



2017

Annual Report



Health Workforce
Queensland

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.

Our cover image is of the wetlands in Emerald, located in Central Queensland.

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About this Report

This report is for the period 1 July, 2016 to 30 June, 2017 and is the 19th full year Annual Report for Health Workforce Queensland and its predecessor organisation.

Financial data has been audited by Nexia Australia.

The report is available to download from our website at www.healthworkforce.com.au.

We value your feedback. If you have any questions or comments about our Annual Report please contact us on 07 3105 7800 or admin@healthworkforce.com.au.



It is important that we continue to listen to concerns and expressed needs of remote, rural and Aboriginal and Torres Strait Islander communities and stakeholders so that we can design and implement effective and practical health workforce solutions. It is these relationships that continue to build the Agency's awareness of the breadth of issues affecting these communities in relation to their health service and workforce needs. This acute awareness and understanding of the critical concerns, coupled with our enviable depository of two decades of rural health landscape data, provides us the unique opportunity to propose and implement collaborative health workforce solutions.

We see future challenges in meeting the needs of remote, rural and Aboriginal and Torres Strait Islander communities and will continue to work collaboratively to develop innovative health workforce solutions. We remain concerned about the implementation of the National Disability Insurance Scheme (NDIS) and aged care strategies in remote and rural communities and we would like to see that these programs are as effective as possible and provide enhanced care for these Queensland communities.

Health Workforce Queensland has continued to develop and implement strategies to support the pathway of Australian graduates into remote and rural Queensland health careers. It is with great pleasure that I report that the Rural Workforce Agency Network were awarded the tender for the John Flynn Placement Program (JFPP) from February 2017 and Health Workforce Queensland is the Lead Agency for the Network for JFPP. This important program will further integrate health workforce solutions available to communities especially those focused on future workforce initiatives.

The Training and Events Team maintained their enviable reputation as the provider of rural health education events in Queensland and delivered another outstanding conference for RDAQ in June 2017. This event remains the peak rural and remote healthcare gathering in the State and Health Workforce Queensland benefits immensely from this relationship with RDAQ and its members.

Health Workforce Queensland has ended the financial year in a solid financial position in the face of significant funding and staff reductions. We have realigned our service delivery with the available resources with careful attention to cost containment.

I would like to extend my thanks to the dedicated staff members of Health Workforce Queensland for their contribution to the successes of the past 12 months in the face of significant funding and operational changes. I would also like to express my gratitude to the Chief Executive Officer Chris Mitchell and the Leadership Team who continue to demonstrate commitment, dedication and enthusiasm for improved primary health care for remote, rural and Aboriginal and Torres Strait Islander communities.

I look forward to 2017-2018 in my role as Chair and the work the Health Workforce Queensland Board and staff will undertake to achieve our goals in supporting remote and rural communities and their health professionals.

Emeritus Professor Robert Stable
Board Chair, Health Workforce Queensland



CEO's Report

Health Workforce Queensland has had a productive year in the face of an ever-changing primary health care environment and significant funding and program changes.

The International Recruitment Scheme (IRS) ceased on 1 October, 2016 which meant that we needed to transition 58 International Medical Graduates who were in various stages of the process of relocating to Australia to revised levels of support. The funding of the Rural Health Professionals Program (RHPP) which provided recruitment and retention support for Allied Health Professionals (AHPs) and nurses was reduced by half from 1 October, 2016. This funding reduction required revised levels of support for AHPs and nurses. This successful program has increased the number of AHPs and nurses in rural Queensland over the past three years by more than 60.

The impact of these funding and program changes required a realignment of our service delivery and an organisational restructure, which included the reduction of six staff positions. We took the opportunity to cease the operations of our Health Workforce Queensland Migration Solutions from November 2016, which removed a further four staff positions. This was a challenging time for all our staff members as we reviewed and realigned our services.

The range of essential services we provided at that time were to meet known community needs and our services and products were focused on the attraction, recruitment and retention of the health workforce. These services reflect the Rural and Remote General Practice Program which had been in operation for 18 years.

Whilst the Agency went through a significant period of change, in early 2017 we also received three new contracts from the Australia Government Department of Health.

The Rural Health Workforce Support Program (RHWS) is our core business. The RHWS will require Health Workforce Queensland to lead the health workforce planning processes in collaboration with various state-wide, regional and local agencies and communities. The identification of health workforce needs will then direct the focus of collaborative initiatives and funding to meet these needs at local, regional and, where possible, state-wide levels.

As this is a new program and scheduled to commence from July 2017, we took time to prepare for the RHWS, which required the reassessment of all our service delivery models and proposed funding reductions.

We are eager to implement the proposed RHWS, as it will enable a flexible and focused approach which can complement other programs, including supporting the Primary Health Network's workforce priority.

The Rural Workforce Agency Network were the successful tenderers for the John Flynn Placement Program (JFPP) and the Health Workforce Scholarship Program (HWSP).

I am immensely proud of the results presented in this report, which have been achieved by the dedicated and creative Health Workforce Queensland staff members.



The 2016-2017 financial year has been a year of change. Throughout those changes, we've maintained our resolute focus on our vision and mission: ensuring an optimal health workforce and creating sustainable health workforce solutions to meet the needs of remote, rural, regional and Aboriginal and Torres Strait Islander communities; thus, enhancing the health of Queensland communities."

