



Health Workforce
Queensland

Annual Report

2021-2022

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, regional and Aboriginal and Torres Strait Islander communities by providing access to highly skilled health professionals when and where they need them, now and into the future.

Our Values

Integrity

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

Commitment

We enhance health services in rural and remote Queensland communities.

Equity

We provide equal access to services based on prioritised need.

Acknowledgements

Health Workforce Queensland is funded by the Australian Government Department of Health.



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.

Front Cover Photo

The front cover photo was taken of Emu Creek Hall under the Milky Way by Paul Robinson in Emu Creek, Queensland.

Table of Contents

The Agency	4
Chair's Report	6
CEO's Report	8
Board Members	10
Health Workforce & Service Planning	12
Health Workforce Needs Assessment	14
Overview of Key Workforce Issues	15
Conference Abstracts & Presentations	16
Access	17
Recruiting Health Professionals	18
Workforce Programs	20
Successful International Placement from Norway	22
Quality	23
Health Workforce Scholarship Program	24
Professional Development Workshops	26
Sustainability	28
Going Rural	29
John Flynn Placement Program	31
GROW Rural	32
Go Rural Virtually	39
Rural Health Clubs	41
Queensland Rural Medical Family Network	42
Partnerships & Collaboration	44
Rural Workforce Agency Network	45
Health Workforce Stakeholder Group	46
External Events	47
Workforce Planning Projects	48
Workforce Planning Collaboration	50
Event Management Support	51
Financial Statements	52
Statement of Profit and Loss	53
Statement of Financial Position	54
Independent Auditor's Report	55
Independence Declaration	58



The Agency

Photo taken by Sandie Read, Mundubbera

Chair's Report

I am proud to present the Chair's report for Health Workforce Queensland.

The year has been unique with the COVID-19 pandemic reaching Queensland, the maturation of the vaccine program and the gradual unwinding of COVID-19 restrictions around quarantine, movement of peoples and social distancing measures.

Unfortunately, this series of events has highlighted the extreme shortage of all types of workers in the health arena. The community's need for health services has rebounded strongly and the depleted exhausted workforce is struggling to meet demand.

It is clear Australia depends on international recruitment across the health sector. Unfortunately, the growth in Australian medical student numbers has not translated into an increase in general practitioners with only 15% of Australian medical school graduates intending to practice in general practice.

The near absolute cessation of international recruitment into General Practice as a result of COVID-19 restrictions is now resulting in the difficulty of accessing GP services in urban, regional, rural and remote Australia.

Lamentably, the government has responded with changing the basis for the Distribution Priority Area so that it no longer provides any recruitment advantage to rural and remote locations. The effect of this policy change will see a proportional loss of medical workforce in rural and remote Australia as those already recruited will reassess their options and are likely to move into urban locations.

It appears unlikely a miraculous surge in workforce is imminent. The future of quality primary health care for all Australians, but particularly rural and remote Australians is likely to require innovation, technology and service redesign.

I recognise the various processes underway to deal with these challenges including the 10-year Primary Health Plan, the Strengthening Medicare Taskforce,

the RACGP Summit, and the work of the Office of Rural and Remote Health in Queensland with the FORCE project.

Health Workforce Queensland has maintained strong relationships within our sector where it is a respected and valued partner.

As Chair I have witnessed the professionalism and influence of our agency. I pay tribute to all the staff at the agency led by our CEO Chris Mitchell and supported by his Leadership team.

I value greatly the contribution of my fellow directors, particularly Ms Naomi Blake, Chair Risk Management Committee and Prof Rob Stable, Chair Governance Committee. We have been fortunate to welcome Mr John Cain as a Director.

At our AGM in November 2022, Dr Ross Hetherington will retire as director after 22 years. I pay tribute to Ross' contribution to the Health Workforce Queensland Board as Chair and as a director. I also acknowledge his contribution as Chair of RHWA. Health Workforce Queensland wishes him well with his future endeavours.

Dr Ross Maxwell
– Board Chair



Photo taken by Sandie Read, Mundubbera

CEO's Report

The report covers an extraordinary year, which saw the spread of COVID-19 across the world with disastrous effects on the health and wellbeing of every country. The potential impact of COVID-19 on remote and rural communities continues to be a serious risk especially for Indigenous communities.

This year's Health Workforce Needs Assessment provides an update of current and emerging issues as well as profession specific summaries.

Our Issue in Focus topic for this year is practice sustainability and includes several questions to gauge the perceptions of practitioners and managers regarding issues that impact the sustainability and viability of their health care practices.

For more information and to read the HWNA, [click here](#).

GROW Rural

GROW Rural is a one of a kind rural immersion experience aimed at attracting current health students to a rural career. The three-year program, provides first-year medical, nursing, midwifery, dental and allied health students the annual opportunity to experience clinical practice whilst developing rural networks, friendships, and allows students to experience the unique lifestyle of rural and remote Queensland communities. The GROW Rural programs provide health students the opportunity to connect with rural communities, network with local health professionals, undertake clinical skills and experience community and rural lifestyle. We have three regional GROW Rural programs covering Central Queensland, South West Queensland and from 2022/2023 North Queensland.

It is pleasing to report the creation of our third community-based GROW Rural program. The GROW Rural North Queensland program has received tremendous support from the local communities. We were successful in receiving a Northern Queensland Development Program, Business and Community Grant in April 2022 and these funds will be used to support the implementation of the GROW Rural North Queensland program.

More information about this exciting expansion opportunity can be found [here](#).

The enthusiasm of first year health students to be part of the GROW Rural Central Queensland program was evident from the 100+ applications Health Workforce Queensland (HWQ) received for the Central Queensland 2021-2023 cohort. The 30 successful health students and staff commenced their first GROW Rural event together at the end of July 2021. It was an eventful weekend, and the group enjoyed the initial

brief program and are looking forward a rewarding 2nd year of the program.

To read the full wrap up of the GROW Rural Central Queensland program, [click here](#).

The GROW Rural South West Queensland cohort is made up of 23 medical, nursing/ midwifery and allied health students who will visit the communities of Roma, St George and Charleville over the course of the program. We are all looking forward to an extra-long weekend in October 2022 for the first cohort to enjoy the hospitality and unique clinical practice whilst developing rural networks, friendships and connections to local South West communities.

More information about GROW SWQ can be found [here](#).

With the continuation of COVID-19 and the limitations presented when providing face to face rural immersion events to health students, Go Rural Virtually (GRV) has now continued into its second year. In the past 12 months, we have held four online events with great success and engagement.

To find out more about our GRV events, [click here](#).

In February 2022, the John Flynn Placement Program (JFPP) ceased after 20 years, and the funding was redirected to expand rural training opportunities for junior doctors in the form of an enhanced John Flynn Prevocational Program. This policy decision will reduce medical students' early exposure to rural clinical practice and the unique lifestyle opportunities which are well documented key influences in ultimately choosing a rural medical career.

2021-2022 has presented us with ongoing challenges due to the COVID-19 impact and limited workforce movement. However, we have continued to support our rural practices and Aboriginal Community Controlled Health Services (ACCHSs) with high level recruitment, marketing and talent sourcing activities which has resulted in the recruitment of 30 rural health professionals.

Nineteen general practitioners (GPs), nine allied health (AH) and two nursing health professionals have commenced in their rural roles which has ultimately resulted in an increase to primary health care services for our vulnerable rural communities.

Out of 30 placements, five general practitioners were recruited to ACCHSs and two allied health professionals were recruited to Aboriginal Community Services which has significantly improved access to services for local Indigenous communities.

Professional Development workshops made a successful return in 2021-2022 where we were able to provide rural general practitioners with the opportunity

to update their skills and scope of practice. We had planned to deliver six workshops over the 12-month period, however we had to cancel one of our workshops due to COVID-19 restrictions. We were proud to again support the Rural Doctors Association of Queensland (RDAQ) Conference as conference partner and provided the event management of the RDAQ 2022 conference in Gladstone in June 2022. It was good to catch up with rural doctors and their families along with key stakeholders and sponsor organisations. The HWQ Training, Events and Marketing team did a wonderful job again in supporting the RDAQ annual conference. Members of the HWQ team presented in two plenary sessions as well as the student welcome session.

HWQ continues to facilitate the Queensland Rural Medical Family Network (QRMFN) family activities at the RDAQ Conference. We are aware of the pressures on rural families and those of the rural health workforce and we continue to support the QRMFN which was formed to recognise, empower, and support rural medical spouses, partners and families.

The winner of the QRMFN Backbone of the Bush Award was announced at the RDAQ 2022 conference. The President of the QRMFN presented the award to Cathy Halliday, a very deserving member of the rural Queensland community of Stanthorpe.

A number of health workforce and planning initiatives continue in an effort to address key workforce issues. These include:

South West Queensland Inter-Agency Allied Health Workforce Strategy – Scoping Project

The two-year implementation phase is underway and is supported by an Implementation Oversight Committee.

More information on the project can be found [here](#).

South West Allied Health Workforce Collaborative

The South West Allied Health Workforce Collaborative continues to bring together allied health service providers, health education providers, and commissioners in south west Queensland to identify ways to support a sustainable allied health workforce in the region. HWQ facilitates and provides secretariat support for this Collaborative.

