



Health Workforce  
Queensland

# 2019-2020 Annual Report



## Our Vision

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

## Our Purpose

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 remote and rural Queensland communities.

### Equity

We provide equal access to services based on prioritised need.

## Acknowledgements

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



Health Workforce Queensland would like to acknowledge the Australian Government Department of Health for their continued funding of our workforce programs for the 2019-2020 financial year.

### Front Cover Photo

The front cover photo taken by Sarah MacKenzie from Southern Queensland Rural Health in Dingo, Central Queensland.

# Table of Contents

<b>Chair's Report</b>	5
<b>CEO's Report</b>	6
<b>Board Members</b>	8
<b>Organisation Structure</b>	10
<b>Health Workforce and Service Planning</b>	12
Health Workforce Needs Assessment	13
Overview of Key Workforce Issues	14
Conference Papers and Presentations	15
<b>Access</b>	16
Recruiting Health Professionals	17
A Calling to Cooktown	18
Workforce Programs	19
<b>Quality</b>	20
Health Workforce Scholarship Program	21
Professional Development (PD) Workshops	23
<b>Sustainability</b>	25
GROW Rural	26
John Flynn Placement Program	27
Joint Rural Health Club Weekend	28
Conference Bursaries and Sponsorship	29
QRMFN & RDAQ Conference Family Program	31
<b>Partnerships and Collaboration</b>	32
RWAN and Consortium	33
Workforce Projects	34
External Events Attended	35
Event Management Support	36
<b>Financial Statements</b>	37
Statement of Profit or Loss	38
Statement of Financial Position	39
Independent Auditor's Report	40
Auditor's Independence Declaration	43



Photo taken by Roslyn Budd.

## Chair's Report

**During this financial year, we have had some significant changes to the Board. At the AGM held on 29 November 2019, we saw the changing of the guard with two long standing members retiring. I wish to thank Dr Alan McMahon (Director from 8 Dec 2000 to 29 Nov 2019) and Mr Terry Fleischfresser (Director from 17 Feb 2007 to 29 Nov 2019) for their outstanding contributions during their tenure and welcome newly appointed Directors Dr Ross Maxwell and Mrs Jane Williams to the Board. We appreciate the insights and expertise they both bring in relation to remote and rural practice.**

The year has certainly been one that has been both rewarding, and yet deeply challenging for our remote and rural communities, Health Workforce Queensland (the Agency) as an organisation and its staff. Following on from drought and summer fires, we were thrown into the unknown with the COVID-19 global pandemic. Despite obvious challenges, I am pleased to report that our Chief Executive Officer, Chris Mitchell and the Leadership Team were highly proactive in implementing measures that ensured business functions and services were seamlessly adapted and enabled

the teams to continue to serve our remote and rural communities in a very uncertain environment. Additionally, many steps were taken to ensure the health, safety and welfare of all of the Agency's staff.

The Agency successfully negotiated the renewal of its three major contracts being the *Rural Health Workforce Support Activity* along with the Lead Agency role for the national Rural Workforce Agencies Network (RWAN) consortium contracts for the *John Flynn Placement Program* and the *Health Workforce Scholarship Program*. The RWAN Consortium successfully tendered for the *More Doctors for Rural Australia Support Package (MDRAP)* and the Agency commenced the Lead Agency role for this national contract from late June 2020.

These developments are recognition by the Australian Government Department of Health of the importance of the role Rural Workforce Agencies play in the planning, support and development of the remote and rural workforce. It was pleasing to see Health Workforce Queensland acknowledged in the Lead Agency role in the MDRAP Support Package as well as a key stakeholder in the Queensland remote and rural health sector.

In this period, we said farewell to Emeritus Professor Paul Worley, the inaugural National Rural Health Commissioner, and welcomed Associate Professor Ruth Stewart. We congratulate Associate Professor Stewart on her appointment into the role and are enthusiastic about the future of her role, and optimistic for Queensland as we look to put into action the reported recommendations of the Commissioner which will enhance and deliver better health outcomes for rural and remote communities.

On behalf of the Board, I am pleased to advise that Health Workforce Queensland has ended the 2019-2020 financial year in a solid financial position. The Agency has positioned itself to deliver even more in the 2020-2021 financial year as we expand and develop our services and continue to innovate and respond to remote and rural community needs.

On behalf of the Board, I would like to congratulate Chris Mitchell on his role as the RWAN Chair. His appointment to this role is truly an endorsement of his dedication and commitment to improved health services for remote and rural communities over the last few decades. The Board welcomes the appointment of Zena Martin to the newly created position of Deputy Chief Executive Officer.

I wish to commend the excellent working relationships that have been developed with numerous partner agencies, especially Australian Government and State Government Health officials, and the other members of the RWAN.

I thank my colleagues on the Board for their ongoing commitment to Health Workforce Queensland and the communities we serve.

I acknowledge Chris Mitchell, CEO and the Leadership Team for their continued leadership and management of the Agency and congratulate them on another positive year. Lastly but most importantly, I would like to thank the passionate staff members of Health Workforce Queensland who, year on year, work hard for the communities and health professionals of remote and rural Queensland.

**Emeritus Professor  
Robert Stable  
– Board Chair**



# CEO's Report

## A Country of Extremes

**In the 2019-20 financial year we witnessed many extraordinary events as we experienced extreme weather events including the long-term drought, the floods in North Queensland submerging over 25,000 square metres of country, devastating homes, crops, wildlife and cattle. Then followed the worst known start to the bushfire season that Queensland has ever witnessed with scores of bushfires raging across the State.**

The emergence of COVID-19 in January led to major challenges to our health systems, to the way we access care and to the way we work and socialise. The almost daily announcements of the spread of COVID-19 along with significant travel limitations and border closures has changed all of our lives, in one way or another.

The consequences of these events continue to impact remote and rural communities, particularly, in terms of mental health and access to primary and acute health services. We continue to live in an uncertain situation and uncertainty about the likelihood of outbreaks of COVID-19. In this situation we will maintain our efforts in developing and supporting a robust health workforce for remote and rural communities.

**“Our admiration and thanks go out to all of the medical, nursing, allied health and Aboriginal and Torres Strait Islander health workforce in remote and rural Queensland.**

**On behalf of the Agency, I thank you for your continued commitment to the health and wellbeing of Queensland's remote and rural residents.”**



## Stakeholder Engagement

The Health Workforce Stakeholder Group (HWSG) continues to expand its membership and we welcome the inclusion of the Office of Rural and Remote Health (ORRH), and the Australian Indigenous Doctors Association (AIDA).

The HWSG is an important group that provides advice and insights that challenge and validate the health professions and locations that are most in need in remote and rural Queensland. The HWSG provides important input to the Agency's annual Health Workforce Needs Assessment which provides a detailed narrative about the current and emerging workforce issues for each health discipline in Queensland.

In October 2019, Queensland celebrated as we welcomed our first ever Chief Aboriginal and Torres Strait Islander Health Officer. We congratulate Haylene Grogan on this appointment as she leads the newly created Aboriginal and Torres Strait Islander Health Division. This Division will drive efforts to improve health equity and outcomes for First Nation Queenslanders.

In November 2019, we partnered with Western Queensland PHN to facilitate the North and Central West Health Forum to focus on building primary care teams, practice partnerships and innovation in Western Queensland. We were honoured to have Professor Paul Worley, the National Rural Health Commissioner, in attendance at the forum. It was a valuable opportunity to showcase the great collaborations taking place at a local level and to share experiences and key learnings.

The Minister for Health and Minister for Ambulance Services, the Honourable Steven Miles announced the establishment of the Office for Rural and Remote Health in November 2019. The office has been established by the previous Chief Executive Officer of the North West Hospital and Health Service, Lisa Davies-Jones. The engagement and collaboration between the Office of Rural and Remote Health and Health Workforce Queensland continues to strengthen, as both Agencies look to increase access for remote and rural communities in Queensland.

## Agency Update

Over the last 12 months the Agency has continued to grow and develop new capabilities. Health Workforce Queensland functions as the Lead Agency for a number of national consortium contracts for the Rural Workforce Agency Network (RWAN). This year the RWAN Consortium successfully tendered for the MDRAP Support Package which is aimed at supporting non-VR doctors to gain valuable general practice experience prior to joining a fellowship pathway. During the year I was asked to take on the National Chair role for RWAN following the resignation of Megan Cahill, Independent Chair. Sarah Venn, Health Workforce and Service Planning Manager, provides the Secretariat support to RWAN and the RWAN Chair.

In response to the increased number and complexity of national consortium contracts and the growth of the business activities, we have made several changes to our organisation structure. I am pleased to announce that Zena Martin has been appointed to the new position of Deputy Chief Executive Officer. Zena previously held the position of Service Delivery Manager, and we welcome the appointment of Andy van der Rijt, who will now be undertaking this role. Earlier in the year, Andrew Hayward was appointed to a new position of Engagement and Development Manager following a number of years leading the Future Workforce Team. Meredith Connor was appointed to the newly created Future Workforce Team Leader role.

