



NSW Health Progress Report on Select Committee Recommendations, May 2026

The Legislative Assembly Select Committee on Remote, Rural and Regional Health (Select Committee) conducted 3 inquiries into the implementation of the recommendations from the Portfolio Committee No. 2 on health outcomes and access to health and hospital services in rural, regional and remote NSW (Rural Health Inquiry). The Select Committee made 72 recommendations, of which 55 were supported or supported in principle by the NSW Government.

This report responds to Recommendation 16 in the third report of the Select Committee. The recommendation requires the Minister for Regional Health to report on progress of the Select Committee recommendations to NSW Parliament every 6 months. This is the first report to NSW Parliament.

The Select Committee recommendations complement the 44 Rural Health Inquiry (RHI) recommendations made by the Legislative Assembly's Portfolio Committee No. 2 - Health outcomes and access to health and hospital services in rural, regional and remote New South Wales.

How to read this report

The Select Committee recommendations have been mapped to the 44 RHI recommendations. The RHI and Select Committee recommendations are being implemented via the Regional Health Strategic Plan. Progress updates in the report are provided for recommendations supported or supported in principle by the NSW Government.

List of abbreviations	
Rec	Recommendation
RHI	Rural Health Inquiry
SCR	Select Committee Recommendation
LHD	Local health district
IPTAAS	Isolated Patients Travel and Accommodation Assistance Scheme
RACCHO	Rural Area Community Controlled Health Organisations
PRIM-HS	Primary Care Rural Integrated Multidisciplinary Health Services
ACCHO	Aboriginal Community Controlled Health Organisation
AMS	Aboriginal Medical Service
NGO	Non-Government Organisation

This document was reported to NSW Parliament on Tuesday, 26 May 2026.

Inquiry	Rec #	Recommendation	NSW Government response	Status	Progress update
RHI	1	Review current funding models	Supported	Implemented	NSW Health undertook a review of how small hospitals in NSW are funded and examined approaches to ensure their ongoing sustainability. The review was supported by a steering committee, which guided its focus and informed the development of 9 recommendations.
SCR1	17	Publish reviews of specific funding models, including the small hospitals funding review	Supported	Implemented	The Small Hospitals Funding Model Review was published in January 2025 and is available at: Small Hospitals Funding Model Review .
SCR1	18	Work with the NSW and Australian Governments to explore alternative funding models	Supported	Implemented	NSW Government finalised major national health funding and reform commitments at National Cabinet on 30 January 2026, including agreement to the next Addendum to the National Health Reform Agreement 2026-31 and key disability reforms. The Addendum takes effect on 1 July 2026 and outlines funding arrangements between the Commonwealth and state and territory governments for five years to 30 June 2031. The previous base + plus growth model has been replaced by the glide path funding model, with Activity Based Funding remaining the core funding mechanism. Under the new model, the Commonwealth funds a portion of price and activity for each state through a national annual glide path rate.
SCR3	3	Provide an update on implementation of Small Hospital Model Review (within 6 months)	Supported	In progress	There are 9 recommendations from the Review. Five have been implemented (1, 2, 4, 5, 9) and work is ongoing for the remaining 4 recommendations.
RHI	2	IPTAAS Review	Supported	Implemented	Subsidy rates and eligibility criteria have significantly expanded since August 2022. Improvements have also been made to the application process to make it easier for patients to access the subsidy. Public awareness campaigns were delivered in 2022 and 2023, and the current focus is on increasing uptake by Aboriginal people.
SCR2	23	Fund community transport services under IPTAAS	Noted		
SCR2	24	Expand IPTAAS eligibility criteria	Supported in principle	Implemented	Since August 2022, IPTAAS eligibility has further expanded to include voluntary assisted dying services and to allow two escorts for patients under 18. NSW Health has completed a review of the inclusion of GP Specialists and as a result Rural Generalists will be included as IPTAAS eligible services.
RHI	3	Improving access to transport	Supported	Implemented	NSW Health has reviewed the current state of non-emergency transport for health and has developed recommendations to enhance services, with a focus on rural and regional communities. The review will inform upcoming updates to key policy documents, including the Transport for Health Policy Directive and associated program guidelines. The Transport for Health Review is available on the NSW Health website at Transport for Health Review . NSW Health also provides ongoing grant funding to community transport providers to support people to attend medical appointments in rural, regional and remote areas. The NSW Government has completed the Regional Cities Services Improvement Program, delivering enhancements to regional bus services. Further detail on the enhancements is available at: 16 Regional Cities Services Improvement Program .
SCR2	25	Provide additional funding to the Community Transport Program and address funding gaps	Noted		
SCR2	26	Develop pricing benchmarks for patient co-payments to improve the affordability of community transport services	Noted		
RHI	4	Air transport funding review	Supported	Implemented	The Air Transport Funding Review Summary Report was published on 9 April 2025 and is available at: Air Transport Funding Review .
SCR1	21	Publish future reviews of patient transport schemes, such as air transport and IPTAAS	Supported	Implemented	The IPTAAS midterm monitoring and evaluation summary report was published in October 2025.
SCR2	32	Publish the air transport review	Supported	Implemented	See response in RHI Rec 4.
RHI	5	Engage with charity groups to understand healthcare services	Supported	Implemented	NSW Health hosted a regional forum with charities and local community groups. The forum resulted in the development of a directory of charities and local community groups to support ongoing collaboration.
RHI	6	Report on progress against the Rural Health Inquiry	Supported	Implemented	NSW Health published a Progress Report on 30 June 2024 detailing the implementation of 44 recommendations of the Parliamentary Inquiry into Health Outcomes and Access to Health and Hospital Services in Rural, Regional and Remote New South Wales (Rural Health Inquiry), including completed actions and those that are in progress. The report is available at: Rural Health Inquiry Progress Report . NSW Health reports monthly to the Minister for Health and Minister for Regional Health on the implementation of the 44 recommendations and annually within the Regional Health Strategic Plan Progress Snapshot .
SCR3	16	Report to Parliament every 6 months on the progress of the Select Committee Recommendations	Supported	In progress	NSW Health supports Recommendation 16 from the Select Committee's final report requiring the Minister for Regional Health to provide 6 monthly progress reports to NSW Parliament. The first report is due on 22 May 2026.
SCR3	17	Fund and commission the Auditor-General to undertake audits on rural health services	Supported in principle	In progress	The 2025-2028 Audit Work Program sets out the planned audits for the next three financial years. Statewide Health related audits scheduled for this period are: oversight of visiting medical officers, mental health service planning and commissioning, health workforce planning, preventative health and health promotion, services to prevent and minimise harm from alcohol and other drugs, emergency departments (EDs) health capital expenditure and infrastructure delivery, single digital patient record, planned surgery access and a specific audit on palliative care in rural, regional and remote NSW.

