioner's work.

## **Strategic themes for system reform**

The Commissioner is considering strategies achievable for the Australian Government, acknowledging that the perspectives and experiences of other sectors and jurisdictions are also important requirements for forming and implementing strong and effective policies. Where possible, the strategies build on the existing Commonwealth policies and investments in infrastructure in regional, rural and remote Australia, including but not limited to over 20 years of investment in University Departments of Rural Health (UDRH), Aboriginal Community Controlled Services, Rural Workforce Agencies, Divisions of General Practice/Medicare Locals and Primary Health Networks.

Findings from the evidence as well as extensive consultations to date have pointed to four key interrelated strategic themes that are critical to improving the distribution, quality and access to allied health services in rural, regional and remote Australia.

### **National Leadership – establishing a National Chief Allied Health Officer**

Evidence and stakeholder consultations strongly support the need for dedicated, cross-sector, national allied health leadership within the Australian Government, namely a Chief Allied Health Officer (CAHO). Such a position would enable a focal point for the allied health sector to engage in the development of relevant Australian Government policy such as in health, disability, aged care, mental health, justice and education sectors. The CAHO would be in a position to address sector specific needs such as developing a reliable, comprehensive allied health workforce dataset for service and education policy development and planning.

It is important to acknowledge the commitment and developmental work of the Deputy Secretary of Health Systems Policy and Primary Care Group, who currently holds the title of Chief Allied Health Officer in addition to other responsibilities. There is now a great need for the appointment of a dedicated Chief Allied Health Officer with staff and funds quarantined to focus more wholly on advancing allied health, rural allied health models of care and strengthening allied health workforce data.

### **Improving access – Sustainable, Connected and Supported Rural Allied Health Services**

The evidence from the literature and stakeholder feedback supports the investment in and implementation of integrated allied health services across clusters of smaller rural and remote communities. These clusters

need to build scale, scope, effectiveness and status for rural allied health services. Mechanisms that increase utilisation of existing funding sources, promote supported and rewarding rural careers and support collaboration are required to address current shortages of allied health professionals in rural and remote areas.

Any initiative put forward by the Commissioner will need to include supporting and building the capacity of existing local public, private and not for profit service providers, including solo and dual service providers.

Any initiative put forward needs to be structured to enable the pooling of funding sources from different sectors and to integrate high quality clinical care, teaching and research. Any initiative put forward by the Commissioner also needs to be structured so that services are place-based and led, as well as co-designed with the communities they serve.

## **Improving quality – Aboriginal and Torres Strait Islander Allied Health Practitioners and Culturally Safe and Responsive Services**

It is evident and strongly supported by the consultation that in order to improve the quality of allied health services, specific initiatives are required to address the gap in health outcomes experienced by Aboriginal and Torres Strait Islander Australians living in rural and remote communities. Aboriginal and Torres Strait Islander participation in the allied health workforce is also essential.

What is clear is that further development of training and educational pathways to increase the participation of Aboriginal and Torres Strait Islander peoples in the allied health professions is required. Existing local responses, such as the Indigenous Allied Health Australia (IAHA), National Aboriginal and Torres Strait Islander Health Academy that create supportive, community-led local pathways into tertiary training, are considered as models that would directly contribute to meeting this need.

It is evident and strongly supported by stakeholders that strategies such as universal implementation of the Aboriginal and Torres Strait Islander Health Curriculum Framework<sup>4</sup> within health and medical courses would enhance cultural safety and responsiveness in rural allied health education, training and service delivery.

## **Improving distribution - Regional, Rural and Remote Holistic ‘Grow Your Own’ Health Training System**

In order to overcome the current maldistribution of allied health professionals across Australia, the consultations and literature review both strongly support developing a regional, rural and remote holistic ‘grow your own’ health training system. This system needs to be continuous, integrated and focused on overcoming the disadvantage that rural and remote communities face in accessing training and appropriate healthcare. The long term investment and ongoing commitment by the Australian Government in rural health policy, education, and infrastructure is an excellent platform to build on.