There has been an increase in the number and coverage of health workforce projects which have been conducted in collaboration with rural Primary Health Networks (PHNs). These projects, facilitation of health workforce stakeholder groups and workforce surveys have occurred as we seek enhanced ways to plan improved health services and access to health workforce in locations that need it the most.

I am pleased to announce that Meredith Sullivan has joined the Health Workforce and Service Planning Team as Team Leader to support the increased demands on the Health Workforce and Service Planning Team. Health Workforce Queensland is better placed with these appointments and organisational changes.

## Future Focused

I am delighted to announce that in the 2019-20 financial year we renewed contracts with the Australian Government Department of Health, and we are excited to continue to deliver the following programs:

- Rural Health Workforce Support Activity,
- Health Workforce Scholarship Program,
- John Flynn Placement Program, and
- More Doctors for Rural Australia Support Package.

Across the Agency, we've continued to innovate and develop our services which is even more evident in the COVID-19 pandemic. An example of this is the development of Go Rural 'Virtually', an online virtual rural promotion event for students, which connects students with health professionals and general practice in a remote or rural location. Additionally, the number of Zoom and Microsoft Teams meetings have intensified, and the level of active engagement and collaboration internally and externally has increased. This is an enormous testimony to the hard work and determination of each of our teams as we continue to serve remote and rural Queensland communities.

**“The 2019-2020 Annual Report highlights the Agency's growth and development while strengthening our vision and purpose in working with Queensland communities, the activities support access, quality and sustainability to provide an optimal workforce.”**

## Thank You!

I wish to thank each Board member for their continued commitment throughout the 2019-20 financial year. Collectively, I thank the Board for their overall guidance and governance of Health Workforce Queensland. Additionally, I'd like to thank the Health Workforce Queensland staff, and the Management and Leadership Teams who are the fundamental drivers of achieving the accomplishments published in the 2019-2020 Annual Report. Health Workforce Queensland remains committed to our vision and purpose, as we prepare for 2020-21, we will continue to work with you to ensure an optimal health workforce exists to enhance the health of Queensland remote and rural communities.

**Chris Mitchell**  
– Chief Executive Officer

# Board Members

We would like to thank our 2019-2020 Health Workforce Queensland Board for their valuable contributions to the Agency.

We especially acknowledge Dr Alan McMahon and Mr Terry Fleischfresser for their dedicated service as directors during their extensive time on the Board.



**Prof Robert Stable AM**

**Board Chair**  
Appointed 21.07.12



**Dr John Lamb**

**Chair of Governance Committee**  
Appointed 21.07.07



**Ms Naomi Blake**

**Chair of Risk Management Committee**  
Appointed 05.08.14



**Dr Michael Belonogoff**

Appointed 28.11.15



**Dr Natasha Coventry**

Appointed 05.11.16



**Dr Ross Hetherington**

Appointed 01.10.00



**Dr Ross Maxwell**

Appointed 29.11.19



**Mrs Stella Taylor-Johnson**

Appointed 14.11.09



**Mrs Jane Williams**

Appointed 29.11.19



**Mr Terry Fleischfresser**

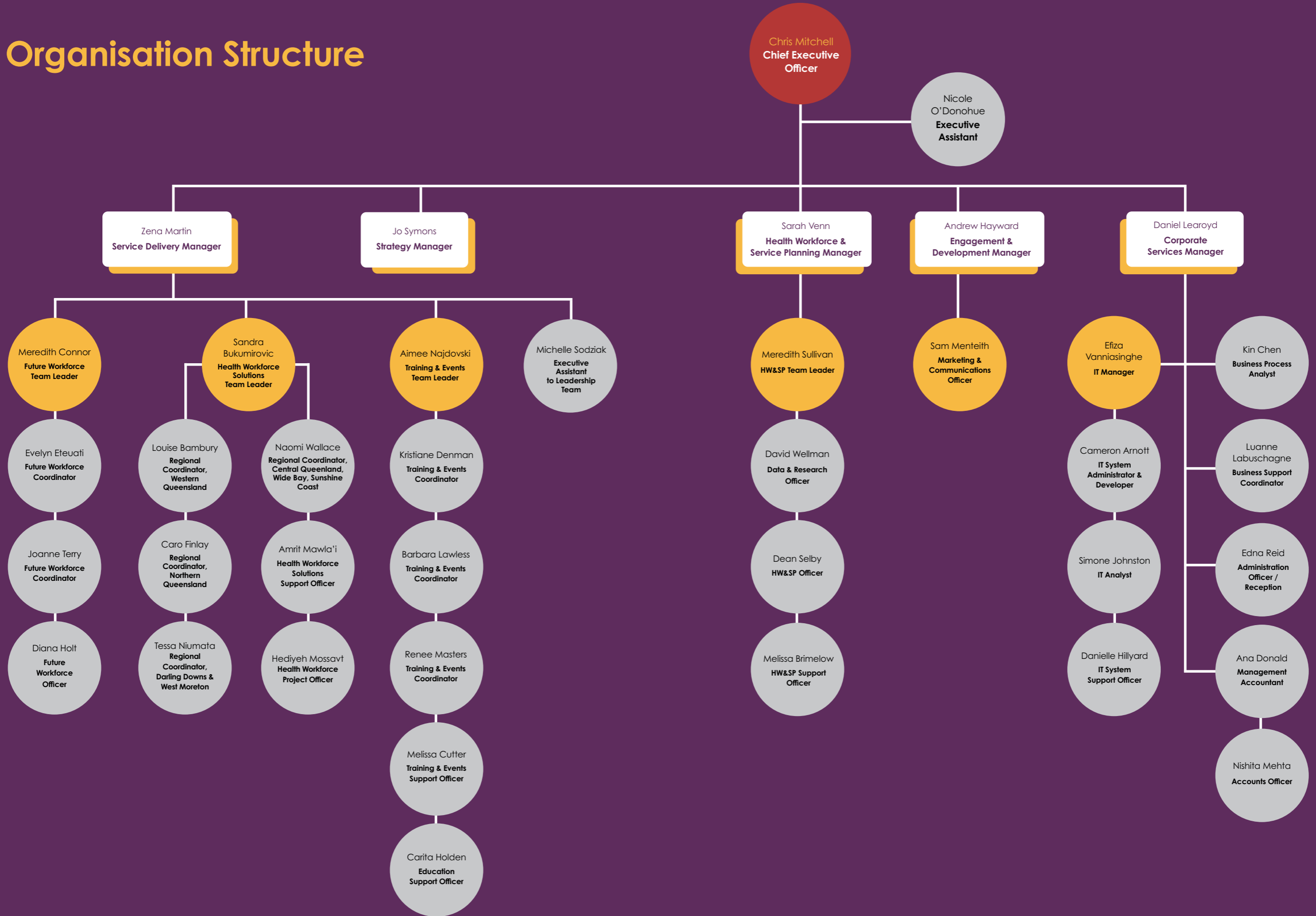
Appointed 17.02.07 –  
Retired 29.11.19



**Dr Alan McMahon**

Appointed 18.10.06 –  
Retired 29.11.19

# Organisation Structure





# Health Workforce and Service Planning

## Health Workforce Needs Assessment

**As part of our continued funding agreement in 2019/2020 with the Australian Government Department of Health, Health Workforce Queensland has undertaken an annual state-wide workforce needs assessment for remote and rural Queensland, leveraging off the comprehensive health and service needs assessments recently undertaken at regional levels through the Primary Health Networks (PHNs) and others.**

The HWNA continues to strengthen the baseline understanding of the primary health care workforce needs of populations and communities in Modified Monash Model (MMM) 2-7 areas in Queensland. It integrates demographic, population health and workforce data alongside structured consultations and considered populations with special needs and those at risk of poorer health outcomes.

With a focus on the primary health care landscape, the Health Workforce Needs Assessment (HWNA) continues to identify high priority locations, professions, health services and workforce requirements to develop and support evidence based and effective models of service delivery in remote and rural Queensland, informing outcomes to the Department of Health for program planning and policy development.

The HWNA also contributes to the development and implementation of an evidence-based Activity Work Plan (AWP), to address national and specific priorities relating to localised health workforce needs and service gaps. Information used to inform the HWNA was sourced from available data sources and from consultations with health professionals and key stakeholders. As part of the process, a formal jurisdictional Health Workforce Stakeholder Group (HWSG) provides strategic advice and expertise to inform planning, analysis and strategy development as well as provide validation of findings.