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RHI	7	Engagement with Australian Government	Supported	Implemented	The Bilateral Regional Health Forum (the Forum) supports the health needs of people in rural, regional and remote NSW. The Forum discusses rural health issues and ensures a collaborative approach to regional health outcomes. Meetings are chaired by the Assistant Minister for Rural and Regional Health (Australian Government) and Minister for Health and Regional Health (NSW Government) and recommenced in December 2022, with three meetings held on 9 December 2022, 3 October 2023, 25 September 2025. Communiqués from each meeting are accessible at: Bilateral Health Forum . Key themes addressed are health workforce, education and training, primary care, aged care, First Nations and mental health services needs, health service delivery and opportunities to address service provision and the effectiveness of key initiatives affecting regional health care.
SCR1	19	Support local governments and Australian Government to deliver services e.g. aged care and primary care	Supported in principle	In progress	The Australian Government holds full funding, regulatory and policy responsibility for the aged care system. The Australian Government is driving a significant aged care reform agenda, where they are consulting with the community, aged care providers and others on key elements of the aged care system. Local councils that are aged care providers would be included as part of the Australian Government's consultation roadmap. Any additional consultation with local councils should occur through Local Government NSW. NSW Health is working with the Australian Government to address thin markets of primary care in regional, rural and remote NSW. This includes statewide leadership through the NSW PHN-NSW Health Statewide Committee, which brings together Primary Health Networks, NSW Health, and the Australian Government Department of Health, Disability and Ageing to drive collaborative primary care reform.
SCR2	12	Support local councils to deliver aged-care reforms	Noted		
RHI	8	Investigate ways to support the growth and development of the primary health sector in rural, regional and remote areas	Supported	Implemented	See response in SCR1 Rec 19 and RHI Rec 10.
SCR3	2	Develop long-term funding models for regional primary care with the Australian Government	Noted		
RHI	9	Single Employer Model	Supported	Implemented	The Commonwealth Government approved the NSW proposal to extend the single employer model across rural, regional and remote areas of the state. The number of Rural Generalist Single Employer pathways (RGSEP) trainees grew from 21 in 2024 to 44 in 2025 and 58 in 2026. Trainees are currently located in the following seven regional LHDs - Western, Southern, Northern, Murrumbidgee, Illawarra Shoalhaven, Hunter New England and Mid North Coast.
SCR1	13	Expand the Single Employer Model	Supported	Implemented	See response in RHI Rec 9.
SCR3	1	Develop mechanisms with the Australian Government for collaboration and shared governance for rural primary care.	Supported in principle	In progress	NSW Health is strengthening shared governance for rural primary care with the Australian Government and NSW Primary Health Networks (PHNs) through the NSW PHN-NSW Health Joint Statement. Joint governance arrangements are now in place across all PHN-LHD partnerships to support integrated planning and coordinated decision making, with statewide oversight provided by the NSW PHN-NSW Health Statewide Committee (including the Department of Health, Disability and Ageing). Following a Joint Needs Assessment Workshop in 2025, work is progressing to align approaches to joint needs assessments and to develop shared indicators and a statewide data sharing agreement, supported by specialist data roles across NSW Health and PHNs.
RHI	10	Collaborative Care/RACCHO pilot	Supported	Implemented	Collaborative Care is a community centred, place-based approach to mapping and planning solutions to address healthcare challenges in regional communities. It involves partnering with key stakeholders in a community to understand health needs and identify fit-for-purpose solutions. Following the successful completion of 5 innovative collaborative care projects across regional NSW (4 Ts Tottenham, Tullamore, Trangie, Trundle, Snowy Valleys, Wentworth, Canowindra and Lachlan Valley) in 2023 a scalability assessment was completed by NSW Health. The assessment recommended that NSW Health continue to play a facilitating role in establishing new and supporting existing collaborations.
SCR1	20	Allocate additional funding and accelerate the implementation of primary care pilots	Supported in principle	Implemented	NSW Health provided a grant to the Rural Doctors Network (RDN) to expand the Collaborative Care Program to an additional five regional sites over three years, by 2027. Projects in the Eden, Leeton, Liverpool Plains, Murwillumbah and Wee Waa areas have commenced. All projects are on track with local project officers employed by RDN.
SCR3	5	Seek Australian Government funding to fast-track innovative rural care models like PRIM-HS	Supported in principle	Implemented	NSW Health implements a model similar to PRIM-HS through Collaborative Care. Collaborative care remains solely funded by the NSW Government.
RHI	11	10-year Rural and Remote Medical and Health Workforce Recruitment and Retention Strategy	Supported	Implemented	NSW Health has developed the following statewide workforce strategies: NSW Health Workforce Plan 2022-2032, Alcohol and Other Drugs workforce strategy, NSW Maternity Workforce strategy. NSW Health collaborated with the Australian Government on the National Medical Workforce Strategy 2021-2031, Australia's Primary Health Care 10 Year Plan 2022-2032, and the National Nursing Workforce Strategy.
SCR1	6	Reduce reliance on locum doctors and consider creating a statewide casual pool to fill short-term vacancies and regulating the rates paid to locums	Supported in principle	In progress	The 2025-26 NSW State Budget approved \$9.5 million (including \$4.8 million in capital expenditure over the forward years) to establish an Internal Locum Agency (ILA). The total request is \$33m over the forward years. The project team has been recruited and the project is currently in the build and development phase with plans to launch in FY27/28. Significant progress has been made to establish local locum pools in each LHD, to allow standardised credentialling and filling from a direct locum pool.

