



Health Workforce
Queensland

Annual Report 2016



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 front cover image is of Dr Saafa Alsarrage, General Practitioner from Charters Towers.



Health Workforce
Queensland





1 Chair's Report

It is my pleasure to present the Chair's report for the Health Workforce Queensland 2016 Annual Report after taking the reins from my predecessor, Dr Ross Maxwell, in July 2015.

Dr Maxwell provided excellent leadership to the Board and the Agency, and resigned in October 2015 to take on the exciting role of Independent Chair of Rural Health Workforce Australia (RHWA). We thank Dr Maxwell for his outstanding contribution to Health Workforce Queensland and congratulate him on his latest appointment. We look forward to continuing to work together to achieve better health outcomes for rural health in Queensland and beyond.

During the past year, the Board also welcomed Dr Michael Belonogoff to its ranks. We appreciate Dr Belonogoff's insights to date and we look forward to his ongoing contributions in supporting Health Workforce Queensland to achieve its Vision and Mission into the future.

The past year has been a period of great collaboration for Health Workforce Queensland. The Agency has been extremely proactive in developing collaborative relationships with a diverse range of stakeholders including Primary Health Networks (PHNs), Hospital and Health Services (HHSs), Aboriginal Community Controlled Health Services (ACCHS), the Rural Doctors Association of Queensland (RDAQ), General Practitioner (GP) training organisations and colleges, to name just a few. In addition, relationships with local government and local industry agencies have grown and strengthened. It is these important relationships that will continue to afford the Agency an unparalleled awareness of the breadth of issues affecting rural health. This acute awareness and understanding of the critical concerns, coupled with our enviable depository of two decades of rural health landscape data, provides Health Workforce Queensland the unique opportunity to address these moving forward.

We see future challenges in meeting the needs of remote, rural and Aboriginal and Torres Strait communities and are working collaboratively to develop innovative solutions in this space. We are also dedicating resources to supporting the ongoing successful implementation of the National Disability Insurance Scheme (NDIS) and aged care strategies to ensure that these programs are as effective as possible and create value through enhanced care for the Queensland communities they serve to improve.

Health Workforce Queensland has continued its strong recruitment of health practitioners into remote and rural Queensland with 100 communities benefiting from new doctors into their regions over the past 12 months.





The number of Australian trained recruits remains relatively steady. Health Workforce Queensland has continued to develop and implement strategies to support the pipeline of Australian graduates into remote and rural Queensland health careers. Migration Services have had another positive year supporting rural health through the recruitment of overseas doctors where required.

Last year, Health Workforce Queensland welcomed the reintroduction of Commonwealth funding for allied health practitioner and nurse recruitment. The Agency has made great strides in recruiting and supporting allied health practitioners as a critical part of the remote and rural health team. These professionals have become even more vital following the introduction of the NDIS.

The Training and Events Team maintained their enviable reputation as the premiere rural health education events provider in Queensland and have delivered another outstanding conference for RDAQ in June. This event remains the peak remote and rural healthcare gathering in the State and Health Workforce Queensland benefits immensely from this relationship with RDAQ.

Health Workforce Queensland has ended the financial year in a solid financial position, facilitated by steady service delivery, strong productivity and careful attention to costs.

I would like to extend my thanks to the hard working employees of Health Workforce Queensland for their contribution to the successes of the past 12 months. I also commend the Chief Executive and his leadership team who demonstrate commitment, dedication and enthusiasm to embrace the future.

I look forward to supporting the next year of achievements through my role as Chair of the Board.

Professor Robert Stable
Health Workforce Queensland Board Chair





2 CEO's Report

I am excited to share with you the progress and achievements of Health Workforce Queensland over the past 12 months as we continue our dedicated focus to ensure optimal health workforce to enhance the health of remote and rural Queensland communities.

We are passionate about improving health outcomes in remote, rural and Aboriginal and Torres Strait Islander communities and we deliver services to support our Vision and Mission. The range of essential services we provide meet community needs and our services and products are focused on the attraction, recruitment and retention of the health workforce. We take the 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.