Issues identified have been categorised into three priority areas:



### Access

Improving access and continuity of access to essential primary health care



### Quality

Building health workforce capability



### Sustainability

Growing the sustainability of the health workforce

# Overview of Key Workforce Issues

## Access

Major Themes	Key Workforce Issue
<b>Access to local health workforce</b>	<ul style="list-style-type: none"> <li>Shortage of GP, nursing, allied health and Aboriginal and Torres Strait Islander Health Practitioner workforce in remote, rural and regional Queensland.</li> </ul>
<b>Maldistribution of GP Workforce</b>	<ul style="list-style-type: none"> <li>Inequitable distribution of health workforce</li> </ul>
<b>Remoteness/ Distance to Travel</b>	<ul style="list-style-type: none"> <li>Lack of affordable and appropriate transport to access health services</li> <li>Cost of travel for health professionals for rural outreach/hub and spoke arrangements</li> </ul>
<b>Lack of Appropriate Infrastructure</b>	<ul style="list-style-type: none"> <li>Lack of ICT infrastructure</li> <li>Physical infrastructure – staff accommodation, clinical space</li> </ul>
<b>Barriers to Accessing Health Care</b>	<ul style="list-style-type: none"> <li>Limited/lack of services available after hours</li> <li>Cost of services</li> <li>Culturally appropriate health services</li> <li>Service awareness/service understanding</li> </ul>

## Quality

Major Themes	Key Workforce Issue
<b>Adequately Skilled Workforce</b>	<ul style="list-style-type: none"> <li>Skill mix of workforce not aligned to local needs</li> <li>Difficulty accessing quality professional development and clinical upskilling</li> <li>High representation of early career graduates in allied health</li> <li>Challenges to training and developing a local workforce</li> <li>Lack of mentoring and leadership opportunities</li> <li>Barriers to expanding or utilising full scope of practise</li> </ul>
<b>Culturally Appropriate Care</b>	<ul style="list-style-type: none"> <li>Workforce not equipped to deliver culturally appropriate health care</li> <li>Low representation of Aboriginal &amp; Torres Strait Islander people delivering health care</li> </ul>
<b>Access to Comprehensive Primary Health Care Services</b>	<ul style="list-style-type: none"> <li>Care available is episodic rather than comprehensive, continuous and person-centered care</li> </ul>

## Sustainability

Major Themes	Key Workforce Issue
<b>Growing the Health Workforce Pipeline</b>	<ul style="list-style-type: none"> <li>Limited pipeline of locally trained workforce</li> </ul>
<b>Service Provider Collaboration</b>	<ul style="list-style-type: none"> <li>Inefficient and fragmented care due to high visiting/outreach models</li> </ul>
<b>Achieving Sustainable Workforce Models</b>	<ul style="list-style-type: none"> <li>Vulnerable and non-viable workforce models including:                             <ul style="list-style-type: none"> <li>Challenges to the viability of private health services in remote and rural areas including cost of living, distances to travel; income of clients, access to workforce and economies of scale.</li> <li>Current fee for service general practice models in remote and rural areas does not support sustainability; and</li> <li>Current models do not support 'Easy Entrance, Gracious Exit' of workforce creating financial, administrative and work/life balance burdens.</li> </ul> </li> </ul>
<b>Attracting Health Workforce</b>	<ul style="list-style-type: none"> <li>Ongoing challenges for remote and rural communities attracting and recruiting health workforce</li> <li>Decline in interest in rural health, general practice and primary care as career choices</li> </ul>
<b>Retaining Health Workforce</b>	<ul style="list-style-type: none"> <li>High turnover of health professionals in rural and remote</li> <li>Lack of workforce retention due to: Lack of access to continuing professional development (CPD), professional isolation, burnout due to lack of relief, poor housing and accommodation, high cost of living, spouse/family and lifestyle considerations.</li> </ul>

# Conference Papers and Presentations



## Regional, Rural and Remote General Practice Opportunities in Supporting Your Workforce

- Presentation
- Australian Association of Practice Management National Conference
- Brisbane, QLD – October 2019



## Transition to Professional Practice

- Allied Health Graduation Presentation
- Southern Cross University
- Gold Coast, QLD – October 2019



## Supporting General Practice and Health Workforce Initiatives

- Central Queensland, Wide Bay & Sunshine Coast PHN event
- Gympie, QLD – February 2020



## Workforce Challenges in Gladstone

- Central Queensland, Wide Bay & Sunshine Coast PHN event
- Gladstone, QLD – February 2020



## Building a Sustainable Allied Health Workforce for the Mackay Region and VET Workforce Optimisation Information Sessions

- Mackay, QLD – March 2020
- Proserpine, QLD – March 2020
- Bowen, QLD – March 2020





Access

Photo taken by Alex Russell

## Recruiting Health Professionals

The Health Workforce Solutions team provide recruitment services to source highly skilled medical, nursing and allied health professionals to remote and rural Queensland.

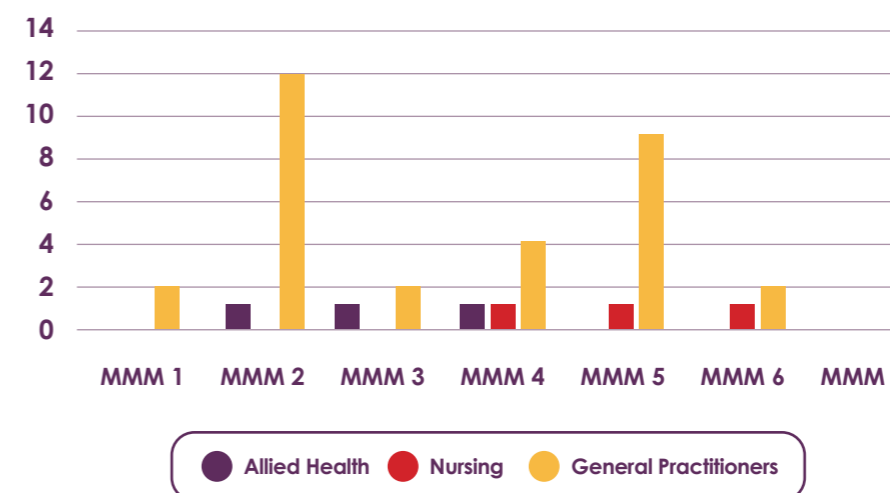
Over 2019-2020, we have worked with a variety of general practices and primary health care service providers throughout remote and rural Queensland and assisted them to source health professionals for their organisations. Since early 2020 the COVID-19 pandemic has had an impact on some of our recruitment activities, mostly due to border closures.

However, our team were successful in providing ongoing support to several practices and health professionals during this time. Between March and June 2020, the Health Workforce Solutions team made 1,021 calls to practices to understand the impacts of COVID-19 and offer support with recruitment and incentives to help address the health workforce needs of the community.

1 July 2019 – 30 June 2020



### Distribution of Recruited Health Professionals



Out of the 37 recruited health professionals, three medical professionals were recruited to Aboriginal Community Controlled Health Services in MMM-1 and MMM-4 locations. There has also been an Allied Health professional recruited to MMM-2 Aboriginal Health Service and also providing outreach services.

# A Calling to Cooktown

In April, Caro Finlay, Regional Coordinator for Northern Queensland received some positive feedback from a General Practitioner who recently filled an available position in Cooktown. Dr Thompson Gana was approached to provide further feedback about his experience.

## “What was it about the role in Cooktown that appealed to you?”

There was a General Practitioner (GP) job opening in Cooktown which was advertised by both Remote Vocational Training Scheme (RVTS) and Health Workforce Queensland. The exciting part about this job, was that it was accredited for a General Practice vocational training program that will lead to an award of the Fellowship of Royal Australian College of General Practitioners (RACGP) on completion of the mandatory requirements. RVTS is the training provider for this vocational training.

The additional appealing factor of the GP registrar role is the compulsory requirement to complete the vocational training in one location thus eliminating the burden of relocating to another town or practice as is always the case for other GP registrars training with other training providers. Lastly, I wanted a small, remote and coastal town to undertake my GP training and Cooktown was the best fit for me.

## “Now that you are settled into your new role, what has been the most rewarding part of the role?”

It's a constellation of factors that have made my role so far as a GP Registrar exciting and worthwhile. More specifically, it is the continued support I get from Health Workforce Queensland, RVTS and the Cooktown GP clinic that is really rewarding.

## “What was it about the Health Workforce Solutions team that made the placement process so easy?”

I am an International Medical Graduate (IMG) and it can be quite daunting dealing with new

information, new environment and paper work including VISA requirements. But my transition to Cooktown was stress free.

Whenever I asked questions for direction or next steps, I get a prompt response and clarity of response. Overall, you have a very knowledgeable and proactive team and I specifically commend the efforts of your Regional Coordinator, Northern Queensland (Caro Finlay) with whom I have interacted with most of the time transitioning to Cooktown. She has been excellent, and she is very diplomatic.



Image Source: Supplied

# Workforce Programs

## Rural Locum Relief Program

The Rural Locum Relief Program (RLRP) allows doctors who are permanent residents or Australian citizens to access a temporary Medicare provider number to work in remote and rural areas while they are working towards GP Fellowship. This program has ceased and is no longer open to new applicants. However, we are continuing to support doctors who are already on the program by providing case management and funding support to assist them to progress to Fellowship.