It is evident that an important component in retaining a rural health work force is continuing to support rural health professionals by providing structured career pathways and ongoing professional training. Acknowledging this evidence, in November 2019 the Hon Mark Coulton, Minister for Regional Health, Regional Communications and Local Government, announced the *Allied Health Rural Generalist Workforce and Education Scheme*, an important step in supporting rural allied health professionals and those considering a rural health career.

The evidence also suggests that high value and longer placements that resulted in positive clinical and social experiences were more likely to influence early career decisions of students and new graduates compared to the most common practice of offering a larger number of short term placements.

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<sup>4</sup> Commonwealth of Australia (Department of Health). *The Aboriginal and Torres Strait Islander Health Curriculum Framework*. Canberra: 2014.

# Evidence supporting the strategic themes

## The Rural Allied Health Sector

Allied health services underpin the health and wellbeing of our nation. They are the quiet achievers of our health, disability, education, aged-care, and social service sectors. Without them, our schools, workplaces, homes and aged-care facilities all struggle to realise their potential, communities suffer and economic development stalls.

In 2012, the Australian Institute of Health and Welfare (AIHW) reported there were 126,788 registered allied health clinicians in Australia (this count included 11 allied health professions)<sup>5</sup>. Allied Health Professions Australia (APHA) estimates the 2019 figure to be 195,000 (including 22 professions) with approximately 15,000 allied health professionals working in rural and remote areas of Australia. The sector provides diagnosis, treatment and rehabilitation, often autonomously, delivering an estimated 200 million health services annually.

The undersupply and maldistribution of the allied health workforce has a significant negative impact on the accessibility of allied health services for rural Australians and the severity of impact increases with remoteness. It is most obvious for people living in towns with populations of 15,000 or less (areas designated as Modified Monash Model (MMM) 4-7), and some more isolated centres with populations up to 30,000. Due to the smaller populations of these rural and remote towns, permanent teams of specialist providers offering a full range of the required allied health services are neither viable nor sustainable.

As Australia embarks on delivering the world's best health system through the Australia's Long Term National Health Plan, hitting the targets in Closing the Gap, the National Preventative Health Strategy, implementing the broader vision that underpins the Stronger Rural Health Strategy and the 10-year Primary Health Care Plan, and responding to the significant issues raised by the NDIS Thin Markets Project, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and the Royal Commission into Aged Care Quality and Safety, there has never been a more important time to ensure equitable access, quality and distribution of allied health services for all Australians.

## Literature review - summary of findings

The evidence suggests that there is a significant maldistribution in the current allied health workforce despite increasing graduate numbers, and there is strong unmet need for more allied health services in rural and remote Australia. Of those allied health professionals working rurally, most work in the public sector but several disciplines are more privately based including optometrists, podiatrists, pharmacists, physiotherapists and psychologists. Policies need to accommodate growth of rural public, not for profit and private service capacity.

Rural allied health workers commonly service large catchments, visiting multiple communities. They work across an extended scope using generalist and specialist skills to meet diverse community needs with limited infrastructure. Particular skills used are in paediatrics, Indigenous health, chronic diseases, health promotion and prevention, primary health and health service management. In rural and remote communities, training local workers including Indigenous Health Workers and allied health assistants is important for increasing early intervention, prevention, service coordination and enabling culturally-safe care.

Accessing tertiary allied health training is challenging for rural youth. Rural training opportunities have increased over time through University Departments of Rural Health (UDRH) (some disciplines of 12 months' duration), with signs that quality rural training impacts early career supply, after controlling for rural

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<sup>5</sup> Including Physiotherapist, Occupational Therapists, Chiropractors, Podiatrists, Psychologists, Optometrists, Medical Radiation Specialists and Pharmacists. Please note this count includes Aboriginal and Torres Strait Islander Health Practitioners, Chinese Medicine Practitioners and Dental Practitioners which are outside of the scope of this report.



background.

Factors considered important for retention are having strong rural career pathways, access to relevant professional development and local colleagues, working in a supportive practice environment and the nature of work (independence in role, variety of work, its community focus and a feasible workload).