I hope you enjoy reading our 2016-2017 Annual Report.

I welcome any comments or feedback you might have on this report or our plans and services via email at admin@healthworkforce.com.au.

Mr Chris Mitchell
Chief Executive Officer

Chair's Report

It is my pleasure to present the Chair's Report for the Health Workforce Queensland 2017 Annual Report.



The Health Workforce Queensland Board remains committed to supporting remote, rural and Aboriginal and Torres Strait Islander communities to attract and retain sufficient primary health care workforce to provide required services and meet the needs of each community."

During the past year, we welcomed Dr Natasha (Tash) Coventry as a member to the Board and we appreciate Dr Coventry's insights and expertise in remote medical practice.

The past year has been a period of significant change to the Agency's program funding and operations, as the Australian Government Department of Health implemented several program and funding changes in preparation for a new Rural Health Workforce Support Program, which commenced operation in July 2017.

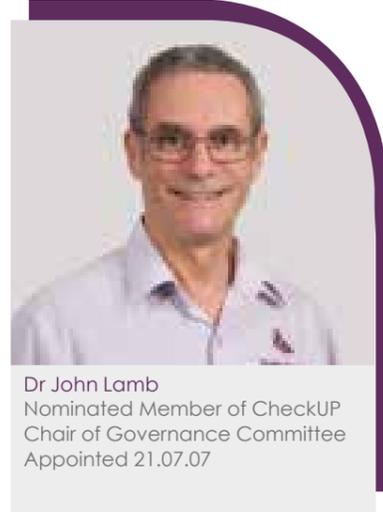
I'm pleased to report that Health Workforce Queensland continues its proactive development of collaborative relationships with a diverse range of stakeholders including Primary Health Networks (PHNs), Hospital and Health Services (HHSs), Aboriginal Community Controlled Health Services (ACCHSs), the Rural 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.

Board Members

We would like to thank our 2016-2017 Health Workforce Queensland Board for their valuable contributions to the Agency.



Prof Robert Stable
Board Appointed Chair
Appointed 21.07.12



Dr John Lamb
Nominated Member of CheckUP
Chair of Governance Committee
Appointed 21.07.07



Ms Naomi Blake
Nominated Member of Health
Consumers of Rural and Remote
Australia
Chair of Risk Management Committee
Appointed 05.08.14



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



Dr Natasha Coventry
Nominated Member of Rural
Doctors Association of Queensland
Appointed 05.11.16



Mr Terry Fleischfresser
Nominated Member of Local
Government Association of
Queensland
Appointed 17.02.07