Collaboration with stakeholders has been a key focus for Health Workforce Queensland over the past year, as we understand the value of a partnership model in delivering enhanced health outcomes to Queensland communities. For example, we have conducted extensive service assessments for several Primary Health Networks (PHNs) following their introduction in April 2015. This cooperative approach has provided both parties the opportunity to improve service planning and delivery. Through these assessments and our ongoing rural health research we have also been able to revise and refine the Health Workforce Queensland service model to better address the needs of communities,

remote and rural practices and employers. As an extension of this, we have streamlined our products and services to better respond to these prioritised needs.

We have achieved very good results in our service delivery units with steady recruitment of health professionals placed and supported within remote, rural and regional Queensland. Of particular note is the increased allied health practitioner recruitment as a result of dedicated Commonwealth funding, which has definitely helped to support the roll out of the NDIS.

The Health Workforce and Service Planning arm of the Agency provide vital insights into the problems and opportunities facing remote and rural Queensland communities. This work allows us to understand the ramifications of the lack of continuity of care for patients, 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.

Our research activities and evaluation projects have again identified a number of key emerging issues in the health landscape. This year our research efforts have focused on innovative digital health technologies, investigations into the NDIS, as well as an external service mapping project. Our research and evaluation papers also provide further evidence of the outcomes we have achieved through our service offerings as well as insights into the emerging needs and opportunities for improved service models. Health Workforce Queensland's insights have formed part of several important health care discussions and have been presented at several peak industry events and conferences throughout the year. We will be continuing several of these research projects in the next financial year and I look forward to providing further insights into these valuable contributions in the future.

Health Workforce Queensland has been collating critical data on the remote and rural health workforce for



over 19 years. This data allows us to identify trends and attributes of the workforce, supports future workforce projections and allows us to revise and adapt our operating strategies and program delivery to best serve our communities.

The latest Queensland Minimum Data Set Report indicates that there are a total of 1,960 medical practitioners operating within RA 5-2 locations in Queensland, the second highest number of any state in Australia. Almost a quarter of all remote, rural and regional medical practitioners in Australia work in Queensland. Queensland represented the highest proportion of Outer Regional medical practitioners in Australia, and was second highest in the Remote and Very Remote Australian categories.

Rural health workforce turnover rates remain an issue, as does the mal-distribution of health workforce, effective supervision and adequate supports for the remote and rural workforce in Queensland. The Agency's focus on the recruitment and retention of Australian graduates has increased as we build collaborative, innovative and integrated partnerships along the health workforce pipeline from education, to attraction and recruitment. We have a dedicated future workforce role within the Agency to ensure our strategies with students and registrars in training are enhanced and optimised.

I am proud to present the achievements within this year's Annual Report and believe we are in an excellent position to continue to pursue our Mission well into the future. I commend the hard working and motivated Health Workforce Queensland staff on their accomplishments this year and I trust that you will enjoy reading our 2016 Annual Report. As always, I welcome your feedback on this report or our services in general, at admin@healthworkforce.com.au.

Chris Mitchell
Health Workforce Queensland Chief Executive Officer



3

Attraction - Future health workforce: ensuring a healthy future

Building a pipeline of competent, locally trained work-ready health professionals is a critical component in providing high quality medical care in remote and rural 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 remote or rural health career.

Joint Rural Health Club events continued in the past 12 months with participating students indicating their decision to pursue a remote or rural career was strengthened through these activities.