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SCR2	16	Develop a mental health workforce strategy	Supported in principle	In progress	Health Ministers endorsed the National Mental Health Workforce Strategy 2022-2032 in November 2022. NSW participates in the National Mental Health Workforce Working Group led by the Australian Government which has oversight of this strategy. As part of this work, the Australian Government produced national supply and demand studies for key workforce areas: Psychiatry Supply and Demand Study . NSW Health released Elevating Lived Experience Expertise: A Framework for the NSW Health Mental Health and Suicide Prevention Peer (Lived Experience) Workforce in October 2025. NSW has released a refreshed Child and Youth Mental Health Services (CYMHS) Capability Framework to support professional development and service improvement in NSW CYMHS. NSW has also established a Clinical Psychiatry Taskforce to ensure clinical expertise informs and co-designs improvements to model of care, psychiatry workforce sustainability, access and service integration.
SCR3	13	Address the cost impacts on locum doctors and establishing a locum vendor management system (VMS)	Supported	Implemented	In June 2024 the NSW Government allocated \$1.42 million to examine the feasibility of establishing an NSW Health Locum Agency to drive down spending on costly agency fees. Building on the successful outcomes of the feasibility study, funding was approved in the 2025-26 NSW State Budget, with \$4.7 million in recurrent expenditure in 2025-26 and \$4.8 million in capital expenditure over the forward years to support the establishment of the ILA. The medical locum Vendor Management System was successfully rolled out statewide in Nov 2025 (ahead of schedule).
RHI	12	Review working conditions, contracts and incentives of GPs working as VMOs	Supported	Implemented	In April 2024, NSW Health introduced incremental sessional rates for GP VMOs in rural facilities so they can be paid as specialists. Significant progress has been made to establish local locum pools in each LHD, to allow standardised credentialling and filling from a direct locum pool. A new vendor management system has been rolled out across all LHDs. In 2023, three new item numbers were introduced as claimable in the Rural Doctors' Settlement Package (RDSP). A new Fixed Daily Rate contract for RDSP sites is in development.
RHI	13	State-wide system of GP/VMO accreditation independent of the LHDs	Supported	In progress	Work has commenced on designing the NSW Health Checks Passport, which will eliminate the need for GP VMOs to provide duplicate information for compliance checks.
SCR1	9	Develop a credentialling framework for locum doctors	Supported in principle	In progress	Work has commenced in developing a centralised credentialling framework for locum doctors as part of the development of the ILA.
SCR1	10	Streamline the registration and credentialling process for VMOs	Supported	In progress	Work has commenced on designing the NSW Health Checks Passport, which will eliminate the need for GP VMOs to provide duplicate information for compliance checks.
RHI	14	Increase rural GP and specialist positions	Supported	Implemented	NSW Health increased the number of Advanced Skills Training positions for Rural Generalist trainees in the NSW Rural Generalist Training program to 62 positions for 2025, which will increase to 66 in 2026.
SCR1	3	Ensure flexibility at the local level for future workforce incentive schemes	Supported in principle	Implemented	The Rural Health Workforce Incentive Scheme (RHWIS) is governed by Policy Directive PD2024_012 and adopts a position-based approach to eligibility, ensuring incentives are targeted to locations and roles experiencing significant workforce challenges. While the policy is governed at the Ministry level, it is operationalised by LHDs and health organisations and is intentionally written to allow flexibility to respond to local workforce needs. Health organisations manage their incentive programs within their annual allocation. They are responsible for assessing eligible positions and applying incentives per the Incentive Scheme policy directive. Positions must be considered and approved by the health organisation's Chief Executive and deemed to meet the definition and criteria of positions with hard-to-fill and critical vacancies.
SCR1	1	Modify RHWIS for expansion to NGOs	Not supported		
SCR3	12	Publish quarterly LHD data on staff recruitment, retention, resignations and transfers including staff specialists	Not supported		
SCR1	11	Increase collaboration between NSW health, medical colleges, regional universities and local primary care services to support studying, training and working in the regional health system	Supported	Implemented	The Medical and Allied Health Dean Forums are held twice a year and are chaired by NSW Health, focusing on high level issues with a workforce lens. NSW Health meets quarterly with the Nursing and Midwifery University Deans and Heads of School, working collaboratively to support the student experience to ensure a well-prepared workforce into the future. NSW Health is also a member of the Rural Doctors Network Rural Medical Training Forum which includes representatives from medical colleagues.
SCR2	2	Recruit and retain obstetric trainees, obstetric specialists and rural generalists	Supported in principle	In progress	NSW Health has completed a research project on barriers and enablers for rural generalist obstetricians and are currently consulting stakeholders on recommendations to progress from the research. The Report will be published post consultation.
RHI	15	Review trainee doctors' employment arrangements and remuneration structure	Supported	Implemented	NSW Health has implemented the Junior Medical Officer (JMO) Living Away From Home Reimbursement Grant that supports both regional and rural trainees as well as those relocating from metropolitan facilities to rural and regional facilities. The Grant is valued at up to \$20,000 per annum per eligible JMO position.
SCR1	12	Work with local councils and local health services to develop incentives to retain health and medical students	Supported in principle	In progress	See response in SCR1 Rec 3.
RHI	16	Expedite the review of nursing and midwifery workforce	Supported	Implemented	Current Workforce Modelling is carried out on a 3-5 year cycle, including modelling for the nursing and midwifery workforce. The information is publicly available at: Workforce Modelling
SCR1	4	Modify the RHWIS and fairly implement it	Supported in principle	In progress	An evaluation of the Rural Health Workforce Incentive Scheme is currently underway to assess its effectiveness and impact. The evaluation findings are expected to be delivered by the end of the 2025-26 financial year and will help inform decisions about future processes and policy refinements.