National Rural Generalist program

We are working in partnership with Queensland Health's Queensland Country Practice to develop a Post Fellowship Rural Generalist Support Framework.

More information on the project can be found [here](#).

We released a number of publications throughout the year including the continuation of our Health Works magazine which summarises the activities and projects that we as an Agency are working on.

You can view all Health Works publications [here](#).

HWQ continues to strive for optimal health workforce in our remote and rural communities and we remain committed to our vision and purpose.

HWQ is an active member of the Rural Workforce Agency Network (RWAN). The RWAN comprises seven jurisdictional Rural Workforce Agencies (RWAs) to provide a national point of reference to engage with national stakeholders, participate in national discussions and inform national policy and practice. RWAN leverages more than 20 years of RWA experience and expertise in rural health workforce issues and challenges, community and stakeholder engagement, data collection and health workforce models of care and innovative practice.

More information about the RWAN can be found [here](#).

I would like to thank the Board members for their guidance and commitment over the last 12 months. I am supported in my role by an amazing Leadership and Management Team and staff who remain committed and dedicated to supporting remote and rural health workforce and to produce results in such challenging times. We look forward to a challenging year ahead as we grapple with the lack of supply and maldistribution of health workforce.

Chris Mitchell
– CEO



Board Members

We would like to thank our 2021-2022 Health Workforce Queensland Board for their valuable contributions to the Agency.



Dr Ross Maxwell



Board Chair from 27.11.2020



Appointed 29.11.2019



Prof Robert Stable AM



Board Chair to 27.11.2020



Chair of Governance Committee



Appointed 21.07.2012



Ms Naomi Blake



Chair of Risk Management Committee



Appointed 05.08.2014



Dr Michael Belonogoff



Appointed 28.11.2015



Mr John Cain



Appointed 15.06.2021



Dr Natasha Coventry



Appointed 05.11.2016



Dr Ross Hetherington



Appointed 01.10.2000



Mrs Stella Taylor-Johnson




Appointed 14.11.2009



Mrs Jane Williams



Appointed 29.11.2019



Health Workforce & Service Planning - 'Building the Evidence'

Photo taken by Todd Stein, Four Ways

Health Workforce Needs Assessment - HWNA

As part of our continued funding agreement with the Australian Government Department of Health, Health Workforce Queensland undertakes an annual, state-wide health workforce needs assessment for remote and rural Queensland. In addition to the state-wide report, Health Workforce Queensland produces four regional health workforce needs assessments which augment the regional health needs assessments produced by the mainly regional Primary Health Networks (PHNs).

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.

Key findings of the 2022 HWNA showed the highest workforce gap ratings were for the psychology, speech pathology, social work, occupational therapy and GP workforces, with the highest primary care service gaps to be in mental health, community-based rehabilitation (physical/functional rehabilitation) and alcohol and other drug services.

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. The HWNA is informed by available data sources, desktop research and from consultations with health professionals and key stakeholders.

A formal jurisdictional Health Workforce Stakeholder Group (HWSG) provides strategic advice and expertise to inform planning, analysis and strategy development including providing validation of findings.

The HWNA continues to strengthen the baseline understanding of the primary health care workforce needs of populations and communities in Modified Monash (MM) areas 2-7 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.

ISSUES IDENTIFIED ARE CATEGORISED INTO THREE PRIORITY AREAS:

- 1. Access** – improving access and continuity of access to essential primary health care
- 2. Quality** – building health workforce capability and
- 3. Sustainability** – growing the sustainability of the health workforce.



Overview of Key Workforce Issues

Access

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

Quality

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

Sustainability

Major Themes	Key Workforce Issues
Growing the Health Workforce Pipeline	<ul style="list-style-type: none"> Limited opportunity for people to access locally delivered training Lack of end-to-end training in remote and rural communities Limited pipeline of locally trained workforce
Service Provider Collaboration	<ul style="list-style-type: none"> Inefficient and fragmented care due to high visiting/outreach models
Achieving Sustainable Workforce Models	<ul style="list-style-type: none"> Vulnerable and non-viable workforce models including: <ul style="list-style-type: none"> Challenges to the viability of private health services in remote and rural areas Current fee for service general practice models in remote and rural areas does not support sustainability Current models do not support 'Easy Entrance, Gracious Exit' of workforce
Attracting Health Workforce	<ul style="list-style-type: none"> Ongoing challenges for remote and rural communities attracting and recruiting health workforce Decline in interest in rural health, general practice and primary care as career choices
Retaining Health Workforce	<ul style="list-style-type: none"> High turnover of health professionals in remote and rural communities Lack of workforce retention due to: lack of access to continuing professional development, professional isolation, burnout due to lack of relief, poor housing, high cost of living, spouse/family and lifestyle considerations Concerns for the mental health and well-being of the workforce due to climate and natural disasters such as floods, droughts, fires, as well as the impacts of the COVID-19 Pandemic

Conference Abstracts & Presentations



August 2021

14th National Allied Health Conference, Online

Abstract & Presentation:
Inter-agency Allied Health Workforce
Strategy (in partnership with Allied
Health Professions of Queensland)

Presenter: Robyn Adams



April 2022

Gladstone Health Plan, Gladstone

Presentation:
Community/Practitioner Survey
Findings for the 'Co-Design Workshop'

Presenter: David Wellman



June 2022

RDAQ Conference, Gladstone

Presentation:
General Practice Sustainability –
Strategy versus Reality

Presenter: Sarah Venn

Presentation:
Journey of International Medical
Graduates practicing General
Practice in Australia

Presenter: Sandra Bukumirovic

Access

Photo taken by Lyn Hutchins, Boulia

Recruiting Health Professionals

We recruit highly skilled medical, nursing and allied health professionals to remote and rural Queensland and Aboriginal Community Controlled Health Services.

2021-2022 has presented us with ongoing challenges due to COVID-19 and limited workforce movement. However, we have continued to support our rural practices and Aboriginal Community Controlled Health Services (ACCHSs) with high level recruitment, marketing and talent sourcing activities which has resulted in recruitment of 30 rural health professionals.

Nineteen general practitioners (GPs), nine allied health and two nursing health professionals have commenced rural roles which has resulted in an increase to primary health care services for our vulnerable rural communities. Out of the 30 placements, five general practitioners were recruited to ACCHSs, and two allied health professionals were recruited to Aboriginal Community Services.

Our collaborative partnership continues with PHNs and other key stakeholders to address the health workforce needs of our remote and rural communities. We continue to enhance the allied health workforce in Northern Queensland

through the Rural Allied Health Enhancement project in collaboration with Northern Queensland Primary Health Network (NQPHN).

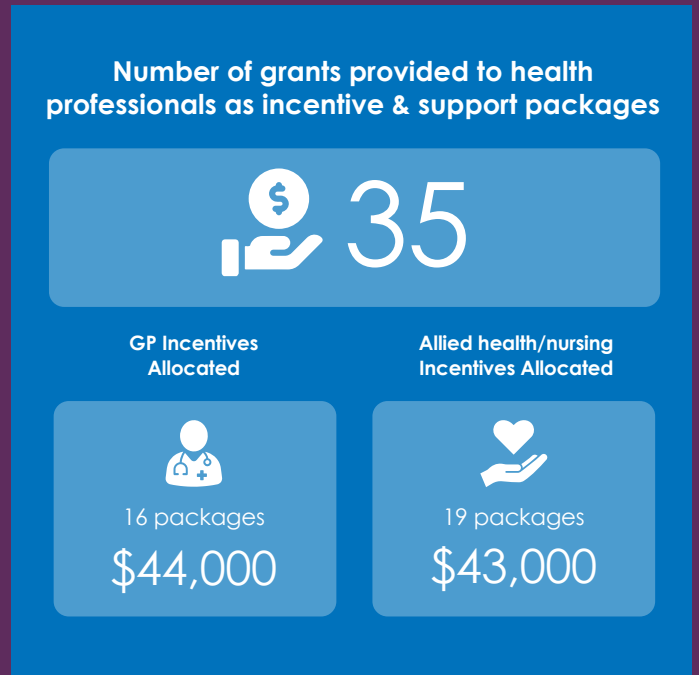
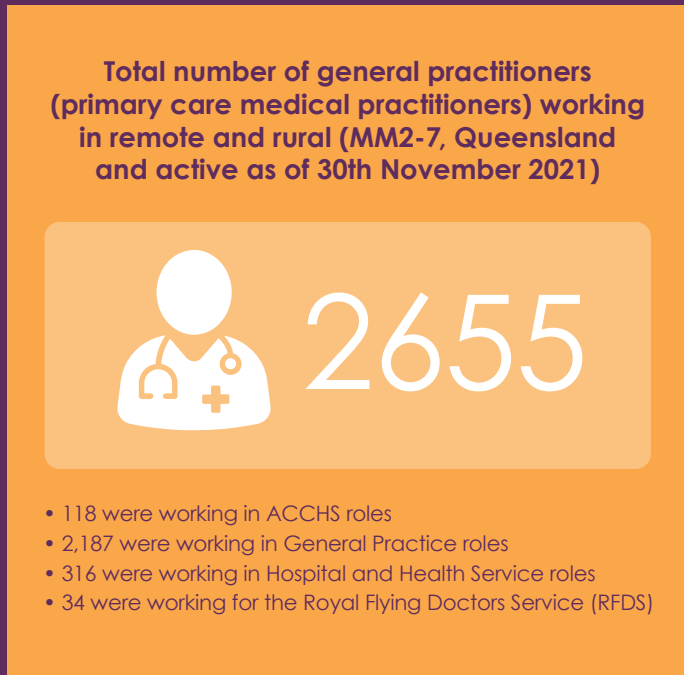
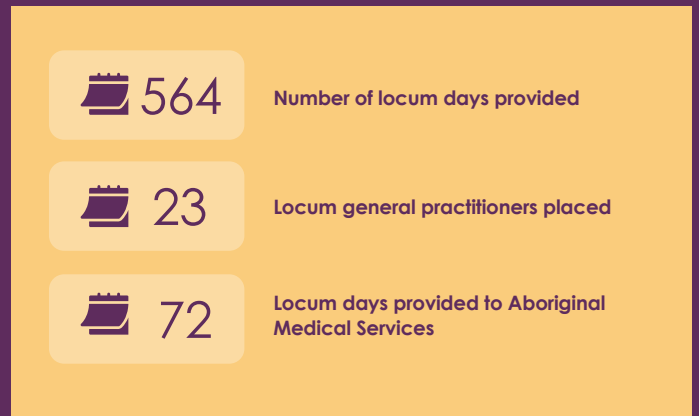
The project focuses on increasing the allied health workforce in the Mackay region and building capability through upskilling the existing workforce to address community needs. This project has now been extended for another year with an increased scope to include all rural health professions, and an expanded geographic region within NQPHN boundaries.