Dr Ross Hetherington
Nominated Member of RHealth
Appointed 01.10.00

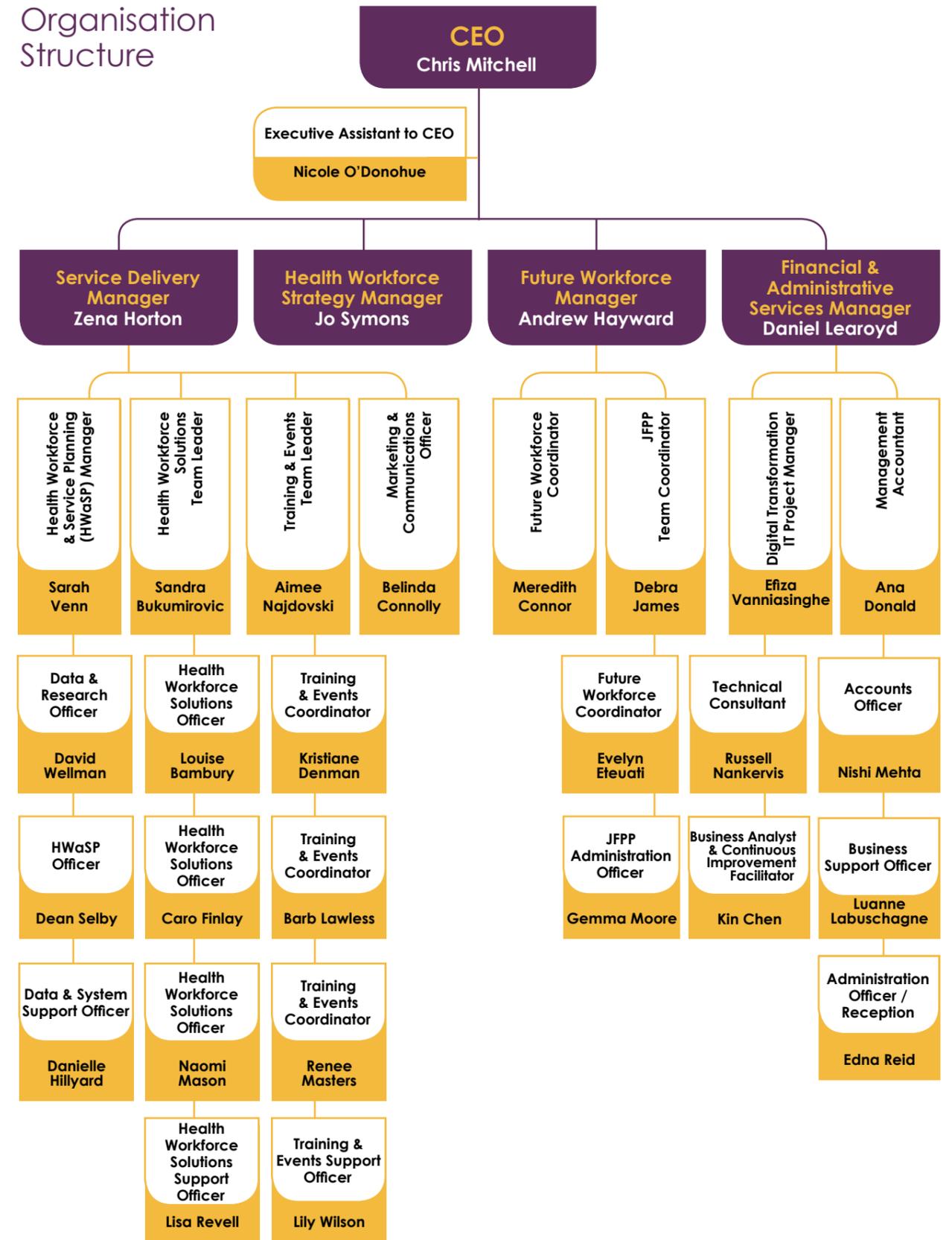


Dr Alan McMahon
Nominated Member of FNQDocs
Appointed 18.10.06



Ms Stella Taylor-Johnson
Nominated Member of
Queensland Aboriginal and
Islander Health Council
Appointed 14.11.09

Organisation Structure





The dirt road leading to Woorabinda in Central Queensland.

Data & Research

We obtain data and undertake research on and with the primary health workforce across remote and rural Queensland.

Data and Research

As part of our contractual agreement with the Australian Government Department of Health, we are required to maintain a minimum set of workforce data in relation to health service provision in remote, rural and regional locations and identify communities with health workforce issues.

Health Workforce Queensland has strong relationships with rural health professionals, communities and other organisations and is able to obtain data on the primary health workforce across remote and rural Queensland. The Agency gathers this data through annual surveys and maintains this data through ongoing telephone contact to each general practice in RA2-5 locations. We have collected rural health workforce data for over 19 years!

From this data, we are able to identify communities with health workforce issues, identify health workforce trends and respond to new and existing health workforce issues. Our research undertaken throughout the 2016-2017 financial year has been presented at various rural health conferences and events. Research helps shape the conversation around the different issues affecting the primary health workforce in different regions across rural Queensland. We are honoured to have had the opportunity to present the following work and hope that our research can provide positive ideas and solutions to challenges faced by the rural health workforce and communities.

Conference Papers and Presentations



'Changing the way we look'- Using the past to inform future PHC service models in rural/ remote Queensland

Paper and Presentation
Mount Isa Centre for Rural and Remote Health (MICRRH) 8th Biennial Conference
Mount Isa, QLD – July, 2016



Priority Communities – Development of a multidimensional health and PHC workforce need prioritisation tool

Presentation
5th Rural and Remote Health Scientific Symposium
Canberra, ACT – September, 2016



Rollout of the NDIS in Queensland. Investigation of the impact on practitioners working in remote, rural and regional primary health care settings, and on service planning and delivery

Paper and Presentation
SARRAH Conference
Port Lincoln, SA – October, 2016



Grasping sustainability in rural and remote areas: a case study

Paper and Presentation
SARRAH Conference
Port Lincoln, SA – October, 2016



Targeted children's health workforce and service planning – the Australian Early Development Census

Poster
14th National Rural Health Conference
Cairns, QLD – April, 2017



Rollout of the NDIS in Queensland-Observations from the field

Paper and Presentation
14th National Rural Health Conference
Cairns, QLD – April, 2017

Co-hosted Workshops



Looking From The Ground Up: a new paradigm in community access to health

Pre-RMA 2016 Workshop
Canberra, ACT – October 2016



State of the Nation 2017

Presentation
RDAQ Workforce Breakfast 2017
Townsville, QLD – June, 2017



Rural Health Workforce Support Activity

Presentation
RDAQ Workforce Breakfast 2017
Townsville, QLD – June, 2017



Undergraduate health students undertake reflex tests at the 2017 Rural Experience Day in Beaudesert, QLD.

We provide undergraduate health students the opportunity to experience rural clinical practice and rural life. This gives them an insight into a future rural career and facilitates a future supply of health professionals practicing in Queensland's rural communities.

Attraction



Another successful Joint Rural Health Club Weekend (JRHCW) in Cooktown

September 2016 | Cooktown, QLD

Health Workforce Queensland has continued our strong relationship with the four Rural Health Clubs within Queensland's universities; TROHPIQ, BUSHFIRE, HOPE4HEALTH and RHINO. The Rural Health Clubs aim to develop health students' passion for and interest in working in rural Queensland on completion of their tertiary education.

The Agency was thrilled to be involved in the 13th Joint Rural Health Club Weekend in tropical Cooktown. The JRHCW sees the Rural Health Clubs unite in a rural location to network, to learn and to immerse themselves in rural life.

Students networked with leading and local health professionals and relevant health organisations at both the Welcome Dinner and Appreciation Dinner on the Friday and Saturday nights respectively. During the clinical skills sessions, facilitated by local health professionals, students could try their hands at suturing, paramedicine, first aid and obstetrics, as well as gain an understanding about the tropical diseases relevant to North Queensland.

The rural social life of Cooktown was on display for students as they enjoyed a sunset cruise and had free time exploring the tropical rural town.



