



Health Workforce
Queensland

2020-2021 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, 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

Our Values are Integrity, Commitment and Equity.

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 by Sarah and Lucy Jenkins in Barrine, Atherton Tablelands in Far North Queensland.

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The Agency

Photo taken by Samantha Messmer

Chair's Report

It is a great honour to present this year's Health Workforce Queensland Annual Report as Chairperson of the board of directors.

The Covid pandemic of 2020 and 2021 has provided unprecedented pressures on all facets of Queensland society and especially on the health sector. Over this period, I have personally been grateful for and proud of the professionalism, dedication and inventiveness of all staff at Health Workforce Queensland.

I would particularly like to commend the management team for their agile leadership of the agency which has allowed the agency to maintain a solid position in challenging times whilst continuing to provide our staff with a safe, effective work environment

Unfortunately, many of our programs were not able to be fully utilised due to the pandemic restraints. Hopefully their benefits will be able to be more fully utilised in the next financial year.

Health Workforce Queensland has a series of specific programs to support the health workforce in rural and remote Queensland and engages in workforce planning and redesign with partners.

It is with disappointment that at the current time Queensland (and indeed Australia) is again suffering acute shortages of general practitioners and other specialties. As always this is multifactorial. There is a dearth of Australian trained doctors entering general practice and this plays out acutely in remote, rural and regional communities.

The perceived lack of clear commitment to general practice by both levels of government, as exhibited by the prolonged Medicare Freeze is fundamental.

The reduction in inbound migration of general practitioners due to altered government policy and pandemic restrictions is also an issue, as is the vagaries of the opaque backward looking Distribution Priority Area (DPA) system.

Unfortunately, these issues are for governmental leadership, well beyond the control of Rural Workforce Agencies.

Within the Queensland jurisdiction, Health Workforce Queensland collaborates to leverage our expertise to improve care models, both at local and state level.

I would like to thank the directors of Health Workforce Queensland for their dedication and passion to the governance of this organisation.

I welcome our newest director, Mr John Cain, and thank Ms Naomi Blake for her leadership of the Risk Committee. I would particularly like to pay tribute to Prof Rob Stable, my predecessor as Chair for his outstanding contribution to this organisation and to note his long history of service to the people of Queensland.

Dr Ross Maxwell
– Board Chair



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 Queensland experience was initially characterised by a few outbreaks from hotel quarantine and within aged care facilities. The public health actions resulted in a range of lockdown strategies for facilities, specific locations and then border closures and travel restrictions.

Several traditional workforce strategies were proven to be ineffective as COVID-19 lockdowns, border closures and travel restrictions were put in place and these strategies immediately reduced the supply of health professionals for placement, for locum relief roles and for surge workforce initiatives. We changed our operating priorities and adapted our service delivery models and supports for remote and rural health workforce.

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 (HWN)** reflects the challenges that remote, rural and regional and Aboriginal and Torres Strait Islander communities experience, including poor health and lack of access to services due to workforce maldistribution, and

a range of barriers to the supply of quality health professionals. More policy enablers are needed to increase the appeal and viability of rural general practice and primary care and to attract experienced, capable and culturally

responsive health professionals. Greater flexibility in service and workforce models for remote and rural is also required, particularly around shared funding models, staff levels and skill mix, and maximisation of multidisciplinary teams.

The HWNA also identifies strategies to address key workforce issues that Health Workforce Queensland, in collaboration with others, can progress and work closer towards our purpose of creating sustainable workforce solutions that meet the needs of remote, rural and regional and Aboriginal and Torres Strait Islander communities.

The first 'face to face' event I attended for 2021 was the **South West Health Forum**, held in Roma in March. Over 100 delegates attended the event which we hosted in conjunction with the Western Queensland Primary Health Network. The two-day Forum brought together health professionals, policymakers and supporting agencies to identify the gaps in the health workforce and skill shortages, and to discuss the array of active initiatives in the area to help support and retain health professionals. The key outcome from the South West Health Forum was a Call to Action to move towards Collaborative Co-Commissioning to create improved services for remote and rural communities.

Our 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.

GROW Rural South West Queensland took place in October 2020 with a new cohort of students beginning their three-year journey on the program. We partnered with Southern Queensland Rural Health (SQRH) and the RDAQ Foundation to bring the South West Queensland GROW to life. After the success of the Central Queensland event we collaborated with the community and stakeholders in the South West to expand the program into the region.

We held our first **Go Rural Virtually (GRV)** webinar in October 2020. This connected medical, nursing, midwifery and allied health students with the Longreach community and showcased what makes health professionals turn a career into a lifestyle. Students experienced a virtual tour of Longreach with interviews and live panel discussions from local doctors, nurses, midwives and allied health professionals.

Our one-day rural immersion event, **Go Rural**, was held in Toowoomba in May 2021, with thirty-five health students participating. Go Rural aims to introduce first and second-year health students to the possibilities available to them in rural practice, whilst exposing them to the skills required to work in primary care. These students, from a wide range of disciplines, engaged in team-based activities and hands-on clinical skill sessions, facilitated by local health professionals.

In May 2021, the Department of Health advised us that as part of the 2021 Federal Budget, the **John Flynn Placement Program (JFPP)** will cease as of 28 February 2022, with funding redirected to expand rural training opportunities for junior doctors.

I wish to express our disappointment at the decision to cease funding the John Flynn Placement Program and the immediate direct impact on medical students. The importance of early exposure to rural clinical practice and the unique lifestyle opportunities, is a key influence in ultimately choosing a rural medical career in future. This is exactly what the John Flynn Placement Program has successfully done for over 20 years.

Despite the challenges within the current workforce climate including the ongoing impact of COVID-19 and the subsequent border closures, which have presented a significant recruitment barrier, our Health Workforce Solutions team have been successful in providing ongoing support to the practices and health professionals. 34 newly recruited health professionals have commenced in their roles enabling better access to quality services for Queensland remote and rural communities.

Professional Workshops made a return early this year with three successful events held for Rural Emergency Medicine, Emergency Cardiology and Emergency Paediatrics. The workshops were popular and well-received by those attended and we were so happy to be able to hold such successful events under the circumstances.

Another huge achievement was the staging of the **RDAQ 2021 conference** in June. Hundreds of rural doctors and their families attended the Rural Doctors Association of Queensland annual conference, an event connecting rural doctors, leaders in rural health and medical students from across Queensland. We were proud to again support the RDAQ Conference as conference partner.



Photo taken by Andrew Hayward

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 winner of the **QRMFN Backbone of the Bush Award** was announced at the RDAQ 2021 conference. The President of the QRMFN presented the award to a very deserving member of the rural Queensland community of Babinda, Mr Tony Lanzi.

North West Queensland Inter-Agency Allied Health Workforce Strategy – Implementation

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 focused on improving allied health workforce sustainability in the region. The scoping project was conducted between March and June 2020. Extensive consultation with key stakeholders identified challenges, risks and possible solutions.

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

More information on this project can be found on page 52.

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

The project aim was to work with key stakeholders to develop a strategy that supported an inter-agency, collaborative, regional approach to allied health workforce development including recruitment, retention and capacity building, in health services in south west Queensland. The focus of the project was the education and training pathway action area; one of four action areas identified by South West Allied Health Workforce Collaborative members.

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

More information on this project can be found on page 52.

Post Fellowship Support Framework for Rural Doctors – A Queensland Pilot Project

Between July and December 2020, Queensland Country Practice and Health Workforce Queensland conducted a pilot project. The aim of the pilot project was to gather information that will aid the design of the framework. This included 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.

More information on this project can be found on page 53.

We released a number of publications throughout the year including the continuation of our **HealthWorks magazine**. In December 2020 we launched our **new website** after several months of planning and development, we hope you enjoy the intuitive usability of the platform.

In March 2020 we moved to our **new office!** The relocation provided several operational and economic benefits especially in the light of COVID-19 requirements. It has been wonderful working together again in person, and we have been navigating between working from home and the office and finding a balance whilst adapting to the various COVID-19 lockdowns and travel restrictions.

Health Workforce Queensland continues to strive for optimal health workforce in our remote and rural communities and remain committed to our vision and purpose.

I'd like to thank the Board members for their guidance and commitment over the last 12 months and of course, the Health Workforce Queensland staff for their commitment, drive and passion which they bring to their role in this journey, and the flexibility to continue to produce results in such challenging times. We look forward to a purpose filled and successful year ahead.

