

2018–19 **Annual Report**

Our Vision

To ensure optimal health workforce to enhance the health of Queensland communities.

Our Mission

Creating sustainable health workforce solutions that meet the needs of remote, rural and regional and Aboriginal and Torres Strait Islander communities.

Our Values

Integrity

We behave in an ethical and professional manner at all times showing respect and empathy.

Commitment

We enhance health services in rural and remote Queensland communities.

Equity

We provide equal access to services based on prioritised need.

Acknowledgements





Health Workforce Queensland acknowledges the traditional custodians of the land and sea where we live and work, and pay our respects to Elders past, present and future.

Health Workforce Queensland would like to acknowledge the Australian Government Department of Health as our funding partner for the 2018-2019 financial year.

Front Cover Photo

The front cover photo is of a sunset at Consuelo Station in Rolleston and was taken by Alex Russell, a medical student at James Cook University.

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Chair's Report

During 2018, Health Workforce Queensland recognised 20 years of operation as a Rural Workforce Agency and that celebration continues in this Annual Report. As said in my speech on our night of celebration in November, 20 years of operation for a government funded not-for-profit organisation is a mammoth achievement. This achievement is owing to a set cyclical process of data collection, workforce solution generation, collaborative implementation and detailed evaluation. This process continued with the Board and Management Team holding a planning day on 22 February 2019, to confirm the Agency's strategic plan for 2019 to 2023 and to develop tactical workforce solutions that achieve our goals.

The Agency's three contracts (Rural Health Workforce Support Program, John Flynn Placement Program, and Health Workforce Scholarship Program) and activities



delivered through these contracts, have firmly embedded Health Workforce Queensland as a key stakeholder in the Queensland rural health sector. Rural Workforce Agencies are, individually and collectively, in an encouraging position within the rural health sector on both a State and national level. This is possible due to the relationships developed with others, as evident throughout this report, and a renewed focus on rural health by the Federal Government.

Emeritus Professor Paul Worley, the National Rural Health Commissioner, has continued to champion the needs of residents and the needs of health professionals in rural Queensland. Whilst focus has previously been on the medical rural health workforce, the Agency looks forward to seeing the work undertaken by the Commissioner on rural allied health workforce reform. On a similar note, in May this year following the Federal election, we were pleased to see the appointment of the Honorable Ken Wyatt as Minister for Indigenous Australians; the first Indigenous person to undertake this role.

"With the ongoing drought throughout the Sunshine State with associated negative health outcomes and the disparity in health outcomes for Aboriginal and Torres Strait Islander peoples, we will continue to ensure that rural health and Indigenous health remain on the national agenda and at the forefront of Government decision makina."

In 2018, the Board and the Leadership

Team, undertook a review of the Constitution and Board composition with a proposal to migrate to an individual memberbased Board. The new Constitution and Board composition was passed during the Annual General Meeting in November 2018.

On behalf of the Board, I am pleased to advise that Health Workforce Queensland has ended the 2018-2019 financial year in a solid financial position. With some roll-over of funding, the Agency has greater opportunity to deliver even more in the 2019-2020 financial year. Health Workforce Queensland has diligently continued its role as Lead Agency within the Rural Workforce Agency Network for the John Flynn Placement Program and the Health Workforce Scholarship Program. The guidance of the Risk Management and Governance Committees has been invaluable in undertaking this Lead Agency

I give thanks to the Directors of the Board for their ongoing commitment to Health Workforce Queensland. I specifically also acknowledge Chris Mitchell and the Leadership Team for their continued guidance and congratulate them on another positive year and a year of growth. Lastly but most importantly, I would like to thank the enthusiastic staff members of Health Workforce Queensland who, year on year, work hard for the residents and health professionals of remote and rural Queensland.



Emeritus Professor Robert Stable
~ Board Chair

CEO's Report

Throughout the second half of 2018 we continued to celebrate 20 years of operation as a Rural Workforce Agency. Twenty years on and our vision and mission remains the same. We are committed to ensuring those living in remote and rural Queensland have easy access to health services and those providing health services are appropriately supported.

"The 2018-2019 Annual Report reflects the Agency's activities to work towards our vision and in the second year of the Rural Health Workforce Support Program the Agency has moved from implementation to growth."

This growth is evident in the expansion of organisations within



the Health Workforce Stakeholder Group and in the breadth of the 2019 Health Workforce Needs Assessment. The Health Workforce Needs Assessment built on the foundations of the previous report and provided a detailed narrative about the current and emerging workforce issues for each health discipline in Queensland.

From the development of the Health Workforce Stakeholder Group, greater partnerships have been established. On 5 April 2019, Health Workforce Queensland formalised a Memorandum of Understanding (MoU) with Western Queensland PHN. Within the past 12 months we have also commenced a separate MoU with CheckUP which will be formalised in the 2019-2020 financial year. We look forward to operationalising these partnerships to achieve more positive outcomes.

The nation-wide John Flynn
Placement Program and Health
Workforce Scholarship Program
have also experienced growth in
the number of participants within
each program. These separate
contracts continue to be integral
initiatives that encourage the
future rural workforce and support
the current rural workforce.

A highlight for the Agency was our formal 20th Anniversary
Celebration held in November
2018. In one night and one place we had the key people and key organisations that have helped us over the past twenty years to grow and work towards our vision for rural Queensland.

Within this financial year,
rural Queensland has
been the victim of
unexpected floods,
raging bushfires
and what feels
like a neverending drought.

As an organisation we cannot discuss the health workforce without stating the impact that these natural disasters have had on rural communities and the impact on their mental health and wellbeing. The consequences of the variable Queensland climate continue to be an issue, mental health services in rural Queensland continues to be a need and we will continue our efforts in developing a robust workforce focused on addressing mental health concerns.

On behalf of all staff at Health Workforce Queensland I would like to extend my thanks and gratitude to the passionate and dedicated Aboriginal Health Workers, Allied Health Professionals, Doctors and Nurses who continue to be an instrumental pillar that support the primary health care services for remote and rural residents across our vast state.

I thank each individual Board member for their continued commitment to Health Workforce Queensland and our vision and mission and collectively thank the Board for their guidance and governance of Health Workforce Queensland. I thank the Health Workforce Queensland staff who are the hard-working drivers behind the accomplishments shown in the 2019 Annual Report.

Health Workforce Queensland looks forward to continuing to work with you during 2019-2020 to ensure optimal health workforce to enhance the health of Queensland communities.

Chir

Chris Mitchell
- Chief Executive Officer

Board Members

We would like to thank our 2018-2019 Health Workforce Queensland Board for their valuable contributions to the Agency.