Beaudesert Hospital Welcomes Go Rural Students

March 2017 | Beaudesert, QLD



Health students from a variety of Queensland's universities came together for the Go Rural Experience Day.

Go Rural is a nation-wide initiative funded by the Australian Government Department of Health and delivered by the Rural Workforce Agencies and encourages student health practitioners to consider taking up rural practice as full-time practitioners.

The regional Beaudesert Hospital hosted the hands-on workshops where students rotated through sessions including vascular access, advanced life support, rural paramedicine, suturing and allied health skills. Practising health professionals, in the professions of physiotherapy, nursing and medicine, spoke to students about their personal experience in rural practice. The Queensland Rural Generalist Pathway, General Practice Training Queensland, and Queensland Rural Medical Education, as well as the Agency's own Future Workforce Team, informed students about career pathways to rural practice.

Rural Workforce Agency Network to administer the John Flynn Placement Program!

June 2017

On 27 June, 2017 Dr David Gillespie, Assistant Minister for Health, formally announced the Rural Workforce Agency Network as the new administrators of the John Flynn Placement Program; to commence July 2017.



The John Flynn Placement Program (JFPP) was established in 1997 as part of the Government's long-term strategy to attract more

doctors to practice in rural and remote Australia and improve the quality of health care in these areas.

The Program pairs a medical student with a rural medical practitioner. Each year for three to four years, the medical student spends two weeks working alongside their mentor, as well as immersing themselves in the unique rural lifestyle through connecting with a host and community contact.

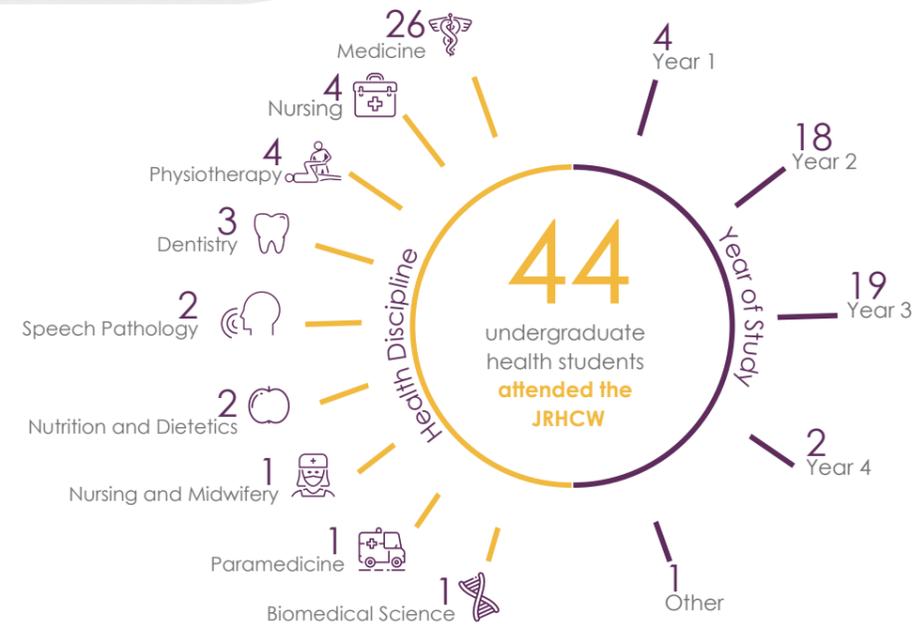
The Rural Workforce Agency Network have come together to administer the Program with Health Workforce Queensland as the Lead Agency. This unique decentralised model enables Rural Workforce Agencies to engage with JFPP participants on a local level, whilst the Program is managed and national consistency is maintained through the Network.

The JFPP enables Health Workforce Queensland to further engage with medical students and ensure rural communities have continued access to health professionals in the future.



Students at the Go Rural Experience Day in Beaudesert learn suturing skills.

Joint Rural Health Club Weekend



Workshops

- Paramedicine
- Suturing
- Obstetrics
- Advanced Life Support
- Joint Examinations
- Tropical Diseases
- Vascular Access

Rural Health Club Members



COOKTOWN

2,000km north of Brisbane
Classified as RA4 - Remote

Testimonials from JRHCW Attendees 2016



I felt inspired by the health care workers and loved learning more about rural health care."



This trip was a fantastic experience for both learning and networking."



A memorable experience that has fuelled my passion for rural and remote medicine."

Go Rural



Most attendees aged between

19 and 29

Rural or Regional Background

69%

of attendees did not consider themselves as coming from a regional, rural or remote background.

Future Rural Career

82%

of attendees would be likely to take up rural practice as a locum or permanent health professional in the future.

Testimonials from Go Rural Attendees 2017



Being a first-year student, this was very beneficial to get some hands-on clinical experience and to learn from health professionals, as well as older students."



The hands-on sessions were very informative and enjoyable. I took a lot away from the sessions."



A paddock on the side of the road, driving into Baralaba, in Central Queensland.

Recruitment

We recruit highly skilled medical, nursing and allied health professionals to remote and rural Queensland communities.

Changes to Recruitment

At the beginning of October 2016, the Australia Government Department of Health ceased funding the International Recruitment Scheme (IRS) and reduced funding for the Rural Health Professionals Program (RHPP). The IRS placed International Medical Graduates and the RHPP placed allied health professionals and nurses to remote and rural communities. With the cessation of and reduction in recruitment-focused programs, there has been a reduction in the health professionals recruited by Health Workforce Queensland.