We have aligned our activities with the Health Workforce Needs Assessment (HWNA) findings as well as reported critical vacancies. Our Health Workforce Solutions Team conducted visits to practices and ACCHSs in identified HWNA locations and/or locations with critical workforce needs to gather feedback about current and emerging issues impacting recruitment and practice sustainability.

We remain committed to addressing critical workforce issues and offer guidance and advice regarding pathways, policy and legislative requirements, as well as comprehensive recruitment services and support to practices and rural health professionals.



Photo taken by Andrew Seward, near Boonah



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.

This program 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, ongoing guidance and advice regarding exam and training changes and General Practitioner training pathways. This program will formally conclude on June 30, 2023.

97

Candidates who were active during the last financial year have been managed on the RLRP

29

Number of active candidates on the program at the end of financial year

30

Medical practitioners passed Fellowship exams and achieved vocational registration

5-Year Overseas Trained Doctor Scheme

The 5-Year Overseas Trained Doctor Scheme (OTD) 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.

17

Active candidates on the 5-Year OTD Scheme

13

Active candidates on the 5-Year OTD Scheme at the end of financial year

2

New candidates added to the 5-Year OTD Scheme

2

Completed the 5-Year OTD Scheme

1

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

Workforce Incentive Program

The Workforce Incentive Program – Doctor Stream (WIPDS) Flexible Payment System (FPS) aims to support careers in rural medicine and to encourage and retain medical practitioners to practice in regional, rural and remote communities through the provision of financial incentives, specifically those who do not bill Medicare.

Due to COVID-19 and travel restrictions, there was a decline in the number of applications assessed as eligible due to doctors not meeting the minimum billing/session thresholds across the required quarters.

92

Number of WIPDS FPS applications received

61

Number of WIPDS FPS applications assessed as eligible

MDRAP and the MDRAP Support Package

The More Doctors for Rural Australia Program (MDRAP) and the MDRAP Support Package are both components of the Stronger Rural Health Strategy.

The aim of the Strategy is to improve the capacity, quality, distribution and mix of the primary care workforce in rural and remote communities in Australia.

The MDRAP was established to support non-vocationally recognised (non-VR) doctors to gain valuable general practice experience in rural and remote communities before joining a college fellowship program. The MDRAP is available to Australian and Overseas Trained Doctors.

As a result of the program, rural communities will receive access to an extended workforce, comprised of:

- Doctors currently working in general practice and transitioning to new college fellowship pathways
- Doctors working in the Australian hospital system, seeking opportunities to pursue general practice as a career
- Doctors who want to provide locum support to rural and remote communities on a short-term basis
- New overseas trained doctors pursuing a career in general practice in Australia.

MDRAP Support Package is tailored to the needs of MDRAP Doctors with a view of assisting them to transition on to a GP training pathway.

111

Active candidates on the MDRAP program during the last financial year

53

New members added to the program

8

Number of candidates that achieved Vocational Registration

46

MDRAP Support Packages allocated to MDRAP members

Photo taken by Jenny Smith, Fraser Island

Successful International Placement from Norway

At the end of 2021 we were very excited to start recruiting international medical professionals again, after very few of these opportunities in recent years due to COVID-19.

It was not an easy process for Dr Eirik Ytterland and his family to relocate from Norway to beautiful Queensland during the pandemic however they are now settled and thriving in Rockhampton.

In February 2022 we spoke with Dr Ytterland to see how he navigated the move with his family, how they were settling in and if he was enjoying his new role as a valued General Practitioner at Emu Park Family Practice. He said the **'move was crazy! To move in itself is stressful, but to move to the other side of the world in the middle of a pandemic, with three small children, is another ball game'**. But they made it to Australia, and said **'from the moment we landed, everyone from the police at the airport to the staff at the quarantine hotel helped us all the way and made us feel very welcome'**.

Dr Ytterland enjoys the smaller office atmosphere and being able to roll down the windows and drive home after work. They decided to live in Rockhampton, rather than on the coast, as it was close to the school they chose for the children, however, would consider coastal living at Emu Park should they move house in the future. The most rewarding thing in his new role has been to be able to provide good service for happy patients and to be able to communicate well in English. He says, **'I often go by as the Canadian doctor, which for me is a great compliment not being a native speaker'**.

We discussed the similarities and differences between his work in Norway and here in Queensland and Dr Ytterland said the **'healthcare system and how we treat patients is very similar. The main difference from my point of view would be that in Norway I have a list of about 1200 patients that I would need to care for. This means more continuous care, but also a lot more paperwork and duties to fulfill'**.

Dr Ytterland's wife is from the USA, but after finishing his fellowship in Norway, they decided to stay and live near his family, enjoying the beauty that Norway offers. However, after 10 years they wanted to try something new before their kids reached their teen years. **'We wanted to see if our family would thrive in an English-speaking society and warmer climate, and when the opportunity of going to Australia opened up, we decided to give it a go'**.

He found out about the General Practitioner vacancy at Emu Park Family Practice on the Health Workforce Queensland website through a Google search. Dr Ytterland said that Yeppoon/Emu Park piqued his interest because of the location on the

coast, the closeness to Rockhampton, which has good schools for the children, and an airport. The first impression of the practice was very good, and they provided good information about the area.

In regard to the placement process, Dr Ytterland said **'I was in contact with some recruiting companies and several other workforce agencies, though not many Norwegian GPs have moved to Australia. I did a lot of research and found that I was eligible for the specialist pathway through ACRRM. Naomi, Regional Coordinator, was aware of this possibility and was a big help when I got in contact with her. Once I secured a job offer and decided on Emu Park Family Practice, it was pretty straight forward'**.

Dr Ytterland was also eligible for the Health Workforce Queensland relocation incentive package which he was grateful to receive. **'Moving is always expensive, even more so when moving to the other side of the world. In addition to this, expenses kept adding up with COVID-19 restrictions and hotel quarantine. At one point my wife and I were talking about delaying our trip for 6 months or so. However, when we received the incentive package, and also very good backing from Emu Park Family Practice, we knew we could make the move'**.

More recently, Naomi visited Dr Ytterland at his practice. Naomi said **'It was really nice to hear that he is enjoying his job and the family have settled in well to their new life in rural Queensland.'** The recruitment of Dr Ytterland has enabled improved access to services for the local community and this was a great outcome for the doctor, practice and rural community.



L to R: Naomi and Dr Ytterland

Quality

Photo taken by Matthew Ellis,
Canarvon Gorge

Health Workforce Scholarship Program

The Health Workforce Scholarship Program (HWSP) provides funding through scholarships and bursaries to help health professionals in remote and rural Australia retain and enhance their skills, capacity and scope of practice. The HWSP is an initiative of the Australian Government Department of Health.

The program is available for medical, nursing/midwifery, dental, allied health and Aboriginal and Torres Strait Islander health workers providing primary health care services in rural and remote Queensland in private practice, an Aboriginal Medical Service (AMS), Aboriginal Community Controlled Health Service (ACCHS) or a non-government or not-for-profit organisation.

In January 2022, the HWSP moved to accepting applications through specific

application rounds throughout the year, with four rounds planned for the 2022 calendar year for rural and remote health professional to apply for funding support.

As a psychologist working in private practice in a rural community, it is wonderful to be supported to continue professional development. The process is straight forward and fair, and staff are extremely helpful. I recommend the Health Workforce Queensland scholarships to my colleagues.

