

Annual Report 2015



Health Workforce
Queensland



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Annual Report 2015

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.



**Health Workforce
Queensland**

1 Chair's Report

It has been an honour to serve as Chair of the Health Workforce Queensland board in 2014/2015. The past year has been one of achievement for the agency.

Health Workforce Queensland has achieved record recruitment of health practitioners into rural and remote Queensland. Pleasingly, the number of Australian trained recruits remains solid and steadily increases over time. Our latest Minimum Data Set shows growth in medical workforce across all Remoteness Areas (RAs).

Health Workforce Queensland has welcomed the reintroduction of Commonwealth funding for allied health practitioner recruitment in 2014/2015 and 2015/2016. Allied health practitioners are an important part of the rural and remote health team and will be in short supply with the implementation of the National Disability Insurance Scheme (NDIS).

This year has seen the commencement of the Primary Health Networks (PHNs). Health Workforce Queensland is proactive in building links with the PHNs having a footprint in rural and remote Queensland. Their community-based needs assessments will complement our understanding of workforce requirements in the short and medium term.

The pipeline for Australian graduates into rural and remote Queensland is being adjusted with the changed general practice training arrangements. Health Workforce Queensland has been active in building relationships with the training providers with the aim of improving the ability of the rural pathway to lead to settlement in rural and remote Queensland.

The Training and Events team continue to provide outstanding educational events and have delivered a record conference for the Rural Doctors Association of Queensland (RDAQ). This event remains the premiere rural and remote healthcare gathering in Queensland and Health Workforce Queensland benefits from this relationship.

Migration services activities continue to grow with its symbiotic relationship with overseas recruitment.

It is most satisfying that Health Workforce Queensland has ended the financial year in a sound financial state. This has been brought about by the increase in activity and careful attention to costs.

Thank you to every employee of Health Workforce Queensland for your contribution to the successes of the past 12 months. I also pay tribute to the management team at Health Workforce Queensland who demonstrate commitment and enthusiasm to embrace the future.

I commend the Health Workforce Queensland board who will continue to provide strategic leadership to the organization under the chairmanship of Professor Rob Stable. I would like to acknowledge retiring board member Dr Ross Woodward who has made an outstanding contribution to Health Workforce Queensland and the fantastic work done by my predecessor Dr Ross Hetherington.

It is with much sadness that I have relinquished this exciting role. I wish Health Workforce Queensland every success in the future.

Ross Maxwell

HWQ Board Chair



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Thank you to every employee of Health Workforce Queensland for your contribution to the successes of the past 12 months. ”



2 CEO's report

Health Workforce Queensland has had a productive year in the face of an ever changing primary health care environment.

As always, we've maintained our resolute focus on our vision and mission to ensure optimal health workforce to enhance the health of Queensland communities by creating sustainable health workforce solutions to meet the needs of remote, rural, regional and Aboriginal and Torres Strait Islander communities.

The range of essential services we provide meet known community needs and our services and products are focused on the attraction, recruitment and retention of the health workforce. We take time to listen to communities and understand their emerging and changing health needs. Our knowledge of community health needs, existing and potential service delivery models for remote, rural and regional communities and acute understanding of various practice models contributes to our comparative advantage as a full suite agency, providing advice, assistance and services to health professionals, communities and key government and health stakeholders.

This year has seen the announcement of significant changes to general practice training arrangements and we hosted a workshop to connect the various relevant Queensland stakeholders to commence the important dialogue around the implications and opportunities for rural GP training arrangements. These important discussions were vital to developing workable and sustainable solutions for Queensland.

Primary Health Networks (PHNs) were announced in April 2015 and we commenced an active engagement process with each of the rural PHNs to offer assistance in their needs assessment and planning processes as well as providing insights into the health workforce within each PHN geography.

Underpinning everything we do is our unwavering focus on two key strategic goals – the reduction of vacancies and the increase in retention rates. This commitment drives us on a daily basis to improve the health of remote, rural, regional and Aboriginal and Torres Strait Islander communities.

We've achieved outstanding records in almost all of our service delivery units with significant increases in the number of health professionals placed and supported within remote, rural and regional Queensland. I am immensely proud of these results and the dedicated and creative Health Workforce Queensland staff who made them happen. We've increased our efficiencies, reduced operating expenses, made continued system and service delivery arrangement improvements, to ultimately improve our client services. I hope you enjoy reading more about our achievements in this report.