Prof Robert Stable

- Board Appointed Chair

Appointed 21.07.12



Dr John LambChair of Governance Committee
Appointed 21.07.07



Ms Naomi Blake

~ Chair of Risk Management
Committee

Appointed 05.08.14



Dr Michael Belonogoff Appointed 28.11.15



Dr Natasha Coventry Appointed 05.11.16



Mr Terry Fleischfresser Appointed 17.02.07



Dr Ross HetheringtonAppointed 01.10.00

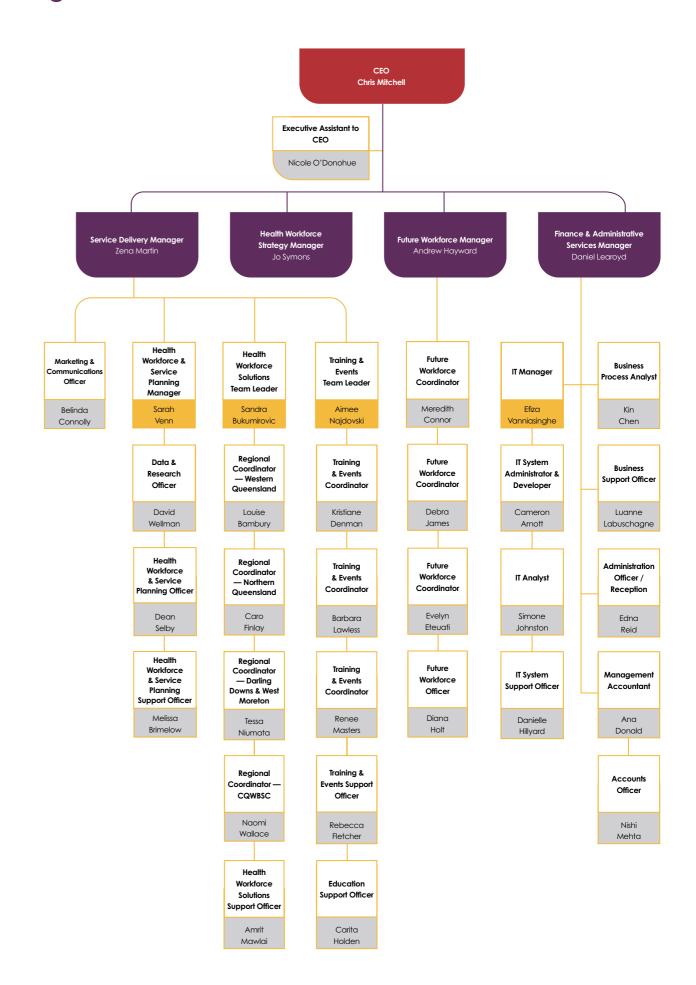


Dr Alan McMahonAppointed 18.10.06



Ms Stella Taylor-JohnsonAppointed 14.11.09

Organisation Structure



Staff Members

We would like to thank the staff members at Health Workforce Queensland for their ongoing hard work, commitment and enthusiasm to the work the Agency undertakes.

Cameron	Arnott	IT System Administrator and Developer
Louise	Bambury	Regional Coordinator – Western Queensland
Melissa	Brimelow	Health Workforce and Service Planning Support Officer
Sandra	Bukumirovic	Health Workforce Solutions Team Leader
Kin	Chen	Business Process Analyst
Belinda	Connolly	Marketing and Communications Officer
Meredith	Connor	Future Workforce Coordinator
Kristiane	Denman	Training and Events Coordinator
Ana	Donald	Management Accountant
Evelyn	Eteuati	Future Workforce Coordinator
Caro	Finlay	Regional Coordinator – Northern Queensland
Rebecca	Fletcher	Training and Events Support Officer
Andrew	Hayward	Future Workforce Manager
Dani	Hillyard	IT System Support Officer
Carita	Holden	Education Support Officer
Diana	Holt	Future Workforce Officer
Debra	James	Future Workforce Coordinator
Simone	Johnston	IT Analyst

Luanne	Labuschagne	Business Support Coordinator
Barbara	Lawless	Training and Events Coordinator
Daniel	Learoyd	Finance and Administrative Services Manager
Zena	Martin	Service Delivery Manager
Renee	Masters	Training and Events Coordinator
Amrit	Mawlai	Health Workforce Solutions Support Officer
Nishi	Mehta	Accounts Officer
Chris	Mitchell	Chief Executive Officer
Aimee	Najdovski	Training and Events Team Leader
Tessa	Niumata	Regional Coordinator – Darling Downs and West Moreton
Nicole	O'Donohue	Executive Assistant to the CEO
Edna	Reid	Administration Officer/Reception
Dean	Selby	Health Workforce and Service Planning Officer
Jo	Symons	Health Workforce Strategy Manager
Efiza	Vanniasinghe	IT Manager
Sarah	Venn	Health Workforce and Service Planning Manager
Naomi	Wallace	Regional Coordinator – Central Queensland, Wide Bay and Sunshine Coast
David	Wellman	Data and Research Officer

Staff listed alphabetically by surname.



ealth Workforce Queensland

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EBRATING

Celebrating 20 Years as a Rural Workforce Agency

During 2018, Health Workforce Queensland celebrated 20 years of operation as a Rural Workforce Agency. The Board, staff, partners and key stakeholders joined us at the Treasury Hotel on 23 November to recognise this milestone. Congratulations to the staff and Board members who received a Service Award for five or more years working at Health Workforce Queensland.



Darling Downs and West **Moreton Region**

This image is from Stanthorpe and was taken by Krishna Doshi.

Health Workforce and Service Needs for the Darling Downs and West Moreton Region

The 2019 Health Workforce Needs Assessment identified the following current and emerging workforce and service issues:

- The highest mean workforce gap ratings for the region overall were for psychology and social work workforce.
- The highest service gap means for the region overall were for mental health, and alcohol and other drug services.
- + Mental health, followed by alcohol and other drugs, were the most commonly reported health issues of concern. Workforce suggested to address these issues included psychologists, and other mental health professionals and support staff.
- Other professionals reported as being required were general practitioners and dentists.
- Mental health was the most commonly reported unmet care need.
- Nurses along with general practitioners were suggested as requiring upskilling in areas of mental health, chronic disease and preventative health.

Other general issues identified through participants comments were:

- + Affordability of services and lack of bulk-billing services
- Cost of allied health specifically
- Lack of transport to access services
- + Oral health



Practices we've visited...