Psychologist, Mareeba

2021/2022 Statistics:

Total awarded applications

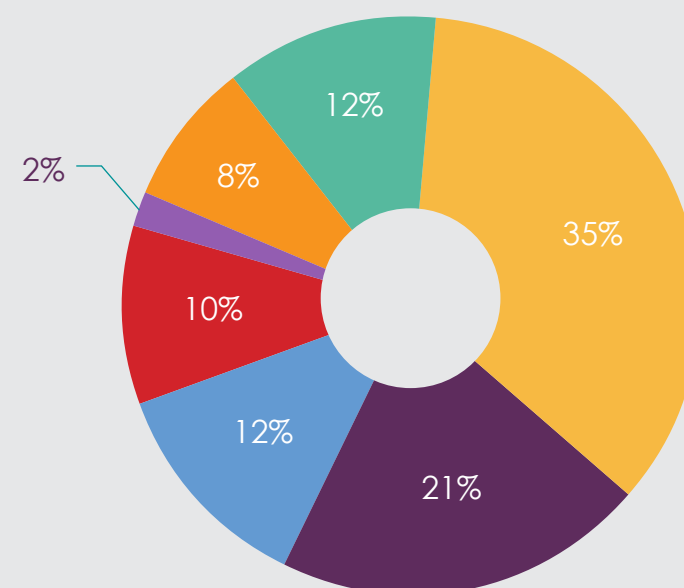
 \$1,675,171

Total value of scholarships and bursaries awarded to remote and rural health professionals

 844

Total awarded applications assessed as eligible by June 2022

Locations



Total Health Professions Awarded



273

General Practitioner



98

Occupational Therapy



90

Physiotherapy



69

Nursing



68

Speech Pathology



52

Aboriginal and Torres Strait Islander Health



42

Psychology and other mental health professions



31

Exercise Physiology



26

Social Work



22

Dietetics



17

Nutrition



15

Dentistry



12

Podiatry



8

• Pharmacy
• Midwifery



4

• Medical Imaging (Radiography, Sonography)
• Diabetes education
• Other



1

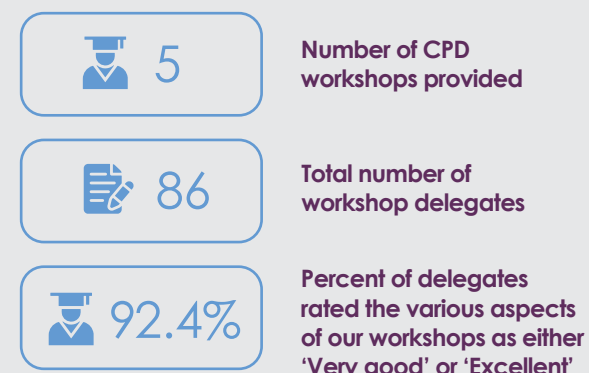
Optometry

Professional Development Workshops

To ensure rural health professionals 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 workshops throughout the year, tailored specifically for rural health professionals.

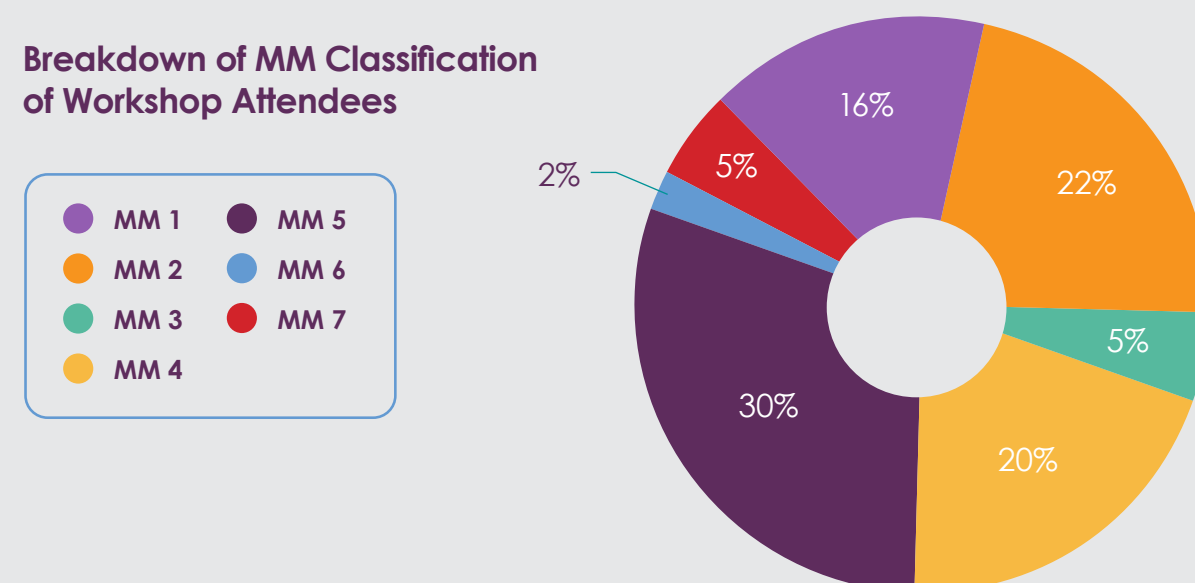
We pride ourselves on engaging highly experienced workshop facilitators who have a comprehensive understanding of the challenges of practicing in remote and rural locations. Our presenters provide high calibre practical workshops with the most up-to-date clinical knowledge and use simulation training technologies. Providing these professional development workshops ensures rural communities can access highly skilled health professionals close to home.

Six workshops were planned over the 12-month period, however, one workshop was cancelled due to COVID-19 restrictions. We were still able to successfully deliver five workshops.



Topic	Location	Date
Trauma	Cairns	24-25 July 2021
Emergency Mental Health	Brisbane	14-15 August 2021
Rural Emergency Medicine	Cairns	8-10 October 2021
Dermatology & Wound Management	Sunshine Coast	26-27 March 2022
Trauma	Brisbane	21-22 May 2022

Breakdown of MM Classification of Workshop Attendees



Testimonials

Informative review of common complex mental health presentations and helpful management considerations - very practical.

Mental Health workshop attendee 2021

Valuable workshop, especially regarding improved knowledge of wound assessment and dressing selection.

Dermatology and Wound Management workshop attendee 2022

Useful workshop and particularly helpful being tailored to rural settings and low resource settings and great teachers.

Trauma workshop attendee 2022

A very useful workshop with focus on framework for acute mental health management in a rural & regional setting.

Mental Health workshop attendee 2021

Good small group discussions. Excellent presenters. Very relevant!

Rural Emergency Medicine workshop attendee 2021

Correct blend of cases, lecture-based and hands on practical. Thanks for a great course!

Rural Emergency Medicine workshop attendee 2021



Sustainability

Photo taken by Ann Parrott, Yelarbon



Rural and remote placement opportunities and support for nursing, midwifery and allied health students interested in exploring career pathways into rural and remote health is often limited by financial constraints.

As part of Health Workforce Queensland's commitment to supporting health students throughout their career journey, Going Rural provides rural and remote placement support for Queensland nursing, midwifery and allied health students by offering bursaries to cover travel and accommodation costs.

Going Rural bursaries, of up to \$1000 per placement, give Going Rural recipients the capacity to go on placement while also maintaining home rental/mortgage payments and managing lost income from paid employment. During its first 12 months, Going Rural received over 100 rural placement applications of which 47 applications were approved. The majority of applications that did not meet Going Rural's eligibility criteria were seeking support for placements located in non-primary health care settings.

Going Rural is a significant step toward supporting nursing, midwifery and allied health students to develop competencies, enhance their confidence, and introduce them to primary health care services in rural and remote settings.

Accessing Going Rural also increases student long-term employment opportunities through generating connections with rural health service providers and the Health Workforce Solutions Team.

Foundational to Health Workforce Queensland's support of nursing, midwifery and allied health students to undertake rural and remote placements is ensuring the programs and activities its Future Workforce team delivers are inclusive of all health disciplines that will, in the long-term, contribute to creating a quality and sustainable remote and rural workforce.

I am extremely grateful and appreciative of the help provided by Health Workforce Queensland! A rural placement is definitely of benefit for all students, however there is also a financial burden in doing so. In my case I had to continue paying rent in Brisbane and give up my casual employment for 5 weeks.

I am therefore very appreciative of the financial support Health Workforce Queensland has provided.

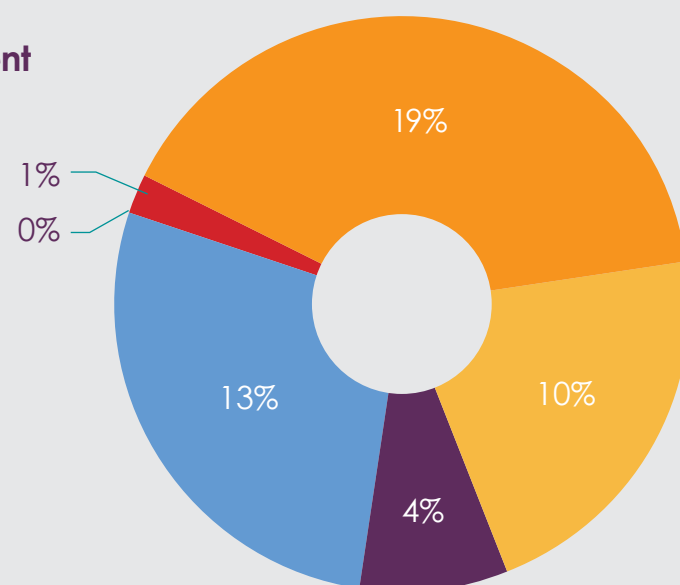
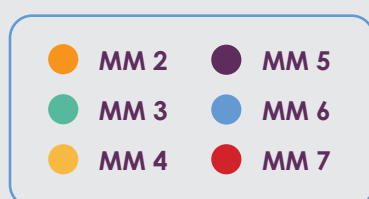
Occupational Therapy Student (Third Year)

I believe that this [MM2] placement has really emphasised the importance of the community as a whole and the impact that working rurally can have on not only the clients but myself as a clinician.