Our action research activities and evaluation projects have identified a number of key issues in the health industry such as the high turnover rates of doctors in the very remote and remote towns due to the traditional workforce and employment models in these towns. The identification of the problem allows us to understand the ramifications of the lack of continuity of care for patients in these towns, the lack of contemporary infrastructure and the need to work with other stakeholders and employers to redesign service and workforce models. These are generally intractable problems that require significant careful consideration and effective community consultation and health service planning.

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We've achieved outstanding records in almost all of our service delivery units with significant increases in the number of health professionals placed and supported within remote, rural and regional Queensland. ”

We have presented our research and evaluation findings at key industry events throughout the year and more information regarding this is available on page 14.

Health Workforce Queensland has been collating critical data on the remote and rural health workforce for over 18 years. This data allows us to identify trends within and attributes of the workforce, supports future workforce projections and allows us to revise and adapt our operating strategies and program design to best serve our communities.

The Queensland Minimum Data Set Report indicates that there are a total of 598 practices and 2,140 General Practitioners operating within ASGC-RA 5-2 locations within Queensland, an increase of 9.7% since November 2013. Whilst it is pleasing to see the increased number of doctors operating within these areas, the turnover rates for remote and very remote towns remains a concern and this issue will require a revised approach so that these communities receive effective health management and continuity of care.

In addition to the health workforce turnover rates, the issues of mal-distribution of health workforce, effective supervision and adequate supports all remain concerns for remote and rural workforce in Queensland. The health workforce numbers are increasing and the agency's focus on the recruitment and retention of Australian graduates has increased as we build collaborative and integrated partnerships along the health workforce pipeline from education, to attraction and recruitment.

I am proud to present the successes and achievements contained in this year's annual report and believe we are in an excellent position to continue to pursue our Mission well into the future.

I trust that you will enjoy reading our 2014/2015 annual report. We welcome any comments or feedback you might have on this report or our services in general, at admin@healthworkforce.com.au.

Chris Mitchell

Chief Executive Officer

Chris



Recruitment

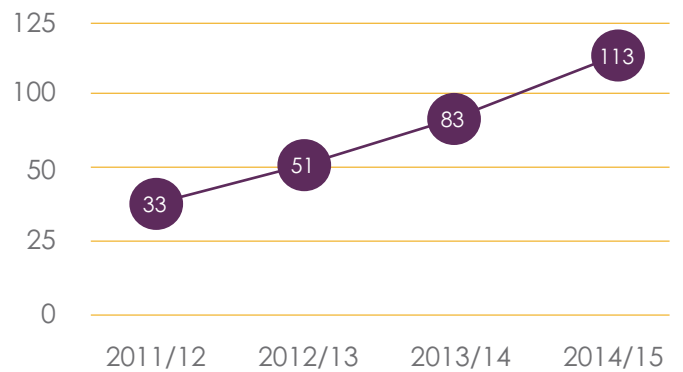


113
NEW GPs
recruited to rural
and remote
Queensland



8 GPs
to Aboriginal
Community
Controlled
Health Clinics

GP placements up by over 300% since 2011



27 allied health
professionals
recruited to rural and
remote Queensland



There are currently
2140
GPs working in rural
or remote locations
in Queensland

44 doctors completed orientation
sessions prior to commencing work
in rural and remote Queensland

**one hundred
and seventeen**
DOCTORS SUPPORTED

to access Medicare provider
numbers under RLRP (3GA)



62 doctors were
supported through
additional training
or skills development
in order to get a job
in rural or remote
Queensland

3 Recruiting the right people to the right place at the right time

Health Workforce Queensland is the state's leading remote and rural health workforce agency. We are experts in recruiting general practitioners, nurses, midwives and allied health professionals to rural and remote communities in Queensland.

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The average length of stay for health professionals in the 2014 reporting period was 6.3 years, a terrific hallmark for continuity of care... ”

Remote, rural and regional Queensland communities have benefitted through increased health workforce attraction in recent years. In the past financial year the Recruitment team have placed a record 113 General Practitioners, an increase of more than 300 per cent since the 2011/2012 financial year. This increase represents thousands of additional episodes of care which would otherwise not have been available to remote, rural and regional communities.

We take a personalised approach to recruitment and work collaboratively with general practices to ensure our candidates are the best possible fit for the communities they serve. This methodology results in higher retention and greater satisfaction rates for health professionals. The average length of stay for health professionals in the 2014 reporting period was 6.3 years, a terrific hallmark for continuity of care for remote, rural and regional communities.

The recruitment of nurses, midwives and allied health professionals remains a focus for Health Workforce Queensland and we will continue to develop relationships with practices that employ these professionals in the coming financial year.