However, under the new Rural Health Workforce Support Program (RHWSP), Health Workforce Queensland will be able to undertake targeted needs-based recruitment of health professionals. The RHWSP enables the Agency to identify communities with the greatest health workforce need and recruit highly skilled and rural-orientated health professionals based on the needs of that community. Furthermore, with the RHWSP, we will provide comprehensive case management services to those recruited health professionals, including career pathway planning and professional development support.

Rural communities with the greatest workforce need will not only have access to health professionals, but health professionals will receive long-term support in their rural community. Thus, ensuring rural communities have ongoing access to health professionals now and in to the future.

General Practitioners



7

Number of general practitioners recruited to **Aboriginal Community Controlled Health Services/Aboriginal Medical Services**

69

Number of general practitioners recruited to **remote and rural Queensland**

Note: Numbers of General Practitioners recruited to remote and rural Queensland has been affected by the cessation of funding for the International Recruitment Scheme.



Total number of general practitioners practicing in remote and rural Queensland

2,300



Number of **general practitioners who completed an orientation session prior to commencing work in remote and rural Queensland**

- > **December 2016 = 12 doctors**
- > **100% satisfaction for orientations provided**

Note: The General Practitioner Orientation Program is currently under review due to the cessation of funding for the International Recruitment Scheme. Health Workforce Queensland will align Orientation Programs to correspond to the new Rural Health Workforce Support Program requirements.

Allied Health Professionals

29

Number of allied health professionals recruited to **remote and rural Queensland**

10

Number of allied health professionals **placed in the ACCHS Sector**



Health Workforce Queensland **assisted with an urgent locum dentist vacancy**

Practices

90% or above

Practices' satisfaction of the candidate recruited and recruitment services provided by Health Workforce Queensland.



Case Study

From undergraduate student in Brisbane to qualified physiotherapist in Kingaroy!

Abhigya (Avi) Shrestha | Physiotherapist

Health Workforce Queensland's connection with Abhigya (Avi) Shrestha goes back to when he was in his second year at the University of Queensland (UQ), St Lucia campus. Avi was studying a Bachelor of Physiotherapy when he met a Health Workforce Queensland staff member at a Rural Allied Health event at UQ. It was mid-2016, just prior to graduation, when Avi contacted the Agency about a rural physiotherapy position.

It was perfect timing! Langton Physiotherapy, an established physiotherapy practice in Kingaroy, had been advertising for a physiotherapist for some time before they contacted Health Workforce Queensland for assistance. An interview was organised the day after Avi graduated in August 2016 and he was offered the role on the spot! The Agency also offered Avi relocation assistance through the Rural Health Professionals Program (RHPP).



There are a lot of opportunities that come with going rural, especially early in your career in both public and private settings; particularly in clinical leadership and management."

Avi's interest in rural practice started in his first year of university when he joined the student-run Rural Health Club, TROHPIQ. "I felt that the clinical experience gained would be broader in rural locations as opposed to metropolitan areas," he said. He feels rural practice enables greater networking opportunities with general practitioners and other health professionals and provides him the opportunity to build a diverse caseload. "I feel like I've done a lot of growing in my first post-graduate year with all the experiences I've had."

For health professionals who are considering rural practice, Avi says "there are a lot of opportunities that come with going rural, especially early in your career in both public and private settings; particularly in clinical leadership and management."

Kingaroy is now his home – where the people, the peace and the peanuts are what he enjoys most! Whilst the distance to family and friends can be difficult at times, he has the benefit of being able to see the difference he is making for the residents of a small town.



The main street of Charters Towers in Northern Queensland.

We ensure rural communities have ongoing access to health professionals.

Retention

Continuing Professional Development Workshops

We understand that having access to Continuing Professional Development (CPD) opportunities is a key factor in retaining health professionals in rural communities. But this can be difficult for health professionals living in rural and remote areas of Queensland.

Our CPD Workshops are situated in major regional centres throughout Queensland to provide ease of access for rural health professionals to maintain and increase their theoretical knowledge and practical skills. Our workshops enable medical practitioners to earn RACGP QI&CPD and ACRRM PDP points.

The workshops are purposefully tailored for those practicing as a rural practitioner and facilitated by leading health professionals in the respective workshop topic. The smaller workshop size ensures a greater facilitator to attendee ratio and enables a greater interactive and hands-on experience for each attendee. The success of this unique CPD Workshop format is evident in the delegates' satisfaction of the learning experience.

The table below lists the CPD Workshops provided over 2016-2017:

Topic	Location	Date
Mental Health Workshop	Sunshine Coast	August, 2016
Rural Emergency Medicine Workshop	Brisbane	September, 2016
Cardiology Workshop	Brisbane	September, 2016
Advanced Life Support Workshop	Brisbane	October, 2016
Musculoskeletal Workshop	Sunshine Coast	November, 2016
Rural Emergency Medicine Workshop	Cairns	February, 2017
Dermatology and Wound Management Workshop	Toowoomba	March, 2017
Emergency Paediatrics Workshop	Brisbane	April, 2017
Ultrasound Workshop	Townsville	June, 2017
Musculoskeletal Workshop	Townsville	June, 2017

Locum General Practitioners

In order for general practitioners (GPs) to attend our CPD Workshops, other professional development and networking opportunities and take much needed breaks from their work, they require locum general practitioners. Given the nature of locum work and the rural location, locum practitioners need to be familiar and already orientated to rural clinical practice.