296

Active candidates managed on the RLRP

33

Medical practitioners passed Fellowship exams and achieved vocational registration

## More Doctors for Rural Australia Program

The More Doctors for Rural Australia Program (MDRAP) is a new 3GA program that enables doctors who are non-vocationally registered to work in rural regions and access Medicare. The Program is part of the Stronger Rural Health Strategy and commenced on 29 April 2019:

74

Active candidates on the MDRAP during the 2019/2020 financial year

47

New members added to the program during the 2019/2020 financial year

The MDRAP Support Package commenced in June 2020 and will enhance the MDRAP by providing funding to support the cost of supervision and education for participating doctors. Doctors within the program will be provided with tailored learning and supervision to meet their needs and the needs of their region.

## General Practice Rural Incentive Program

General Practitioner Rural Incentive Program Flexible Payment System (GPRIP FPS) updated to Workforce Incentive Program (WIP) – Doctor Stream Flexible Payment System (FPS) as from 1 January 2020.

The WIP is a component of the Stronger Rural Health Strategy 2018-19 Budget measure. The aim of the Stronger Rural Health Strategy is to build a sustainable, high quality health workforce that is appropriately qualified, distributed across the country according to community need and engaged in multidisciplinary and team-based models of care. The WIP aims to support careers in rural medicine and to encourage & retain medical practitioners to practise in regional, rural and remote communities through the provision of financial incentives.

108

Applications received for GPRIP Flexible Payment Scheme (1 July 2019 - 30 June 2020)

## 5-Year Overseas Trained Doctor Scheme

The 5-Year Overseas Trained Doctor (OTD) Scheme allows a reduction in the 10 Year Moratorium for Overseas Trained Doctors; encouraging them to work in remote or difficult-to-recruit locations.

By opting to work in an eligible location, an Overseas Trained Doctor can reduce the 10 Year Moratorium to 5 years.

29

Active candidates on the 5-Year OTD Scheme

4

Number of 5-Year OTD Scheme candidates that achieved Vocational Registration



Quality


Photo taken by Grace Borchet

# Health Workforce Scholarship Program

The Health Workforce Scholarship Program (HWSP) is an initiative of the Australian Government Department of Health's, Health Workforce Program.

employed health professionals. The program provides funding support to qualified rural health professionals in the field of medicine, nursing or allied health.


The objective of the HWSP is to improve access to the health care services needed in rural and remote areas by supporting an increase in skills, capacity and/or scope of practice of privately

 **\$2,238,217** Total value of scholarships and bursaries provided to remote and rural health professionals

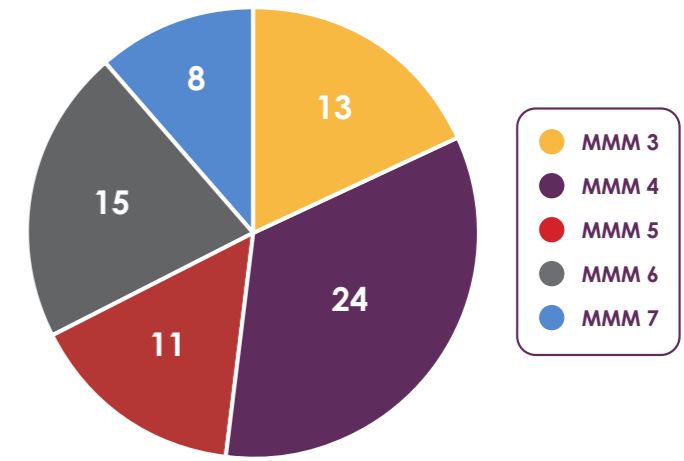
## Scholarships

### Applications

 **175** Scholarship applications received by June 2020

 **82** Scholarship applications assessed as eligible by June 2020


### Locations



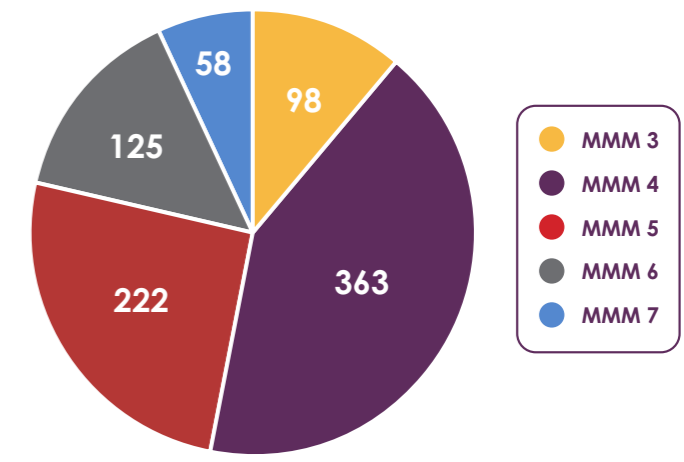
## Bursaries

### Applications

 **1214** Bursary applications received by June 2020

 **941** Bursary applications assessed as eligible by June 2020

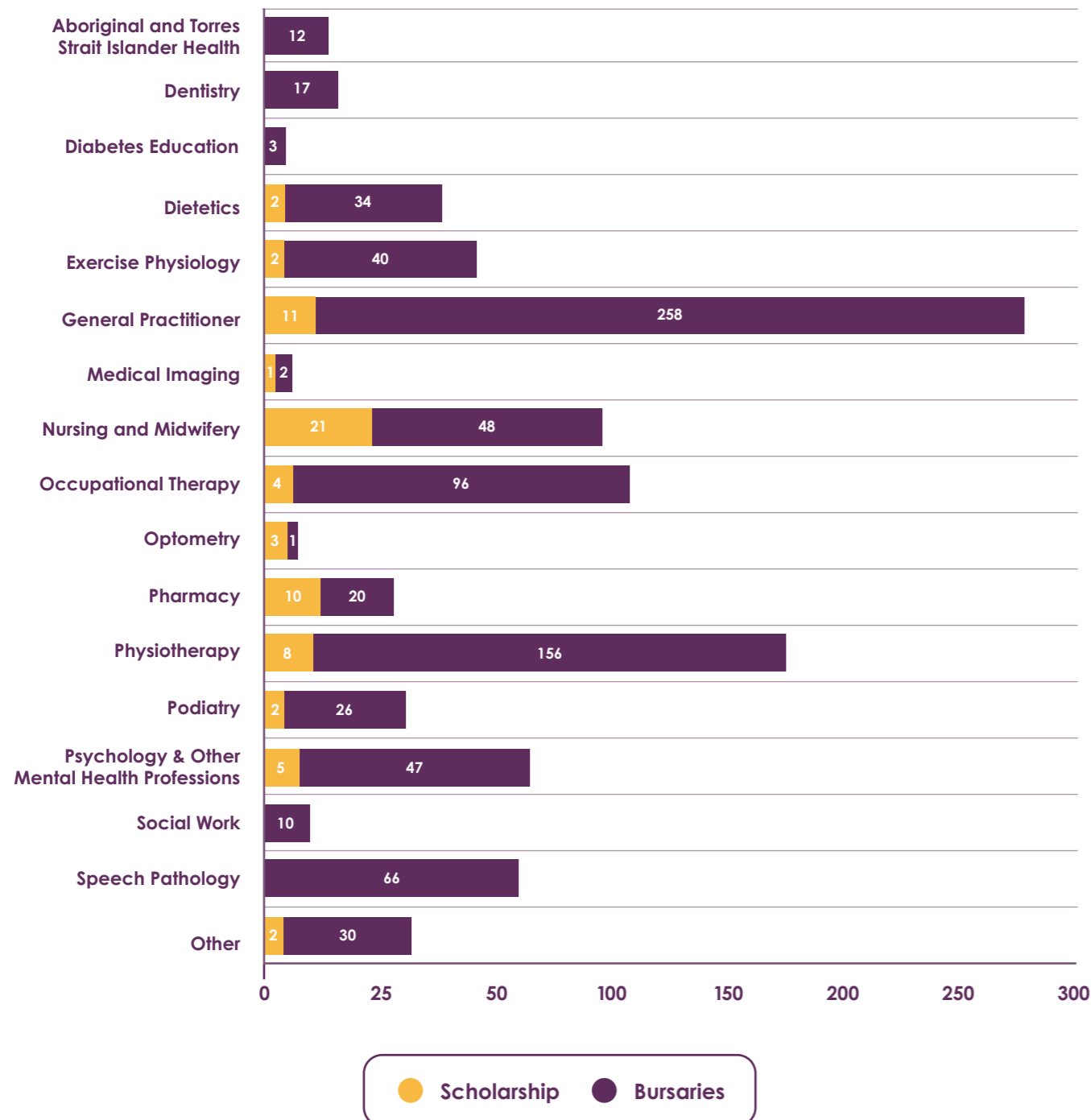
### Locations



# Health Workforce Scholarship Program Continued

# Professional Development (PD) Workshops

Health Professions that received a Scholarship or Bursary



To ensure rural health professionals can keep their skills up to date and expand their scope of practice, Health Workforce Queensland provides a range of hands-on and interactive Professional Development (PD) Workshops throughout the year, tailored specifically for rural health professionals.