The quality of the service we provide is measured by the connections we have with our communities, practices and practitioners. Visiting and talking with our stakeholders is key to understanding the local health workforce needs and how we can support them.

- + Chinchilla: First Avenue Medical Practice; Chinchilla Medical Practice
- Dalby: Goondir Health; Myall Medical; Dalby Allied Health
- + Ipswich: Kambu Aboriginal Community Controlled
- Health Service
- Kingaroy: Haly Health and Skin Care; Eduardstrete Medical Centre
- Warwick: Peppertree

 Medical; Carbal Medical;

 Condamine Medical Centre

ACCESS QUALITY & SUSTAINABILITY

Recruiting and Retaining Health Professionals in the Region

13

General Practitioners Recruited



36

Locum days provided

\$38,500

Amount for Fellowship Support Grants

01

Nurses/ Midwives Recruited



06

Locum Placements

43

Number of Active RLRP Candidates Managed

NIL

Allied Health Professionals Recruited



NIL

Amount for Relocation Support Provided

5

Active 5 Year OTD Scheme Candidates Managed



Health Professionals Meet & Greet



Chinchilla, Dalby, Toowoomba, Goondiwindi, Stanthorpe and Warwick

February, March and April 2019

The Queensland Rural Medical Family Network provided \$3,000 in total to six communities in the Darling Downs and West Moreton region to hold Health Professional Meet and Greet events.



Exposing Medical Students to Rural Practice Through the John Flynn Placement Program



43

Mentors

38

Medical students undertaking their placement

29

Hosts and Community Contacts

"During my time in Chinchilla I developed my clinical skills through 'hands-on experience' with administering injections, suturing wounds, suture removal, venepuncture as well as scrubbing in to assist with minor surgeries in the practice's treatment room. I also got to practice history taking and physical examination when working in the hospital's emergency department. I wrote up my own notes and patient treatment plan before presenting this to the doctor to discuss and agree the best way to manage the patient."

– Brendan JFPP Scholar

Upskilling Doctors, Nurses, Dentists, Allied Health **Professionals and Aboriginal and Torres Strait Islander Health Workers**

Health Workforce Scholarship Program

FUNDING PROVIDED TO HEALTH PROFESSIONALS

Total scholarship funds

Total bursary funds

APPLICATIONS RECEIVED AND APPROVED

Eligible scholarship applications

Eligible bursary applications

SNAPSHOT OF FUNDING OF HEALTH DISCIPLINES AND THEIR SERVICE PROVISION LOCATION



General **Practitioners**



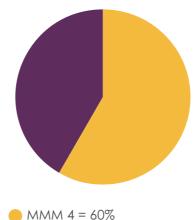
Dentists





Allied Health Professionals

Applicants' service provision location by MMM



 \bigcirc MMM 4 = 60%

 \bigcirc MMM 5 = 40%

Joint Rural Health Club Weekend, AmBUSHed and Go Rural



undergraduate health students attended

"The best clinical aspect was the diversity of the workshops. It provided me with insight into the roles of the different professions and the similar difficulties that each one faced working in this setting."



AmBUSHed was an inaugural event for final year medical students and interns...all with the purpose of developing skills to help them survive and thrive with the transition to the workplace.

final year medical student/interns attended



undergraduate health students attended

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Central Queensland, Wide **Bay and Sunshine Coast Region**

This image is from Rolleston and was taken by Alex Russell.

Health Workforce and Service Needs for the Central Queensland, Wide Bay and Sunshine Coast Region



The 2019 Health Workforce Needs Assessment identified the following current and emerging workforce and service issues:

- The highest mean workforce gap ratings for the region overall were for psychology and social work workforce.
- The highest service gap means for the region overall were for alcohol and other drug services, and mental health services.
- Mental health and alcohol and other drugs were the most commonly reported health issues of concern.
 Psychologists and other mental health professionals were the most commonly

- suggested types of health professional required to address these.
- GPs and a range of allied health professionals were also suggested as being required to manage the prevalence of chronic diseases.
- Some of the unmet care needs reported were in the areas of mental health, alcohol and other drugs, and diabetes. Upskilling in mental health, alcohol and other drugs and diabetes education were suggested for nurses, general practitioners and other health professionals.

Other reported issues reflected in participants general comments:

- Access to public/bulk-billing allied health professionals; particularly psychologists in populations of low social and economic status.
- Lack of quality aged care and palliative care.
- Oral health as a health issue and access to public dental services, as well as the cost of private dental services.

Practices we've visited...

The quality of the service we provide is measured by the connections we have with our communities, practices and practitioners. Visiting and talking with our stakeholders is key to understanding the local health workforce needs and how we can support them.

- Bundaberg: West
 Bundaberg Medical Centre
- + Gin Gin: Currajong Practice
- + Gympie: Quality Family
 Care
- Hervey Bay: Primary Care Medical Centre; Fraser Shores Medical Centre; Rehman Clinic; Urangan Medical Centre; Galangoor Aboriginal Community Controlled Health Service
- Maryborough: Francis Family Doctors; Divine Medical Centre; Bazaar Street Medical
- + Tiaro: Bopple Surgery

Recruiting and Retaining Health Professionals in the Region

04

General Practitioners Recruited



272

Locum days provided

\$94,500

Amount for Fellowship Support Grants

03

Nurses/ Midwives Recruited



16

Locum Placements

106

Number of Active RLRP Candidates Managed

NIL

Allied Health Professionals Recruited



\$5,000

Amount for Relocation Support Provided

08

Active 5 Year OTD Scheme Candidates Managed



CPD Workshops, Presentations and Conferences

MENTAL HEALTH WORKSHOP SUNSHINE COAST

3-4 November 2018



Doctors attended

Exposing Medical Students to Rural Practice Through the John Flynn Placement Program



63

78

Medical students undertaking their placement



Hosts and Community Contacts

"I'm amazed at the local history of Yeppoon just as much as I am amazed by the diversity of rural practice. To be fortunate enough to get the best of both worlds in a small rural town was a dream come true for me. This placement has made me have a whole new appreciation for rural medicine and the diversity of patients and illnesses prevalent in rural towns. I am forever grateful for this opportunity to engage in rural practice whilst studying, because I believe it's put a lot of my study and learning into context and has cemented my desire to be a rural doctor upon graduation from university."