In addition to permanent positions, we also provide quality, work ready, pre-oriented locums. Health Workforce Queensland was responsible for providing 1018 days of total locum assistance in the past financial year and will continue to work collaboratively with practices to ensure best practice in locum attraction.

In addition to our high placement rates, our speed to placement has also improved. System improvements such as an applicant tracking system, have on average, halved our placement times. For example, we have reduced our time to placement to within nine months for 80% of Overseas Trained Doctors, a 50% reduction in two years.

4 Supporting doctors so they can keep supporting communities

Retention of medical professionals in rural and remote parts of the state is of acute importance in providing quality and continued health care to rural and remote communities. We understand the issues affecting retention: largely around access to professional development, having a collegial support network, quality locum provision and family assistance. Our retention rates have steadily increased since 2003.

“

One hundred per cent of eligible attending doctors also received a grant or incentive to participate in these education activities. ”

First and foremost, we recruit the right people. We are the remote and rural health care recruitment experts and know what to look for in candidates to ensure they are a good fit for the communities they serve.

In addition, our continuing professional development opportunities provide targeted development activities to assist remote and rural health professionals to maintain and increase their skills and qualifications. We understand that access to quality professional development and collegial support are vital to the retention of a remote and rural health workforce. We have trained 160 health professionals in the last financial year through 12 professional development workshops. One hundred per cent of eligible attending doctors also received a grant or incentive to participate in these education activities. Our professional development satisfaction rates are consistently very high and participant feedback in the past 12 months highlights that learning needs were well met. Participants also appreciated the practical nature of our development activities and the ability to network with peers.

In order for health professionals to attend professional development activities, or take a much needed break with the confidence that their practice is in good hands, they require quality, work ready, pre-oriented locums. Health Workforce Queensland has assisted by providing 1018 days of total locum assistance in the past financial year.

One hundred per cent of all eligible doctors – 248 General Practitioners – are currently enrolled on the Rural Local Relief Program (RLRP) and are being supported towards Fellowship achievement. We are proud to have supported 27 doctors in the past year to successfully achieve Fellowship.

In addition, the past financial year, 402 families were supported through the Queensland Rural Medical Family Network (QRMFN). The family support provided by Health Workforce Queensland includes grants for family networking events to ensure health workforce families are well integrated into and supported in their communities. The provision of a kid's club – Bush Buddies – remains an ever-popular feature of the family network support package.

Retention



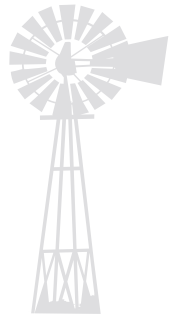
Our doctors and health professionals are a good fit for their communities

97% of our doctors recruited in the previous reporting period **remain in the same practice**

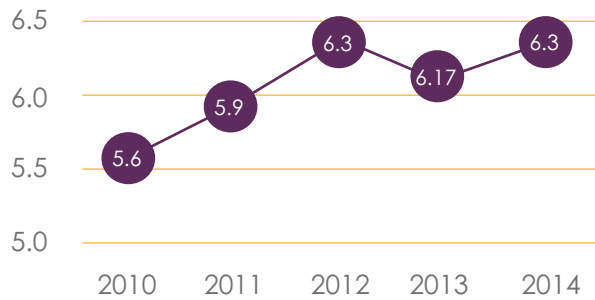


85%

of our doctors in rural and remote locations have **been in their current practice for more than one year**