Chris Mitchell
– Chief Executive Officer

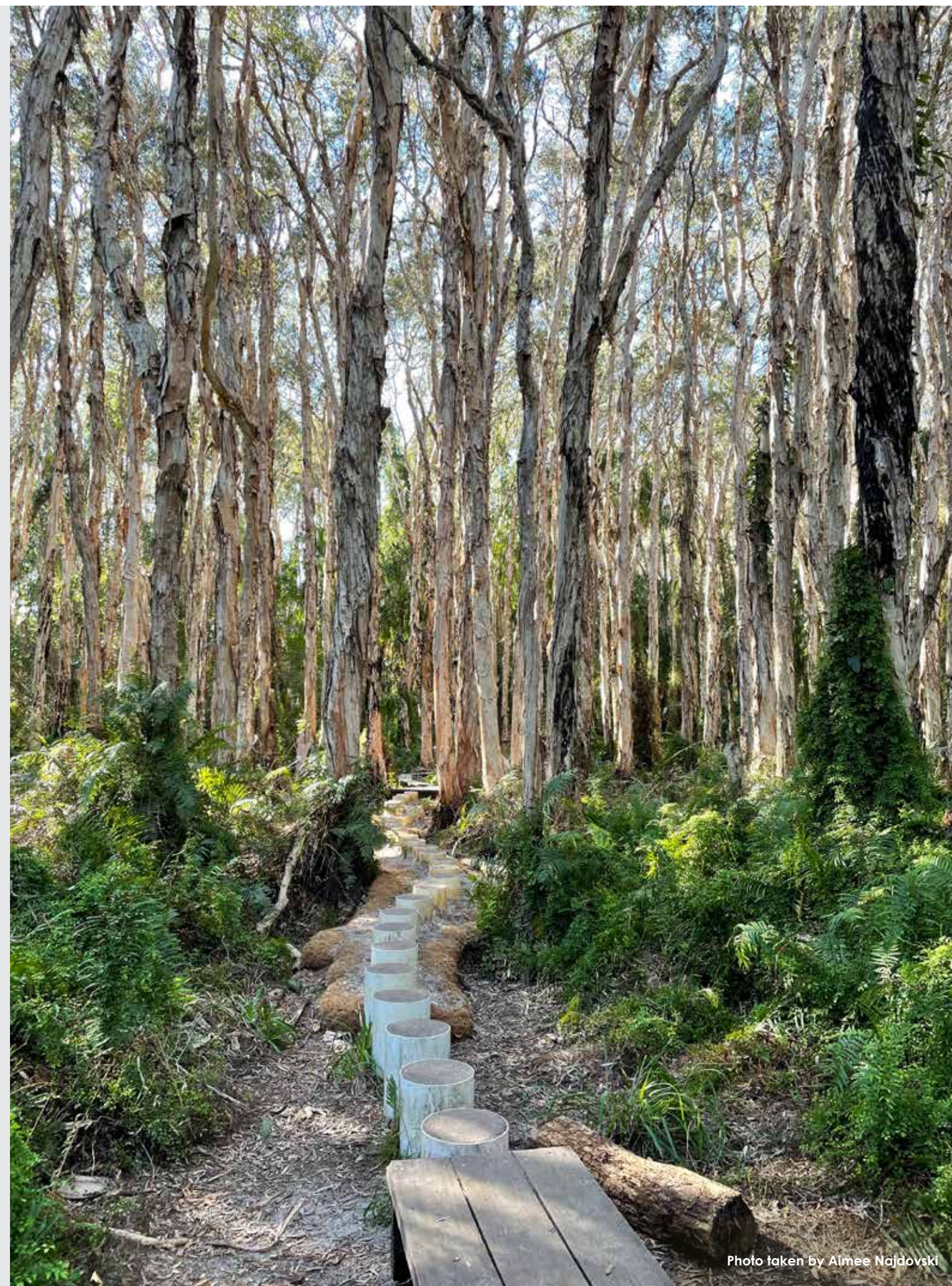


Photo taken by Aimee Najdovski

Board Members

We would like to thank our 2020-2021 Health Workforce Queensland Board for their valuable contributions to the Agency.

We especially acknowledge Dr John Lamb for his dedicated service as a director during his extensive time on the Board.



Dr Ross Hetherington

Appointed 01.10.2000



Mrs Stella Taylor-Johnson

Appointed 14.11.2009



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 from 27.11.2020
Appointed 21.07.2012



Dr John Lamb

Chair of Governance Committee to 27.11.2020
Appointed 21.07.2007 – Retired 27.11.2020



Ms Naomi Blake

Chair of Risk Management Committee
Appointed 05.08.2014



Dr Michael Belonogoff

Appointed 28.11.2015



Dr Natasha Coventry

Appointed 05.11.2016



Mrs Jane Williams

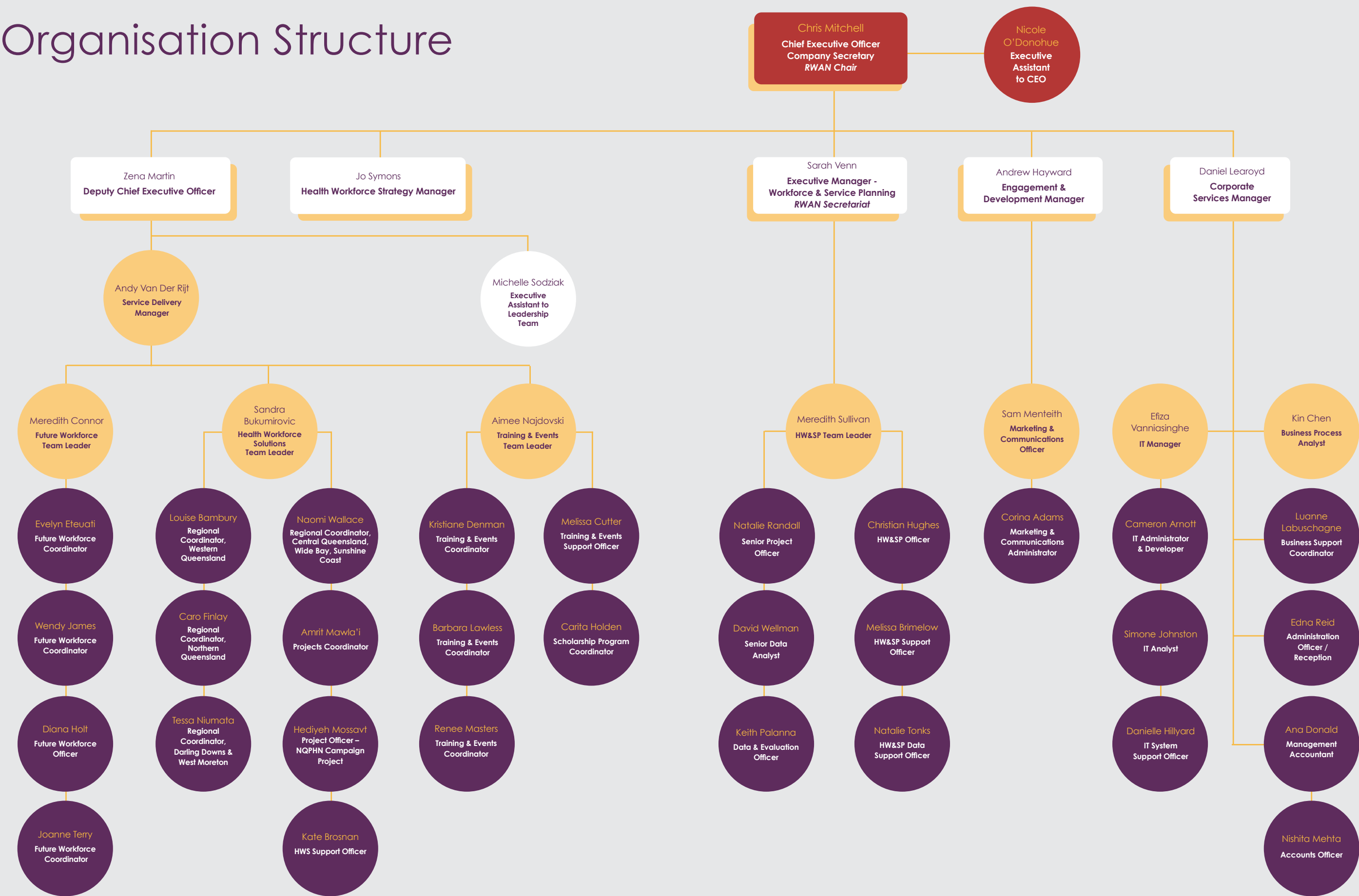
Appointed 29.11.2019



Mr John Cain

Appointed 15.06.2021

Organisation Structure



Health Workforce & Service Planning – ‘Building the Evidence’

Photo taken by Samantha Messmer

Health Workforce Needs Assessment (HWNNA)

As part of our continued funding agreement in 2020/2021 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.

With a focus on the primary health care landscape, the Health Workforce Needs Assessment (HWNNA) 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 HWNNA 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 HWNNA 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.