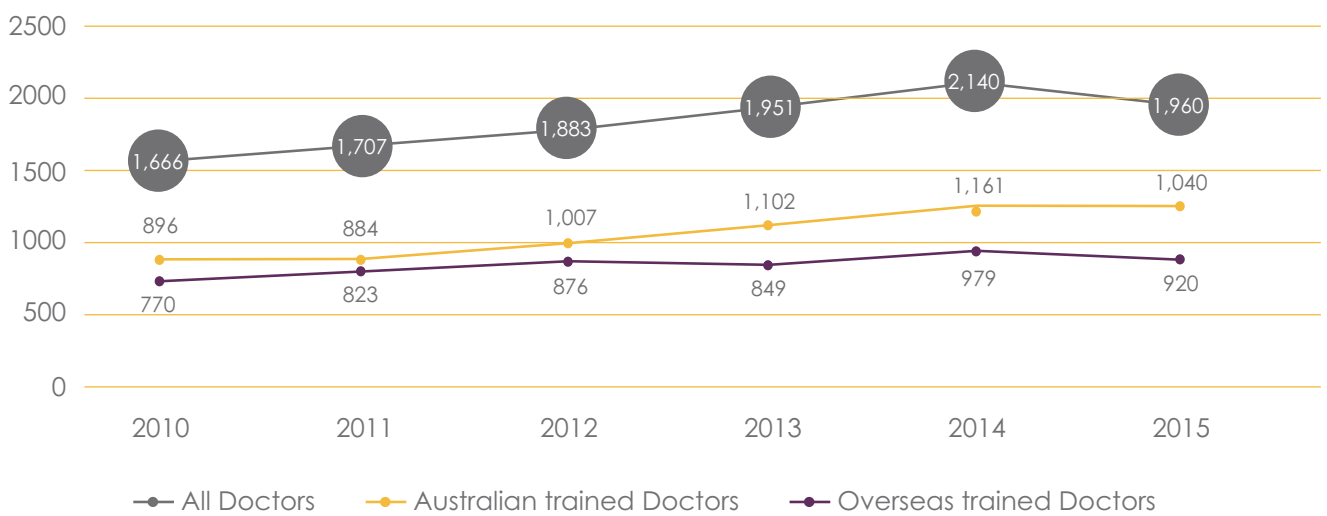
As part of our ongoing focus on supporting and recruiting Australian Trained Doctors, Health Workforce Queensland is dedicated to building and maintaining the important relationships with university medical students, registrars and regional training providers. Targeted engagement strategies such as Rural Health Ambassadors 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.





Number of practitioners trained in Australia and overseas 2010 – 2015



Go Rural events

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

61

student delegates attended the St George postgraduate medical conference.



Queensland's four rural health clubs = **2000+ students**

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

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





Case Studies

Rural health care provides benefits for patients and doctors

Working in rural health was always on the cards for Dr Brodie Quinn, who grew up in Grantham, near Gatton in Queensland's Lockyer Valley, and his involvement in rural practice events through Health Workforce Queensland helped to support this goal.

The Griffith University graduate and former Hope4Health Rural Health Club President is now working in Toowoomba. He believes his involvement in a Joint Rural Health Club weekend in 2009 helped pave the way to his future career.

"I already knew that I wanted a rural career, but working with the doctors at the Joint Rural Health Club weekend that first year, I was struck by the relationships they had with their patients and the comradery they had with each other," Dr Quinn said.

"I was involved in two more Joint Rural Health Club weekends and through Hope4Health we even used the Health Workforce Queensland model as a framework to develop other rural skills weekends for students.

I became involved in rural high school visits promoting health careers in the bush, and also became an ambassador for the Go Rural campaign to try and promote health careers to students."

Dr Quinn believes that both patients and the health care teams that treat them can benefit greatly from a remote or rural setting.

"For me the big thing is about the networks I have developed here," Dr Quinn said.

"I know everyone, which makes problem solving and patient care so much easier and more efficient than you might find in a bigger hospital, where there is a tendency to be more disconnected."

He also believes doctors benefit greatly from the remote and rural training they receive in smaller locales.

"Particularly for junior doctors, the broad exposure to a range of medical fields is excellent working somewhere like Toowoomba.

"It's much more practical and hands on, rather than being a fly on the wall, like many junior doctors experience in larger areas.