Average length of stay in current practice



Continuing professional development

12 professional development workshops conducted

professional development workshops conducted

160 doctors and health professionals attended professional development workshops



Rural Locum Relief Program

248 doctors
+ 99 distinct locations

= 100%

100%

of eligible doctors enrolled on the Rural Locum Relief Program



27 doctors achieved Fellowship

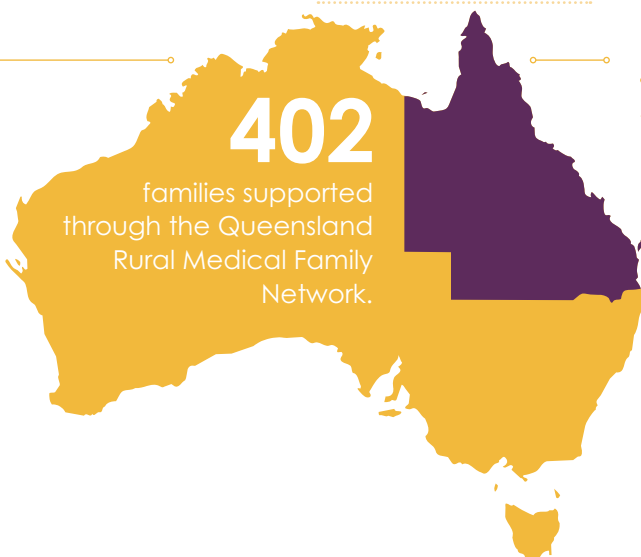
>98%

delegate satisfaction with professional development workshops



27 doctors

were enrolled under the Five Year Overseas Trained Doctors recruitment scheme



Locum support

1018 days of locum coverage was provided to private general practices including

15 days to Aboriginal Community Controlled Health Services

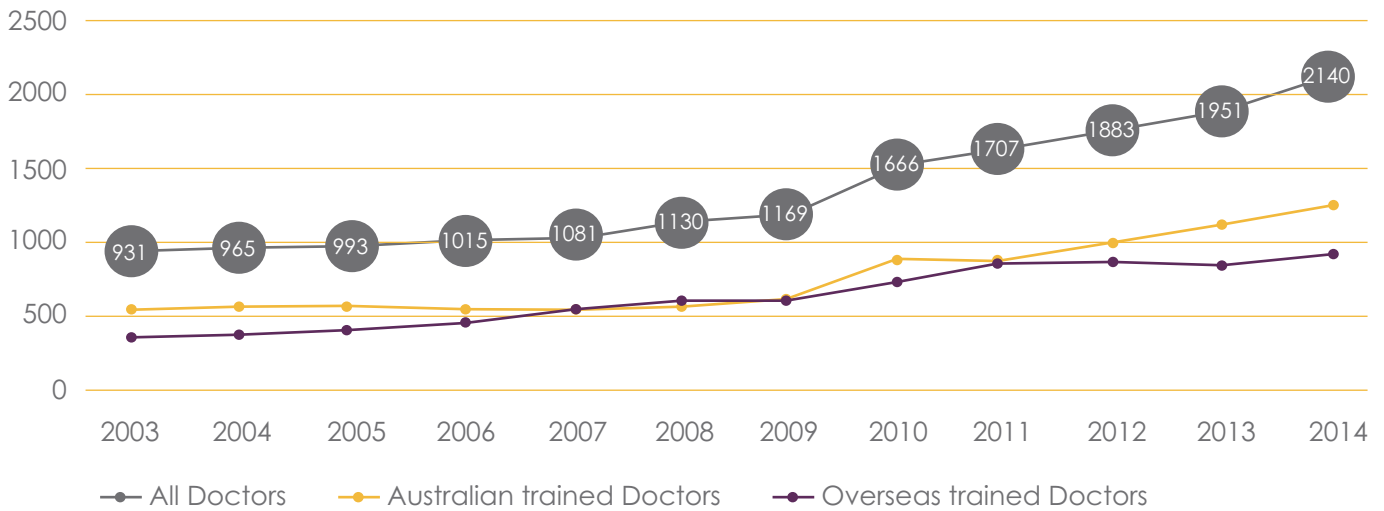
76 days

provided to Aboriginal or Torres Strait Islander health services



Attraction

Number of practitioners trained in Australia and overseas 2003 –2014




Go Rural events

provide critical link between health students choosing a rural or remote career



54 students attended Go Rural event in 2014

“ Great exposure to a life and career in rural health ”

– participating student



65% of attendees from 2014


information evening said the event encouraged them to take up a rural health career

7 dentists attracted to remote Queensland locations

through the Dental Relocation and Incentive Support Scheme (DRISS)


Collaborative research

partnership developed with James Cook University

Queensland's four rural health clubs =

2000+ students



Dedicated HWQ resource engages with university students and registrars to **build relationships and promote rural or remote health career**



5 Future health workforce: ensuring a healthy future

Building a pipeline of competent, locally trained work-ready doctors is a critical component in providing quality medical care in rural and remote Queensland locations.

A core focus for Health Workforce Queensland is providing the future health workforce with rich opportunities to experience rural practice and ultimately pursue a rural or remote health career. Joint Rural Health Club activities continued in the past 12 months with participating students indicating their decision to pursue a remote or rural career was strengthened through these activities.

As part of our ongoing focus on supporting and recruiting Australian Trained Doctors, this year we approved a dedicated Engagement Officer. This role is responsible for building and maintaining the important relationships with university medical students, registrars and regional training providers. Targeted engagement strategies and channels ensure maximum engagement with these important groups.