– Maddison JFPP Scholar; Yeppoon

Upskilling Doctors, Nurses, Dentists, Allied Health Professionals and Aboriginal and Torres Strait Islander **Health Workers**

Health Workforce Scholarship Program

FUNDING PROVIDED TO HEALTH PROFESSIONALS

Total scholarship funds

\$140,031 Total bursary funds

APPLICATIONS RECEIVED AND APPROVED

Eligible scholarship applications

Eligible bursary applications

SNAPSHOT OF FUNDING OF HEALTH DISCIPLINES AND THEIR SERVICE PROVISION LOCATION

General

Practitioners

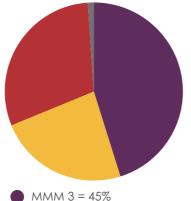


Nurses/ **Midwives**



Allied Health Professionals

Applicants' service provision location by MMM



 \bigcirc MMM 4 = 24% ■ MMM 5 = 30%

MMM 6 = 1%



Students Return to Central Queensland for the Second year of GROW Rural **Program**

27-29 July 2018

GROW Rural is a one of a kind rural immersion experience aimed at attracting current health students to a rural career.

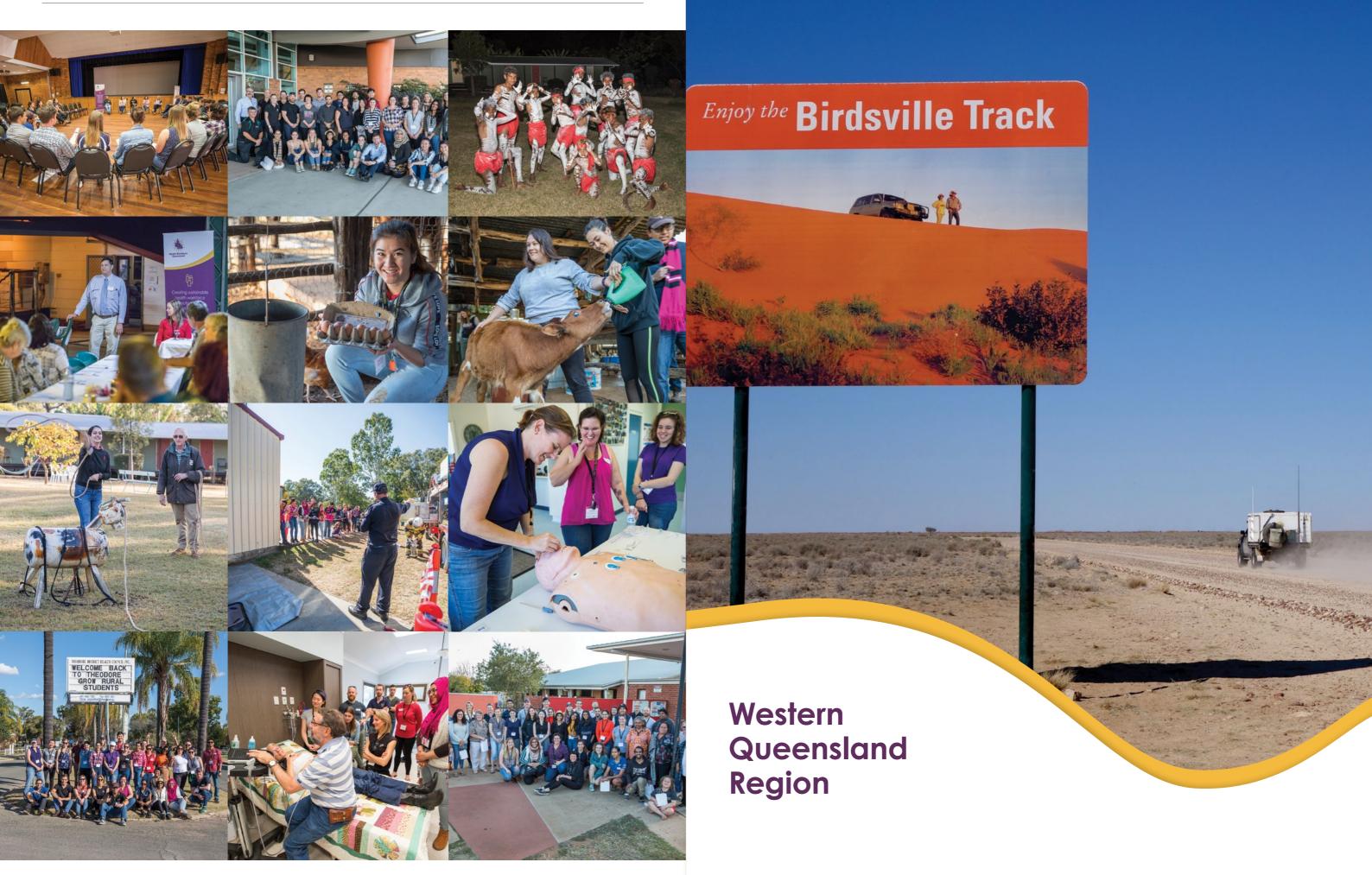


A total of 29 students from medical, nursing and allied health disciplines visited the Central Queensland communities of Woorabinda, Theodore, Moura and Biloela each year for three consecutive years.

Students have the annual opportunity to experience comprehensive clinical practice and the unique lifestyle of remote and rural Queensland communities.



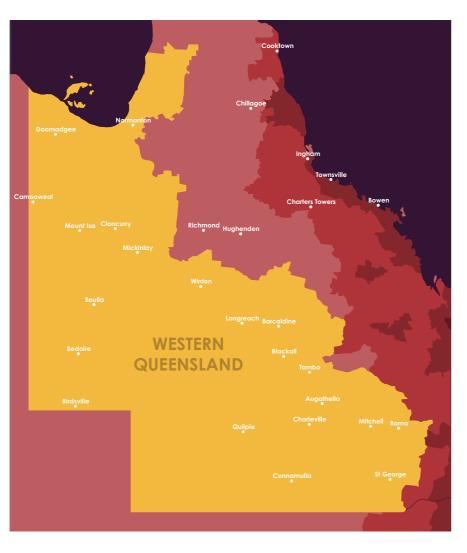
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Health Workforce and Service Needs for the Western Queensland Region

The 2019 Health Workforce Needs Assessment identified the following current and emerging workforce and service issues:

- The highest mean workforce gap ratings for the region overall were for psychology, general practitioner and social work workforce.
- + The highest service gap means for the region overall were for mental health, disability and alcohol and other drug services.
- + Mental health, followed by alcohol and other drugs, were commonly reported as health issues of concern. General practitioners and the raft of mental health and alcohol and other drugs workers; psychologists, counsellors, social workers, and other social support staff; were suggested as the health professionals required to address these issues of concern.
- + Mental health and alcohol and other drugs were also reported the most as unmet care needs. Nurses and allied health practitioners were suggested as requiring upskilling in areas such as mental health, counselling, alcohol and other drugs, and health promotion.
- Other unmet care needs were for disability, aged care, palliative care, and specialist care.