"By registrar level, you also begin to realise that working in smaller areas has amazing lifestyle benefits as well. There is a real sense of community here and people are incredibly nice and friendly."

For more information on the Go Rural campaign or how you can pursue a rural health career, visit Health Workforce Queensland: www.healthworkforce.com.au





Rural Health Ambassador – Jordan Whicker

If you are looking for a role where you are a valued member of the community, Health Workforce Queensland's newest Rural Health Ambassador Dr Jordan Whicker believes you can not go past being a doctor in a remote location.



The twenty-six year old, who originally hails from Brisbane, has been working in the Aboriginal community of Woorabinda since 2014 and said he enjoys the variety and sense of community that a remote setting provides.

"My days are always varied and interesting, I get to treat a variety of patients in a variety of fields and experience things I wouldn't get to in a city setting," Dr Whicker said.

After getting a taste for a remote health career through a university placement, Dr Whicker went on to swap his metropolitan placements with his classmates so he could spend more time in the bush.

"I enjoyed my first remote placement so much that I started to rethink my whole career and realised that this is where I want to be," Dr Whicker said.

"I like knowing I'm making a difference and that I am really important part of the community."

He also believes that patients benefit from a more remote setting where they receive continuous care from the same practitioner or practitioners.

"Continuity of care in remote settings is a big benefit for both doctors and for patients," Dr Whicker said.

"It's so much easier if patients don't have to recount their entire medical history each time they see a doctor."

Other highlights for the Woorabinda resident include being able to walk to work in 30 seconds, the complete absence of traffic jams and the respect he has earned from his community.

"One of the funniest things that has happened to me since working here is one of the children I treat got a puppy and named him Dr Whicker.

"Now there are two Dr Whickers in Woorabinda – one human and one dog. I think that's really nice."



4 Recruitment

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 remote and rural communities in Queensland.

Remote, rural and regional Queensland communities have benefitted through increased health workforce attraction in recent years.

Recruitment has remained steady over the past 12 months with 103 General Practitioners placed by the Recruitment team in the previous financial year. These resources mean thousands of additional episodes of care are available to remote, rural and regional communities.

Health Workforce Queensland has an increase in the recruitment of allied health professionals from 27 in the last financial year to 34 in the past 12 months. These professionals include nurses, dietitians, physiotherapists, speech pathologists, occupational therapists, radiographers, podiatrists and midwives. The contributions they make to their communities are marked. The recruitment of nurses, midwives and allied health professionals will remain a focus for Health Workforce Queensland as we continue to develop relationships with organisations that employ these professionals in the future.

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 2015 reporting period was 6.57 years, a strong testament to the retention strategies we have in place and an amazing hallmark for continuity of care for remote, rural and regional communities.

In addition to permanent positions, Health Workforce Queensland also provides high quality, work-ready, pre-oriented locums. Health Workforce Queensland was responsible for providing 1039 days of total locum assistance in the past financial year, to 50 different practices. We continue to work collaboratively with practices to ensure best practice in locum attraction.



101
NEW GPs

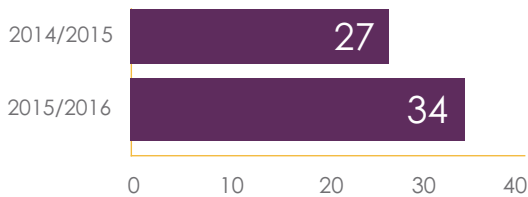
recruited to remote and rural Queensland