We pride ourselves on engaging leading health professionals, who have an understanding of the challenges in practicing in remote and rural locations, as our workshop facilitators. Our presenters provide high caliber practical workshops with the most up-to-date clinical knowledge and use the latest simulation training technologies.

The provision of these PD Workshops allows rural communities to access highly skilled health professionals close to home.

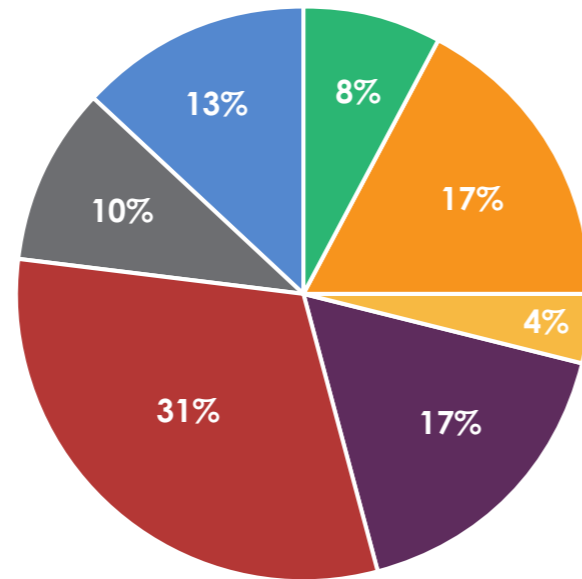
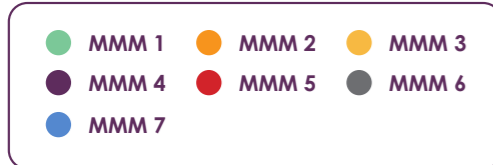
We have felt the impacts of the COVID-19 pandemic this year as we had to cancel three planned workshops at the start of 2020. Due to the nature of our hands-on interactive workshops, and after consultation with our facilitators, it was decided that we would not be able to deliver our workshops to the usual high standards if we chose to do them virtually. Therefore, Health Workforce Queensland made the decision to suspend all professional development workshops until we were able to safely conduct them in a face-to-face setting.

- 4** Number of PD workshops provided
- 51** Total number of workshop delegates
- 97%** Delegates satisfaction rating in relation to learning objectives being met

Topic	Location	Date
Anaesthetic and Emergency Response	Sunshine Coast	July 2019
Emergency Trauma Workshop	Townsville	August 2019
Rural Emergency Medicine Workshop	Cairns	September 2019
Rural Emergency Medicine Workshop	Brisbane	February 2020

# Professional Development (PD) Workshops Continued

## Breakdown of MMM Classification of Workshop Attendees



## Testimonials

“This course is very relevant to rural & remote medical practice and I thoroughly recommend it.”

Rural Emergency Medicine Workshop, 2020 Attendee

“Health Workforce Queensland Workshops are always very well organised and presented with clear take home messages, up to date info and practical, relevant education.”

Rural Emergency Medicine Workshop, 2020 Attendee

“This workshop gave me an opportunity to practice a skill that is not frequently taught and could be lifesaving.”

Anaesthetic and Emergency Response, 2019 Attendee

## Fellowship Support

Health Workforce Queensland provides case management and funding for Australian and overseas trained doctors who are current workforce program members, working towards Fellowship of the Australian College of Rural and Remote Medicine (ACRRM) and/or the Royal Australian College of General Practitioners (RACGP).

As part of this support Health Workforce Queensland provides RLRP doctors with access to fully funded Objective Structured Clinical Exam (OSCE) preparation courses.

In October 2019 we organised a mock OSCE workshop through an external provider, which was well attended and tailored for Doctors supported by Health Workforce Queensland.



16 of our doctors attended the workshop.



14 out of 16 passed OSCE and achieved Fellowship.

Sustainability

## 26 - 28 July 2019 | Central Queensland

**GROW Rural is a three-year immersion program which provides up to 30 medical, nursing, midwifery and allied health students the annual opportunity to experience clinical practice and the unique lifestyle of remote and rural Queensland communities. Recognising the importance of promoting interprofessional collaborative practice, GROW Rural was specifically designed to be inclusive of all disciplines and available to both domestic and international students.**

The inaugural 2017-2019 GROW Rural cohort saw the same group of undergraduate health students from multiple Queensland universities visit the Central Queensland communities of Woorabinda, Baralaba, Moura, Theodore and Biloela annually over the course of three years.

The program development of each three-day annual event was spear-headed by the GROW Rural Planning Committee which drew upon the collective expertise and knowledge of local communities, health professionals and students in collaboration with the Future Workforce and Training and Events teams. Event programs combined scenario-based clinical skill sessions, community health checks, Teddy Bear Hospitals with community social activities, cultural awareness workshops and the much-loved billeting with local families.

**"The three year GROW Rural program is set apart from any other rural placement. It is a full immersion into the heart and soul of rural and Indigenous communities and the health services present in each. My connections with patients will forever be strengthened because of this magnificent experience."**

The 2017-2019 Central Queensland cohort was the first cohort of GROW Rural students to graduate from the program, an achievement that was celebrated by a graduation dinner with participating GROW Rural communities.

Evaluation of the 2017-2019 program indicated that GROW Rural had been a rewarding experience; it encouraged students to undertake rural placements during their degree; had a positive impact on their rural practice intentions; and, students were extremely happy with the level of immersion into the rural lifestyle. Taken overall, the results indicated the students believed that the GROW Rural program had been a rewarding and worthwhile experience.

They were happy with how the program had incorporated student feedback over the three years and believed the students had received excellent rural lifestyle and cultural awareness experiences. Further, they believed the program had had a positive impact on their future rural career intentions.

**"Our incredible time in Central Queensland with GROW Rural has confirmed my passion for rural health and has connected me to a group of like-minded individuals who I hope to one day call colleagues."**

The GROW Rural program will expand its reach into South West Queensland in partnership with Southern Queensland Rural Health and the RDAQ Foundation in October 2020. The second Central Queensland cohort will commence in July 2021. Up to 50 new students will be selected across the two programs with the vision to eventually expand the GROW Rural program into each Queensland PHN region.



Photo taken by Roslyn Budd

## Future Workforce COVID-19 Impacts

COVID-19 health concerns affected the delivery of several Future Workforce rural immersion activities in 2020 with the cancellation of Go Rural in May, and the postponement of GROW Rural in Central Queensland. We look forward to commencing these and other activities in 2021.

**Medical students' early exposure to rural clinical practice and the unique lifestyle that comes with it, is a key influence in them undertaking a rural medical career in the future. The John Flynn Placement Program (JFPP) is a national program designed to attract the future medical workforce to consider a rural career.**

Each year the JFPP manages placements for up to 1200 medical students from 21 participating universities to experience the one of a kind rural clinical practice and rural lifestyle throughout Australia.

Successful students are matched with a doctor in a rural location. Whilst undertaking their tertiary studies, students spend two weeks each year over three or four years working alongside a rural doctor, experiencing the diversity of rural practice and expanding their hands-on skills.

During their rural placement, most students reside with a Community Host or are provided a Community Contact that gives them an exclusive insight into the social and cultural life of remote or rural Australia. The key aspect of the JFPP, is that students return to the same remote or rural location each year; creating lasting connections with community and the land.

The early part of 2020 was defined by significant challenges to the delivery of the JFPP as a result of COVID-19 affected domestic travel and social





distancing restrictions. As public health concerns began to rise, the Rural Workforce Agency Consortium exercised its duty of care to the JFPP Scholars, Mentors, Hosts, Community Contacts by suspending placements from March until the end of June 2020.

A JFPP COVID-19 Impact Survey encouraged Scholars to identify potential issues regarding their capacity to complete JFPP placement requirements, and to determine the effect variations to university rotation and assessment requirements would have on undertaking placements. Survey findings informed recommendations made to the Department of Health regarding placement management to ensure Scholars could complete the Program without penalty.

A national communications strategy was implemented to inform and support Scholars, Mentors, Host and Community Contacts through regular placement and application updates via the JFPP website, social media and emails.






The emergence of COVID-19 has provided the JFPP with the opportunity to adapt the delivery of the Program from an interstate to an intrastate model. This has the potential to foster a 'grow your own' workforce approach for Mentors and Scholars in each jurisdiction with a renewed focus on increasing interest in and developing a sustainable local health workforce.

### National

-  **693** Scholars on the Program at 30 June 2020
-  **719** Total number of active Mentors on the Program
-  **992** Total number of Scholars on the Program
-  **427** Placement weeks completed

The uncertain COVID-19 environment affected the intake of 300 new Scholars resulting in the postponement of the 2020 JFPP application round from April until July 2020.