Other reported issues reflected in participants general comments:

- + General difficulties in recruiting and retaining health professionals in rural and remote areas
- + Remoteness and distance to travel.
- + High staff turnover.
- + Lack of qualified, skilled and experienced health workers.
- + Chronic disease, such as diabetes, as another health issue of concern.

Practices we've visited...

The quality of the service we provide is measured by the connections we have with our communities, practices and practitioners. Visiting and talking with our stakeholders is key to understanding the local health workforce needs and how we can support them.

- + Cloncurry: Flinders Medical Centre
- Mount Isa: Gidgee Healing; Mount Isa Medical; North West Remote Health; Leichardt Medical

Recruiting and Retaining Health Professionals in the Region

01

General Practitioners Recruited



NIL

Locum days provided

NIL

Amount for Fellowship Support Grants

03

Nurses/ Midwives Recruited



\$117,174

Allied Health

Professionals

Recruited

Locum Placements

05

Number of Active RLRP Candidates Managed

Amount for Relocation Support Provided

03

Active 5 Year OTD Scheme Candidates Managed

QUALITY & SUSTAINABILITY QUALITY & SUSTAINABILITY



CPD Workshops, Presentations and Conferences

manager perceptions

gaps: how they differ

about workforce

Practitioner and

Mount Isa | 24-27 July 2018

- The balance in prioritising rural and remote health workforce need in Queensland
- Realising remote

Mount Isa | 11 June 2019

Who's doing what after the wet?

between regions possibilities 20 years on

> "We spent time with the Aboriginal Healthcare Workers doing health screening checks. Cunnamulla is home to the Kunja Aboriginal people. It was great to hear some of their stories and read Mary Mitchell's book, which recounts her life as an Aboriginal woman in Cunnamulla. The Cunnamulla Aboriginal Corporation for Health (CACH) does a great job in engaging the Aboriginal community in programs such as Deadly Choices, Family Violence, Mums and Bubs, and Bright Sparks Program. As I was there over the Christmas/ New Year period many of the programs had not yet commenced, but it was great to hear about the initiatives to promote health and wellbeing in the local community."

- Ashlea JFPP Scholar; Cunnamulla

Upskilling Doctors, Nurses, Dentists, Allied Health Professionals and Aboriginal and Torres Strait Islander **Health Workers**

Health Workforce Scholarship Program

FUNDING PROVIDED TO HEALTH PROFESSIONALS

Total scholarship funds

Total bursary funds

APPLICATIONS RECEIVED AND APPROVED

Eligible scholarship applications

Eligible bursary

applications

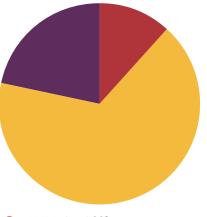
SNAPSHOT OF FUNDING OF HEALTH DISCIPLINES AND THEIR SERVICE PROVISION LOCATION

General **Practitioners**

Aboriginal and Torres Strait Islander Health Workers

Nurses/ **Midwives**

Allied Health Professionals Applicants' service provision location by MMM



 \blacksquare MMM 4 = 13%

 \bigcirc MMM 6 = 66%

 \blacksquare MMM 7 = 21%

Exposing Medical Students to Rural Practice Through the John Flynn Placement Program



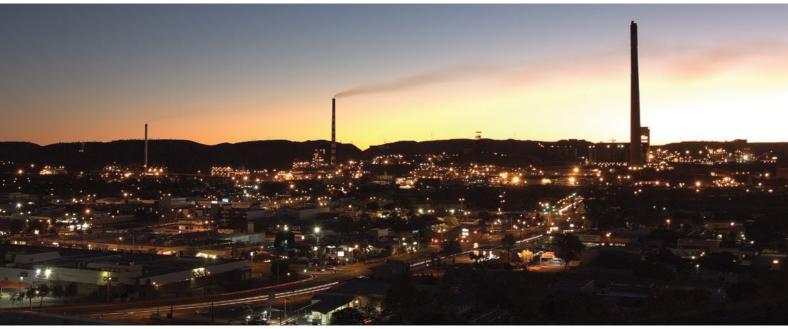
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Medical students

undertaking their placement



Anne's professional development enables greater access to mental health services in Mount Isa

Anne Bailey-Kruger is a Clinical Psychologist living and working in Mount Isa; the 'oasis of the outback'. She has lived in Mount Isa for 20+ years and is self-employed and working at Sonic Health Plus.

Anne is the epitome of the overarching aim of the Health Workforce Scholarship Program (HWSP) – undertaking professional development and upskilling activities to address the mental health service and workforce needs in the remote Mount Isa region.

"Mental health concerns continue to be an issue for those living in remote areas. Stigma, as well as a lack of resources in the bush, contributes to our high suicide rates."

Anne has received over \$17,000 in funding and undertaken the following courses, including:

- + Psychology Registrar Program Rounds 1-4
- Masterclass in Schema Therapy for Borderline
 Personality Disorder and Complex Trauma
- + Schema Therapy The Model, Methods and Techniques
- + Three-Day Intensive Chairwork
- Foundations of Dialectical Behaviour Therapy (DBT)/ Individual Therapy in Dialectical Behaviour Therapy

The completion of the Psychology Registrar Program enabled Anne to become a Clinical Psychologist and, at the time of commencing the Program, there were no Clinical Psychologists in Mount Isa!

"With the correct training, I am able to provide treatment for complex cases that are currently not serviced by the hospital or the local community."

From 20 March to 17 April, Health Workforce Queensland ran a promotional period for the HWSP. Those who applied for a scholarship or bursary during that period and were deemed eligible, were put into the draw to win a Fitbit Charge 3; an additional incentive on top of receiving funding. Anne applied during the promotional period and was the lucky recipient of the Fitbit!

It's fantastic to see the personal benefits of professional development, but also the rural community's health needs that are being addressed.



Health Workforce and Service Needs for the Northern Queensland Region

The 2019 Health Workforce Needs Assessment identified the following current and emerging workforce and service issues:

- + The highest mean workforce gap ratings for the region overall were for the psychology, social work and general practitioner workforce.
- The highest service gap means for the region overall were for mental health services, alcohol and other drug services, and health promotion and prevention.
- Mental health, alcohol and other drugs, and chronic disease were the most commonly reported health issues of concern. Health professionals said to be required for these included psychologists and other mental health workers and support staff, as well as general practitioners and a raft of allied health workers.