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SCR1	8	Review remuneration for health professionals	Supported in principle	In progress	NSW Health is in ongoing negotiations and conciliation with the Health Service Union (HSU) around award reform for HSU covered awards for health professionals and associated staff. As at 16 April 2026, in collaboration with the Nurses & Midwives Association, NSW Health has recruited 1,200 nurses to roll out staff to patient ratios and will deliver a significant pay increase between 16 and 28 per cent for nurses and midwives backdated to July 2025.
SCR2	5	Remove restrictions so privately practicing midwives have visiting rights in public services	Supported	Implemented	NSW Health revised the Visiting Endorsed Midwife Practice Policy Directive PD2026_013 on 17 March 2026. The Policy Directive has been updated to remove the requirement for privately practising endorsed midwives to have a formal collaborative arrangement with a medical practitioner.
RHI	17	To widely implement the Nurse Practitioner model of care in rural, regional and remote NSW	Supported	Implemented	As at December 2025, 20 Rural Generalist nurse practitioner positions have been successfully recruited. The Rural Nurse Practitioners Framework was published in February 2023 and is available at: Rural Nurse Practitioners - A framework for service and training in NSW Health
RHI	18	Employ a geriatric nurse in all peer group C hospitals and train staff in geriatric care	Supported	Implemented	NSW Health does not use the term "geriatric nurse". Care for older persons is within the scope of practice of all nurses and is a central part of the delivery of healthcare in most settings. The Health Education and Training Institute (HETI), provides an Working with older people navigator tool in NSW Health's eLearning system (My Health Learning) which supports access to a set of relevant learning resources designed, structured and custom built for healthcare professionals who work with older people provides professional development opportunities for their current and future career needs.
SCR2	10	Work with the Australian Government to provide specialised aged-care training for nurses	Supported in principle	Implemented	Providing care to older persons falls within the scope of practice of all nurses. For those nurses interested in specialising in aged care, postgraduate training opportunities are available. To support this training, NSW Health offers postgraduate scholarships and fully funded places in graduate certificate courses to assist nurses pursuing further education in this field. The Health Education and Training Institute (HETI), provides an Working with older people navigator tool in NSW Health's eLearning system (My Health Learning) which supports access to a set of relevant learning resources designed, structured and custom built for healthcare professionals who work with older people provides professional development opportunities for their current and future career needs.
SCR2	11	Report (within 6 months) how many peer group C hospitals have a geriatric nurse	Noted		
RHI	19	Nurses and midwives remuneration and professional development; engage with EDs to develop plans to address security issues	Supported	Implemented	Postgraduate scholarships of up to \$10,000 are awarded to NSW Health nurses and midwives to support professional development in a range of areas including, clinical nursing, education, management, midwifery and nurse practitioner. Two projects with a focus on rural ED services have progressed through the school of redesign with the Agency for Clinical Innovation. This has provided clinical redesign professional development to 5 rural clinicians. Many LHDs have implemented, or are implementing the recommendations from the Anderson Report, a review to identify and consider whole of NSW Health strategies for security in hospitals.
SCR2	3	Support the midwifery workforce including monitoring on-call arrangements, RHWIS uptake and increasing placements	Supported in principle	In progress	NSW Health has increased access to rural and regional placement opportunities for midwifery trainees and graduates through sustained collaboration with university partners and LHDs. Over the past three years, this work has focused on strengthening the undergraduate midwifery pathway and optimising student numbers. As a result, the number of undergraduate midwifery students undertaking rural placements has increased by 33 per cent, from 231 students in 2023 to 347 students in 2025. An RHWIS evaluation is in progress with findings due mid 2026 - see response in SCR1 Rec 4.
SCR3	11	That NSW Health retain the Rural Health Workforce Incentive Scheme as a permanent mechanism for growing the regional health workforce	Supported	Implemented	The Rural Health Workforce Incentive Scheme (RHWIS) was introduced in July 2022 to support the attraction, recruitment, and retention of health workers in positions with hard-to-fill and critical vacancies across rural and remote areas of New South Wales. As of 25 March 2026, 2,191 of health workers are receiving recruitment incentives and a further 9,360 health workers are receiving retention incentives.
RHI	20	As part of the review of nursing and midwifery workforce develop partnerships to support education, training and development	Supported	Implemented	Ongoing partnerships between regional LHDs and feeder education providers support local workforce growth and development of the nursing and midwifery workforce. Some examples include transition to practice programs, clinical, professional development and leadership pathways, rural generalist programs and pathways, local scholarships and financial supports, support programs including clinical supervision, preceptorship, coaching and mentoring, and Aboriginal workforce strategies. Also see responses in RHI Rec 16, SCR1 Rec 2 and SCR2 Rec 3.
RHI	21	Ensure patients being treated in regional cancer centres can access private-public services	Supported	Implemented	NSW Health continues to collaborate with key stakeholders including the Cancer Council NSW and Cancer Australia to ensure delivery of services for cancer patients. The Cancer Council NSW continue to lead delivery of information and support services to people affected by cancer, including financial assistance, financial counselling, and legal support. NSW Health is working with private providers to address gaps and will continue to monitor any issues that are identified in the future. Examples of current work underway, including partnerships with private and public-private services, include: arrangements across several LHDs to ensure access to cancer treatment with reduced out of pocket costs. This includes public-private partnerships in Murrumbidgee, South Western Sydney and Far West LHDs, as well as publicly funded outpatient cancer services delivered by Southern NSW LHD that are bulk billed to Medicare.
SCR2	8	Conduct an audit of regional cancer centres to identify where patients endure out-of-pocket costs	Supported in principle	In progress	See response in RHI Rec 21.