### Queensland

-  **209** Queensland-based Scholars on the program
-  **180** Number of Mentors in Queensland
-  **139** Number of Hosts in Queensland
-  **142** Number of Community Contacts in Queensland
-  **68** Number of placements in Queensland

# Joint Rural Health Club Weekend



11 - 13 October 2019 | Atherton Tablelands

The Joint Rural Health Club Weekend (JRHCW) is an annual opportunity for students from the four Queensland Rural Health Clubs to network with likeminded peers, meet health professionals in their relevant field, experience the unique rural lifestyle and broaden their clinical knowledge through guided skill sessions.

A total of 43 medical, nursing, midwifery and allied health students attended the event, which took place on the Atherton Tablelands from 11-13 October 2019. Many of the students had a prior connection with Health Workforce Queensland through their participation in our other Future Workforce activities Go Rural and GROW Rural.

Over the past 3 years we have been very fortunate to have had the support of the RDAQ Foundation as a Platinum Sponsor for the JRHCW. We are very appreciative and thrilled that the RDAQ Foundation will continue to support Future Workforce activities in 2020 and beyond.

The JRHCW students enjoyed a comprehensive program of activities – day one commenced with a visit to the Tjapukai Cultural Park in Cairns and closed with a Networking Dinner attended by local health professionals, sponsors and stakeholders at the Tinaroo Lake Resort.

Day two started with breakfast at Gallo Dairyland before a half day disaster scenario based on the 1987 Gillies Highway school bus crash.

Students rotated through skills sessions including first responder, emergency department and rehabilitation to experience the full scope of the patient journey continuum. The afternoon was highlighted by Dr Louis Peachey's outstanding facilitation of a cultural awareness session, followed by a trip to Ravenshoe to participate in the Torimba Festival. Day three, the final day was dedicated to allied health skill sessions and a much-appreciated swim at Millaa Millaa Falls.

Evaluations completed by the participating students indicated that the quality of the JRHCW program, being exposed to a rural community and lifestyle, and meeting passionate health professionals, positively influenced student interest and intentions to practice in a rural location. Participants also indicated that the program overall enhanced their clinical skills and social understanding of rural lifestyle.

*"I started this weekend knowing no one and having no clue what rural Queensland would be like. Three days later I came away with a brand-new family and am genuinely considering rural healthcare practice as a future career."*



Photo taken by Roslyn Budd

# Conference Bursaries and Sponsorship

## Conference Bursaries

The Future Workforce Conference Bursary Program, enabled medical, nursing, midwifery and allied health students, interns and junior doctors to connect and engage with the rural health sector through the provision of bursaries to attend key health conferences. Bursary recipients participated in professional development activities to improve their skills, knowledge and understanding, as well as peer-to-peer, health professional and industry engagement. Bursary payments covered conference registration, flights and accommodation.

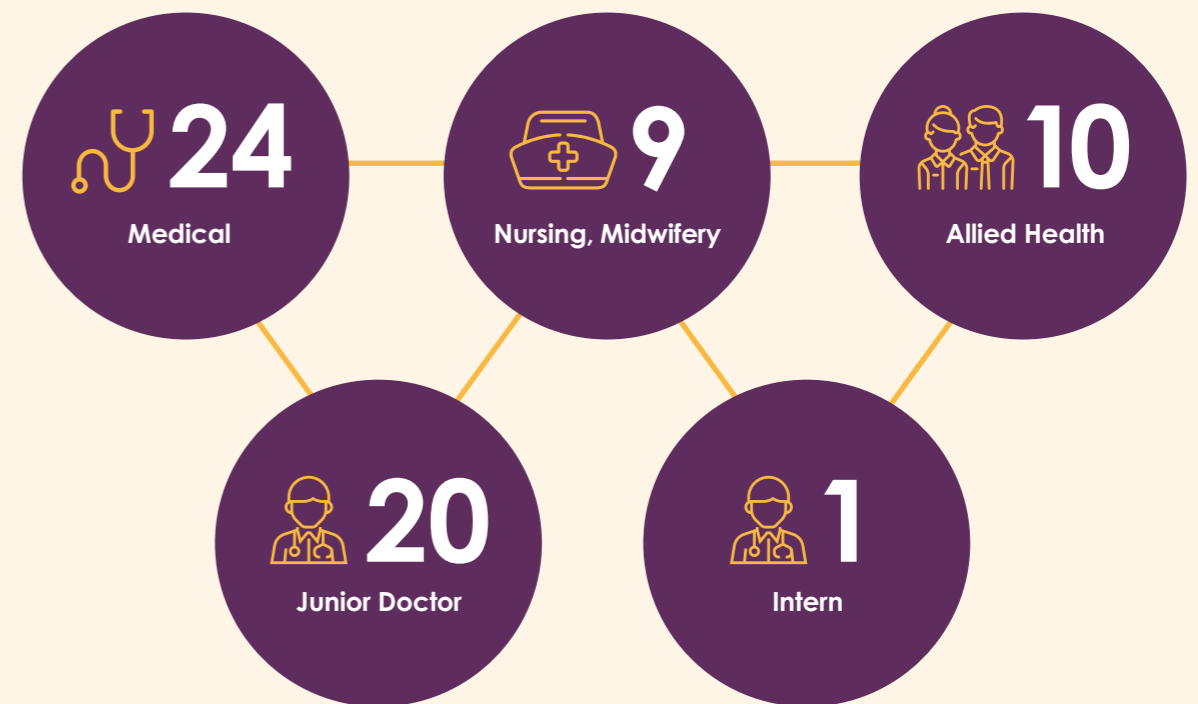
From the 671 applications received, 64 health students/interns/junior doctors, including 8 Indigenous students/interns/junior doctors, were awarded bursaries.

Events sponsored included the AMAQ Women in Medicine Breakfast (Brisbane); Far North Queensland Lady Doctors Conference (Mission Beach); RDAQ Conference Student Networking Event (Cairns); and the AMSA Rural Health Summit (Cairns). Sponsorship covered health student attendance and trade booths to promote health career opportunities through Health Workforce Queensland.

To promote rural health careers, we sponsored student bodies, associations and activities. We additionally attended career planning workshops and rural orientations at the four University Rural Health Clubs based in Queensland; UQ's Rural Rotation Orientation program; and the JCU MBBS graduation week and ceremony. Additionally, Future Workforce also supported the QE11 Intern Facility Education Program.

The exposure gained from attending conferences as reported by the attendees, improved participant knowledge, expanded professional networks and increased opportunities for placements and long-term employment.

## Number of Conference Bursaries Provided to Health Students



# Conference Bursaries and Sponsorship Continued

## Bursaries

### Occupational Therapy Australia 28th National Conference and Exhibition Sydney, NSW – July 2019

Three Occupational Therapy students, including one Indigenous student, were provided bursaries.

### National Elder Abuse Conference Brisbane, QLD – July 2019

One student was provided a bursary to cover registration.

### 13th National Allied Health Conference Brisbane, QLD – August 2019

Four bursaries provided, including one Indigenous student.

### CRANaplus – Nursing students

#### Hunter Valley, NSW – September 2019

Two bursaries provided, including one Indigenous student.

### Indigenous Allied Health Australia (IAHA) – Celebrating 10 years

#### Darwin, NT – September 2019

Two bursaries provided, including one Indigenous student.

### Australian Indigenous Doctors Association (AIDA) - 2 Medical Students, 2 Junior Doctors

#### Darwin, NT – October 2019

Four bursaries were provided to two Indigenous medical students and two Junior Doctors.

### PRINT - Pre-Internship Conference 2019

#### Darwin, NT – October 2019

10 bursaries provided, including one Indigenous student.

## Sponsorship



### AMSA Rural Health Summit - Bronze

Cairns, QLD – September 2019



### FNQ Lady Doctors' Association Conference - Gold

Mission Beach, QLD – September 2019



### AMAQ Women in Medicine Breakfast - Sponsored a table of 10

Victoria Park Golf Complex, QLD – October 2019



### General Practice Student Network (University of Queensland) – Platinum

Brisbane, QLD



### Rural Health Club Sponsorship - Gold

Brisbane, QLD



### Rural Health Club Sponsorship - Gold

James Cook University, University of Queensland, Bond University and Griffith University



## QRMFN and RDAQ Conference Family Program

With COVID-19 impacting our plans for the Queensland Rural Medical Family Network (QRMFN), it provided us the opportunity to host the AGM virtually, for the first time, on Thursday 4 June 2020.