The HWNNA continues to strengthen the baseline understanding of the primary health care workforce needs of populations and communities in Modified Monash

Model (MMM) 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 GP 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 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 Culturally appropriate health services Service awareness/service understanding |

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 |
| 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 including cost of living, distances to travel; income of clients, access to workforce and economies of scale; Current fee for service general practice models in remote and rural areas does not support sustainability; and Current models do not support 'Easy Entrance, Gracious Exit' of workforce creating financial, administrative and work/life balance burdens. |
| 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 rural and remote 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. |

Conference Abstracts & Presentations

| | |
|---|---|
|  | “Are you Remotely Interested...?” Conference <ul style="list-style-type: none"> Mt Isa, Virtual, 30 September - 1 October 2020 Presentation: Primary Care Workforce and Service Gaps in Remote Queensland: Practitioner and Manager Perceptions. |
|  | Southern Cross University <ul style="list-style-type: none"> 2 October 2020 Fourth Year Allied Health Graduating Students Presentation: 'Career Opportunities' by Naomi Wallace |
|  | 2020 CQUniversity Physiotherapy Symposium <ul style="list-style-type: none"> 23 October 2020 Physiotherapy New Graduates Presentation: 'Opportunities to Support You' by Sandra Bukumirovic |
|  | Rural Workforce Forum – A Brighter Future <ul style="list-style-type: none"> RDAC Conference, Gold Coast, 25 June 2021 Presentation: 'Medical Workforce Data and Trends in Remote and Rural Queensland' by Chris Mitchell |
|  | The Roma Workforce Forum <ul style="list-style-type: none"> Roma, 6 & 7 March 2021 Presentation: Initiatives in the region, GROW Rural South West by Andy Van Der Rijt Presentation: Priorities to take forward for the South West Region by Chris Mitchell |



Access

Photo taken by Kerry LeBouillier

Recruiting Health Professionals

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

Throughout 2020-2021 we have continued to work with Aboriginal Community Controlled Health Organisations (ACCHOs), general practices and primary health care service providers across remote and rural Queensland, to recruit and select health professionals.

Despite the challenges within the current workforce climate including the ongoing impact of COVID-19 and the subsequent border closures, which have presented a significant recruitment barrier, our Health Workforce Solutions team have been successful in providing ongoing support to the

practices and health professionals. We have strengthened our collaborative relationships and continue to work with PHNs and other key stakeholders to address health workforce needs of our remote and rural communities.

One of our key successes was the recruitment of a GP, in collaboration with RVTS, through their Targeted Recruitment Campaign. The campaign addressed a significant need for a rural ACCHO in MMM6 location and provided increased access to services for local Indigenous communities as well as presented an opportunity for the GP to have access to structured training and support to progress towards Fellowship. 34 newly recruited health professionals have commenced in their roles enabling better access to quality services for Queensland remote and rural communities.

34

Total number of health professionals recruited to remote and rural Queensland

4

Allied Health Professionals

4

Nurses

26

General Practitioners

2

GPs – the number of health professionals recruited to Aboriginal Community Controlled Health Services / Aboriginal Medical Services

2

Allied Health Professionals – number of health professionals recruited to Aboriginal Community Controlled Health Services / Aboriginal Medical Services

2609

Total number of general practitioners (/primary care medical practitioners) working in remote and rural (MM2-7, Queensland and active as of 30 November 2020)

- 112 were working in Aboriginal Service roles
- 2171 were working in General Practice roles
- 289 were working in Hospital and Health Service roles
- 37 were working for the Royal Flying Doctors Service (RFDS)

88

Number of grants provided to health professionals as incentive and support packages

- GP Incentives Allocated 23 packages – \$76,368.31
- AHN Incentives Allocated 65 packages – \$208,448.50

772

Number of locum days provided

16

Locum general practitioners placed

1

Targeted recruitment campaign in partnership with NQPHN – Rural Allied Health Enhancement Campaign to recruit health professionals to Mackay region

1

Targeted Campaign to recruit Speech Pathologist / AH Rural Generalist trainee to Western Queensland

1


Targeted campaign to recruit GPs to Aboriginal Community Controlled Health Service in NQPHN Region

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 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.

 168


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

 96

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

 2


New RLRP transfer candidates added to the RLRP

 29


Medical practitioners passed Fellowship exams and achieved vocational registration

5-Year Overseas Trained Doctor Scheme


The 5-Year Overseas Trained Doctor 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.

 21

Active candidates on the 5-Year OTD Scheme

 4

New candidates added to the 5-Year OTD Scheme

 1

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


Workforce 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 01 January 2020.


The WIP was introduced in the 2018-19 Federal Budget and is a component of the Stronger Rural Health Strategy. 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 practice in regional, rural and remote communities through the provision of financial incentives.

Due to COVID-19, there was a decline in the number of doctors practicing in Rural and Remote areas due to travel restrictions, hence the number of FPS applications received for the period were lower than the previous year.

 86

Number of applications received for GPRIP Flexible Payment Scheme (1-Jul-20 to 30-Jun-21)

 74

Applications assessed as eligible for GPRIP Flexible Payment Scheme



MDRAP and the MDRAP Support Package

The More Doctors for Rural Australia Program (MDRAP) and the MDRAP Support Package are both components of the Program is part 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 (OTDs).

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; and
- New overseas trained doctors pursuing a career in general practice in Australia.

 109


Active candidates on the MDRAP program during the last financial year

 63

New members added to the program

 2

Number of candidates that achieved Vocational Registration

 57

MDRAP Support Packages allocated to MDRAP members

Allied Health Campaign

We have been working to enhance the Allied Health Workforce in Northern Queensland through the development of the Rural Allied Health Enhancement Project in collaboration with Northern Queensland PHN (NQPHN).

The Project focus¹ on increasing the numbers of allied health workforce in the Mackay region and building capability through upskilling the existing workforce to address community needs.

We are providing access to tailored, location specific recruitment and retention packages to attract and retain the right people with the rights skills, and to upskill a local workforce to address identified gaps in service provision. The geographic scope of this project was limited to the boundaries of the Mackay region with allied health workforce a priority at the time. However, the project continues with an expanded scope into the new financial year.

A comprehensive marketing strategy and a tailored recruitment campaign commenced as part of this project.

COVID-19 has had a significant impact on the outcomes and has created many barriers for sourcing and attracting a health workforce. However, despite the challenges we have managed to support 7 health professionals with incentive packages to transition into new rural roles since the beginning of the project.

Health Workforce Queensland and North Queensland Primary Health Network are also providing opportunities for primary care providers to support workforce optimisation and diversification through training for the Vocationally Educated and Trained Workforce across five qualifications to enhance patient-centred, place-based care, business sustainability and continuous quality improvement.

21 applicants have been provided with funding to upskill, further their careers and address community needs.

New GP Recruited to Goondir Health Service in St George

Dr Wood was recruited under a collaborative approach by Health Workforce Queensland (HWQ), the Remote Vocational Training Scheme (RVTS) and Goondir Health Service (Goondir).

We met with Goondir Health Services CEO, Mr Floyd Leedie to discuss the appointment. Mr Leedie expressed the importance of having good quality health professionals available at their Service for the local community and said,

"A lot of our Mob had stopped seeking medical assistance due to the inconvenience caused by not having a local GP."

Goondir had the vacant General Practitioner position open for roughly 8 months. In collaboration with HWQ and RVTS through their targeted recruitment strategy, Goondir were able to find a suitable practitioner, Dr Gary Wood, who was able to provide a much needed service to the community,

"We sincerely thank Tessa and Sandra at Health Workforce Queensland who facilitated the recruitment of this position. Obtaining the RVTS targeted recruitment Strategy funding has been a big event for us, securing Dr Wood was something our community greatly needed."

Mr Leedie explained that there are a variety of barriers to attracting doctors to the region. They include the stigma of working in a rural area, and that generally medical students aren't exposed early enough in their training to the possibilities of working in remote or rural communities.

Mr Leedie explained that he is keen to approach and work with students whilst they are at medical school and to expose what life is really like in rural Queensland as a health professional.

"We continue to form collaborations that positively impact communities that need health workforce the most, we take heart in knowing this is why we do what we do,"

Said HWQ CEO Chris Mitchell.

"Our relationship with both Goondir and RVTS has been forged over many years, and it is great to see Dr Gary Wood join Goondir to serve the community."

RVTS CEO, Dr Pat Giddings said,

"For the community, there are significant benefits, including the continuity of care for patients and having a doctor in the same location for a number of years."

"It is great to hear that Gary has settled well into life in St George. Dr Wood comes from a strong background in paediatrics and has found that the medicine in St George has been interesting and rewarding."

"The benefit of RVTS training for the doctor is that it enables them to enhance their skills and expertise in general practice while staying working in the one location."

Dr Giddings said.

Following on from the appointment of the new General Practitioner, Mr Leedie is excited by the opportunities this offers to Goondir and the Community, he commented,

"If we can show that we have a great service, then we can attract other great service providers into the community."

An example of this is Goondir Health food service in collaboration with SecondBite and Fair Share. An approach by Goondir which demonstrates the provision of a 'holistic' model of health care services.