From July to December, 2016 we worked closely with general practices and increased our activities in the area of locum doctor vacancy and candidate management. This resulted in a significant increase in locum coverage days during this period.

With the Agency's organisational changes, our focus from January to June 2017 has been on providing priority communities with locum assistance. During this time, we placed a locum GP in a RA4 location, as well as four locum GP placements with Aboriginal Community Controlled Health Services. Furthermore, we responded to an urgent locum request in an Aboriginal Community Controlled Health Service in a RA3 location.



“Health Workforce Queensland provided a relevant, practical based, small group learning environment which maximised my retention of the ultrasound skills.”
Ultrasound Workshop, 2017 Attendee

“Very practical topics. Lots of opportunities to practice skills. Lots of opportunities to ask questions.”
Emergency Paediatrics Workshop, 2017 Attendee

“Enlightening workshop; opened an entirely new field of medicine for me.”
Musculoskeletal Workshop, 2017 Attendee

Additional Assistance Scheme

The Additional Assistance Scheme (AAS) provides case management and funding for eligible Australian and overseas trained doctors who are working towards Fellowship of The Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM).

The AAS program ceased on 31 March, 2017. However, Health Workforce Queensland met the AAS targets prior to this date. From July to December, 2016 25 new AAS packages were provided to eligible candidates to support them to work towards Fellowship. A total of 45 general practitioners achieved Fellowship during 2016-2017.



Rural Locum Relief Program

The Rural Locum Relief Program allows medical practitioners in remote and rural areas, who meet eligibility criteria of the program, to have temporary access to Medicare rebates when providing services through approved placements. Health Workforce Queensland continues to administer this Program.



Queensland Rural Medical Family Network (QRMFN)

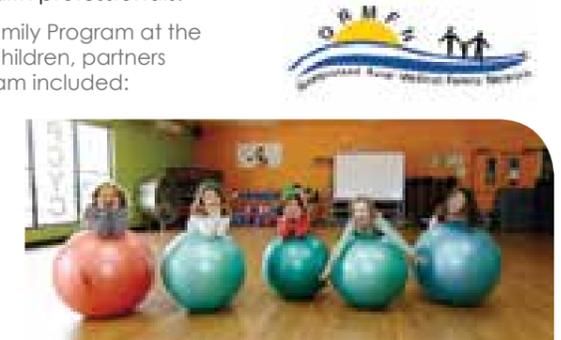
2016 Gundy Medical Muster Family Program

9-11 September, 2016 | Goondiwindi, QLD

The Gundy Medical Muster is a biennial event developed by local practitioners and aims to provide education and networking for rural health professionals.

Health Workforce Queensland was delighted to host a great Family Program at the event through the QRMFN. The Family Program showcased to children, partners and spouses what the local area had to offer. The Family Program included:

- > Welcome Reception for doctors and their partners
- > Bush Tucker Tour with a local Indigenous elder
- > Sports Activity Afternoon at the PCYC
- > Cotton Tour
- > Historical Victoria Hotel Tour
- > Movie Night showing Secret Life of Pets
- > Bubble Muffin Kids Cooking Class
- > Gundy Gourmet Festival



The QRMFN also provided two Small Grants for a QRMFN Committee Member and local Goondiwindi dietitian to host a social and networking lunch for partners and spouses on the Saturday of the Gundy Medical Muster. The Gundy Medical Muster will be held again in 2018.

2017 RDAQ Conference Family Program

8-10 June, 2017 | Townsville, QLD

The Family Program at the RDAQ Conference is always a highlight of the Conference and the QRMFN calendar. The Family Program provides partners and spouses the opportunity to connect with likeminded people and positively contribute to the sustainability of Queensland's rural health workforce.

Held at the Mercure, the Family Program consisted of:

- > Children's 'Meet and Greet Dinner' with entertainment from Ranger Dan and his animal friends
- > A visit to the Museum of Tropical Queensland
- > The 'Castaways' themed social night for delegates, spouses/partners and children
- > Exploring the Billabong Sanctuary
- > Movie Night

The QRMFN Annual General Meeting (AGM) was held on Friday 9 June where Health Workforce Queensland's CEO and QRMFN Committee came together to discuss opportunities and challenges for rural Queensland's medical families. Attendees were privileged to have guest speaker, Penelope Arthur from Queensland Country Life at the AGM. The 2018 RDAQ Conference Family Program will be held in Brisbane, QLD.

Backbone of the Bush Award

10 June, 2017 | Townsville, QLD



Tamara Hall, recipient of the 2017 Backbone of the Bush Award with QRMFN President James Constable.

Each year the QRMFN recognises the incredible contributions made by the spouses and partners of Queensland's rural doctors through the Backbone of the Bush Award. The QRMFN and Health Workforce Queensland were thrilled to announce Tamara Hall as the 2017 Backbone of the Bush recipient.

Tamara has lived in rural Queensland for over 15 years. She is a supporting wife, a devoted mother, a long-serving practice manager, a part-time physiotherapist and a dedicated community member to name a few.

She has completed a Bachelor of Physiotherapy, a Certificate III in Business and a Diploma of Practice Management. Whilst these qualifications are personal achievements, her focus remains on the rural community she calls home. As stated in the nomination by her colleague, "She has been a key player and a guiding hand in the expansion and reform of the business."