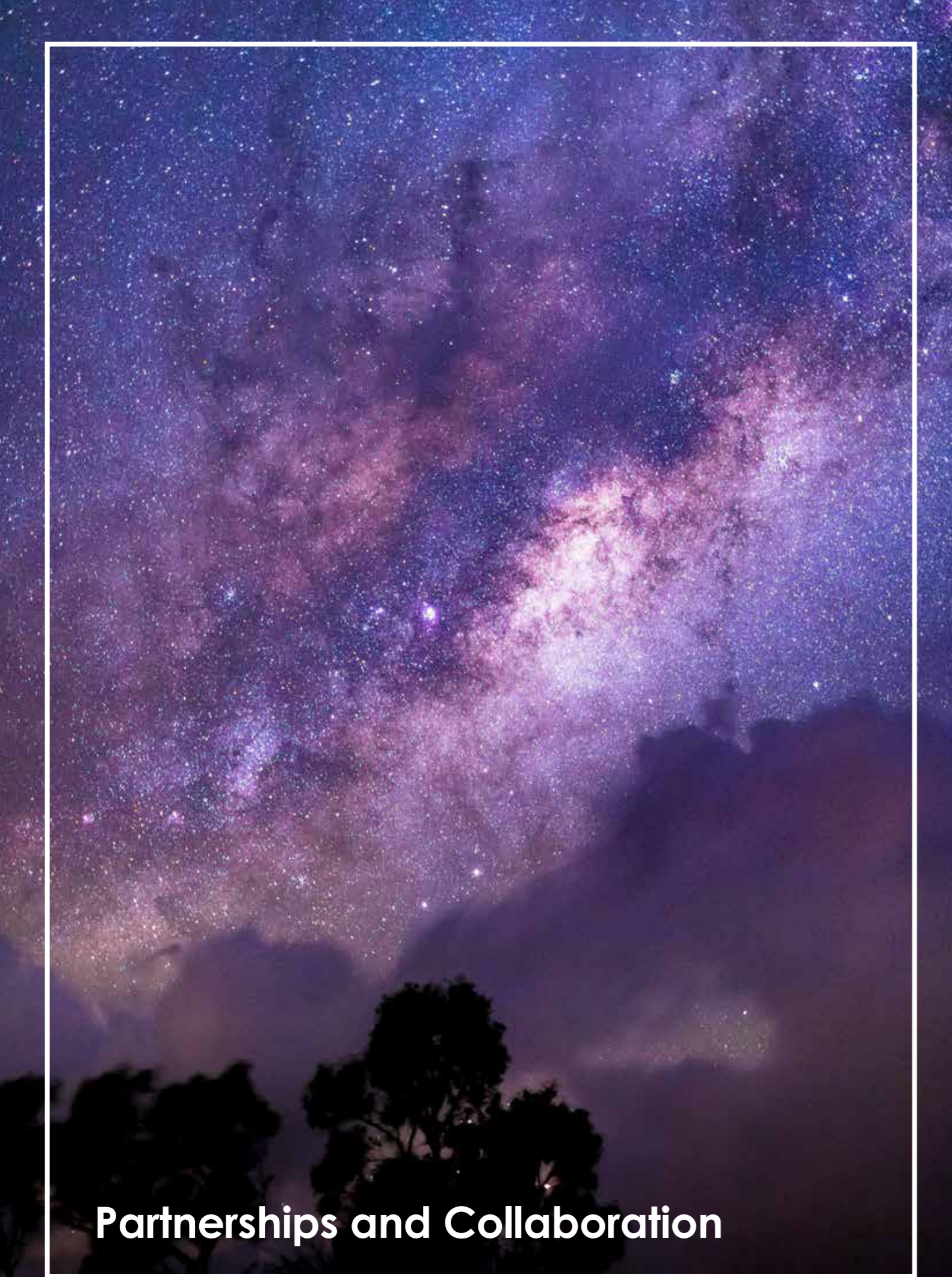
At the AGM we launched the exciting initiative of the QRMFN Spouse and Family Support Program. The program is designed to assist medical students who are planning on undertaking a medical placement in remote or rural Queensland and taking their spouse and families with them on the placement.

Providing them with the ability to connect their spouse and family with a local community contact to help provide local knowledge, tips and tricks on remote and rural living, or recommend the best spot for coffee in town.

Due to COVID-19, the 2020 RDAQ Conference Family Program and Backbone of the Bush Award were cancelled. We look forward to connecting with the Rural Doctors families again in June 2021 to connect, collaborate and create new friendships.







# Partnerships and Collaboration

## RWAN and Consortium

The Rural Workforce Agency Network (RWAN) comprises seven jurisdictional Rural Workforce Agencies (RWAs) who provide a national footprint for rural health workforce programs and services. RWAN operates as a Consortium, providing a platform for members to leverage national funding initiatives and seek further service delivery opportunities in the rural health workforce space more broadly.

The RWAN was formed in 2017 by the RWAs to administer nation-wide remote and rural health workforce programs, and to provide a structured approach to strategic and operational opportunities and challenges. The RWAN currently administers five Australian Government Department of Health Programs of which Health Workforce Queensland are the Lead Agency for the following programs:

- John Flynn Placement Program
- Health Workforce Scholarships Program
- More Doctors for Rural Australia Program (MDRAP) Support Package

The RWAN also has the responsibility of national strategic direction for RWAs as a group. Its key strength is the ability to provide cohesion, enabling programs to be delivered and reported on in a nationally consistent manner while ensuring there are local responses to local difference and high-quality program service delivery.

In addition to these Consortium contracts, each RWA administers the Rural Health Workforce Support Activity Program (RHWSA) within their jurisdiction which is a direct contract between each RWA and the Department of Health.



## Workforce Projects

In early 2020 Health Workforce Queensland, in collaboration with partners, commenced two landmark rural generalist workforce projects; the Post Fellowship Rural Generalist Support Framework Pilot Project (Medical) and the North West Queensland Inter-agency Allied Health Workforce Strategy. Both projects involve significant collaborations with key stakeholders.

### Post Fellowship Rural Generalist Support Framework – A Pilot Project

The Australian Government has initiated steps to build the foundations for a National Rural Generalist Pathway (NRGP). In Queensland, funding is being used to undertake development of a Post Fellowship Rural Generalist Support Framework.

The project is a partnership between Health Workforce Queensland and Queensland Health's Queensland Country Practice. Queensland Country Practice have substantial expertise in the Queensland Rural Generalist Pathway and the rural hospital environment, while Health Workforce Queensland brings knowledge of the primary care context.

The aim of the project is to gather information that will aid the design of the framework. This includes measures required to support rural doctors who have gained fellowship across primary and secondary service domains to acquire skills to meet the needs of rural and remote communities under the national definition of a Rural Generalist as outlined in the Collingrove Agreement:

**A Rural Generalist (RG) is a medical practitioner who is trained to meet the specific current and future health care needs of Australian Rural and Remote Communities, in a sustainable and cost-effective way, by providing both comprehensive general practice and emergency care, and required components of other medical specialist care in hospital and community settings as part of a rural healthcare team. (Collingrove Agreement 2018)**

### North West Queensland Inter-agency Allied Health Workforce Strategy

Allied Health service providers and commissioners in north west Queensland met in Mount Isa in November 2019 to discuss the challenges and opportunities for workforce sustainability in the region. A significant outcome of this meeting was broad endorsement of a scoping project that would aim to develop a strategy to enable an inter-agency, collaborative, regional approach to allied health workforce development including recruitment, retention and capacity building, in health services in north west Queensland.

A scoping project was conducted between March and June 2020 with joint funding from Health Workforce Queensland and the Allied Health Professions Office of Queensland. Extensive consultation with key stakeholders identified challenges, risks and possible solutions to allied health workforce sustainability.

The strategy focused on attraction, development and support of the early career workforce using the Allied Health Rural Generalist Pathway. The model will see the development of designated rural generalist training positions in multiple health services. This project provides direction for the development of an 'own-grown' allied health professional workforce model suitable for rural and remote health services.

An Interagency Oversight Committee has been formed with Health Workforce Queensland acting as Secretariat to support the two-year implementation. Progress on the implementation will be posted on Health Workforce Queensland's website.

## External Events Attended Throughout the 2019/20 Financial Year

### International Mental Health Conference

31 July - 2 August 2019 | Gold Coast, Qld

### St George Post-Graduate Medical Conference

6 - 8 September 2019 | St George, Qld

### CheckUp Outreach Forum

12 - 13 September 2019 | Brisbane, Qld

### GPCE Conference

13 - 15 September 2019 | Brisbane, Qld

### CRANaplus Conference

18 - 20 September 2019 | Hunter Valley, NSW

### AMSA Rural Health Summit

20 - 22 September 2019 | Cairns, Qld

### IAHA Conference

23 - 25 September 2019 | Darwin, NT

### AIDA Conference

2 - 4 October 2019 | Darwin, NT

### RMA Conference

23 - 26 October 2019 | Gold Coast, Qld

### PRINT Conference

26 - 27 October 2019 | Brisbane, Qld

### GPCE Melbourne

15 - 17 November 2019 | Melbourne, Vic

### QAIHC Awards for Excellence

21 November 2019 | Brisbane, Qld

### RDAQ 2020 Virtually

5 - 6 June 2020 | Virtual



Photo taken by Andrew Hayward

Winners of the QAIHC Leader of the Year Award – Veronica Williams and Gary White presented with their awards by our CEO Chris Mitchell.