The partnership utilises up to 6 tonnes of food each week which is donated to communities that need it most, complementing Goondir's general practice services and increasing community health with good nutrition.

Mr Leedie stated that,

"Because of the relationship and rapport that has been developed between Goondir Health Services and Health Workforce Queensland, there is a deeper understanding which contributed to placing Dr Wood."

I believe that because of his experience and skills he could have been placed anywhere but because of our relationship and they knew we needed the right staff, they knew the kind of candidate we were looking for."

Mr Leedie's and Goondir Health Services' focus is on **"Providing good quality health service options for the local Indigenous community."**





Quality

Photo taken by Jess Taylor

Health Workforce Scholarship Program

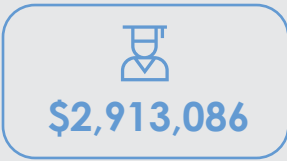
The Health Workforce Scholarship Program (HWSP) is an initiative of the Australian Government Department of Health's, Health Workforce Program.

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 employed health professionals.

The program provides funding support to qualified medical, nursing & midwifery, dental, allied health or Aboriginal and Torres Strait Islander Health rural health professionals for clinical upskilling and education.

“The bursary has allowed me to undertake studies that would have otherwise been unaffordable personally,” Physiotherapist, Atherton.

2020/2021 Statistics:



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

Scholarships

Applications

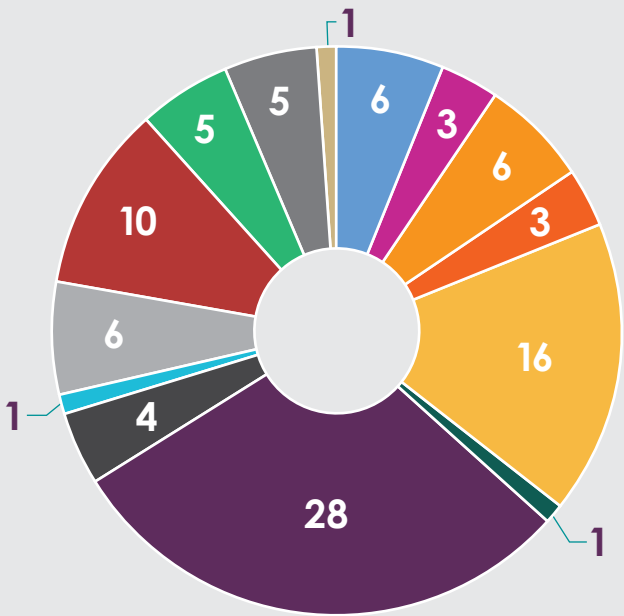


Scholarship applications received by June 2021



Scholarship applications assessed as eligible by June 2021

Health Professions



Health Workforce Scholarship Program

Bursaries

Applications

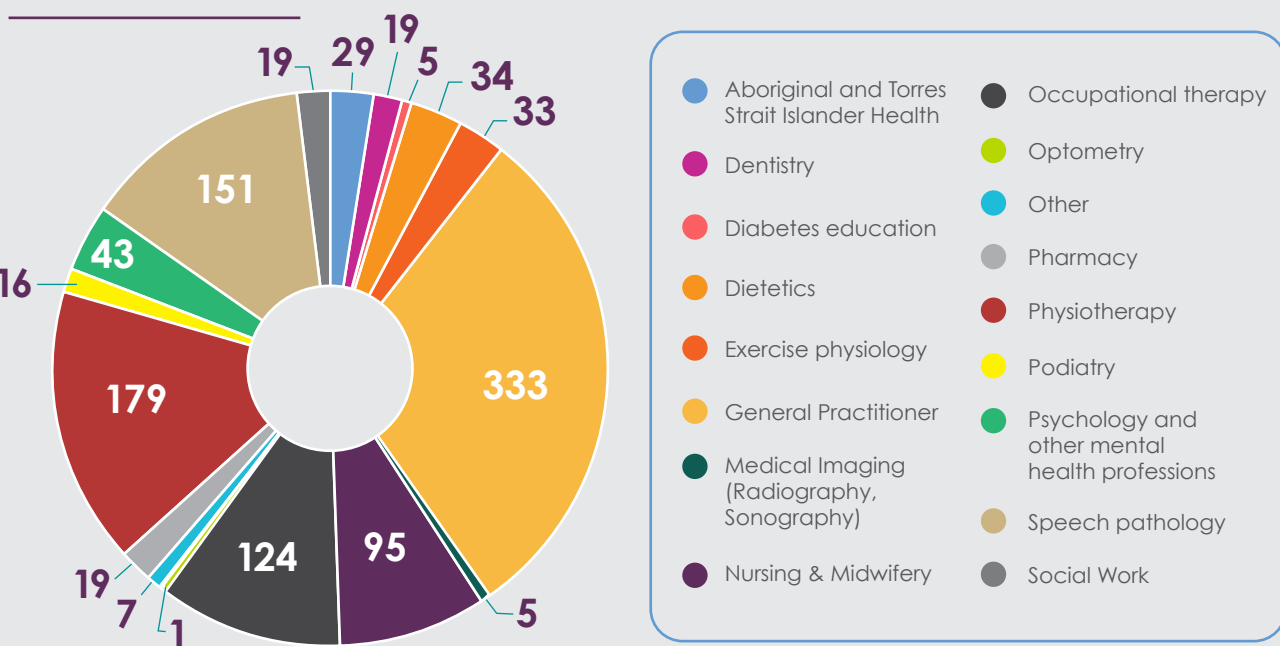
 **1393**

Bursary applications received by June 2021

 **1115**

Bursary applications assessed as eligible by June 2021

Health Professions



Health Workforce Scholarship Program

Scholarship and bursaries relating to Aboriginal Community Controlled Health Services (ACCHS) or Aboriginal Medical Services (AMS)

Applications

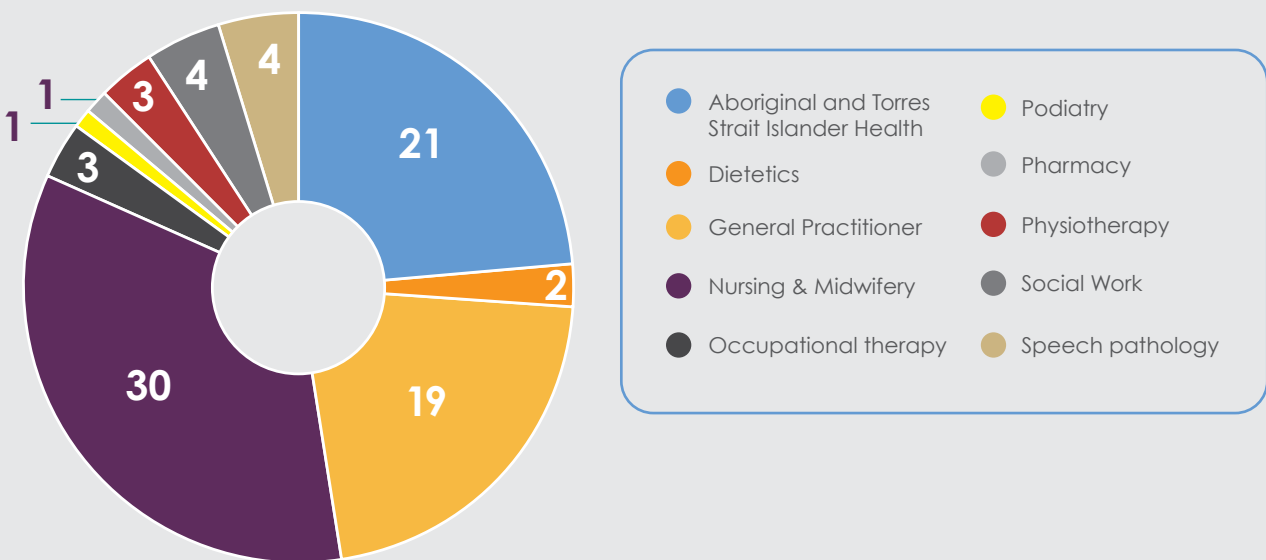
 **119**

Scholarships & bursary applications received by June 2021

 **88**

Scholarships & bursary applications assessed as eligible by June 2021

Health Professions



Fellowship Support

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

The RLRP Program has ceased and is not open to new applicants. However, we have been actively case managing our remaining RLRP candidates, providing guidance and advice

regarding upcoming College exam changes and relevant training pathways.

29 of our RLRP doctors have achieved Fellowship last financial year resulting in great outcomes for themselves and rural communities benefiting from their services.