The published evidence supports the premise that critical mass can be achieved by selecting rural background students, providing high quality rural-based training, rural curriculum, strengthening job satisfaction, career paths and ongoing professional training. The literature also shows that supporting the utilisation of allied health assistants through clear governance frameworks could assist to buffer rural allied health workload. For smaller communities, the evidence shows that outreach and virtual consultations are critical for enabling early intervention and continuity of care, but viable business models, an adequate staff base, along with local community engagement and staff training are essential to drive such service distribution. Monitoring and evaluation of any action is critical for continuous improvements for tailored, cost-effective policy and programs.

The literature review is available at the Commissioner's website:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/National-Rural-Health-Commissioner-publications>

## Stakeholder consultation – summary of findings

The consultations identified barriers resulting from systems that were designed in the cities and which do not work optimally in rural and remote settings. The Commissioner was made aware of historical examples of duplication of services between the Commonwealth, states and philanthropic endeavours which led to unintended outcomes. However, greater than the duplication of programs has been the challenge borne from underinvestment in critical allied health services in rural and remote Australia.

Stakeholders also shared stories of success that result from innovations and hard work to overcome the limitations of systems. Some rural communities were collaborating across multiple towns to pool resources and develop the allied health services that their populations needed most. Instead of duplication of some services and gaps in others, these collaborations and partnerships were developing synergies, providing new business opportunities and expansion for local services and adding value to Commonwealth programs. They were facilitating the delivery of a wider range of services matched to the needs of their communities.

The Commissioner also consulted the areas of the Australian Government responsible for delivering programs proposed by the sector to have an impact on the quality, access and distribution of allied health services in rural and remote Australia, and which were therefore the focus of some of the policy options presented. The purposes of these engagements were twofold: firstly, to test potential emerging themes for operational feasibility, and secondly, to reveal plans and existing policies and programs which the strategic themes of this Interim Report have been structured to complement, enhance or interact.

Rural health models of care need to be different to metropolitan models of care. In order to be effective, health interventions need to be place-based, locally delivered, team-based, integrated and networked across towns. They will continue to fall short if they are conceived as an outreach from systems designed nationally in metropolitan centres for metropolitan markets, systems of care, and population densities. Rural generalist clinicians must be the foundation on which patient and carer centred models of care are built, and specific training, funding, employment and support systems need to be implemented across rural and remote Australia to develop this workforce.

## Concluding Remarks

This interim report is the culmination of a detailed review of 20 years of published rural allied health literature along with findings from a broad-scale consultation with the rural allied health sector at a national, jurisdictional and local level. It represents the contributions of a diverse range of consumers, students, allied health, medical and nursing professionals, researchers, teachers and health service leaders in rural and remote communities around Australia. The Commissioner thanks the many contributors to this work.

Ultimately, the passion to see healthy rural communities, supported by sustainable health services, is driving this work. A future rural allied health workforce that is designed for the future health, economic development and success of rural Australia is achievable. This is a paradigm shift towards a sustainable, locally trained workforce.

## Next steps

The Commissioner will continue working closely with key stakeholders and with the Department of Health to develop specific recommendations to improve access, quality and distribution of allied health services in regional, rural and remote Australia.

The Commissioner will also consider priorities for policy implementation which will be developed in close collaboration with the Department of Health and the rural and allied health sectors.

The Commissioner will provide his recommendations and advice on rural allied health reform to the Minister in June 2020.

# Attachment 1: Consultations

## Commonwealth Ministers' Offices

Minister for Regional Services, Decentralisation and Local Government, the Hon Mark Coulton  
Senator the Hon Bridget McKenzie  
Minister for Health, the Hon Greg Hunt  
Minister for Indigenous Affairs, the Hon. Ken Wyatt

## 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

Terry Battalis	NT 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
David Garne	Federation of Rural Australian Medical Educators
Keith Gleeson	Board Director, Australian Indigenous Doctors' Association
Allan Groth	Indigenous Allied Health Australia
Ross Hetherington	Chair, Rural Health Workforce Australia
Claire Hewat	CEO, Allied Health Professions Australia
Eithne Irving	Deputy CEO, Australian Dental Association
Shane Jackson	CEO, Pharmaceutical Society of Australia
Cath Maloney	CEO, Services for Australian Rural and Remote Allied Health
Ewen McPhee	President, Australian College of Rural and Remote Medicine
Gabrielle O'Kane	CEO, National Rural Health Alliance
Melanie Robinson	CEO, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
Peta Rutherford	CEO, Rural Doctors Association of Australia
Shehnarz Salindera	Council of Rural Doctors, Australian Medical Association
Ayman Shenouda	Chair, Royal Australian College of General Practitioners - Rural Faculty