8 GPs

to Aboriginal Community Controlled Health Services

Allied health professionals recruited to remote and rural Queensland



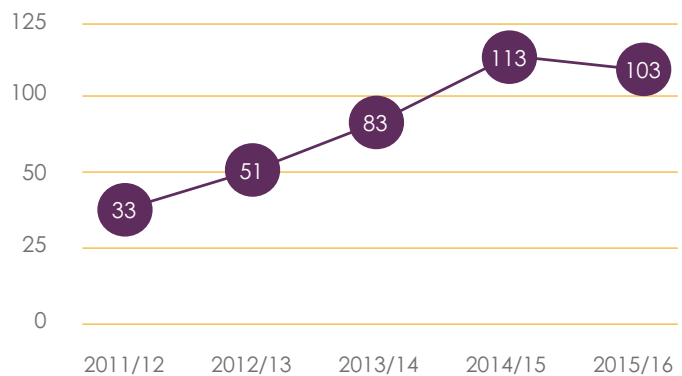
ONE HUNDRED AND SEVENTEEN

NEW DOCTORS WERE SUPPORTED

in accessing Medicare provider numbers under Rural Locum Relief Program (RLRP) (3GA)



GP placements up by over 300% since 2011



There are currently

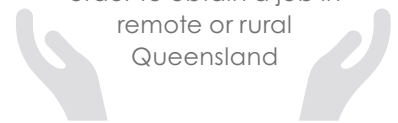
2073

GPs working in remote or rural locations in Queensland

(1960 in November 2015 (MDS report))

SEVENTY-FOUR

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



TWENTY-EIGHT



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

A total of

283

on the Rural Locum Relief Program.



5 Retention

Supporting our health workforce so they can keep supporting communities.

The retention of health professionals is a key platform in providing high quality and continuous health care to remote and rural communities.

We understand the issues affecting retention: largely around access to professional development, having a strong collegial support network, access to high quality locum provision and family support and assistance.

Our retention rates have steadily increased since 2003. 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 continuing professional development and collegial support are vital to the retention of a robust remote and rural health workforce. We have trained 196 health professionals in the last financial year through 12 professional development workshops. Our professional development satisfaction rates are consistently very high and participant feedback over the past 12 months highlights that learning needs were well met. Participants consistently 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 break from their practice they require work-ready, experienced and pre-oriented locums. Health Workforce Queensland has assisted in this regard by providing 1,039 days of total locum assistance in the past financial year.

One hundred per cent of all eligible doctors – 283 General Practitioners – are currently enrolled in the Rural Local Relief Program (RLRP) and are being supported towards Fellowship achievement.

In addition, 406 families were supported through the Queensland Rural Medical Family Network (QRMFN) in the past year. The QRMFN works to recognise, empower and support rural spouses, partners and families through a variety of different programs and is funded and managed by Health Workforce Queensland.

The family support provided includes grants for family networking events to ensure health workforce families are well integrated into and supported in their communities. The Family Program at this year's RDAQ conference included participation by a record 68 children from 42 families. This program is a critical factor in allowing a number of health professionals the opportunity to attend and benefit from the conference.



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

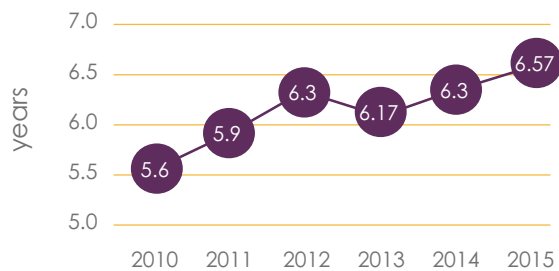
90% of the doctors recruited in the previous reporting period remain in the same practice



THREE OUT OF FOUR

doctors in remote and rural 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

196 doctors and health professionals attended professional development workshops

283 doctors + **99** distinct locations = **100%** of eligible doctors enrolled on RLRP



38 doctors

were enrolled under the Five Year Overseas Trained Doctors recruitment scheme

100% delegate satisfaction with CPD workshops

Locum support

1039 days of locum coverage was provided to 50 private general practices



68 children participated in RDAQ conference family program

406 families in 163 communities supported through the Queensland Rural Medical Family Network

families in 163 communities supported through the Queensland Rural Medical Family Network

Case Studies

RDAQ conference Family Program a 'massive hit'

The Family Program at this year's RDAQ conference run by Health Workforce Queensland was a highlight of the conference and the QRMFN 2016 calendar. A record 68 children from 42 families participated in the fun-filled three-day program in June.