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RHI	22	Partner to improve communication between service providers, including the use of shared medical record systems	Supported	Implemented	The Information Sharing solution has been successfully rolled out in the Far West LHD as part of the Co located GP Clinics project. Lumos is a healthcare data program that brings together patient information from different healthcare services, such as general practices and hospitals, to understand how patients use and interact with the health system in NSW. In Lumos, de-identified patient data from primary care, such as general practices, are linked with other health service data from NSW Health hospitals, Urgent Care Services and Healthdirect to provide a comprehensive view of patient journeys. Lumos is the largest ever collaboration between the NSW Health, NSW Primary Health Networks (PHNs) and general practices.
RHI	23	Plan palliative care access and services and establish a uniform statewide platform to collect palliative care data	Supported	In progress	An advisory committee was established in May 2025 to review the NSW End of Life and Palliative Care Framework 2019-2024 which is due to be published in 2026. A mapping exercise of existing palliative care staffing and services in LHDs has been completed. Preliminary palliative care indicators have been established, with implementation activities currently in progress and expected to be completed July 2026. The NSW Government has committed \$93 million for capital investment in the World Class End of Life Care program to redevelop and refurbish palliative care facilities across NSW. Nepean, Orange, Tamworth, Westmead and Wyong hospitals were selected as the 5 sites for the program. As part of receiving these budget enhancements, all LHDs undertook a planning process to identify the new positions, services/clinics, and models of care they would implement to address the palliative care needs of their local communities. A key principle of the approach to palliative care planning is that it is based on the needs of the local community.
SCR2	13	Provide targeted Palliative Care funding to address inequalities and ensure adequate staffing	Supported	Implemented	The World Class End of Life Care (WCEOLC) budget enhancement in July 2025 demonstrates the NSW Government's commitment improving access to high-quality palliative care services across NSW, including improving equity of access for people living in regional, rural, and remote NSW. This is reflected in the annualised funding enhancements that have been provided to all LHDs and Speciality Health Networks (SHNs), with significant uplifts for the rural LHDs. LHDs have reported on new staff recruitment, projects and initiatives through the WCEOLC funding enhancement. The NSW Government has committed \$93 million for capital investment in the World Class End of Life Care program to redevelop and refurbish palliative care facilities across NSW. Nepean, Orange, Tamworth, Westmead and Wyong hospitals were selected as the 5 sites for the program.
SCR2	14	Publish the Palliative Care Governance Framework	Supported in principle	In progress	As part of the review of the NSW End of Life and Palliative Care Framework 2019-2024 (EOLPC Framework), an Advisory Committee was established in May 2025 with broad representation from across the EOLPC sector, including LHDs and networks, ANZSPM, RACP, RACGP and AHMRC. The Terms of Reference and functions of the Committee include advising on the future vision and strategic objectives for palliative care across the health system, consideration for the diverse and unique needs of stakeholders engaging with the EOLPC system and defining system priorities for the next 5 years. The Framework review process has included an environmental scan of the 'current state' of EOLPC across NSW, along with broad and targeted system consultation and engagement with the Advisory Committee to inform the updated document. The revised EOLPC Framework is due to be published in May 2026.
SCR2	15	Work with the Aboriginal health sector to support culturally safe end-of-life care	Supported in principle	Implemented	All LHDs have been funded to establish palliative care Aboriginal Health Worker or Health Practitioner roles. LHDs have used their WCEOLC budget to continue to grow their Aboriginal palliative care workforce. A training program has been developed in partnership with NSW Stolen Generations Organisations (SGOs) to address longstanding gaps in culturally safe palliative and end of life care for Stolen Generations Survivors and their descendants. The training aims to strengthen staff capability to deliver culturally relevant, trauma-informed palliative care; improve community awareness and access to services and resources; and deepen understanding of the specific needs and barriers and priorities of the Stolen Generations Survivors and their families. NSW Health provides NGO grants to two regional Aboriginal Community Controlled Health Services to improve access to culturally safe EOLPC - Bullinah Aboriginal Health Service and Waminda South Coast Women's Health and Wellbeing Corporation.
RHI	24	Expand Far West NSW Palliative and End-of-Life Model of Care	Supported	Implemented	All regional and rural LHDs have been funded to implement the End of life and palliative care (EOLPC) model identified as the best fit for their local community. All LHDs and networks have received annualised EOLPC funding enhancements. LHDs undertake local planning processes and engagement to identify the new positions, services/clinics, and models of care for implementation to address the end of life and palliative care needs of their local communities. LHDs have been required to design their local models using the End of Life and Palliative Care Clinical Principles for Care - many of these were drawn from the FWLHD model. All LHDs and networks have increased multi-disciplinary workforce, improved care delivery across multiple settings to promote patient choice, embed a needs based, patient centred approach and have increased after hours support. The Palliative Care Service Development Officer (SDO) network meets monthly to exchange information, discussion, share enhancement implementation achievements and opportunities and escalation of issues related to the provision of end of life and palliative care in NSW.
RHI	25	Mental Health Inquiry	Supported	Implemented	The NSW Government response into the Inquiry into equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales is available at: Mental Health Care Inquiry in New South Wales
SCR2	17	Work with Department of Community and Justice (DCJ) to investigate early intervention models for alcohol and other drugs treatment, including integration with mental health services	Supported	In progress	DCJ is one of the key delivery partners for implementation of the recommendations arising from the Drug Summit. Several recommendations relate to improving outcomes for young people. NSW Health will continue to collaborate with DCJ to improve access to innovative early intervention and support for young people, including those who have co-occurring mental health and alcohol or other drug issues and young people involved in the criminal justice system. A range of new alcohol or other drug programs have been recently established to improve access to services for young people in regional NSW. This includes the establishment of new services delivered by NGOs and ACCHOs that offer holistic support, collaborative care and integration with mental health services. This includes four ACCHOs contracted to design, deliver and evaluate prevention programs for young Aboriginal people in regional areas.

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RHI	26	Midwifery Continuity of care model (Maternity Blueprint)	Supported	Implemented	The Connecting, Listening and Responding: Blueprint for Action Maternity Care in NSW (the Blueprint) was published in March 2023 and aims to strengthen maternity care to ensure care is collaborative, equitable and woman-centred. The Blueprint is available at: The Blueprint In August 2024, the NSW Government announced the acceleration of 5 initiatives of the Blueprint and the Birth Trauma Inquiry - increasing access to maternity continuity of care models; embedding trauma-informed maternity care; improving the way information is provided to women; improving consent processes in maternity care and supporting women who experience pregnancy complications. All of the initial actions are on track, to be delivered in April 2026.
SCR2	4	Implement midwifery continuity of care models, including birthing on country for Aboriginal women	Supported	In progress	In the 2025-26 NSW Budget, the NSW Government invested \$44.8 million in maternity care to improve experience for women during pregnancy, birth and the postnatal period and lead to improved outcomes for women and their children. The Budget commitment will support increased access to midwifery continuity of care models, including funding for an additional 53 FTE midwives in regional NSW. Regional LHDs have started implementation, and the first model has been announced which will see publicly funded homebirth available in Maitland. This is in addition to other new and/or expanded midwifery continuity of care models over the last 3 years at Glen Innes, Port Macquarie, Goulburn, Moruya, Cooma, Bega, Shoalhaven, Auburn, Wagga Wagga, and an expanded service in Wollongong and Homebirth services on the Central Coast and in the Macarthur region (Camden and Campbelltown Hospitals). There is also new Midwifery Antenatal and Postnatal Services in Kempsey and Port Macquarie with access to MAPS increased in Goulburn, Lismore, and Buronga (Far West NSW). The NSW Government has also committed \$45.5 million over seven years for Waminda's Gudjaga Gunyahlamai Birth Centre and Community Hub in Nowra, which will support culturally responsive holistic continuity of care maternity care for Aboriginal women and their families in the South Coast region.
RHI	27	LHDs review maternity services	Supported	Implemented	The NSW Health Guideline <i>Maternity and Neonatal Service Capability</i> describes the planned activity and clinical complexity that a facility is capable of safely providing, and outlines the processes for assessment, notification and reporting. The Guideline was first released in 2016 and reviewed in 2022 and requires all LHDs to conduct an initial assessment of new services and reassess when there are planned changes to services. LHDs report their maternity and neonatal service capability levels on an annual basis to the Ministry of Health as well as notifying if there is a change in service capability level.
SCR2	1	Undertake a formal assessment of its maternity services and develop a statewide, publicly accessible plan	Supported in principle	In progress	NSW Health is developing a comprehensive, future-focused Statewide Maternity Services Plan (The Plan) to address increasingly complex service delivery challenges, particularly in rural and regional NSW. The Plan will be developed in 2 phases and include broad and considered consultation with the system and community. Phase 1 will provide a snapshot of current service provision, population data and workforce profile across NSW and consider national and international best practice for birthing services. The outcomes of Phase 1 will inform Phase 2 which will make key strategic recommendations for future service provision across NSW over the next 5-10 years, based on evidence, data, and clinical and consumer input.
RHI	28	Review the use of Ambulance vehicles for patient transfers	Supported	Implemented	The adult critical and specialist care interhospital transfer policy went live on 20 November 2024. The policy establishes five Medically Agreed Time Frames to prioritise transfers according to patient acuity and supports more timely escalation to NSW when LHD or patient transport service resources are unavailable. Patient Transport Services no longer transfers bookings to NSW via the Electronic Booking System with LHDs responsible for ensuring bookings direct with NSW to minimise low acuity jobs and relieve pressure on ambulance crews.
SCR2	27	Evaluate tranche one of the Patient Transport Service rollout and identify areas for expansion	Supported	Implemented	In September 2025 Mid North Coast LHD (MNCLHD) and Northern NSW LHD (NNSWLHD) transitioned to the HealthShare NSW (HSNSW) Patient Transport Service (PTS), delivering early performance improvements and significantly improving the quality of the fleet. In NNSWLHD, targeted resourcing at Tweed and Grafton has started to deliver an increase in completed transports, with home and nursing home pick ups reducing reliance on NSW Ambulance. In MNCLHD, service efficiency has improved through staff upskilling and shift realignment to better match demand. Further increase in the number of PTS transports are expected as service planning is progressively implemented across these areas. Preliminary discussions are underway with other LHDs regarding proposed expansion of PTS.
RHI	29	Identify the paramedic needs of communities	Supported	Implemented	As at 1 July 2025, there are 835 trained Intensive Care Paramedics across NSW, including 416 in metropolitan NSW and 419 in regional NSW. NSW Ambulance implemented a new Clinical Response Grid after a comprehensive remapping activity supported by extensive historical data and consultation with NSW Ambulance clinicians and subject matter experts.
SCR2	28	Report (within 6 months) how many of the 500 additional paramedic positions committed are filled	Supported in principle	In progress	NSW Ambulance has completed the Year 1 and Year 2 recruitment of 250 of the regional 500 registered paramedics. Consultation with unions and staff and planning continues for delivery of the phase 3 enhancements. As at 1 April 2026, an additional 60 paramedics have commenced as part of phase 3. There have been no barriers identified in the roll out of the regional 500 registered paramedics and the roll out remains fully on track for delivery by 30 June 2027.
SCR2	29	Remove restrictions on Intensive Care Paramedics in Category C and D stations	Noted		