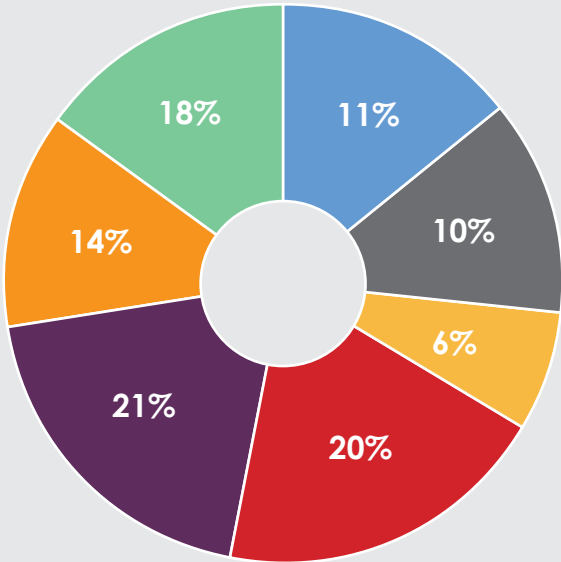


68

Grants provided for Fellowship support and exam

| Topic | Location | Date |
|-----------------------------------|------------|------------------------|
| Emergency Trauma Workshop | Brisbane | 5 - 6 September 2020 |
| Emergency Mental Health | Brisbane | 19 - 20 September 2020 |
| Rural Emergency Medicine Workshop | Brisbane | 12 - 14 February 2021 |
| Emergency Cardiology | Brisbane | 27 - 28 March 2021 |
| Emergency Paediatrics Workshop | Gold Coast | 15 - 16 May 2021 |

Breakdown of MMM Classification of Workshop Attendees



Professional Development (PD) Workshops

To ensure rural health professional can maintain their skills 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 leading health professionals as our workshop facilitators, who have a comprehensive understanding of the challenges in practicing in remote and rural locations.

Our presenters provide high caliber practical workshops with the most up-to-date clinical knowledge and use the latest simulation training technologies.

Providing Professional Development Workshops ensures that rural communities can access highly skilled health professionals close to home.

Once again, this year COVID-19 impacted our plans and we had to cancel two of our workshops in 2020, however, once restrictions eased, we were able to deliver two workshops (both filled) to close out the year. In 2021 we have been able to facilitate three workshops as per our plan.




5

Number of PD workshops provided



87

Total number of workshop delegates



97.7%

Delegates satisfaction rating in relation to learning objectives being met



Testimonials

HWQ Rural Emergency Medicine course was a fantastic refresher course for me to upskill and return to the emergency department setting with increased confidence and competence.

REM Attendee 2021

The workshop was great because it has enabled me to develop confidence & skills to work effectively as part of a trauma team. Also, it has given me more idea of areas that I require more knowledge in.

Emergency Trauma Workshop Attendee 2020

High quality enjoyable learning experience. I would recommend this course to other GP's of all levels of skill.

Emergency Cardiology Workshop Attendee 2021

Great overview of current guidelines & references to valuable resources.

Emergency Trauma Workshop Attendee 2020

Well contextualised to the rural environment.

Emergency Cardiology Workshop Attendee 2021

It's gives me more confidence to practice in rural areas.

Emergency Trauma Workshop Attendee 2020





Sustainability

Photo taken by Janelle Hultgren

GR GOING RURAL

Health Workforce Queensland's commitment to support health students throughout their career journey saw Future Workforce launch its latest student initiative, 'Going Rural' in June 2021.

Going Rural was specifically developed to provide rural and remote placement support for Queensland nursing, midwifery and allied health students through financial assistance packages to cover travel and accommodation costs.

Underpinning the development of 'Going Rural' is the recognition that for nursing, midwifery and allied health students interested in exploring career pathways into rural and remote health, placement opportunities and support are often limited.

By offering financial assistance packages of up to \$1000 per placement, successful Going Rural applicants, have greater capacity to go on placement while also maintaining home rental/mortgage payments and managing lost income from their paid employment.

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.

Importantly, accessing Going Rural 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 Future Workforce's commitment to ensure the programs and activities it delivers are inclusive of all health disciplines that will, in the long-term, contribute to creating a quality remote and rural workforce that is both accessible and sustainable.



Each year 300 rural scholarships are offered to first and second-year medical students from 21 participating universities to experience the one-of-a-kind rural clinical practice and rural lifestyle throughout Australia.

JFPP Scholars 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.

The Department of Health advised us that as part of the 2021 Federal Budget, the John Flynn Placement Program (JFPP) will cease as of 28 February 2022, with funding redirected to expand rural training opportunities for junior doctors.

We have expressed our disappointment at the decision to cease funding the John Flynn Placement Program from February 2022.

The decision will have an immediate and direct impact on medical students. A raft of evidence supports the importance of early exposure to rural clinical practice and the unique lifestyle opportunities, as a key influence in ultimately choosing a rural medical career in the future. This is exactly what the John Flynn Placement Program has successfully achieved for over 20 years.

JFPP Scholars consistently express their appreciation for the program and the opportunity to experience a supportive rural immersion placement that provides a balance between the clinical placement and exposure to life in a rural community. This is the key difference between the JFPP and standard university placements, which concentrate almost exclusively on the clinical component of the placement without placing rural practice in the context of rural life.

For the first time in the 20-year history of the JFPP, Aboriginal and Torres Strait Islander medical students were acknowledged and encouraged to apply for the JFPP.

Automatic selection of Aboriginal and Torres Strait Islander applications was supported by the Department. A total of 33 Aboriginal and Torres Strait Islander students were accepted onto the program between 2019 and 2020.

In the 2020 JFPP survey, over 93 percent of Scholars indicated that the placement had provided a positive or very positive impact on their ambitions to practice in a rural location. Major reasons for that impact, selected by more than half of the students, were the connections Scholars made with the Mentors and rural communities.

“**The JFPP was instrumental in my decision to return to work in the NT where I am currently spending 3 years as an emergency trainee. Without it, I would not have come here at all.**”

“**I’m currently working as a GP in regional Queensland (Mackay). JFPP gave me the opportunity to trial rural living and meet others with a passion for rural practice. It was the start of my current journey in regional medicine.**”

We have been privileged to be part of this excellent program since 2017 and we will continue to support the current cohorts until February 2022.

The Rural Workforce Agency Network acknowledges the commitment to the Scholars, Mentors and host communities and extends its sincere gratitude for their contribution to this unique Program.



1 July 2020 – 30 June 2021

791

Scholars on the Program at 30 June 2021

746

Total active Mentors on the Program

1027

Placement weeks completed

244

Placement weeks cancelled due to COVID-19



1 July 2020 – 30 June 2021

104

Queensland-based Scholars (reduced number to previous years due to the 2021 intake being cancelled)

184

Number of Mentors in Queensland

149

Number of Hosts in Queensland

156

Number of Community Contacts in Queensland

163

Number of placements in Queensland





GROW Rural is a longitudinal rural immersion program for first and second-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. It encourages health students to return to the communities for their clinical placements and to consider rural practice as a future career opportunity has successfully achieved for over 20 years.

Central Queensland

The commencement of the GROW Rural Central Queensland (CQ) 2020-2022 cohort was postponed until 2021 due to the implications of COVID-19.

We received an enthusiastic response to the application round which opened in May 2021, nearly 100 applications were received for 30 places. GROW Rural CQ visits the rural communities of Woorabinda, Moura and Theodore, the 2021-2023 cohort's first event commenced in July 2021.

South West Queensland

The inaugural GROW Rural South West Queensland (SWQ) was launched in partnership with Southern Queensland Rural Health to deliver the program over 2020-2022. The RDAQ Foundation also contributed as the GROW Rural SWQ 2020 Travel and Accommodation Partner.

The response to participate was significant with over 90 applications received from eight Queensland universities resulting in 23 places being offered to medical, nursing/midwifery

and allied health students. The 2020-2022 cohort will visit the communities of Roma, St George, Cunnamulla and Charleville over the course of the three-year program.

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 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 skillfully wove Indigenous history into interpretative drawing.

Pre and post-event student evaluation indicated participating in the event had increased student interest in rural practice and their intention to practise rurally.

The following quotes from two GROW Rural SWQ students summed up their experience as:

“The very best learning experience of my student life!

Being a part of the GROW Rural program has been such a rewarding experience.

I met so many wonderful people, and really got to experience what practicing rurally entails. The weekend enabled me to grow both in a professional and a personal capacity and I couldn't be more grateful to be a part of this incredible program!”



23

Multidisciplinary Students

Breakdown of Disciplines for GROW SWQ:



1

Dentist



6

Medicine



10

Nursing/Midwifery



2

Occupational Therapy



1

Paramedicine



1

Psychology



2

Speech Pathology



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 Roslyn Budd

Growing a Rural Health Career

From Immersion to Conversion

Meet Jenna Perry, a former GROW Rural participant who in early 2021 joined Gidgee Healing in Mount Isa as a Dietitian. We talked to Jenna about her experience on the GROW Rural Central Queensland program and how her experience shaped her career.