We are industry leaders in developing innovative models of practice and work collaboratively with relevant stakeholders to address key future health workforce risks. For example, in response to the 2014 Budget announcement regarding changes to Australian General Practice training, we hosted a workshop to connect the various relevant national stakeholders to commence the important dialogue around the implications and opportunities for GP training arrangements. These important discussions are vital to developing workable and sustainable solutions.



6

The remote, rural and regional Queensland healthcare landscape: a snapshot

Health Workforce Queensland has been conducting ongoing research into remote, rural and regional health workforce issues for over 18 years.

As a result, we have the most comprehensive data available on Queensland healthcare trends. This data and understanding positions us to expertly identify and respond to emerging health care issues, advise on necessary policy changes and reforms, and support the development and implementation of innovative health care models.

We collaborate and partner with other institutions wherever possible to advance health care outcomes for rural and remote Queensland communities. In the past year, we developed an innovative research partnership with James Cook University. This arrangement will allow us to introduce academic rigour to our data sets and publish information with a focus on policy and practice change in rural and remote Australian contexts.

Studies and Events

Our strong research focus has resulted in a number of important studies, which have been presented at various conferences and events over the past year to help shape the discussion around important issues affecting remote, rural and regional health care:

- “*Is there a doctor in the bush? Unpacking Health Workforce Queensland data around the medical workforce in remote Queensland*” presented at the Mount Isa Centre for Rural and Remote Health in July 2014.
- “*Doctors in remote Queensland - They don't stay, do they?*” presented at the National Rural Health Alliance Forum in May 2015.
- “*How does policy assist recruitment and retention of doctors in rural and remote Queensland, Australia?*” presented to the Rural WONCA Conference in May 2015.
- “*The 'boom and bust' cycle of resource industry dependant locations - The unique challenges of providing health services in Australian mining communities*” presented to the Rural WONCA Conference in May 2015.



Remote, rural and regional medical workforce in Australia

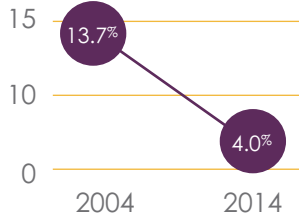
QLD SECOND LARGEST

remote, rural and regional medical workforce in Australia

9.7% INCREASE

in medical practitioners in 2014 compared to the previous reporting period

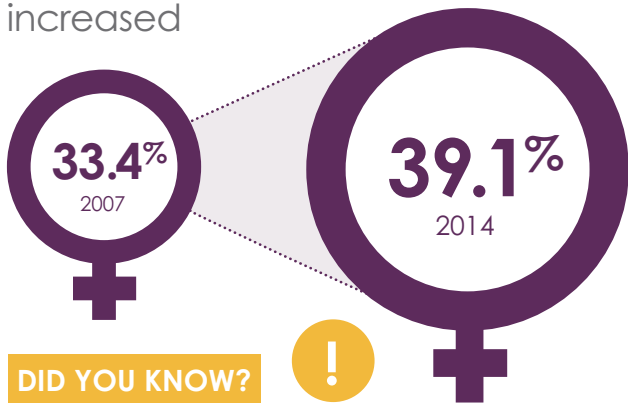
Solo medical practitioners in the workforce



DID YOU KNOW?

The average age of remote, rural and regional Queensland medical practitioners was 49.6 years

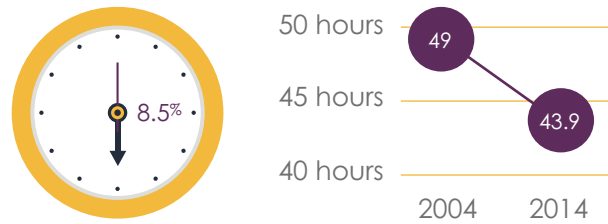
Female practitioners working in remote, rural and regional locations increased



DID YOU KNOW?