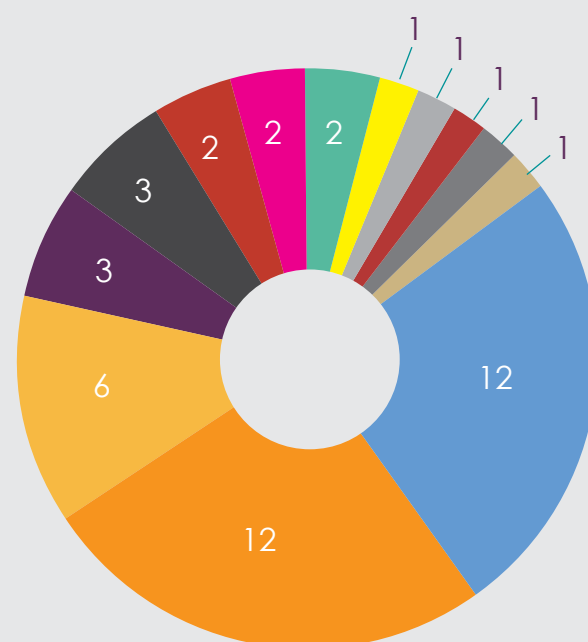
Psychology Student (Fifth Year)



2021-2022 Going Rural Placement Locations (by MM)



2021-2022 Going Rural Discipline Breakdown



JOHN FLYNN PLACEMENT PROGRAM

The intent of the John Flynn Placement Program (JFPP) was to increase the health workforce in rural and remote Australian communities by providing medical students with the opportunity to gain first-hand experience of what it is like to live and work in the bush.

JFPP Scholars undertook eight placement weeks over 3-4 years with an assigned clinical Mentor, Host and Community Contact. Alongside providing Scholars with unique rural placement experiences, JFPP clinical learnings were further enhanced by the lasting connections Scholars, Mentors and rural communities established.

Following the Department of Health's advice in May 2021 that the JFPP was to cease in February 2022, Health Workforce Queensland, as Lead Agency for the JFPP, developed and delivered a comprehensive cessation plan which, with the support of the Rural Workforce Agencies, ensured a considered closing out of the Program.

High levels of Scholar engagement with the Program, despite the uncertainty of living, working, and studying in a COVID-19 environment, spoke to the commitment and enthusiasm JFPP medical students had for rural practice and their communities. This commitment was also evidenced by the

determination of JFPP Scholars to complete Program requirements when they learned the Program was to cease.

The final 12 months of the JFPP was defined by managing the closure of the Program and pre-existing challenges, the most significant of which was navigating the limitations ongoing COVID-19 travel and border restrictions had on progressing Scholar placements.

Feedback from Scholars, Mentors, Hosts, Community Contacts and the many organisations and agencies associated with the JFPP continued to express disappointment at the loss of a unique program which successfully combined clinical practice with the lived experience of being part of a rural community.

Like our bush communities, there were times when the JFPP was also required to be resilient yet by maintaining the Program's commitment to shaping our future health workforce, it continued to deliver positive rural and remote experiences. Although the JFPP has come to a close, the knowledge, hospitality and commitment so generously shared with the Scholars by the rural and remote communities across Australia will be enduring.

GROW Rural is a longitudinal rural immersion program for first-year health students that takes place annually over three consecutive years. Over the course of GROW Rural, and as the students advance in their studies, they gain first-hand experience of working collaboratively with other students from different disciplines.

Students also improve their clinical skills through scenarios with a rural focus, have their awareness of Indigenous history and culture raised by Elders and listen to rural career stories from local health professionals.

GROW Rural presents a unique experience for students to develop familiarity and a deeper understanding of the potential of a professional and personal life they could have working in rural Queensland. Importantly, GROW Rural encourages health students to return to the communities for their clinical placements and to consider rural practice as a future career opportunity.

Central Queensland

GROW Rural Central Queensland (CQ) visits the rural communities of Woorabinda, Moura and Theodore.

The 2021-2023 cohort commenced their first weekend event in July 2021 in Woorabinda which, for many students, was their first introduction to an Indigenous community. Local Elders quickly made the students feel welcome by sharing their history, bush stories and an introduction to traditional medicine.

Myella Farm Stay, located just outside Baralaba, was the next stop where everyone was warmly welcomed by the Eather family and introduced to their extended family of residential and fostered pets. After an informal dinner, under

the stars with local health professionals, the students awoke to a spectacular sunrise with low lying mist carpeting the paddocks.

A country breakfast was followed by whip-cracking and lassoing lessons, resulting in plenty of sore hands, before we travelled to Theodore where the students took part in a smoking ceremony beside the Dawson River. Students also had the privilege of listening to the life story of local Indigenous artist Wayne Martin.

Unfortunately, it was at that point, Health Workforce Queensland became aware a three-day lockdown across South East Queensland was about to be enacted. The difficult decision, to cancel the remainder of the program, was made and transport arrangements put in place for everyone to travel back to their respective destinations.

The seven-hour trip back to Brisbane by coach provided plenty of time to reflect on the friendships we'd formed and how strength can be found through adversity. This was illustrated by the capacity of the students to support one another in their disappointment and by generously assisting those students with additional transport needs. Although the first GROW Rural Central Queensland 2021-2023 cohort event had only just begun, the spirit of GROW had undoubtedly woven itself into the student's memories ready for their next event in July 2022.



Photo taken by Elvis Jehle, Theodore

GROW Rural CQ 2021-2023 Statistics

 30	Multidisciplinary Students
 8	Medicine
 6	Nursing/Midwifery
 2	Nutrition & Dietetics
 4	Occupational Therapy
 1	Paramedicine
 4	Physiotherapy
 2	Psychology
 1	Social Work
 2	Speech Pathology
 3	Rural communities visited in Central Queensland
 22.1	Mean age of GROW Rural participants
 91%	Students in their first year of study



Photo taken by Roslyn Budd, Theodore

South West Queensland

The 2020-2022 GROW Rural South West Queensland (SWQ) cohort is made up of 23 medical, nursing/midwifery and allied health students who will visit the communities of Roma, St George and Charleville over the course of the three-year program. GROW Rural SWQ is delivered in conjunction with Event Partner Southern Queensland Rural Health.

The first year for this cohort saw the students visit the communities of Roma and St George in October 2020. While many of the community events and activities that define GROW Rural were curtailed due to COVID-19 restrictions, the students were still able to enjoy participating in clinical skill sessions based on an undiagnosed diabetes scenario, practice suturing, attend networking dinners, tour a cotton farm, be part of a Talking Circle with speakers drawn from

local health services and experience cultural activities including a memorable Indigenous art workshop that skilfully wove Indigenous history into interpretative drawing.

With continuing uncertainty around the pandemic and high infection levels, the need to keep communities, students and staff safe was a priority for Health Workforce Queensland which lead to the cancellation of the 2021 event.

2022 will be the final year for the 2020-2022 GROW Rural SWQ cohort, with an extra-long weekend planned to compensate for missing last year's event. In a break with tradition, we have chosen to spend the final weekend exclusively in Charleville which will include the student's GROW Rural graduation dinner.



Photo taken by Roslyn Budd, Roma

GROW Rural SWQ 2020-2022 Statistics

 23	Multidisciplinary Students
 1	Dentist
 6	Medicine
 10	Nursing/Midwifery
 2	Occupational Therapy
 1	Paramedicine
 1	Psychology
 2	Speech Pathology
 3	Rural communities visited in South West Queensland
 23	Mean age of GROW Rural participants
 74%	Considered themselves as having a remote, rural or regional background
 83%	Students in their first year of study



Photo taken by Andrew Hayward, St George



North Queensland

In 2022 the GROW Rural program underwent its own growth phase with the development of a third GROW Rural to be launched in North Queensland (NQ).

Encouraged by the high proportion (66.7%) of 2017-2019 GROW Rural CQ graduates currently in the workforce who are employed rurally, it was decided taking a more strategic approach with the GROW Rural model could better support the growth and retention of a rural health workforce.

This expanded version of GROW Rural will be piloted as GROW Rural NQ to work collaboratively with the region's practices, health services and targeted communities to grow, over the course of the program, direct pathways into identified employment opportunities for graduated GROW Rural NQ students.

Drawing on the 2021 Health Workforce Needs Assessment to identify high priority locations, professions and workforce requirements, the communities of Atherton, Ravenshoe, Herberton and Mareeba were selected as GROW Rural NQ communities.

In April 2022, Health Workforce Queensland was successful in receiving the Northern Australia Business and Community Growth Program grant (the Grant) which will enable health students to be immersed, trained and skilled for employment in the GROW Rural NQ communities.

As a direct result of the Grant, GROW Rural NQ is set to commence in September this year. We wish to acknowledge the Australian Government in supporting this initiative, as well as the Northern Queensland rural communities involved.