## Other 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
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	former 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 Laverty	former CEO, Royal Flying Doctors Service of Australia
Martin Laverty	Secretary General, Australian Medical Association
Tanya Lehmann	Chair, National Rural Health Alliance
Cath Maloney	CEO, Services for Australian Rural and Remote Allied Health
Ewen McPhee	President, ACRRM
Member Meeting	Coalition Of National Nursing and Midwifery Organisations (CoNNMO)
Donna Murray	CEO, Indigenous Allied Health Australia
Anja Nikolic	CEO, Australian Physiotherapy Association
Gabrielle O'Kane	CEO, National Rural Health Alliance

## Other National Organisations

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
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

## Jurisdictional Leaders

Ross Bailie	Director, University Centre for Rural Health, University of Sydney
Leanne Beagley	CEO Western Victoria Primary Health Network
Sharon Downie	Manager, Allied Health Workforce, Department of Health and Human Services, 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 (aka Fitzroy Crossing ACCHS)
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	CEO, Workforce and Allied Health, 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 of the UDRH in 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
Jenny May	Director, University of Newcastle Department of Rural Health
Scott McLachlan	CEO, Western New South Wales Local Health District
Richard Murray	Dean, College of Medicine and Dentistry, James Cook University
Murrumbidgee Board	Murrumbidgee Primary Health Network
Kim Nguyen	Executive Director, Workforce and Allied Health, Hunter New England Local Health District

## Jurisdictional Leaders (continued)

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
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
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

## Attachment 2: Submissions Received\*

### Peak bodies named in the Minister's Statement of Expectations

Allied Health Professions Australia (AHPA)  
Australian Allied Health Leadership Forum (AAHLF)  
Australian Healthcare and Hospitals Association (AHHA)  
Indigenous Allied Health Australia (IAHA)  
National Rural Health Alliance (NRHA)  
Services for Australian Rural and Remote Allied Health (SARRAH)

### Other valued contributors

Aboriginal Health Council of Western Australia  
Aboriginal Medical Service Alliance of the Northern Territory  
Australasian Sonographers Association  
Australian College of Nursing  
Australian College of Rural and Remote Medicine  
Australian Council of Deans of Health Sciences (ACDHS)  
Australian Government, Department of Health  
Australian Government, Department of Social Services, Boosting the Local Workforce Program  
Australian Physiotherapy Association  
Australian Rural Health Education Network (ARHEN)  
Australian Rural Health Education Network, Mental Health Academic Network  
Australian Health Care Reform Alliance  
Australian Medical Association, General Practice and Workplace Policy Department  
Australian Society of Medical Imaging and Radiation Therapy (ASMIRT)  
Boab Health Service  
Central Australian Rural Practitioners Association  
Central Queensland University, School of Health, Medical, and Applied Sciences  
Central West Hospital and Health Service  
Charles Darwin University,  
Charles Sturt University, Three Rivers University Department of Rural Health  
CheckUP Australia, Queensland  
Consumers Health Forum  
Council of Deans of Nutrition and Dietetics  
Country Health Connect, Limestone Coast  
Country SA Primary Health Network  
CRANaplus  
Dental Health Services Victoria  
Diabetes NSW & ACT  
Exercise & Sports Science Australia  
Flinders University, College of Nursing & Health Sciences  
Flinders University, Discipline of Rural and Remote Health (DRRH) College of Medicine & Public Health  
Gippsland Allied Health Leaders (GAHL) and the Gippsland Allied Health Educators Group (GAHEG)  
Gold Coast Hospital and Health Service, Allied Health Services  
Gold Coast University Hospital, Operations  
Griffith University QLD, School of Allied Health Sciences  
James Cook University, Centre for Rural and Remote Health  
James Cook University, Division of Health Services  
James Cook University, Division of Tropical Health and Medicine  
KBC Australia  
La Trobe Community Health Service  
La Trobe University, Office of the Vice-Chancellor