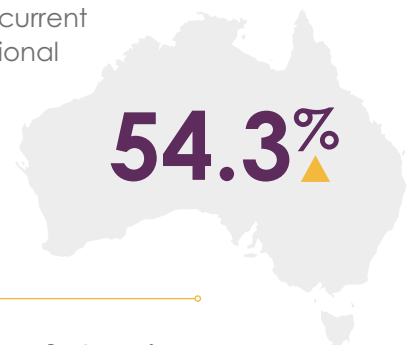
Females now comprise **62%** of the medical workforce in the under 35 years of age category

Average total hours worked by remote, rural and regional medical practitioners decreased



Domestically trained practitioners

Slight increase of the current remote, rural and regional medical workforce obtaining their initial medical qualification in Australia



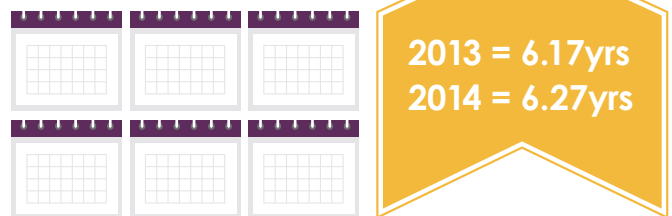
10 HOURS LESS

On average, female medical practitioners self-reported working almost 10 hours per week less than male practitioners

Australian trained practitioners



Average length of stay in medical practitioner's current practice increased



30 Nov 2013 - 30 Nov 2014 practitioners in remote, rural and regional Queensland



Farewell

~287

discontinued practice

~477

commenced practice as new or returning practitioners

Welcome



7 Our Board



Dr. Ross Maxwell
*Rural Doctors Association of
Queensland – Chair*



Mr. Terry Fleischfresser
*Local Government
Association of Queensland*



Prof. Robert Stable
*Board Appointed Director - Chair
of Risk Management Committee*