Inquiry	Rec #	Recommendation	NSW Government response	Status	Progress update
SCR2	30	Implement options for paramedics to do additional training and become specialists	Supported in principle	Implemented	Foundational programs, such as Intensive Care Paramedic and Extended Care Paramedic training, continue to be conducted at the State Operations Centre in Sydney, where staff have access to purpose built infrastructure, state-of-the-art equipment and subject matter expertise. Intensive care paramedics continue to undertake clinical placements as part of their training either in metropolitan Sydney or regional NSW. The Extended Care Paramedic Program focuses on demand management by minimising avoidable emergency department visits. The program is targeted to areas of high-volume case load where the impacts can be greatest. Extended Care Paramedic trainees complete practicums and consolidation phases in metropolitan areas to ensure high clinical exposure and competency development under experienced mentors. Regional training units are located around the state to educate, govern and provide organisational clinical credentialing. These are located at Armidale, Bathurst, Gilgandra, Kempsey, Lismore, Nowra, Point Clare, Rutherford, and Wagga Wagga. All paramedics, including specialists, can undertake Mandatory Continuing Professional Development (MCPD) and re-credentialing education at these units. This blended approach fosters clinical excellence, regional capability, and workforce sustainability.
SCR2	31	Evaluate the Integrated Paramedic Workforce Model, based on the initial pilots	Supported in principle	Implemented	NSW Ambulance supported the inaugural Paramedic Workforce Model Pilot Project Evaluation Report. Approval has been given by the NSW Health Secretary for the Project to proceed to Phase 2. NSW Ambulance is an active participant in the Project, which is being led by the NSW Ministry of Health. NSW Ambulance will continue to draw on project learnings to inform involvement of paramedic specialists and paramedics in alternate employment models.
RHI	30	Continuity of quality care with the aim of a regular on-site doctor and improve virtual care access and training	Supported	Implemented	NSW Health has rolled out Healthdirect Videocall across 15 LHDs and SHNs. The platform roll out was completed by September 2025. Training and education sessions for clinicians were a significant part of the roll out. Of the LHDs/SHNs who have gone live, clinicians and consumers feedback has been positive due to the platform ease of use and functionality. The rural virtual services ensures that patients presenting to our rural emergency departments, hospitals, and multipurpose services have medical coverage with a doctor who provide virtual and in person coverage locally, extending the reach of healthcare services without eclipsing the invaluable role of local healthcare providers. Nursing and midwifery staffing across all clinical services must comply with the requirements of the Public Health System (Nurses' and Midwives') State Award, with reference to specific staffing provisions contained in clause 53. Staffing levels and skill mix should be determined by the number of patients and their clinical acuity within each ward, unit and department. Depending on service level and role delineation, support may be delivered on-site, across the LHD or Network, or through virtual care models. Cancer Institute NSW is developing statewide guidance to enable NSW and ACT to implement the Australasian Tele-trial model.
RHI	31	Acknowledge the cultural barriers telehealth poses for First Nations communities	Supported	Implemented	NSW Health developed a Virtual Care Aboriginal Communications Toolkit with the Centre for Aboriginal Health, including clinician and community versions with culturally appropriate messaging about Connect Care. A separate toolkit for incarcerated Aboriginal people was developed with Justice Health. For many Aboriginal elders or Aboriginal patients with complex vulnerabilities telehealth is not the preferred medium for service provision. There is ongoing work as part of the Virtual Health Strategy to build culturally responsive virtual care services that are accessible and effective for Aboriginal communities. The toolkits were communicated to all virtual care managers and via the virtual care system-wide newsletter. The toolkits are accessible at: Welcome to Virtual Care Connect .
RHI	32	Improve cultural safety of health services and facilities by engaging with Aboriginal Elders and local communities	Supported	Implemented	HETI has refreshed the eLearning module Respecting the Difference: Know the Difference in 2022. The education program was developed with consultation and input from local communities including elders from Orange NSW (Wiradjuri Elders). The education supports cultural safety for health service and facilities engaging with their communities. This education is mandatory for all NSW Health staff.
SCR1	16	Develop and provide more training to staff to improve cultural safety	Supported	In progress	Work is currently underway to review culture and staff experience data insights in support of recommendations to further improve workforce cultural safety, and to mature/embed the Culture and Safety Framework. HETI completed the redesigned Respecting the Difference Program on behalf of the Aboriginal Workforce Unit in 2022. HETI has maintained the resource and developed 6 videos for LHDs to use in their face to face delivery locally. HETI is currently developing a Diversity 101 and 102 Training Package to support a psychologically safe and inclusive workplace experience - critical to broader cultural safety.
RHI	33	Building the Aboriginal workforce	Supported	Implemented	The number of Aboriginal Health Practitioners across NSW continues to increase from 35.3 FTE in Financial Year 2023-2024 to 42.46 FTE in Financial Year 2024-2025. Funding for the Aboriginal care navigators and Aboriginal Peer workers has become recurrent from FY 2025-2026, enabling permanent staffing and support across LHDs, particularly in rural and regional areas. NSW Health is commencing a new project to identify strategies to grow the Aboriginal Medical workforce within NSW Health.
SCR1	2	Provide funding to include specific professions and the Aboriginal health workforce under the RHWIS	Supported in principle	Implemented	The Rural Health Workforce Incentive Scheme is governed by Policy Directive PD2024_012 and adopts a position-based approach to eligibility, ensuring incentives are targeted to locations and roles that demonstrate significant workforce challenges. Although no specific funding is allocated to the Aboriginal Health Workforce, LHDs can offer an incentive to the Aboriginal Health Worker if they meet the requirements of the policy.
SCR2	18	Review the relevant industrial frameworks for the Aboriginal workforce, including the Aboriginal Health Workers' (State) Award 2023	Supported	In progress	NSW Health is leading a program of work to update the NSW Health Service Aboriginal Health Workers' (State) Award. The focus is on updating the classification structures to support career pathways for Aboriginal Health Workers (AHWs) and Aboriginal Health Practitioners (AHPs) and the development of a new clinical stream for Aboriginal Health Practitioners.
SCR2	19	Review the Aboriginal Health Worker Guidelines and develop statewide scopes of practice	Supported in principle	In progress	Profession leadership roles are in the process of being implemented to support the statewide objectives to grow and develop the Aboriginal Health Worker (AHW) and Aboriginal Health Practitioner (AHP) workforces. The Associate Director Aboriginal Health Workers and Practitioners recently commenced. The role of statewide educator for AHWs and AHPs is in active recruitment. Works are planned to review the relevant aspects of the previous guidelines and ensure alignment to the agreed national objectives of standard scopes of practice for this workforce. Activities continue to support the appropriate embedding of the AHP into clinical multidisciplinary teams, service models, workforce models and care pathways.
SCR2	20	Explore incentives to grow the ACCHO sector, including amending the Health Services Act 1997 to include ACCHO staff	Noted		