A distinctive feature of GROW Rural is working collaboratively with local communities, service providers and health professionals, all of whom actively contribute to the program's planning and development. We also acknowledge Northern Queensland Primary Health Network (NQPHN) participation in GROW Rural NQ as an Event Partner.

By utilising Health Workforce Queensland's shared knowledge, GROW Rural NQ takes a whole of agency approach to GROW Rural NQ as a workforce solution. This will see Health Workforce Queensland teams become the interface between program partners, North Queensland communities, practices and health service providers to collectively develop a structured and supported pathway for GROW Rural NQ students into North Queensland primary health care settings.

Supporting practices and GROW Rural NQ graduates as employees in a primary health care setting, as well as ongoing support for professional development through scholarships and bursaries are crucial elements of GROW Rural becoming a workforce solution.

The level of interest from health students to be part of the North Queensland program was reflected in Health Workforce Queensland receiving nearly 100 applications. Along with the assistance of local NQ health professionals and community representatives who came on board as interview panelists, a total of 27 students were accepted onto the program.

GROW Rural's whole of community approach encourages and gives community members, organisations and service providers the opportunity to participate in growing their region's future workforce. With the first NQ weekend event to launch in September 2022 there is already a sense of anticipation for what GROW Rural and North Queensland can achieve together.



L to R: Andy van der Rijt, Health Workforce Queensland Service Delivery Manager; Andrew Hayward, Health Workforce Queensland Engagement & Development Manager; Hon MP David Littleproud, Minister for Agriculture and Northern Australia; and Bryce Macdonald, LNP Kennedy candidate.

GROW Rural NQ 2022-2024 Statistics

- 27 Multidisciplinary Students
- 1 Dentist
- 6 Medicine
- 4 Nursing/Midwifery
- 2 Nutrition & Dietetics
- 4 Occupational Therapy
- 1 Optometry
- 2 Physiotherapy
- 2 Psychology
- 1 Social Work
- 4 Speech Pathology
- 4 Rural communities visited in North Queensland
- 21.2 Mean age of GROW Rural participants
- 55.6% Considered themselves as having a remote, rural or regional background
- 100% Students in their first year of study

Growing a Rural Health Career

From Immersion to Conversion

A Flying Start for Catherine Oswald

Going Rural has given GROW Rural South West Queensland student, Catherine Oswald (Cate), a flying start for her Royal Flying Doctor Service (RFDS) placement!

Cate Oswald is a nursing student at the University of Queensland, and has been a participant in GROW Rural South West Queensland (SWQ) since 2020. Along with her fellow GROW cohort she will be graduating from the three-year GROW Rural program in October this year.

During their first year together, the group visited the communities of St George and Roma and made some valuable connections with local health professionals and community members. Unfortunately, due to COVID-19 the 2021 GROW Rural SWQ event was unable to go ahead, however an extralong event planned for October 2022 will see the cohort spend four days in Charleville and celebrate their last year together with a graduation dinner.

Being part of GROW Rural has led Cate to another Health Workforce Queensland student program, Going Rural which has been able to assist Cate, with her RFDS placement, in Townsville. Going Rural offers non-medical students a rural placement bursary to assist with travel and accommodation expenses in primary health care settings.

Cate said she is **'very excited to undertake a placement at the Townsville RFDS base as it will be an excellent extension to my emergency placement at Toowoomba Base Hospital which I found very enjoyable'**. As the Townsville RFDS base serves as an inter-hospital transfer base, Cate aims to build on the skills she acquired from her previous emergency placement.

'Through transporting a range of cardiac, respiratory, neurological, trauma and maternity patients, I hope to increase my ability to perform specialised assessments on these patients, and to deepen my knowledge of interventions like BiPAP and potentially intubation and ventilation.'

'What inspired me to become a nurse was all the hard-working nurses I have seen come before me, and the way that a good nurse can truly change a patient's life. Nursing people is a great privilege. By choosing to become a Registered Nurse, I will never lose sight of the bigger picture in healthcare, which will always be the patient.'

Cate believes the biggest barrier experienced when students apply for a rural placement is the loss of their usual income while on placement. Students also need to continue to pay rent, as well as cover the travel and accommodation costs for their placement. Cate said, **'the costs of accommodation, travel, and general living expenses can be very expensive when there is no way of earning money while on placement.'**

The Going Rural bursary assisted Cate with her travel and accommodation expenses, so she was able to experience a rural placement. **'Despite the challenges students face while undertaking a rural placement, I do believe the challenges are worth it. The teamwork exhibited by rural health practitioners is an exceptional learning environment for students, and I feel so honoured that I am able to be part of it.'**

You can find more information on our programs via the links below:

GR GOING RURAL

GROW Rural

GO RURAL
QUEENSLAND
virtually

Although Go Rural Virtually was initially developed as a way to overcome the limitations of delivering face to face rural immersion events to health students due to COVID-19, the success of virtually connecting students with the rural and remote communities has seen this initiative continue into its second year.

Go Rural Virtually explores and raises awareness of topics relevant to rural health through an online panel of speakers drawn from local health services who come together with health students to participate in interactive discussions.

Now in its second year, Go Rural Virtually is a significant element of the longitudinal relationship between Health Workforce Queensland, rural health professionals and health students to influence and support pathways into remote and rural health.

Health Workforce Queensland has also established an online Student Hub to share resources and information relating to the online topics as a way to further explore our virtual conversations.

The past 12 months has seen Go Rural Virtually 'visit' the following locations and topics:

Mount Isa

With health student's enduring interest in visiting Mount Isa to undertake student placements limited by prohibitive travel costs, showcasing Mount Isa and its health professionals virtually felt like the next best thing.

Go Rural Virtually invited speakers from Murtupuni Centre for Rural & Remote Health, Gidgee Healing, North West Rural Health, Mount Isa Hospital and Leichardt Medical Centre who discussed the benefits and challenges of working rurally, embracing Indigenous health, navigating personal and professional relationships, ensuring self-care and wellbeing and the importance of being part of a community.

The final session was facilitated by Health Workforce Queensland's Regional Coordinator for Western Queensland and our Scholarships Program Coordinator who provided information regarding career progression opportunities, professional development and post-graduate employment opportunities.

Goondir Health Services

Recognising that our lived experience of interacting with Indigenous peoples can be constrained by knowledge gaps and uncertainties, Go Rural Virtually took as its theme 'getting comfortable with the uncomfortable' to give health students the opportunity to learn and ask questions from staff working at Goondir Health Services.

Students were introduced to the philosophy of Goondir Health Services as an Aboriginal Community Controlled Health Service (ACCHS) which invites community ownership and participation. Discussions on the importance of observing cultural protocols in a health care setting, how non-Indigenous health professionals navigate working in an ACCHS were interspersed with personal and rural career stories from the Go Rural Virtually speakers.

GO RURAL QUEENSLAND *virtually*

Mental Health in the Bush

Open to all health students with, or without, an understanding of mental illness, Go Rural Virtually Mental Health in the Bush was designed to expand the participants mental health horizons through interacting with speakers drawn from all aspects of rural and mental health.

The Go Rural Virtually speakers included people with lived experience of mental illness, psychology and social work students, as well as outreach and online service providers.

Students were keen to engage with the speakers and made the most out of the breakout rooms to challenge stereotypical perceptions and responses to mental illness, as well as how to better understand and support patients presenting with mental health issues. Students also learnt about the importance of practicing cultural safety with Indigenous patients and putting in place self-care strategies.

A fourth year Occupational Therapy student commented **'I learnt more in one hour [of Go Rural Virtually Mental Health in the Bush] than I did in four years at university!'**

Managing Aggressive & Violent Patients in Health Care Settings

Understanding that aggression and violence will, undoubtedly, be experienced by health professionals at some point in their career, Go Rural Virtually was joined by rural health professionals and researchers to learn about the variety of strategies they have developed to deal with unmanageable patients in health care settings.

The value of a virtual format was reflected in the broad range of locations represented with speakers from Queensland, Victoria, Western Australia and the Northern Territory insightfully sharing their experiences from the perspective of paramedicine, rural area nursing, security service work, medical reception and aged care.

Key messages included untreated mental health as a contributing driver of violence in the health care sector, situational awareness training, self-care, reporting protocols and workplace culture.



Rural Health Clubs

Health Workforce Queensland provides sponsorship to the university Rural Health Clubs based in Queensland to support rural health programs and activities the Clubs provide for students interested in rural practice.

In addition to funding Rural Health Club programs and activities, Future Workforce facilitates bi-monthly online meetings with the Rural Health Club Executive Committees to promote inter-club collaboration, information sharing and promotion of upcoming events and activities.

Health Workforce Queensland student support also extended to sponsoring 10 Queensland medical students to attend the RDAQ 2022 Conference, as well as sponsorship of the Student Orientation session and Networking Afternoon Tea event.

A highlight of the RDAQ 2022 Conference was Health Workforce Queensland's collaboration with the Rural Health Clubs and RDAQ to launch the inaugural RDAQ Great Debate. Rural Health Club representatives and illustrious rural GPs sharpened their minds and arguments to ask if attracting rural GPs is a bed of roses or a thorn in the side for rural communities.



Photo taken by Sam Menteith, Atherton



We continue to support the Queensland Rural Medical Family Network (QRMFN) which was formed to recognise, empower, and support rural medical spouses, partners, and families.