What is your favorite memory from GROW?

One of my favorite memories from GROW Rural is visiting the Aboriginal community Woorabinda in Central Queensland. We were lucky enough to be taken for a tour around the community by the local elders and had the opportunity to listen to community members share their stories about both the challenges and enablers to their health and wellbeing.

What interested you in GROW?

Growing up in a rural town in Tasmania and studying dietetics, I was always interested in rural health. I saw GROW as an opportunity to learn the necessary skills required to provide high quality and patient centered care in a rural or remote QLD setting.

Is there anything you learnt from GROW that will assist you in your position at Gidgee Healing in Mount Isa?

Yes, the importance of taking the time to build relationships and trust with community.

Why should others participate in GROW?

I believe it's a great way to make friends and connections with students and staff from both medical and allied health backgrounds and gain an understanding of how we can work together.

Did you see yourself working rurally prior to participating in GROW?

Yes, I always wanted to work in a rural or remote setting prior to commencing GROW, however, GROW confirmed that it was definitely something I wanted to pursue after graduating. I always thought I should wait until I had a few years of experience after graduating, but GROW opened my eyes to the opportunities and support when working in a remote setting as a recent graduate.

What was it about the Dietitian role at Gidgee Healing that appealed to you?

I have always wanted to work in the area of Aboriginal and Torres Strait Islander health and am very passionate about providing culturally safe and responsive health care. Gidgee Healing is an Aboriginal Community Controlled Health Service, which provides holistic health care services that are guided by the needs of community.

Have you found the transition to working in Mount Isa easier given your previous participation in GROW?

Yes, I believe so. GROW instilled the importance of being community minded and building relationships when working in a rural or remote setting.



GO RURAL QUEENSLAND

35 health students travelled to Toowoomba on Saturday 8 May 2021 to participate in Health Workforce Queensland's (HWQ) annual 'Go Rural' immersion event. Health students from a wide range of disciplines engaged in team-based activities, hands-on clinical skill sessions, facilitated by local health professionals.

Go Rural is a one-day rural immersion event which aims to introduce first and second-year health students to the possibilities available to them in rural practice, whilst exposing them to the skills required to work in primary care.

HWQ CEO, Chris Mitchell says "Immersion events such as Go Rural are vital for students, especially students in the early stages of their tertiary education. It is encouraging to connect with enthusiastic students, learning skills they'd not usually experience until later in their training.

Today, the students had an opportunity to develop an understanding of the possibilities of rural practice and how primary care in rural communities can be a rewarding career."

The day commenced with a Welcome to Country and an Aboriginal art activity lead by Uncle Colin Jones of Kalkadoon and Nunukul tribal descent. Colin is an internationally recognised artist, who also lectures extensively in Aboriginal art, history and culture.

Next, the day focused on practical skill sessions with topics related to rural health that promote interprofessional collaborative practice. The team of amazing facilitators from our Gold Sponsor, Southern Queensland Rural Health (SQRH) lead skills sessions in intravenous cannulation, speech pathology and occupational therapy.

"It was a pleasure to host Go Rural at SQRH Toowoomba this year," said SQRH CEO, Geoff Argus.

"It provided a great opportunity for health students to interact and learn from health professionals who live and breathe rural health."

"To see 35 students from a range of disciplines working and learning together is at the heart of what we do in creating a highly skilled and interprofessional collaborative rural health workforce."

At the end of a very full day students were enthusiastic about the experience. Now they have commenced their discovery of rural practice Health Workforce Queensland will continue to engage with them to support their journey into rural careers.

Go Rural is an initiative of and delivered by Health Workforce Queensland with support from the event sponsors:

Gold Sponsor:



Silver Sponsor:



GO RURAL QUEENSLAND *virtually*

With the advent of COVID-19 and the corresponding limitations of providing face to face rural immersion events to health students, Health Workforce Queensland was inspired to develop Go Rural Virtually to connect health students with Queensland rural and remote communities and their health practitioners using a virtual presentation format.

Go Rural Virtually provides virtual rural experiences through integrating video footage to showcase a rural or remote community with a 'live' panel of speakers drawn from local health services and online student audiences to generate interactive discussions.

Go Rural Virtually's first virtual rural community visit took place in Longreach in October 2020. Speakers participating in the interactive discussion were drawn from local medical, nursing, midwifery, physiotherapy and podiatry health professionals who spoke to event's theme 'We look after Longreach, and Longreach looks after us'.

The online students were given insight into topics relevant to rural practice including how Longreach health professionals create a sense of community within and outside of the workplace, how personal and professional relationships are built and maintained, the opportunities to advance skills and career development, as well as the variety of career pathways that practitioners took to work rurally.

Importantly, Go Rural Virtually contributes to the longitudinal relationship between Health Workforce Queensland and health students to influence and support health career opportunities and pathways into remote and rural health.

As with all Future Workforce initiatives GROW Rural Virtually adds value to current and future health student immersion experiences, as well as actively promoting intra-agency collaboration to enhance the Health Workforce Queensland customer journey.

Rural Health Clubs

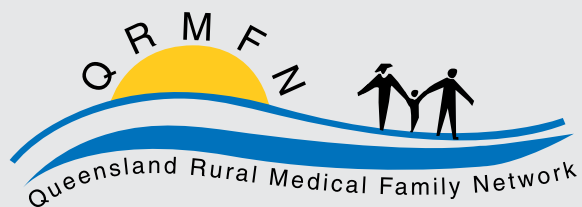
Health Workforce Queensland provides sponsorship to the university Rural Health Clubs based in Queensland to support activities promoting careers in rural health.

In addition to funding Rural Health Club activities and events, Future Workforce facilitates monthly online meetings with the

Rural Health Club Executive Committees to promote inter-club collaboration, information sharing and promotion of upcoming events and activities.

Student support also extended to sponsoring 10 Queensland medical students to attend the 2021 RDAQ Conference and sponsorship of the Student Networking event.





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 at RACV Royal Pines on the Gold Coast. The Family Program, sponsored by Health Workforce Queensland, had an extensive program of activities for families especially the children throughout the 3 days, including:

- Afternoon tea meet and greet for families and spouses;
- Tie dying activity;
- Spouses enjoyed a sip and paint session;
- Friday night social with face painting, balloon artists, jugglers and an ice cream station with extra toppings;
- Golf class and outdoor team sports session;
- Sea World adventure; and
- Street science showcase, where all the kids created their own flavoured sherbert.

The QRMFN Annual General Meeting was held on Friday 25 June, and the 2021-2022 Committee was confirmed. We thank Katrina Coates, Sallyella Sloss and Ross Finlayson for their valuable contribution during their time on the QRMFN Committee during 2020/2021.

The QRMFN express a warm welcome to Katie Pitt and Cally Callaghan as they join the Committee. Dr Margaret Kay attended as guest speaker and addressed doctors' health and recognising its importance for the whole family.

Backbone of the Bush Winner:



Name: Tony Lanzi
Current Location: Babinda
Doctor Partner: Angie Vico



Award recipient Tony Lanzi with QRMFN Committee President, Bec Telfar

The 2021 Backbone of the Bush Award recipient, Tony Lanzi, has been a valuable and active part of rural Queensland communities and has supported his partner and her career through 4 moves over the last 4 years, including time spent in Proserpine and currently Babinda.

His qualifications include Ship Captain, Builder/Carpenter, Engineer / Fitter, Skipper, Commercial Fisherman, Dive Instructor, Pilot, Volunteer Rural Fire Fighter and is an active RSL and Lions Club member. He has also served in the Army and RAAF.

Our award winner was living in Proserpine during the Category 4 Cyclone Debbie in 2017. Soon after the storm had passed, he was out in the community assisting in the clean-up. He has also been active in his local community of Babinda offering support in various practical ways throughout the COVID-19 pandemic. He is well recognised in his community as someone who is always willing to lend a hand no matter what the task is.

He has also spent many years volunteering for the Rural Fire Brigade and was the Surf Life Saving President at the Rainbow Beach Surf Living Saving Club. In a previous life he was Chief Skipper at Point Danger Volunteer Marine Rescue. He is an active member of the RSL, assisting with organising ANZAC Day and other community events.

He has provided great support to his partner throughout her ACRRM and FACRRM Fellowships and their moves to different towns. While other doctors commute to Babinda, he and his partner live locally. He has demonstrated a commitment to rural health and great generosity and community spirit.

Family Program Registrations:



Kids: 36



Partners: 15



Partnerships & Collaboration

Photo taken by Laura Borchert

RWAN & Consortium Programs

The Rural Workforce Agency Network (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. RWAN and RWAs are uniquely placed to lead and support communities and stakeholders to collectively engage and address rural health workforce challenges.