Inquiry	Rec #	Recommendation	NSW Government response	Status	Progress update
RHI	34	Formalise partnerships with ACCHOs	Supported	In progress	Progress is being monitored by NSW Health but led by the LHDs. Mapping of partnerships across all regional LHDs has commenced and will be assessed through each LHD Organisation Organisational Assessment: Aboriginal Health, Governance, Shared Decision Making and Accountability.
SCR1	22	Formalise and strengthen partnerships with AMSs and increase their involvement in local services	Supported	In progress	NSW Health and the Transformation Partnerships Committee will support the development of partnerships between two LHDs and relevant ACCHO partners. This may include the establishment of new partnerships and/or support to rebuild and/or strengthen current or lapsed partnerships.
SCR2	21	Support LHDs and ACCHOs to map health services to identify unmet needs	Supported in principle	In progress	Health service mapping is being undertaken as part of the work described in RHI Rec 34 and SCR1 Rec 22.
RHI	35	Have an Aboriginal community representative on each LHD Board	Supported	Implemented	The proclamation for Schedule 4[1] of the Health Legislation Amendment (Miscellaneous) Act 2025 was made in November and will take effect on 23 March 2026.
SCR2	22	Amend the Health Services Act 1997 so at least one Aboriginal community representative is on each LHD's governing board	Supported	Implemented	Amendments to the Health Services Act 1997 under schedule 4[1] of the Health Legislation Amendment (Miscellaneous) Act 2025 commenced on 23 March 2026 by proclamation. The amendments require each LHD Board to have at least one member who identifies as an Aboriginal person.
RHI	36	Regional Health Minister	Supported	Implemented	A Minister for Regional Health was appointed in 2021, with responsibility for hospitals and health services in regional NSW.
RHI	37	Evaluation of Rural Health Plan	Supported	Implemented	The evaluation of the Rural Health Plan: Towards 2021 was published in April 2022 and is available at: NSW Rural Health plan: Final Progress Review
RHI	38	Develop a new Rural Health Plan	Supported	Implemented	The Regional Health Strategic Plan 2022-2032 was published in February 2023 and is available at: NSW Regional Health Strategic Plan
RHI	39	Collaboration with Primary Health Networks	Supported	Implemented	As at January 2026, Far West, Mid North Coast, Northern NSW, Murrumbidgee and Hunter New England LHDs have formal collaboration agreements in place with their PHNs. Central Coast, Illawarra Shoalhaven, Southern NSW and Western NSW LHDs are in the process of developing formal collaborative agreements.
SCR2	7	Explore options to address paediatric service gaps in partnership with LHDs, PHNs and NGOs	Supported	In progress	In response to system feedback and recommendations from the 2025 Special Commission of Inquiry into Healthcare Funding, NSW Health is working with key stakeholders to develop a statewide paediatric strategic plan which responds to identified issues in paediatric care across NSW. The services plan will clarify the NSW Health system's areas of priority and focus and outline roles and responsibilities in delivering health care to children, young people and families.
SCR3	4	Make shared governance with PHNs a requirement in LHD service agreements to support better local collaboration	Noted		
RHI	40	Review of workplace culture and complaints management	Supported	Implemented	NSW Health has published the Culture and Staff Experience Framework in September 2024 and is available at: Culture and Staff Experience Framework . Work is currently underway to review culture and staff experience data insights in support of recommendations to further improve workforce culture, and mature/embed the Framework.
SCR1	14	Complete and implement the Culture Framework	Supported	Implemented	See response in RHI Rec 40.
SCR3	14	Mandatory, face-to-face leadership training for rural health managers	Supported in principle	Implemented	Health Education and Training Institute provides a comprehensive suite of accessible leadership development opportunities, including online modules, longitudinal leadership programs, workshops, masterclasses and webinars, focused on building practical skills such as communication, emotional intelligence, financial management and people leadership, enabling participation regardless of location across NSW. It is noted that only the Mandatory Training Standing Committee, chaired by the Ministry of Health has the authority to mandate training, and current travel cap restrictions limit face-to-face delivery.
RHI	41	Establish independent office of the Health Administration Ombudsman	Supported	Implemented	On 26 February 2024 Megan Taylor was appointed as Deputy Ombudsman, Health Administration. Information for NSW Health staff on how to seek assistance for workplace issues, including guidance on contacting the NSW Ombudsman is available at: Reporting Serious Wrongdoing .
SCR1	15	Expedite the implementation of the NSW Ombudsman Health Administration Unit	Noted		
RHI	42	Rural and regional LHDs review, reinvigorate and promote the role of Local Health Advisory Committees	Supported	Implemented	NSW Health has released the Strengthening Local Health Committees report, summarising the key findings from the review of the local health committee model and outlining a set of guiding principles. The report is available at: Strengthening Local Health Committees Report
SCR3	7	Include the requirement for genuine community consultation in LHD service planning processes	Supported in principle	In progress	NSW Health is implementing recommendations from the Shared Understanding Project (SUP), which aims to build relationships through meaningful engagement, ensuring the planning and delivery of health services is informed, trusted and embraced by the communities they serve. This will include exploring consistent engagement practices across all levels of the organisation, including engagement expectations and guidance in the planning, design and delivery of health services at the local level. The Consultation Insights Report , details the consultation activities undertaken for SUP.
SCR3	8	Improve communication with rural communities by clearly explaining service changes and promoting consultation forums	Supported	In progress	SUP recommendations focus on implementing strategies to improve information exchange between NSW Health and communities about available services, potential changes and what can be delivered in different contexts. This will be achieved through staff and community capability building, ongoing relationships and providing clear and timely information, tailored to community needs. NSW Health will continue to comply with the Regional Communities Consultation Guide . Regional LHDs are supported by local health committees who are connected to their community, sharing information and providing feedback about services and local health needs.