The QRMFN held their Family Program in conjunction with the annual RDAQ Conference, which took place in Gladstone. The Family Program had an extensive program of activities for families, especially the children, throughout the 3 days, including:

- Afternoon tea to meet the families and spouses at the 2022 event
- Spouses enjoyed a mosaic tiling session
- Friday night social with face painting, giant Jenga, soccer, dancing, and a dessert station to rival them all!
- Rock climbing, mini golf, interactive smart wall, bubble footy and puzzle/escape room scenarios
- Inflatable ninja dash with soccer, vortex fun and giant connect four competitions

The QRMFN networking meeting and AGM was held on Saturday 11 June, and the 2022-2023 Committee was confirmed. We thank Cally Callaghan & Melinda Daniels for their valuable contribution during their time on the QRMFN Committee during 2020/2021.

The QRMFN express a warm welcome to Justin Coventry, Layla McGrory & Shannon-Marie Turk as they join the Committee. Dr Jennifer Schafer attended as guest speaker and addressed doctors' health and recognising its importance for the whole family.

Showcasing 2022 numbers:



Kids:
31



Spouses:
24

Backbone of the Bush Winner:



Name: Cathy Halliday
Current Location: Stanthorpe
Doctor Partner: Dr Dan Halliday

The Backbone of the Bush award not only recognises the often-invisible work partners and spouses do behind the scenes to support their medical practitioner, but also the many hours they contribute to their rural community, often as a volunteer.

This year's recipient, Cathy Halliday, has consistently worked to support her spouse and rural community in the 18 years they have lived in rural areas, starting in Dalby, and then moving to Stanthorpe.

Cathy has been involved in a wide variety of community organisations from education and sporting to the arts. In their early days in Stanthorpe, she wrote grant applications for new play equipment, attended working bees, and regularly mowed and gardened to improve the facilities at Kindy. Cathy has been the treasurer at the local State Primary School for the last 12 years and was recognised for her outstanding contribution with a Commonwealth Bank Not-For-Profit Treasurers' Award in 2021. In 2021 Cathy became aware the local swimming pool were going to struggle to provide lessons due to a lack of teachers, therefore she completed the necessary training and taught Learn to Swim classes over summer. Junior Cricket and the Stanthorpe United Football Club have also benefitted from her involvement as part of the committee, setting up before training and even coaching when needed. Cathy plays an invaluable role at the local swim club having mastered the complex computer timing system and has put her hand up to take on the role of secretary next season. The Border District Eisteddfod has also been grateful for her help over the years.

At home Cathy has been the primary carer for their three children and has fed myriads of students, often at very short notice, and once even on Mother's Day! During the drought Cathy would drive an hour to the family farm to feed the animals and be back in time for school pick up.

Cathy is the ultimate quiet achiever. She will notice a gap in the community and fill it without any fuss, while being incredibly generous with her time.



Image Supplied by RDAQ:
QRMFN Backbone of the Bush Winner, Cathy Halliday

Rural Workforce Agency Network

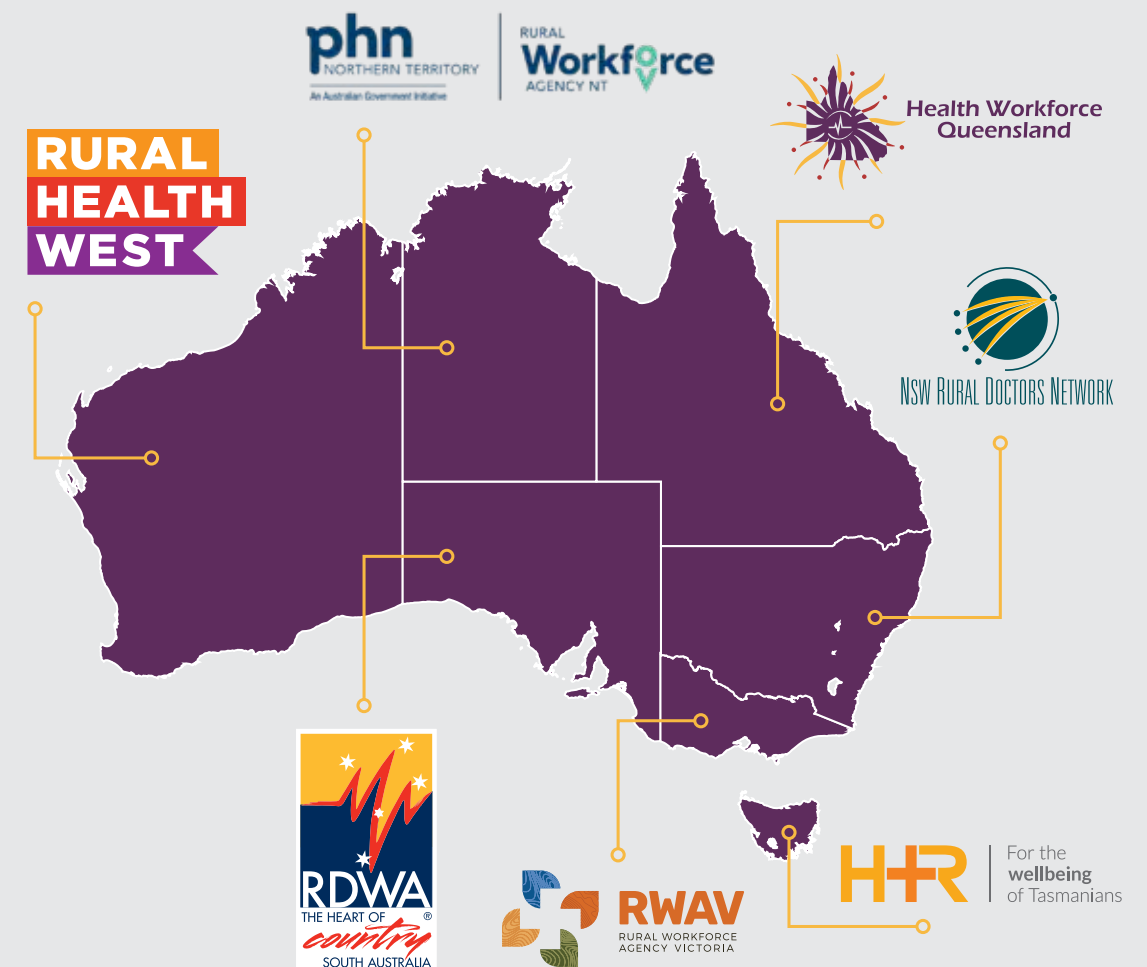
Health Workforce Queensland is one of seven jurisdictional Rural Workforce Agencies (RWAs) that form the Rural Workforce Agency Network (RWAN).

RWAN provides a national point of reference to engage with national stakeholders, participate in national discussions and inform national policy and practice.

RWAN leverages more than 20 years of RWA experience and expertise in rural health workforce issues and challenges, community and stakeholder engagement, data collection and health workforce models of care and innovative practice.

RWAN and RWAs are uniquely placed to lead and support communities and stakeholders to collectively engage and address rural health workforce challenges.

RWAN operates as a Consortium to administer nation-wide remote and rural health workforce programs and to provide a structured approach to strategic and operational opportunities and challenges. 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.



Partnership and Collaboration

Photo taken by Krishna Doshi, Theodore

Health Workforce Stakeholder Group

In February 2021, the Health Workforce Stakeholder Group (HWSG) reviewed the final draft of the 2021 Health Workforce Needs Assessment (HWNA) and provided guidance and input to support the final submission to the Department of Health.

The annual HWSG meeting took place face to face and virtually on 16 September 2021 with 32 representatives from key agencies across remote and rural Queensland in attendance. During the meeting, members identified key issues impacting general practice, nursing, allied health, and First Nations health workforce and discussed the 2021 HWNA, which then helped to inform the 2022 HWNA.

The Health Workforce Stakeholder Group continues to expand its membership, most recently we welcomed the inclusion of the James Cook University's Murtupuni Centre for Rural and Remote Health, the Chair of the Office of Rural and Remote Health, Future-Proofing Our Rural Workforce Collaborative (FORCE) and Southern Queensland Rural Health.

External Events Attended through the 2021/2022 Financial Year

- Gladstone Health Plan Initial Stakeholder Meeting**
14 July 2021, Gladstone QLD
- 14th National Allied Health Conference**
9 – 12 August 2021, Online
- CRANA Conference**
17 September 2021, Online
- 8th Rural and Remote Health Scientific Health Symposium**
6 – 7 October 2021, Online
- RMA Conference**
20 – 23 October 2021, Online
- Roma National Rural Generalist Pathway Shared Workforce Workshop**
4 November 2021, Roma QLD
- Mareeba National Rural Generalist Pathway Shared Workforce Workshop**
10 November 2021, Mareeba QLD
- Gladstone Health Plan Co-design Workshop**
20 April 2022, Gladstone QLD
- RDAQ Conference**
9 – 11 June 2022, Gladstone QLD

Workforce Planning Projects

North West Inter-agency Allied Health Workforce Strategy

The North West Queensland Inter-agency Allied Health Workforce Development and Sustainability Strategy remains in its implementation phase.

Aiming to create and support a local “own grown” workforce underpinned by allied health rural generalist training positions; health service providers, the University Department of Rural Health and Western Queensland Primary Health Network formed

an Implementation Oversight Committee facilitated by Health Workforce Queensland to progress the strategy. Meetings have continued to occur, progress on the strategy has slowed due to workforce turnover and COVID-19 impacts on workforce availability.