QRMFN coordinator Katy Hayhurst said the pint sized participants had some amazing experiences during the action-packed program which included a face-painting fairy, games, art and craft activities, a drum workshop, a visit to Sea Life, dinner at 'Hogwarts' and a Mad Hatter's tea party, to name just a few.

"The kids feasted and played games, participated in art and craft activities, experienced some amazing wildlife and even held some impromptu karaoke," Katy said.

"It was a wonderful opportunity for the children to re-establish friendships and build new ones in a safe and supervised environment while their parents got the most out of the professional development opportunities at the RDAQ conference," she said.

The program culminated in a Magic and Movies Night where Vince the Magician wowed the children with his tricks.

Health Workforce Queensland Chief Executive Officer Chris Mitchell said the program was a 'massive hit' with children and their parents.

"We've had amazing feedback on this year's program and I would like to thank all the children and partners who participated so fully in the activities and to the amazing Health Workforce Queensland team who made this program both possible and so incredibly fun," Chris said.

Through its programs, QRMFN aims to further enhance the experiences of rural medical families, and in doing so, positively affect the sustainability of Queensland's rural medical workforce.

For more information on the QRMFN program visit www.qrmfn.com.au/.





Bec Telfor wins Backbone of the Bush Award

Each year the Queensland Rural Medical Family Network (QRMFN) recognises the incredible contributions made by the spouses and partners of Queensland's rural doctors through the 'Backbone of the Bush Award'.



This year Bec Telfor was recognised for her outstanding contribution to the Stanthorpe medical community.

QRMFN President James Constable said Bec had contributed to numerous community organisations and events, both locally and nationally, since moving to Stanthorpe 10 years ago.

"Bec has gone above and beyond in organising events for new doctors and medical students to meet with other local health service providers, and welcoming them into her home," he said.

Bec said she was surprised and humbled by the award.

"It was really lovely to be acknowledged, I don't really feel that I have done anything exceptional, I've just done what I am able to do," Bec said.

"I feel volunteering has given me much more than I have given, it was almost overwhelming to be awarded for it too!

"And let's face it, if you have to choose between volunteering towards something you believe in and doing the housework, then there's not really a decision!" Bec said.

Bec was instrumental in fundraising for organisations including the local school, the Australian Breastfeeding Association, kindergarten, sporting and arts groups. She also finds time to act as the school's tuckshop coordinator.

Professionally, Bec has worked as a casual midwife for Queensland Health, as a community midwife, has run antenatal education groups and spent time as a nurse at a local aged care home. Throughout all of this, Bec has also remained the primary caregiver to her three children.

Bec is a founding member of MUMSS (Mother's United for Maternity Services Stanthorpe), a group that campaigned successfully for improved maternity facilities, culminating in a \$1.4 million upgrade to the local birthing facilities at the Stanthorpe Hospital. She was also the Membership Secretary and a member of the Executive Committee for the national Maternity Coalition for several years.

The Backbone of the Bush award is presented by the QRMFN President at the annual RDAQ conference gala dinner in June.



6

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 19 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 remote and rural Queensland communities.

Research 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:

- Remote and rural general practice in Queensland: the practice managers' perspective – **Rural Medicine Australia, 22-24 October 2015, Adelaide**
- Identifying key determinants of health in the remote and rural health workforce planning context – **Rural Medicine Australia, 22-24 October 2015, Adelaide**
- Rural Incentives for allied health professionals: are we missing something? – **International Primary Health Care Reform Conference, March 14-16 2016, Brisbane**
- State of the Nation – recent reports, developments and trends – **Health Workforce breakfast, hosted by Health Workforce Queensland at the RDAQ Conference, 6-8 June 2016**
- Big Sky Thinking or 'Business as Usual'? Update of Digital Health Technologies – **Health Workforce breakfast, hosted by Health Workforce Queensland at the RDAQ Conference, 6-8 June 2016.**

7

Board members and thanks

Our thanks to the 2015/2016 Health Workforce Queensland Board for their valuable contributions.