Dr. Ross Hetherington
R Health



Dr. John Lamb
*CheckUP - Chair of
Governance Committee*



Dr. Alan McMahon
FNQDocs



Ms. Naomi Blake
*Health Consumers of Rural
and Remote Australia*



Ms. Stella Taylor-Johnson
*Queensland Aboriginal and Islander
Health Council*

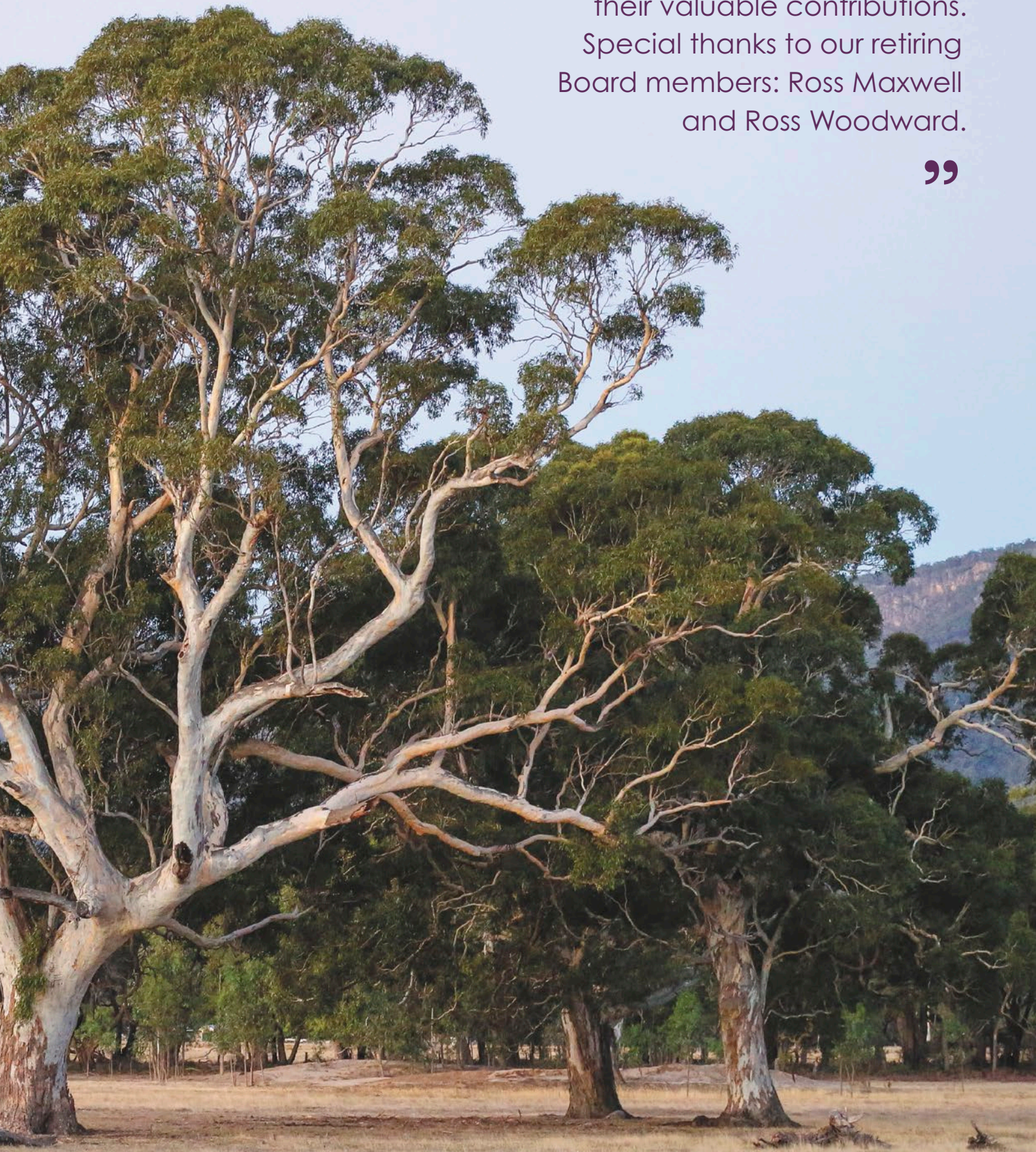


Dr. Ross Woodward
*Central Qld Rural Division
of General Practice*

“

Our thanks to the 2014/2015 Health Workforce Queensland Board for their valuable contributions. Special thanks to our retiring Board members: Ross Maxwell and Ross Woodward.

”



Financials

Health Workforce Queensland Limited

A.C.N. 065 574 996

Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2015

		2015	2014
	Note	\$	\$
Revenue	2	5,557,937	5,020,814
Expenses	3	<u>(4,897,526)</u>	<u>(5,272,507)</u>
Surplus/(deficit) before income tax		660,411	(251,693)
Income tax expense		-	-
Surplus/(deficit) for the year		<u>660,411</u>	<u>(251,693)</u>
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 for the year		<u>660,411</u>	<u>(251,693)</u>
Total comprehensive income attributable to members of the entity		<u>660,411</u>	<u>(251,693)</u>

The accompanying notes form part of these financial statements.

9

The above financial information has been extracted from the Statutory Audited Financial Statements lodged with the ACNC and is available upon request

Financials

Health Workforce Queensland Limited

A.C.N. 065 574 996

Statement of Financial Position

As At 30 June 2015

	Note	2015 \$	2014 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	3,606,905	2,540,850
Trade and other receivables	5	185,908	317,484
TOTAL CURRENT ASSETS		3,792,813	2,858,334
NON-CURRENT ASSETS			
Property, plant and equipment	6	289,636	425,911
TOTAL NON-CURRENT ASSETS		289,636	425,911
TOTAL ASSETS		4,082,449	3,284,245
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	359,386	299,273
Short-term provisions	9	247,717	238,797
Other liabilities	8	1,388,169	1,324,122
TOTAL CURRENT LIABILITIES		1,995,272	1,862,192
NON-CURRENT LIABILITIES			
Long-term provisions	9	178,363	173,650
TOTAL NON-CURRENT LIABILITIES		178,363	173,650
TOTAL LIABILITIES		2,173,635	2,035,842
NET ASSETS		1,908,814	1,248,403
EQUITY			
Retained earnings		1,908,814	1,248,403
TOTAL EQUITY		1,908,814	1,248,403

The accompanying notes form part of these financial statements.

10

The above financial information has been extracted from the Statutory Audited Financial Statements lodged with the ACNC and is available upon request

Audit Report



Hayes Knight
Accountants, Advisors & Auditors

Hayes Knight Audit (Qld) Pty Ltd
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Registered Audit Company 299289
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T: +61 7 32292022 F: +61 7 32293277
E: email@hayesknighqlld.com.au
www.hayesknight.com.au

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF HEALTH WORKFORCE QUEENSLAND LIMITED

Report on the financial report

We have audited the accompanying financial report of Health Workforce Queensland Limited (the company) which comprises the statement of financial position as at 30 June 2015, and 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, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' responsibility for the financial report

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards, the Corporations Act 2001 and Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

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Associated Offices: Sydney | Melbourne | Adelaide | Darwin | Auckland

Audit Report

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF HEALTH WORKFORCE QUEENSLAND LIMITED (continued)

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*. We confirm that the independence declaration required by the *Corporations Act 2001*, provided to the directors of Health Workforce Queensland Limited as attached to the directors' report, has not changed as at the date of this auditor's report.

Opinion

In our opinion the financial report of Health Workforce Queensland Limited is in accordance with the *Corporations Act 2001* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- i. giving a true and fair view of the company's financial position as at 30 June 2015 and of its performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards, the *Corporations Regulations 2001* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.