Last but not definitely not least, is the support she has provided to her husband for over 21 years. She has supported her husband through his clinical placements across Julia Creek, Woorabinda, Inglewood and Gladstone and through his internship in Townsville. She has supported him through further training across Rockhampton, Mackay and Stanthorpe. She has shared her husband's passion and dream to establish a rural general practice in Oakey and has been an integral part in the expansion of two additional rural general practices servicing Kingsthorpe and West Toowoomba.

74

Number of participants at the **Gundy Medical Muster Family Program**

73

Number of participants at the **RDAQ Family Program**

400+

Total **QRMFN Membership**



A wind farm in Ravenshoe, located in the Tablelands Region of North Queensland.

Partnerships & Collaboration

myPHN 2016

199

delegates

2016 Gundy
Medical Muster

51

delegates

2017 RDAQ
Conference

250

delegates

myPHN 2016: Connecting General Practice

9-10 July, 2016 | Cairns, QLD

The myPHN 2016 was the inaugural Conference for the Northern Queensland PHN.



Health Workforce Queensland's Training and Events Team provided event management services to deliver the myPHN 2016 Conference in Cairns.

The focus of the Conference was on connecting health providers to deliver better health outcomes. The Conference was a great networking opportunity for general practitioners, allied health professionals, nurses, dentists, pharmacists and Aboriginal and Torres Strait Islander health workers/practitioners.

A total of 199 delegates attended the myPHN 2016 Conference. Health Workforce Queensland was the successful tenderer for the myPHN 2017 Conference.

2016 Gundy Medical Muster

9-11 September, 2016 |
Goondiwindi, QLD

The Agency worked alongside the organising committee to deliver the 2016 Gundy Medical Muster in Goondiwindi.

The Muster attracted general practitioners, allied health professionals and undergraduate health students interested in a career in rural health. The 2016 Gundy Medical Muster had a total of 51 delegates.

Health Workforce Queensland and the Queensland Rural Medical Family Network provided the Family Program at the Muster.

2017 RDAQ Conference: Charting New Horizons

8-10 June, 2017 | Townsville,
QLD

Health Workforce Queensland continues its strong partnership with the Rural Doctors Association of Queensland (RDAQ).



Our Training and Events Team provided event management services to deliver the 2017 RDAQ Conference in Townsville, as well as the Agency being the Conference Partner. There were 250 delegates in attendance.

In addition to Conference Partnership, Health Workforce Queensland also sponsored the Workforce Breakfast on Friday 9 June. At the Workforce Breakfast, we presented the State of the Nation 2017 and provided attendees an update on the future direction of Health Workforce Queensland with a presentation on the Rural Health Workforce Support Activity. The Workforce Breakfast gives the Agency an opportunity to examine trends and key issues within the remote and rural health workforce.

We also had a trade stand at the RDAQ Conference, which gave us the opportunity to engage with general practitioners in rural Queensland – many of which the Agency works with individually and with their practice. Lastly, the Queensland Rural Medical Family Network, funded by Health Workforce Queensland, delivered the Family Program for spouses, partners and children of delegates.

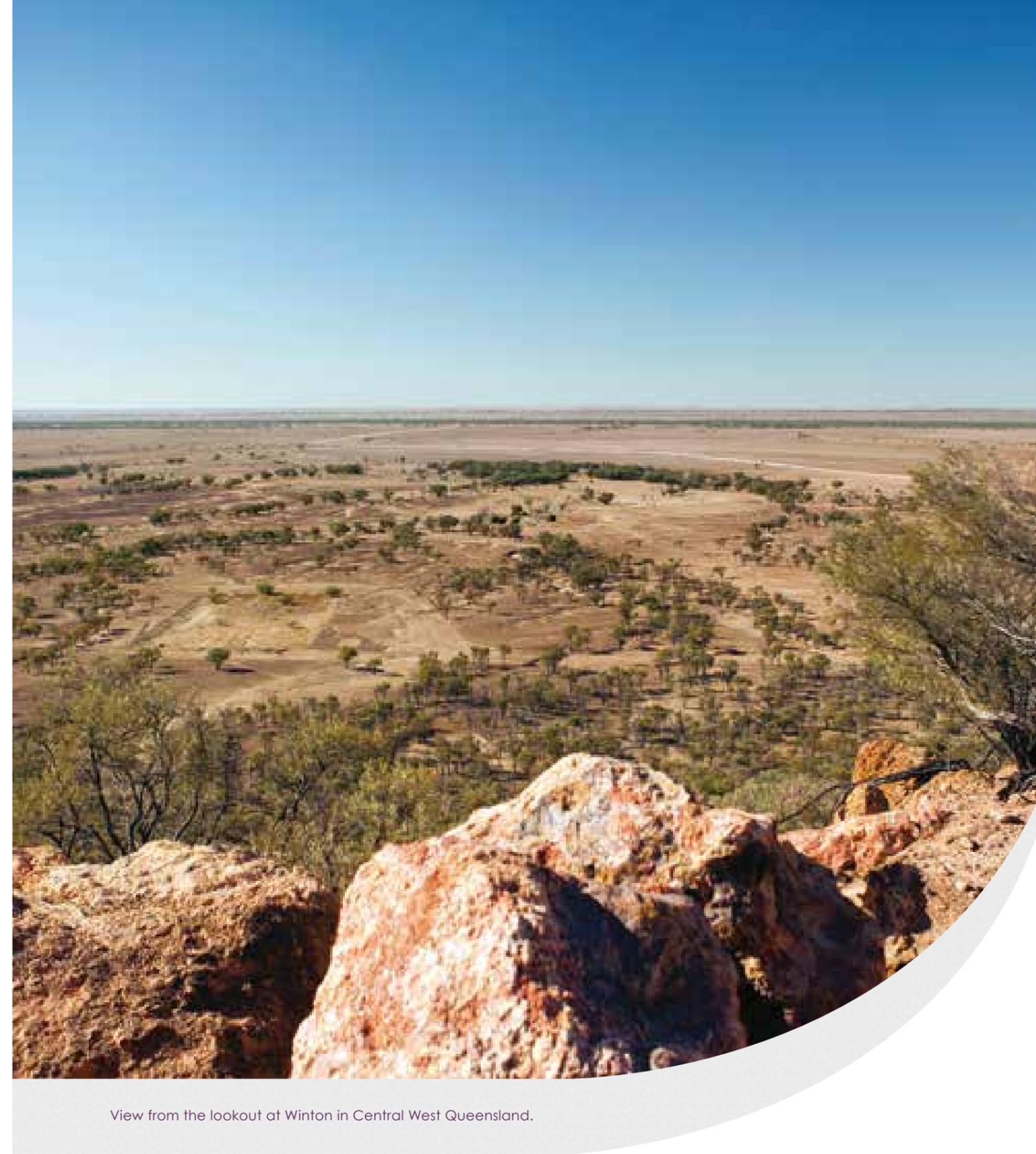
The Macintyre River that runs past Goondiwindi, which is located near the Queensland border.