Inquiry	Rec #	Recommendation	NSW Government response	Status	Progress update
SCR3	9	Ensure every regional community has a forum to give meaningful feedback on public health services	Supported	Implemented	Following a review of local health committees in regional NSW, all regional LHDs undertook reviews of their local health committee community engagement model. This included implementing local community engagement frameworks. NSW Health continues to work closely with regional LHDs to strengthen and mature community engagement through local health committees. The review can be found at: Strengthening Local Health Committees Report
RHI	43	Develop place-based needs assessments	Supported	Implemented	All regional Primary Health Networks (PHNs) have developed place based needs assessments in partnership with LHDs and key stakeholders, including Aboriginal Medical Services, local councils, allied health networks, universities, the Rural Doctors' Network, clinical councils, the business sector, community organisations, and local communities. These assessments are updated every two years.
SCR2	6	Increase paediatric services and recruit more paediatric, GP and allied health services, including early intervention programs	Supported	Implemented	From June 2024 to June 2025, the NSW Health medical paediatric workforce grew by 9.2 FTE or 0.8%. As of June 2025, the NSW Health paediatric workforce is 1,095.8 FTE. NSW Health funds Royal Far West (over \$4 million annually) to deliver a regional Paediatric Developmental Program. The program provides a specialist, multidisciplinary health and wellbeing service for children with developmental concerns who can't access the services they need locally. The 2025-26 NSW Budget allocated \$17.9 million over 4 years for an additional 32 FTE paediatric allied health staff to increase support to children with developmental vulnerabilities across NSW. LHDs have commenced recruitment and many of these critical roles are now filled across NSW. From September 2025, general practitioners (GPs) in NSW will be able to resupply ADHD medication to their patients, to make ADHD care cheaper and accessible. Since the launch of the ADHD reforms, 511 GPs have been approved as continuation prescribers, with more than 2000 patients already having accessed prescriptions through this new pathway. It is anticipated a statewide endorsed-prescriber rollout will commence mid-2026.
RHI	44	Review Health in all policies	Supported	Implemented	NSW Health completed a Review of Health in All Policies. The Agency for Clinical Innovation (ACI) completed an evidence check to inform this review which is available at: Health in All Policies and Similar Approaches .
Select Committee Recommendations that do not fit into the Rural Health Inquiry recommendations					
SCR1	5	Provide adequate housing for current and future health workforce	Supported	In progress	In June 2024, the NSW Government committed \$200.1 million to increase key health worker accommodation across rural and regional areas of NSW. The NSW Government will secure approximately 120 dwellings, which may include new builds and modular accommodation, refurbishment of existing properties, and possible purchase of suitable properties such as residential units. Work is progressing well to deliver this commitment, with planning and delivery activities underway to ensure accommodation is made available as intended.
SCR1	7	That NSW Health review award agreements for rural GPs and local GPs, with a view to creating pay equity between the locum and permanent workforces	Noted		
SCR2	9	That NSW Health commence an interim evaluation of the Rural, Regional and Remote Clinical Trial Enabling Program (R3-CTEP) within the next six months	Noted		
SCR3	6	Explore further opportunities for funding and implementing the health precinct model in rural areas	Supported	In progress	NSW Health is exploring opportunities to implement health precinct models in rural areas across NSW. This work will assess the feasibility of rural health precincts, including their potential purpose, functions, governance arrangements, and funding considerations, and consider how they could be positioned within a broader statewide health precinct ecosystem. Scheduled to commence in late 2026, the OHMR Health Precinct Team will draw on insights from existing NSW health precincts and engage regional stakeholders, including the Murrumbidgee Health and Knowledge Precinct, to assess adaptable models suitable for other rural and regional contexts, as well as associated funding approaches.
SCR3	10	Establish a NSW Rural Health Commissioner	Noted		
SCR3	15	That the NSW Government prioritise incentives for recruitment and retention in nongovernmental organisations (NGOs)	Noted		
SCR3	18	Create an independent NSW Rural Health Commissioner with statutory powers to oversee reform, advocate for communities, and report to Parliament	Noted		

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