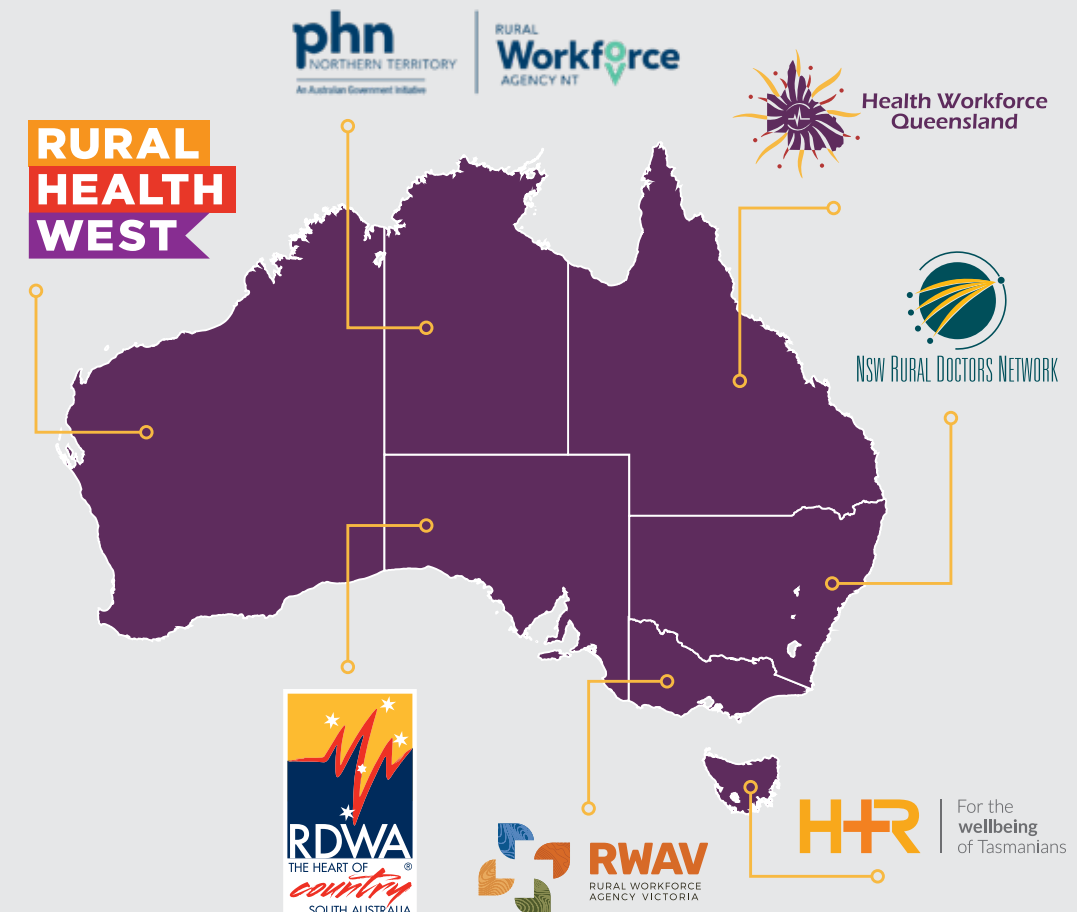
RWAN operates as a Consortium, providing a platform for members to leverage national funding initiatives and seek further service delivery opportunities in the rural health workforce space more broadly. RWAN was formed in 2017 by the RWAs to administer nation-wide remote and rural health workforce programs and to provide a structured approach to strategic and operational opportunities and challenges.

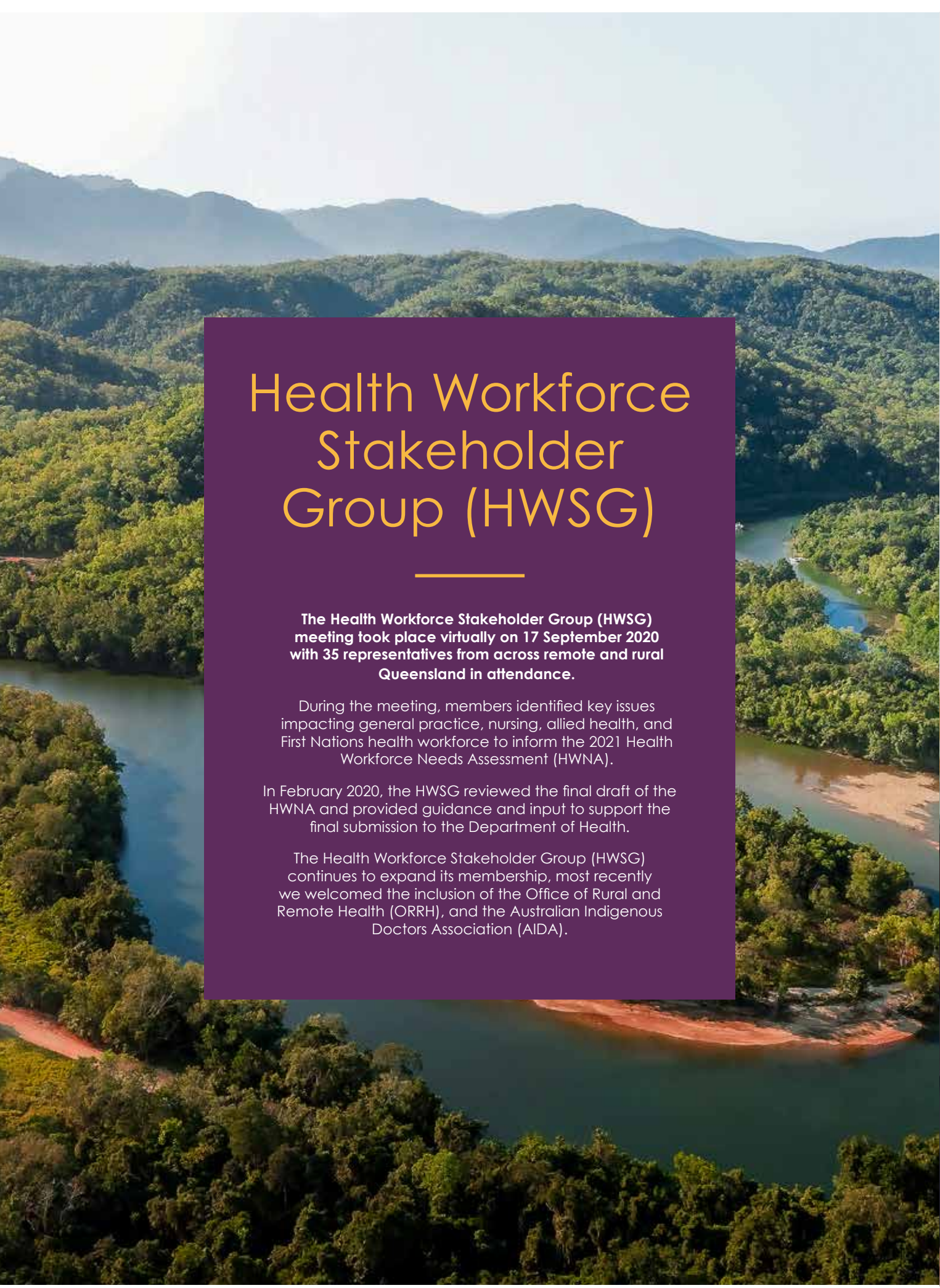
The RWAN currently administers five Department of Health Programs of which Health Workforce Queensland are the Lead Agency for the following programs:

- John Flynn Placement Program
- Health Workforce Scholarship 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 (RHWSA) within their jurisdiction.





Health Workforce Stakeholder Group (HWSG)

The Health Workforce Stakeholder Group (HWSG) meeting took place virtually on 17 September 2020 with 35 representatives from 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 to inform the 2021 Health Workforce Needs Assessment (HWNA).

In February 2020, the HWSG reviewed the final draft of the HWNA and provided guidance and input to support the final submission to the Department of Health.

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

Indigenous Health-Centred Diploma of Leadership & Management

As part of the Indigenous health-centred Diploma of Leadership and Management the second learning retreat was held in Cairns earlier this year.

We are proud to have contributed to this valuable program, we continue to develop our strategic partnership and collaborations with Northern Queensland PHN, Health Industry Training and the Aboriginal and Torres Strait Islander health workforce in the North Queensland Region.

The program aims to develop strong, emotionally intelligent leadership and management skills within Aboriginal Health

Services, which is crucial to improving health outcomes of Aboriginal and Torres Strait Islander communities.

Students discovered and explored the skills which apply to Indigenous health, business, project planning and management, stakeholder engagement, workplace relationships, and continuous improvement.

The outcomes of the training will contribute to the development and sustainability of leadership roles in Aboriginal and Torres Strait Islander Health Organisations.