# Event Management Support



## IUIH Conference

**15 - 17 October 2019**  
Brisbane – 'System of care'

The Institute for Urban Indigenous Health held their System of Care Conference, which detailed IUIH's successful approach to Closing the Gap in Indigenous health.

The event also celebrated IUIH's 10 years of service to community. Health Workforce Queensland provided event management services to IUIH for the conference.

**180**

Delegates attended



## WQPHN Forum

**22 – 24 November 2019**  
Mt Isa – 'Building primary care team, practice partnerships and innovation in Western Queensland'

Health Workforce Queensland continues our strong partnership with Western Queensland PHN, by providing event management services to assist with their WQPHN Forum hosted in Mt Isa in 2019.

Health Workforce Queensland were also on the planning committee and advisory group with identifying topics and areas to address during the forum.

**70**

Delegates attended



## RDAQ 2020 Virtually

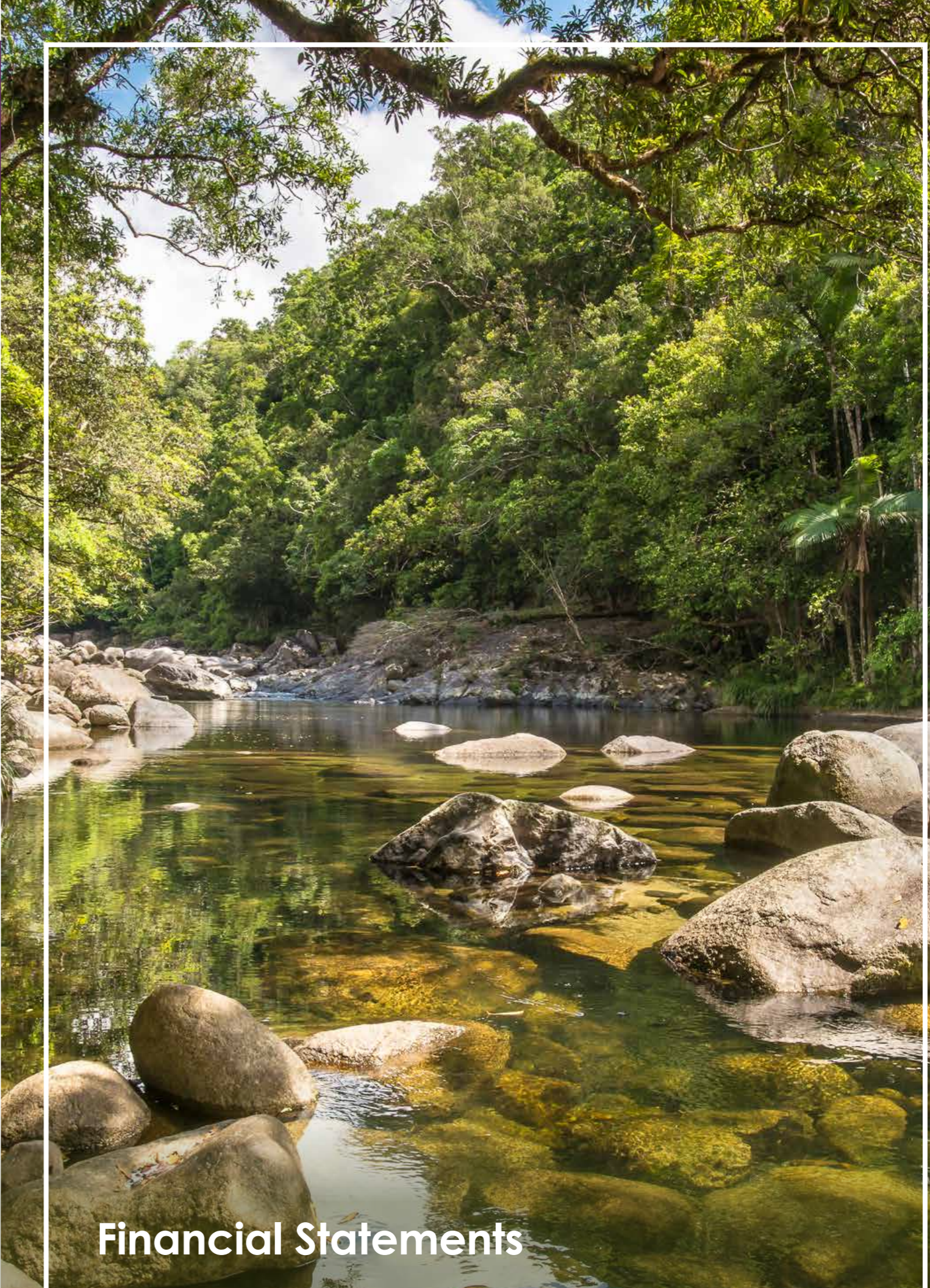
**5 - 6 June 2020**  
Virtual

Health Workforce Queensland continues our strong partnership with the Rural Doctors Association of Queensland (RDAQ). Our Training and Events Team provided event management services to assist with delivering RDAQ 2020 Virtually, as well as the Agency being the Conference Partner.

Health Workforce Queensland was a panel member for the Plenary Address "#DestinationRural: A new normal for future workforce", as well as a virtual trade exhibitor for the virtual conference which gives us the opportunity to engage with general practitioners in rural Queensland – many of which the Agency works with individually and with their practice.

**129**

Delegates attended



## Financial Statements

## Statement of Profit or Loss

### Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2020

	2020 (\$)	2019 (\$)
Revenue	18,012,286	14,885,219
Expenses	(17,966,661)	(14,881,941)
<b>Surplus before income tax</b>	<b>45,625</b>	3,278
Income tax expense	-	-
<b>Surplus for the year</b>	<b>45,625</b>	3,278
Other Comprehensive income, net or income tax	-	-
<b>Total Comprehensive income attributable to members of the entity</b>	<b>45,625</b>	3,278

## Statement of Financial Position

### Statement of Financial Position

At at 30 June 2020

	2020 (\$)	2019 (\$)
<b>ASSETS</b>		
<b>Current Assets</b>		
• Cash and cash equivalents	23,259,038	10,116,974
• Trade and other receivables	12,602,051	7,503,777
<b>TOTAL CURRENT ASSETS</b>	<b>35,861,089</b>	17,620,751
<b>Non-Current Assets</b>		
Total Property, plant and equipment	72,672	92,229
Right of use asset	1,000,711	-
<b>TOTAL NON-CURRENT ASSETS</b>	<b>1,073,383</b>	92,229
<b>TOTAL ASSETS</b>	<b>36,934,472</b>	17,712,980
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
• Trade and other payables	33,167,747	542,185
• Lease liability	345,944	-
• Short-term provisions	435,104	374,187
• Other liabilities	-	14,585,210
<b>TOTAL CURRENT LIABILITIES</b>	<b>33,948,795</b>	15,501,582
<b>Non-Current Liabilities</b>		
• Lease liability unsecured	739,920	-
• Long-term provisions	43,569	54,835
<b>TOTAL NON-CURRENT LIABILITIES</b>	<b>783,489</b>	54,835
<b>TOTAL LIABILITIES</b>	<b>34,732,284</b>	15,556,417
<b>NET ASSETS</b>	<b>2,202,188</b>	2,156,563
<b>EQUITY</b>		
• Retained earnings	2,202,188	2,156,563
<b>TOTAL EQUITY</b>	<b>2,202,188</b>	2,156,563

# Independent Auditor's Report



## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF HEALTH WORKFORCE QUEENSLAND LIMITED

### Report on the Audit of the Financial Report

#### Opinion

We have audited the financial report of Health Workforce Queensland Limited (the Company), which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors' declaration.

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

- (i) giving a true and fair view of the Company's financial position as at 30 June 2020 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

#### Basis for Opinion

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

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

#### Other Information

The directors are responsible for the other information. The other information comprises the information in the Company's annual report for the year ended 30 June 2020, 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 we do not express any form of assurance conclusion thereon.

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# Independent Auditor's Report



## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF HEALTH WORKFORCE QUEENSLAND LIMITED (CONTINUED)

### Other Information (continued)

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

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

### Responsibilities of the Directors for the Financial Report

The directors of the Health Workforce Queensland Limited are responsible for the preparation of the financial report that gives a true and fair view 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 entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

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

### Auditor's Responsibilities for the Audit of the Financial Report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

# Independent Auditor's Report

# Auditor's Independence Declaration



## INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF HEALTH WORKFORCE QUEENSLAND LIMITED (CONTINUED)

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

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

**Nexia Brisbane Audit Pty Ltd**

**ND Bamford**  
Director

Level 28, 10 Eagle Street  
Brisbane, QLD 4000

Date: 23 October 2020



## AUDITOR'S INDEPENDENCE DECLARATION UNDER SUBDIVISION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012 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 2020 there have been no contraventions of the auditor independence requirements as set out in any applicable code of professional conduct in relation to the audit.

**Nexia Brisbane Audit Pty Ltd**

**N D Bamford**  
Director

Date: 23 October 2020

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