Latrobe Regional Hospital  
Laurentian University, Northern Ontario School of Medicine  
Marathon Health  
MahonyGroup  
Monash Rural Health  
National Rural Health Student Network  
Newcastle Department of Rural Health  
National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA)  
North Coast Allied Health Association  
National Aboriginal Community Controlled Health Organisation (NACCHO)  
Northern Territory General Practice Education  
Northern Australia Primary Health LTD  
Northern Territory Government, Department of Health, People and Organisational Capability  
Northern Territory Government, Department of Health, Top End Health Service  
Northern Territory Primary Health Network  
NSW Ministry of Health, Workforce Planning & Talent Development Branch  
NSW Rural Doctors Network  
Optometry Australia  
Osteopathy Australia  
Pharmacy Guild of Australia  
Pharmaceutical Society of Australia  
Queensland Government, Children's Health QLD Health and Hospital Services, Deadly Ears Program  
Queensland Government, Department of Health & Human Services: Policy and Planning; Policy and Intergovernmental Relations; Health Workforce Division; Mental Health Division; Indigenous Health Division; Medicare Benefits Division; Primary Care Division  
Queensland Government, North West Hospital and Health Service  
Queensland Government, Wide Bay Hospital and Health Service (WBHHS)  
Queensland Health, Allied Health Professions Office of Queensland  
Queensland Health, Central Queensland Hospital and Health Service  
Queensland Health, Central West Hospital and Health Service  
Queensland Health, Darling Downs Health  
Queensland Health, Torres and Cape Hospital and Health Service  
Queensland Health, Townsville Hospital and Health Service, Rural Hospital Service Group  
Queensland Health, Sunshine Coast Hospital and Health Service  
Riverina Physiotherapy Centre, Wagga Wagga, NSW  
Royal Australian College of General Practitioners, RACGP Rural  
Royal Far West  
Rural Pharmacy Network Australia  
Rural Workforce Agencies  
Society of Hospital Pharmacists of Australia  
South Australian Government, Riverland Mallee Coorong Local Health Network  
South Australian Government, SA Pharmacy, Department for Health and Wellbeing  
South Australian Government, System Leadership and Design, Department for Health and Wellbeing  
South Australian Government, SA Health, Rural Support Service  
Southern Queensland Rural Health, Baillie Henderson Hospital campus  
Tasmanian Government, Department of Health, Office of the Secretary  
Tasmanian Government, Tasmanian Health Organisation - South  
True, Relationships and Reproductive Health  
Universities Australia, Health and Workforce  
University Centre for Rural Health, New South Wales, Lismore  
University of Melbourne, Chancellery  
University of Newcastle, Department of Rural Health  
University of Newcastle, Centre for Rural and Remote Mental Health  
University of Notre Dame, Majarlin Kimberley Centre for Remote Health  
University of South Australia, Division of Health Sciences



University of Sydney, Head of Department, Broken Hill  
University of Sydney, Faculty of Health Sciences  
University of Sydney, Office of the Vice-Chancellor and Principal  
University of Tasmania, College of Health and Medicine  
University of Tasmania, School of Health Sciences  
University of Western Australia, Vice-Chancellor's Office  
Victorian Government, Health Services Policy and Workforce, Department of Health & Human Services  
WA Primary Health Alliance (Perth North PHN, Perth South PHN and Country WA PHN)  
Western Australian Government, WA Country Health Service  
Western NSW Primary Health Network  
Western NSW Regional Training Hub, University of Sydney, School of Rural Health  
Western Queensland Primary Health Network  
Western Victoria Primary Health Network

\*Please note: Individuals who provided feedback independent of an organisation have not been named to protect privacy. We thank those who contributed and value the time, insights and knowledge they shared.

**[www.health.gov.au/National-Rural-Health-Commissioner](http://www.health.gov.au/National-Rural-Health-Commissioner)**

Information in this publication is correct as at March 2020