Statement of Commitment

28 October, 2016 | Brisbane, QLD

The then Chair of Queensland Aboriginal and Islander Health Council (QAIHC), Mrs Elizabeth Adams, and Chair of Health Workforce Queensland, Professor Robert Stable, signed a Statement of Commitment at the QAIHC Members' Forum on 28 October, 2016.

The Statement of Commitment provides an overarching statement documenting our collaborative areas of work and shared commitment to increase Aboriginal and Torres Strait Islander people's access to high quality primary health workforce in remote and rural Queensland.



View from the lookout at Winton in Central West Queensland.

Financial Statements

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2017

A.C.N 065 574 996

	Note	2017 (\$)	2016 (\$)
Revenue	3	5,533,875	5,602,185
Expenses	4	(5,678,239)	(5,241,694)
(Deficit)/Surplus before income tax expense		(144,364)	360,491
Income tax expense		-	-
(Deficit)/Surplus for the year		(144,364)	360,491
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		(144,364)	360,491

Statement of Financial Position

30 June 2017

	Note	2017 (\$)	2016 (\$)
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	5	4,974,029	4,400,018
Trade and other receivables	6	211,636	476,225
TOTAL CURRENT ASSETS		5,185,665	4,876,243
NON-CURRENT ASSETS			
Property, plant and equipment	7	155,282	203,461
TOTAL NON-CURRENT ASSETS		155,282	203,461
TOTAL ASSETS		5,340,947	5,079,704
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	274,157	299,130
Short term provisions	10	147,412	260,890
Other liabilities	9	2,673,544	2,190,875
TOTAL CURRENT LIABILITIES		3,095,113	2,750,895
NON-CURRENT LIABILITIES			
Long term Provisions	10	250,633	189,244
TOTAL NON-CURRENT LIABILITIES		250,633	189,244
TOTAL LIABILITIES		3,345,746	2,940,139
NET ASSETS		1,995,201	2,139,565
EQUITY			
Retained earnings		1,995,201	2,139,565
TOTAL EQUITY		1,995,201	2,139,565



Auditor's Independence Declaration

Under Section 307C of the Corporations Act 2001

To the directors of Health Workforce Queensland Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2017 there have been no contraventions of:

- (i) the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

Nexia Brisbane Audit Pty Ltd

Nexia Brisbane Audit Pty Ltd

Nigel Bamford

N D Bamford
Director

Date: 26 August 2017

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INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF HEALTH WORKFORCE QUEENSLAND LIMITED (continued)

Responsibilities of the directors 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 and 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 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 ability of the company to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

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.
- 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 company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

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 2017, 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 on the annual statements giving a true and fair view of the financial position and performance of the company.

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:

- i) giving a true and fair view of the company's financial position as at 30 June 2017 and of its financial performance for the year ended; and
- ii) complying with 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 auditor independence requirements of the Corporations Act 2001 and 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.

Information other than the financial report and auditor's report thereon

The directors of the company are responsible for the other information. The other information comprises the information included in the company's annual report for the year ended 30 June 2016, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. 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 this other information, we are required to report that fact. We have nothing to report in this regard.

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INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF HEALTH WORKFORCE QUEENSLAND LIMITED (continued)

Auditor's responsibilities for the audit of the financial report (continued)

- Conclude on the appropriateness of the director's 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 company'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 company 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.

We also provide the directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.



Nexia Brisbane Audit Pty Ltd



N D Bamford
Director

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

Date: 26 August 2017

Acknowledgement

Health Workforce Queensland would like to acknowledge the Australian Government Department of Health as our funding partner for the 2016-2017 financial year.

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