Other reported issues reflected in participants general comments:

- + Workforce instability. Lack of staff who live locally or return to communities on a regular basis.
- A high reliance on visiting services.
- + Lack of workforce trained in dealing with Aboriginal and Torres Strait Islander peoples.
- Need for upskilling of Aboriginal and Torres Strait Islander health workers.
- Doctors and other mental health support workers were suggested as other staff who could benefit from upskilling.
- High disadvantage and high remoteness.
- General practitioner, allied health, and nursing workforce vacancies.
- + Lack of local community health workforce development.
- A need for leadership training at all levels.



Practices we've visited...

The quality of the service we provide is measured by the connections we have with our communities, practices and practitioners. Visiting and talking with our stakeholders is key to understanding the local health workforce needs and how we can support them.

- Cairns: Wuchopperen Aboriginal Community Controlled Health Service
- Cape York: Apunipima Aboriginal Community Controlled Health Service
- Cooktown: Cooktown Medical
- Mareeba: Mulungu Aboriginal Medical Service
- Mossman: Mountain View Medical Centre
- Yorkeys Knob: Yorkeys Primary Care Centre

Recruiting and Retaining Health Professionals in the Region

General **Practitioners** Recruited



Locum days provided

Support Grants

Nurses/



Amount for Fellowship

Midwives Recruited

Allied Health

Professionals

Recruited

Locum Placements

Number of Active RLRP Candidates Managed

Amount for Relocation Support Provided

Active 5 Year OTD Scheme Candidates Managed

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CPD Workshops, Presentations and Conferences

Cairns | 6 June 2019

attended

Cairns | 6-8 June 2019

Medical students provided with a travel/ accommodation bursary to attend

Mackay | 31 August 2018

Case Study: An example of workforce supports to attract and sustain workforce in rural general practice

Cairns | 21-22 July 2018

Delegates Attended

Airlie Beach | 28-30 September 2018

doctors/registrars

Exposing Medical Students to Rural Practice Through the John Flynn Placement Program





Mentors





"Getting to know Dr Sonya and her experiences has been integral into understanding the choice to move to a new community and become and rural GP. She described the impact of living in a close-knit community. Being included in activities, being invited to dinners and parties, which sometimes in a bigger community is lost. I think that having relationships like that with patients is really beautiful and I loved being involved in the community during my time."

- Eleanor JFPP Scholar; Airlie Beach

Upskilling Doctors, Nurses, Dentists, Allied Health Professionals and Aboriginal and Torres Strait Islander **Health Workers**

Health Workforce Scholarship Program

FUNDING PROVIDED TO HEALTH PROFESSIONALS

Total scholarship funds

Total bursary **funds**

APPLICATIONS RECEIVED AND APPROVED

Eligible scholarship applications

Eligible bursary

applications

SNAPSHOT OF FUNDING OF HEALTH DISCIPLINES AND THEIR SERVICE PROVISION LOCATION



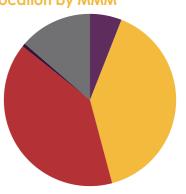
General **Practitioners**

Dentists



Allied Health Professionals

Applicants' service provision location by MMM



 \blacksquare MMM 3 = 6% - MMM 4 = 40%

 \blacksquare MMM 5 = 40%

 \bigcirc MMM 6 = 0.5% \bigcirc MMM 7 = 13.5%

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QRMFN Backbone of the Bush Award—Cairns



At the 2019 RDAQ Conference, the QRMFN were pleased to announce two recipients of the Backbone of the Bush Award.

Name: Tina Hamilton
Current Location: Strathdickie
Length of Service in Rural: 29 Years
Doctor Partner: Robert Thompson

Tina runs her own Paediatric Occupational Therapy Practice in Strathdickie and has done so for the last eight years.

Employing two part-time OTs, Tina is able to open the practice to both OT and medical students. She is the current Treasurer of the Whitsunday Uniting Church, President of the Whitsunday Equestrian Group and Convenor of the local flower show!

In 1999, Tina was the first OT to live and work in the Torres Strait! She has worked with adult patients in private practice, veterans' services, WorkCover clients, and QHealth. She has also been a tuckshop volunteer and Secretary of the P&C at her children's school. Tina has been a great support to her husband whilst he undertook his Fellowship and has been by his side as they moved across states for his training.

"I should have nominated her years ago" – Robert Thompson Name: Caroline Hennessey
Current Location: Cedar Vale
Length of Service in Rural: 25 Years
Doctor Partner: Michael Rice

Caroline is an Occupational Therapist working in enhanced primary care, NDIS and private practice and is a current Board Member for BeauCare, a child care and community services organisation which provides opportunities for people to maximise their quality of life. She has a significant interest in continuing professional education and is the Education Coordinator for the state professional body.

She has also been involved in the national professional body's conference committee and public relations activities. She was the inaugural Chair in Allied Health for the QEII Jubilee Hospital. She has been a past manager of her son's sports teams, tuckshop volunteer and past committee member of Beaudesert C&K and Scouts. Caroline's support and encouragement enabled Michael to undertake significant work over the years with RDAQ.

"Most of all, she's influenced our sons to develop into the fine, respectful and thoughtful young men they are today" – Michael Rice

QRMFN FAMILY PROGRAM

Cairns | 6-8 June 2019

38



Spouses/partners attended

63



Children attended



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Health Workforce and Service Needs for Aboriginal Community Controlled Health Services

Health Workforce Queensland has developed a set of principles to guide the prioritisation of our activities within remote and rural Queensland. The workforce needs of Aboriginal and Torres Strait Islander Community Controlled Health Services are an embedded priority and Aboriginal and Torres Strait Islander communities with critical workforce need are our highest priority.

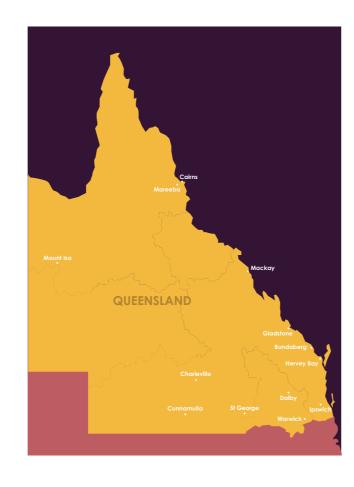
Health Workforce Queensland actively supports the Aboriginal and Torres Strait Islander Community Controlled Health Services through provision of recruitment services, scholarships and bursaries, continuing professional development and workforce and service planning.