External Events Attended Through the 2020/2021 Financial Year

Unveiling Stage 1 - St George Community Well Being Centre, Goondir Health

20 May 2021, St George QLD

Closing the Gap Conference

25 - 26 May 2021, Cairns QLD

RACGP Practice Owners National Conference

19 - 20 June 2021, Brisbane QLD

RDAQ Conference

24 - 26 June 2021, Gold Coast QLD



A Region in Focus



South West Health Forum

Health Workforce Queensland continues our strong partnership with Western Queensland PHN, with support through funding and event management services to assist with their South West Health Forum hosted in Roma

in 2021. Health Workforce Queensland also contributed to the planning committee and advisory group by identifying topics and areas to address during the forum.



Left to right: Chris Mitchell, Prof Clair Jackson, Sandy Gillies, Stuart Gordon, Prof Ruth Stewart, Dallas Leon

South West Allied Health Collaborative

Allied Health service providers, health education providers, and commissioners in South West Queensland met in October 2020 to discuss the challenges and opportunities for allied health workforce sustainability in the region.

A significant outcome of this meeting was broad endorsement of the establishment of a South West Allied Health Workforce Collaborative whose purpose is to identify

ways to support a sustainable allied health workforce in South West Queensland with consideration to an integrated, career life-cycle approach to workforce planning and support.

A number of projects are already underway, including the South West Inter-Agency Allied Health project and an application through the Primary care Rural Innovative Multidisciplinary Models (PRIMM) grants.

Workforce Planning Projects

North West Inter-Agency Allied Health Workforce Strategy

In July 2020, following the scoping of a North West Queensland Inter-agency Allied Health Workforce Development and Sustainability Strategy, a two-year implementation commenced.

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 (UDRH) and Western Queensland Primary Health Network (WQPHN) formed an Interagency Oversight Committee facilitated by Health Workforce Queensland (HWQ) to progress the strategy.

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

The scoping project proposed an initial two-year implementation of a collaborative, inter-agency regional strategy comprised of the following enabling components:

- Allied health rural generalist training positions established in health services employing early career practitioners;
- Training position incumbents ("trainees") to undertake post-graduate coursework and work-based training in rural generalist practice;
- Access to training grants covering education costs and assisting the employing organisation to address barriers to training and practitioners;
- A commissioning model that enables allocation of training and supervision time;
- Inter-agency collaboration to generate a critical mass of resources for supporting early career allied health professionals that each individual agency would not be able to source or allocate independently; and
- Adopting a training cohort approach to optimise supervision, learning support and peer engagement, while moderating each individual organisation's investment requirements.

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 possible solutions to allied health workforce sustainability in the south west.

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

The project was conducted over 22 weeks (1 February 2021 to 30 June 2021) and was co-funded by Health Workforce Queensland and the Allied Health Professions' Office of Queensland. In-kind resourcing was provided by project partners, in particular Southern Queensland Rural Health, in terms of the allocation of staff time to meetings, consultations and review of project documents. Some of the findings from the project included:

- For the strategy to provide consistent, high quality professional support and training in relevant rural generalist skills that was sufficiently flexible, inclusive and responsive to local need.
- The adoption of a dual focus to enable the development of clinical and practice training for early career allied health professionals and the contextualisation of learning for allied health professionals in the established / mid-career phase.
- Support for an inter-agency approach that maximised participation of local health service providers in collaborative

workforce and service development strategies and projects was also identified as a key component.

- The dispersed services and varied allied health professionals' experience levels suggested that coordination of a series of time-limited, project-based, inter-agency learning sets supporting both workforce and service development may be appropriate.
- Importantly, an overarching, inter-agency governance / implementation group would support the strategy implementation.

Post Fellowship Support Framework for Rural Doctors – A Queensland Pilot Project

Between July and December 2020, Health Workforce Queensland and Queensland Health sought to gain an understanding of doctors' views on the National Rural Generalist Pathway and Collingrove Agreement, the integration of primary and secondary care in rural and remote communities, shared employment models, job satisfaction, rurally based career paths, and skills maintenance and acquisition requirements. Three activities we undertaken:

Pilot Site – Goondiwindi – Site visits and semi-structured interviews were conducted with general practitioners, hospital doctors, and hospital executives.

Virtual Site – Semi-structured interviews were conducted with 1 General Practitioner, 1 hospital doctor, and 1 hospital executive in 6 towns, each selected based on an agreed set of criteria.

Statewide Survey – An online survey was distributed to doctors working in primary and secondary care in regional, rural, and remote communities.

At the completion of the project, an understanding was gained of the primary and secondary care need of rural and remote communities and doctors' views on the NRG, shared employment models, job satisfaction, rurally based career paths, and skills maintenance and acquisition requirements for doctors.

As a result, a Post Fellowship Support Framework was developed with the intention to support and sustain post-graduate rural doctors' practice integration as National Rural Generalists across primary and secondary service domains. The findings validated the 10 Guiding Principles and reflected four key themes considered important to incorporate into the Framework.

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

Central Queensland, Wide Bay, Sunshine Coast PHN (CQWBSCPHN) Workforce and Service Mapping Project

Between November 2020 and April 2021, the CQWBSCPHN procured Health Workforce Queensland to map all primary care services and workforce in their region.

Health Workforce Queensland located and contacted 2213 services covering allied health, general practice, radiology, multipurpose

health services, aged care, community, and Aboriginal & Torres Strait Islander health services. In addition, Health Workforce Queensland also mapped more than 4000 health practitioners by SA2 location across the region.

Event Management Support

South West Health Forum



An Australian Government Initiative

6–7 March 2021

Roma – Building primary care teams, 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 South West Health Forum hosted in Roma in March 2021. Health Workforce Queensland were also on the planning committee and advisory group with identifying topics and areas to address during the forum.

 **104**

Delegates attended



Photos supplied by RDAQ

Rural Doctors Association of Queensland (RDAQ) Conference



24 – 26 June 2021

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 2021 Conference, as well as the Agency being the Conference Partner.

Health Workforce Queensland was part of the Saturday morning Rural Workforce Forum – A Brighter Future, 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.



202

Delegates attended



50

Students attended



Financial Statements

For the Year Ended 30 June 2021

Photo taken by Cheryl Rogers

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 2021

| | | 2021 | 2020 |
|---|------|----------------|---------------|
| | Note | \$ | \$ |
| Revenue | 2 | 25,331,048 | 18,012,286 |
| Expenses | 3 | (25,092,521) | (17,966,661) |
| Surplus before income tax | | 238,527 | 45,625 |
| Income tax expense | 1(k) | - | - |
| Surplus for the year | | 238,527 | 45,625 |
| Other comprehensive income, net of income tax | | - | - |
| Total Comprehensive income attributable to members of the entity | | 238,527 | 45,625 |

The accompanying notes form part of these financial statements.

Statement of Financial Position

Health Workforce Queensland Limited

ACN: 065 574 996

Statement of Financial Position As At 30 June 2021

| | | 2021 | 2020 |
|--------------------------------------|------|-------------------|-------------------|
| | Note | \$ | \$ |
| ASSETS | | | |
| CURRENT ASSETS | | | |
| Cash and cash equivalents | 4 | 14,144,835 | 23,259,038 |
| Trade and other receivables | 5 | 17,050,624 | 12,602,051 |
| TOTAL CURRENT ASSETS | | 31,195,459 | 35,861,089 |
| NON-CURRENT ASSETS | | | |
| Property, plant and equipment | 6 | 239,784 | 72,672 |
| Right of use asset | 8 | 860,129 | 1,000,711 |
| TOTAL NON-CURRENT ASSETS | | 1,099,913 | 1,073,383 |
| TOTAL ASSETS | | 32,295,372 | 36,934,472 |
| LIABILITIES | | | |
| CURRENT LIABILITIES | | | |
| Trade and other payables | 7 | 28,388,860 | 33,167,747 |
| Lease liability | 8 | 117,486 | 345,944 |
| Short-term provisions | 9 | 512,532 | 435,104 |
| TOTAL CURRENT LIABILITIES | | 29,018,878 | 33,948,795 |
| NON-CURRENT LIABILITIES | | | |
| Lease liability | 8 | 790,284 | 739,920 |
| Long-term provisions | 9 | 45,495 | 43,569 |
| TOTAL NON-CURRENT LIABILITIES | | 835,779 | 783,489 |
| TOTAL LIABILITIES | | 29,854,657 | 34,732,284 |
| NET ASSETS | | 2,440,715 | 2,202,188 |
| EQUITY | | | |
| Retained earnings | | 2,440,715 | 2,202,188 |
| TOTAL EQUITY | | 2,440,715 | 2,202,188 |

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 2021, 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 2021 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 2021, 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 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 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



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

Nexia Brisbane Audit Pty Ltd

Nigel Bamford

ND Bamford
Director

Level 28, 10 Eagle Street
Brisbane, QLD 4000

Date: 6 NOVEMBER 2021

Independence Declaration



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 2021 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

Nexia Brisbane Audit Pty Ltd

Nigel Bamford

N D Bamford
Director

Date: 6 NOVEMBER 2021

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