More information on the implementation plan can be found on our website.

South West Inter-agency Allied Health Workforce Strategy

In April 2021, a four-month project co-funded by Health Workforce Queensland (HWQ) and the Allied Health Professions’ Office of Queensland (AHPOQ), Queensland Health commenced to scope the possibility of replicating some of the learnings from the north west and apply them to an Inter-agency Allied Health Workforce Strategy in the south west of Queensland.

Extensive consultation with key stakeholders identified challenges, risks, and viable solutions to allied health workforce sustainability in the south west.

Since this time, a joint position funded by Southern Queensland Rural Health and the South West HHS was established for a part time educator to support trainees to undertake projects within their organisations and the region. An Implementation Oversight Committee was formed and meets on a regular cycle to discuss ways the strategy can be sustained and progressed in the region.

The scoping project report and the implementation plan can be found on our website.

South West Allied Health Collaborative

The South West Allied Health Workforce Collaborative continues to bring together allied health service providers, health education providers, and commissioners in south west Queensland to identify ways to support a sustainable allied health workforce in the region.

Health Workforce Queensland facilitates and provides secretariat support for this Collaborative. Projects under the action areas of education and training pathways, workforce and service planning, cultural safety and responsiveness and professional development and health leadership commenced or continued in 2021/22.

South West Allied Health Workforce and Service Mapping Project

Following establishment of the South West Allied Health Workforce Collaborative, an action group was formed to identify priorities and progress activities within the area of health workforce and service planning.

Since commencing in February 2022, the action group, which has representation from numerous collaborative member organisations, has initiated scoping for a phased project:

- Phase One will seek to map allied health services in the south west, whilst,
- Phase Two will endeavour to map the allied health workforce to optimise local health workforce planning.

Place Based Health Service and Workforce Planning – Gladstone and Hopevale

In August 2021, Central Queensland Rural Health / Rural Health Management Service sub-contracted Health Workforce Queensland to design and analyse community and health practitioner surveys to support the development of the Gladstone Health Plan and the Hopevale Health Plan.

Over 500 community members and health practitioners in Gladstone completed a survey. The Hopevale survey is currently open.

In addition to conducting the surveys, Health Workforce Queensland sourced and analysed population and disease profile data to provide an evidence base upon which health service and workforce plans could be built.

National Rural Generalist Pathway Project

Working in partnership with Queensland Health’s Queensland Country Practice, Health Workforce Queensland is developing a Post Fellowship Rural Generalist Support Framework with a vision “For rural doctors to be recognised, valued, and provided with opportunities to maintain and develop skills to sustainably meet local community need and to ensure a fulfilling career as rural generalists in an integrated health system that shares resources.”

Currently in Phase Two of the project, work is focused on:

- The development of case studies of models where primary and secondary care are successfully integrated
- Working with identified communities to capture the journey moving from siloed primary and secondary health service delivery to greater workforce and service integration.

General Practice Virtual Integrated Practice (GP VIP) Project

Health Workforce Queensland has partnered with and supported the Western Queensland PHN and the MRI-UQ Centre for Health System Reform and Integration to develop and implement a proof-of-concept to investigate the impact of a virtual general practitioner on:

- Improving patient access to GP services and continuity of care;
- Improving chronic disease management; and

- Reducing emergency department visits and potentially avoidable hospitalisations.

The proposed activity will give remote and rural patients virtual access (telephone or video) via their usual practice, to a remotely based vocationally registered GP known to them and the practice with participating practices based in Roma, St George and Mt Isa.

Workforce Planning Collaboration

Health Workforce Queensland also attends and contributes to many local workforce collaboratives and initiatives including:

The Central Queensland
Workforce Working Group

The Mareeba and Tablelands
Health Workforce Alliance

The South West Workforce
Working Group

Kingaroy Primary Care
Working Committee

CheckUP's Health Education
to Employment Pathways
- Steering Committee

CheckUP's Community
Services and Health Industry
Skills Advisor Industry
Reference Group

Tablelands Primary Care
Enhancement Advisory Group

North Queensland Health
Workforce Alliance

Event Management Support

9 – 11 June 2022

Rural Doctors Association of
Queensland (RDAQ) Conference



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 2022 Conference, as well as the Agency being the Conference Partner.

Health Workforce Queensland was part of the Saturday morning Rural Workforce Forum: General practice sustainability – strategy versus reality, as well as a trade exhibitor for the 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.



201

Delegates
attended



55

Students
attended

Photo credit: Photos supplied by RDAQ



Statement of Profit or Loss

Health Workforce Queensland Limited

ACN: 065 574 996

Statement of Profit or Loss and Other Comprehensive Income For the Year Ended 30 June 2022

		2022	2021
	Note	\$	\$
Revenue and other income	4	25,724,333	25,331,048
Grants on-funded to sub-contractors		(15,473,478)	(15,293,871)
Program expenses		(3,570,500)	(3,504,916)
Employee benefit expenses	6	(4,513,425)	(4,317,136)
Travel and accommodation expenses		(482,049)	(517,590)
Facility and outgoing expenses		(180,691)	(207,180)
Finance costs	5	(34,681)	(8,224)
Other operating expenses		(1,107,590)	(1,243,604)
Profit before income tax	6	361,919	238,527
Income tax expense	2(b)	-	-
Profit for the year		361,919	238,527
Other comprehensive income, net of income tax		-	-
Total comprehensive income for the year		361,919	238,527

The accompanying notes form part of these financial statements.

Financial Statements

Statement of Financial Position

Health Workforce Queensland Limited

ACN: 065 574 996

Statement of Financial Position As At 30 June 2022

	Note	2022 \$	2021 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	7	13,671,858	14,144,835
Trade and other receivables	8	450,817	239,273
Contract assets	9	18,090,095	16,811,351
TOTAL CURRENT ASSETS		32,212,770	31,195,459
NON-CURRENT ASSETS			
Plant and equipment	10	163,662	239,784
Right-of-use assets	11	693,652	860,129
TOTAL NON-CURRENT ASSETS		857,314	1,099,913
TOTAL ASSETS		33,070,084	32,295,372
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	12	2,884,216	459,354
Contract liabilities	9	26,011,639	27,929,506
Lease liabilities	11	160,073	117,486
Employee benefits	13	566,999	512,532
TOTAL CURRENT LIABILITIES		29,622,927	29,018,878
NON-CURRENT LIABILITIES			
Lease liabilities	11	630,211	790,284
Employee benefits	13	14,312	45,495
TOTAL NON-CURRENT LIABILITIES		644,523	835,779
TOTAL LIABILITIES		30,267,450	29,854,657
NET ASSETS		2,802,634	2,440,715
EQUITY			
Retained earnings		2,802,634	2,440,725
TOTAL EQUITY		2,802,634	2,440,725

The accompanying notes form part of these financial statements.

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 2022, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the responsible persons' declaration.

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

- giving a true and fair view of the Company's financial position as at 30 June 2022 and of its financial performance for the year ended; and
- 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 auditor independence requirements of the *Australian Charities and Not for profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and 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 responsible persons are responsible for the other information. The other information obtained at the date of this auditor's report is included in the Company's annual report for the year ended 30 June 2022 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 on the other information obtained prior to the date of this auditor's report, 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.

Nexia Brisbane Audit Pty Ltd
Registered Audit Company 299289
Level 28, 10 Eagle Street
Brisbane QLD 4000
GPO Box 1189
Brisbane QLD 4001
p +61 7 3229 2022
f +61 7 3229 3277
e email@nexiabrisbane.com.au
w nexia.com.au

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Independent Auditor's Report



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

Responsibilities of Responsible Persons for the Financial Report

The responsible persons of the Company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the responsible entities determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the responsible persons are responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the responsible entities either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

The Responsible Persons are responsible for overseeing the Company'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 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 the 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.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the responsible persons.
- Conclude on the appropriateness of the responsible persons' 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.

Independent Auditor's Report



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

- 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 responsible persons 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

Nexia Brisbane Audit Pty Ltd

A M Robertson

A M Robertson

Director

Level 28, 10 Eagle Street
Brisbane, QLD 4000

Date: 29 October 2022

Independence Declaration



AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION 60-40 OF THE CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012 TO THE RESPONSIBLE PERSONS OF HEALTH WORKFORCE QUEENSLAND LIMITED

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2022, there have been:

- (i) no contraventions of the auditor independence requirements as set out in section 60 40 of the Australian Charities and Not for profits Commission Act 2012 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Nexia Brisbane Audit Pty Ltd

Nexia Brisbane Audit Pty Ltd

A M Robertson

**A M Robertson
Director**

Brisbane, QLD 4000
Date: 29 October 2022

Nexia Brisbane Audit Pty Ltd
Registered Audit Company 299289
Level 28, 10 Eagle Street
Brisbane QLD 4000
GPO Box 1189
Brisbane QLD 4001
p +61 7 3229 2022
f +61 7 3229 3277
e email@nexiabrisbane.com.au
w nexia.com.au

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Level 4, 348 Edward Street, Brisbane QLD 4000

 07 3105 7800  admin@healthworkforce.com.au
 07 3105 7801  healthworkforce.com.au