The 2019 Health Workforce Needs Assessment highlighted a need for a health workforce that is able to deliver culturally appropriate care. Aboriginal and Torres Strait Islander Health Workers and Health Practitioners play an important role in reducing anxiety and improving the quality and cultural safety of care for Aboriginal and Torres Strait Islander clients. Strategies are needed to develop the current and future Aboriginal and Torres Strait Islander health workforce. Some of these strategies could include:

- + Support youth to commence vocational training in health-related studies, close to home
- Vocational support to achieve career goals with clear and accessible career pathway information
- Targeted mentoring of Aboriginal and Torres Strait Islander students to assist with completion rates for studies
- Supportive workplaces that embed cultural orientation and recognition of cultural practices
- Succession planning and leadership training to ensure a pipeline of strong Aboriginal and Torres Strait Islander leaders into the future

Practices we've visited...

The quality of the service we provide is measured by the connections we have with our communities, practices and practitioners. Visiting and talking with our stakeholders is key to understanding the local health workforce needs and how we can support them.



- + Aboriginal & Torres Strait Islander Community Health Service – Mackay
- + Apunipima Cape York Health Council Cairns
- + Carbal Medical Services Warwick
- Charleville and Western Areas Aboriginal and Torres Strait Islander Community Health Service
 Charleville
- + Cunnamulla Aboriginal Corporate of Health
- + Galangoor Duwalami Primary Health Care Service – Hervey Bay
- + Gidgee Healing Mount Isa
- + Goondir Health Service St George
- + Goondir Health Services Dalby
- + Indigenous Wellbeing Centre Bundaberg
- + Kambu Health Ipswich
- Mulungu Aboriginal Corporation Medical Centre – Mareeba
- + Nhulundu Health Service Gladstone
- + Wuchopperen Health Service Manoora

Recruiting and Retaining Health Professionals in the Region

01

General Practitioners Recruited



222

Locum days provided

NIL

Amount for Fellowship Support Grants NIL

Nurses/ Midwives Recruited



11

Locum Placements

Number of Active RLRP
Candidates Managed

NIL

Allied Health Professionals Recruited



NIL

Amount for Relocation Support Provided

02

Active 5 Year OTD Scheme Candidates Managed

QUALITY & SUSTAINABILITY



CPD Workshops, Presentations and Conferences

IUIH CONFERENCE (INSTITUTE FOR URBAN INDIGENOUS HEALTH)

Brisbane | 27-28 August 2018

The Institute for Urban Indigenous Health held their inaugural System of Care Conference, which detailed IUIH's successful approach to Closing the Gap in Indigenous health. Health Workforce Queensland provided some event management services to IUIH.

131

Delegates attended

AIDA CONFERENCE (AUSTRALIAN INDIGENOUS DOCTORS ASSOCIATION)

Perth | 26-28 September 2018

02



Junior Medical Officers sponsored to attend 02



Medical students sponsored to attend

INDIGENOUS ALLIED HEALTH FORUM

Sydney | 30 November 2018

03



Allied health students provided a bursary to attend

Upskilling Doctors, Nurses, Dentists, Allied Health Professionals and Aboriginal and Torres Strait Islander Health Workers

Health Workforce Scholarship Program

FUNDING PROVIDED TO HEALTH PROFESSIONALS

\$91,812

TOTAL FUNDS

\$56,298

Total scholarship funds

\$35,514

Total bursary funds

APPLICATIONS RECEIVED AND APPROVED

10

Eligible scholarship applications

19

Eligible bursary applications

FUNDING PROVIDED TO ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES OR ABORIGINAL MEDICAL SERVICES

Total people funded

\$236,895

Total funding

Snapshot of Funding of Health Disciplines and their Service Provision Location

80



General Practitioners

)1 🗁

Aboriginal and Torres Strait Islander Health Workers

80

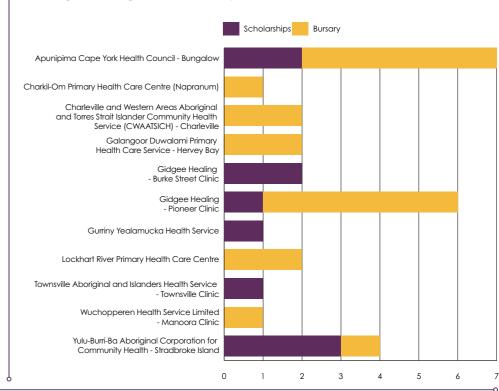


Nurses/Midwives

12

Allied Health Professionals

Number of scholarships and bursaries provided to health professionals working in Aboriginal Community Controlled Health Services



A Record Number of Indigenous Medical Students Join the John Flynn Placement program in 2019



29 April to 8 May 2019

In the 21st year of operation, the JFPP welcomed a record number of Indigenous medical students to the program, 25 in total. Five of those students are from Queensland universities and a total of 8 students will be undertaking their placement in Queensland. One of those students is Jessica Storrar from James Cook University.

"I applied for the JFPP as I believe that through participating in this program, I would be able to pursue my passion for rural and Indigenous health."

"My interest in rural practice stems from my belief that the rural

and Indigenous communities of Australia are greatly underserved within our healthcare systems; although they have some of the most pressing yet overlooked health epidemics in the nation."

Jess will be doing her placement at Cooktown Multi-Purpose Health Service and is already looking forward to it!

"For my first JFPP placement I am looking forward to learning more about the lifestyle of a rural doctor and comparing this with what I have observed on my regional based placements."



25

Applications received from medical students who identify as Aboriginal or Torres Strait Islander and accepted onto the Program



Medical students undertaking their placement in an Aboriginal Medical Service in Darling Downs West Moreton 5



Indigenous students from Queenslandbased universities



Medical students undertaking their placement in an Aboriginal Medical Service in Western Queensland





Indigenous students undertaking their placement in Queensland



Medical students undertaking their placement in an Aboriginal Medical Service in Northern Queensland



This image is from the 2019 Go Rural event in Toowoomba.

ACCESS QUALITY



Engaging a Variety of Stakeholders to Share Our Rural Health Workforce Data

HEALTH WORKFORCE STAKEHOLDER GROUP MEETING

Brisbane | 18 October 2018

On 18 October 2018, Health Workforce Queensland held the second face-to-face Health Workforce Stakeholder Group meeting. This meeting included new members from:

- + Australian Primary Health Care Nurses Association (APNA)
- + CRANAplus
- + Indigenous Allied Health Australia (IAHA)
- Queensland Rural Medical Service (QRMS),
 Darling Downs HHS
- Rural Clinical Schools from University of Queensland and James Cook University
- + Services for Australian Rural and Remote Allied Health (SARRAH)

The meeting provided key stakeholders the opportunity to review the findings of the Health Workforce Needs Assessment report and collaboratively discuss strategies. In addition, an update was provided on workforce activities the Agency has undertaken since the previous year's Stakeholder Group meeting.