Prof. Robert Stable
Board Appointed Director



Mr. Terry Fleischfresser
Local Government
Association of
Queensland



Dr. John Lamb
CheckUP - Chair of
Governance Committee



Dr. Ross Hetherington
R Health



Ms. Naomi Blake
Health Consumers of
Rural and Remote Australia
- Chair of Risk Management
Committee



Dr. Alan McMahon
FNQDocs



Dr. Michael Belonogoff
Central Queensland Rural
Division of General Practice
Appointed 28.11.15



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



Dr. Ross Maxwell
Rural Doctors Association
of Queensland
Resigned 17.10.15



Dr. Ross Woodward
Central Queensland Rural
Division of General Practice
Resigned 28.11.15





In February, our Training and Events Team organised the Rural Emergency Medicine Workshop in Townsville

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 2016

		2016	2015
	Note	\$	\$
Revenue	2	5,602,185	5,557,937
Expenses	3	<u>(5,241,694)</u>	<u>(4,897,526)</u>
Surplus/(deficit) before income tax		360,491	660,411
Income tax expense	1(b)	-	-
Surplus/(deficit) for the year		<u>360,491</u>	<u>660,411</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>360,491</u>	<u>660,411</u>
Total comprehensive income attributable to members of the entity		<u>360,491</u>	<u>660,411</u>

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

Health Workforce Queensland Limited

A.C.N. 065 574 996

Statement of Financial Position As At 30 June 2016

	Note	2016 \$	2015 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	4,400,018	3,606,905
Trade and other receivables	5	476,225	185,908
TOTAL CURRENT ASSETS		4,876,243	3,792,813
NON-CURRENT ASSETS			
Property, plant and equipment	6	203,461	289,636
TOTAL NON-CURRENT ASSETS		203,461	289,636
TOTAL ASSETS		5,079,704	4,082,449
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	299,130	359,386
Short-term provisions	9	260,890	247,717
Other liabilities	8	2,190,875	1,517,909
TOTAL CURRENT LIABILITIES		2,750,895	2,125,012
NON-CURRENT LIABILITIES			
Long-term provisions	9	189,244	178,363
TOTAL NON-CURRENT LIABILITIES		189,244	178,363
TOTAL LIABILITIES		2,940,139	2,303,375
NET ASSETS		2,139,565	1,779,074
EQUITY			
Retained earnings		2,139,565	1,779,074
TOTAL EQUITY		2,139,565	1,779,074

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



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 2016, 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.

Nexia Brisbane Audit Pty Ltd
Registered Audit Company 299289
Level 25, 10 Eagle Street, Brisbane QLD 4000
GPO Box 1189, Brisbane QLD 4001
P +61 7 3229 2022 / +61 7 3229 3277
email@nexiabrisbane.com.au, www.nexia.com.au

Information essential to financial statements



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INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF HEALTH WORKFORCE QUEENSLAND LIMITED (continued)

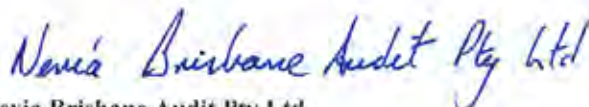
Independence

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 2016 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*.

A handwritten signature in blue ink that reads "Nexia Brisbane Audit Pty Ltd".

Nexia Brisbane Audit Pty Ltd

A handwritten signature in blue ink that reads "Nigel Bamford".

N D Bamford
Director

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

Date: 27 August 2016



Staff from the N hulundu Health Service in Gladstone.
Health Workforce Queensland's recruitment staff
visited the N hulundu Health Service in February 2016.

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

P: 07 3105 7800

F: 07 3105 7801

E: info@healthworkforce.com.au

W: www.healthworkforce.com.au

P: GPO Box 2523 Brisbane QLD 4001

O: Level 13, 288 Edward St Brisbane QLD 4000