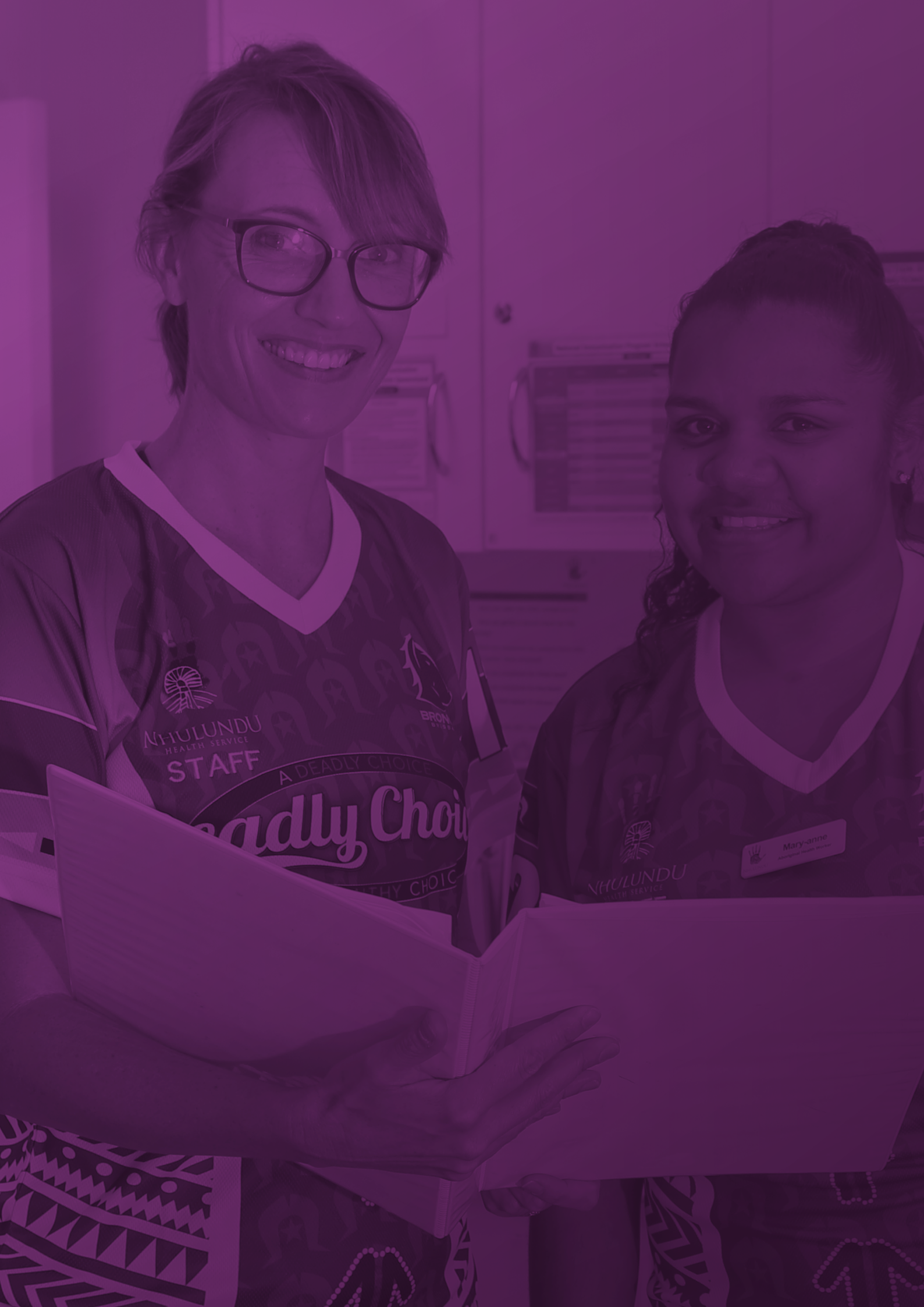
Hayes Knight Audit (Qld) Pty Ltd



N D Bamford
Director

Level 23, 10 Eagle Street
Brisbane, QLD, 4000

Date: 17 October 2015




NHULUNDU
HEALTH SERVICE
STAFF

A DEADLY CHOICE
A Deadly Choice
A DEADLY CHOICE

NHULUNDU
HEALTH SERVICE

Mary-anne
Nursing Health Worker



We value your feedback. If you have questions or comments about this report or any of Health Workforce Queensland's activities, please contact us.

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**Health Workforce
Queensland**