ABSTRACT PRESENTATION – SARRAH CONFERENCE

Darwin | 12 September 2018

"The what and where of workforce gaps: perspectives from rural/remote QLD practitioners and managers"

There are currently no acknowledged yardsticks to measure whether rural communities have sufficient primary care workforce or the right balance of disciplines. Most gap analyses use population health data and workforce numbers. The aim of this study was to investigate primary care provider/manager perceptions of local allied health workforce gaps across rural and remote Queensland as part of a larger health workforce needs assessment.

ABSTRACT PRESENTATION – SARRAH CONFERENCE

Darwin | 14 September 2018

"Perceptions of health practitioners and service managers of disability services in their community"

Almost one in five Australians live with a disability. Allied health professionals play an important role in providing care and support for people with disability. Those who live in rural and remote areas face many challenges in accessing services. The disability sector is currently undergoing major reform with the roll out of the National Disability Insurance Scheme.

MASTER CLASS PRESENTATION – CHECKUP FORUM

Brisbane | 14 September 2018

"The 5 Rs of a happy workforce – recruitment, retention, relationships, recognition and respect"

The factors that influence recruitment and retention of health professionals in rural and remote settings, adding in the lens of what may be important for Indigenous health professionals.

Engaging GPs and Nurses Through Continuing Professional Development Workshops

RURAL EMERGENCY MEDICINE WORKSHOP

Brisbane | 7 to 9 September 2018

20 888

Delegates attended

RURAL EMERGENCY
MEDICINE WORKSHOP

Brisbane | 22-24 February 2019

Delegates attended

EMERGENCY CARDIOLOGY WORKSHOP

Brisbane | 30-31 March 2019

16

Delegates attended

EMERGENCY PAEDIATRICS WORKSHOP

Gold Coast | 18-19 May 2019

12

Delegates attended

388

96%



Delegates satisfaction rate in achieving CPD workshop learning objectives

FELLOWSHIP SUPPORT



Number of KFP Workshop Delegates funded 12

Number of OSCE Workshop Delegates funded 5



Delegates achieved Vocational Registration after attending the mock OSCE workshop

Engaging Students and Early Career Professionals Through the Provision of Conference Bursaries



Nursing/Midwifery students provided a bursary to attend



Interns/Junior doctors provided a bursary to attend

GPTEC 2018

Adelaide | 11-13 September 2018

The GPTEC 2018 'Switch On' focused on empowering leaders in all aspects of general practice and primary healthcare. Together we "dug deep" to explore new techniques in general practice education and rediscover the passion for learning and development.

Interns provided a

Interns provided a bursary to attend



'Changing Landscape,
Changing Lives.' The conference
provided a forum for the rural
and remote allied health
workforce, bureaucrats,
educators and consumers to
gather and explored change
and its impact on health
outcomes.

Allied health students provided a bursary to attend



PRINT is an Academic Conference for graduating medical students in Queensland and aims to make the transition from medical student to junior doctor smooth. Final year medical students provided a bursary to attend



Financials Statements

For the Year Ended 30 June 2019

Profit or Loss

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2019

	2019 (\$)	2018 (\$)
Revenue	14,885,219	10,789,876
Expenses	(14,881,941)	(10,631,792)
Surplus before income tax	3,278	158,084
Income tax expense	-	
Surplus for the year	3,278	158,084
Other comprehensive income, net of income tax		
Items that will not be reclassified subsequently to profit or loss	-	
Items that will be reclassified to profit or loss when specific conditions are met	-	
Total Comprehensive income attributable to members of the entity	3,278	158,084

Statement of Financial Position

As at 30 June 2019	2019 (\$)	2018 (\$)
ASSETS		
Current assets		
+ Cash and cash equivalents	10,116,974	8,478,473
+ Trade and other receivables	8,144,675	6,400,953
TOTAL CURRENT ASSETS	18,261,649	14,879,426
Non-current assets		
Total Property, plant and equipment	92,229	133,862
TOTAL NON-CURRENT ASSETS	92,229	133,862
TOTAL ASSETS	18,353,878	15,013,288
LIABILITIES		
Current liabilities		
+ Trade and other payables	1,183,083	697,175
+ Short-term provisions	374,187	380,054
+ Other liabilities	14,585,210	11,755,021
TOTAL CURRENT LIABILITIES	16,142,480	12,832,250
Non-current liabilities		
+ Long-term provisions	54,835	27,753
TOTAL NON-CURRENT LIABILITIES	54,835	27,753
TOTAL LIABILITIES	16,197,315	12,860,003
NET ASSETS	2,156,563	2,153,285
EQUITY		
+ Retained earnings	2,156,563	2,153,285
TOTAL EQUITY	2,156,563	2,153,285

Auditor Report



Independent Auditor's Report to the Members of Health Workforce Queensland Limited

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Health Workforce Queensland Limited (the Company), which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, the accompanying financial report of Health Workforce Queensland Limited, is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- giving a true and fair view of the Company's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013.*

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

The directors are responsible for the other information. The other information comprises the information in the Company's annual report for the year ended 30 June 2019, but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and we do not express any form of assurance conclusion thereon.

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Auditor Report



Independent Auditor's Report to the Members of Health Workforce Queensland Limited (continued)

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of the other information we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the Health Workforce Queensland Limited are responsible for the preparation of the financial report that gives a true and fair view appropriate to meet the requirements of the ACNC Act the directors' responsibility also includes such internal control as they determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the directors are responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

The directors are responsible for overseeing the entity's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also;

Identify and assess the risks of material misstatement of the financial report, whether due to fraud
or error, design and perform audit procedures responsive to those risks, and obtain audit evidence
that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a
material misstatement resulting from fraud is higher than for one resulting from error, as fraud
may involve collusion, forgery, intentional omissions, misrepresentations, or the override of
internal control.

Independence Declaration



Independent Auditor's Report to the Members of Health Workforce Queensland Limited (continued)

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- · Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- · Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Nexia Brisbane Audit Pty Ltd

N D Bamford

Level 28, 10 Eagle Street, Brisbane, QLD, 4000

I NOVEMBER 2019



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