



Health Workforce
Queensland

2022-2023
**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

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 and Aged Care.



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 Dr Katrina Starmer in Babinda, Queensland of the sunset over the cane fields and railway tracks.

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The Agency

Photo taken by
Nicole Doyle, Wenlock River

Chair's Report

"I am honoured to present the Chairperson's report for Health Workforce Queensland (HWQ) for 2022-2023, in our 25th anniversary year."



Dr Ross Maxwell
Board Chair



The challenge to provide the right primary healthcare workforce to rural and remote Queensland remains.

In the past year there has been significant activity in this space, particularly with the National Rural Generalist Program, the Strengthening Medicare changes and Single Employer models.

The Strengthening Medicare changes have gone some way to improve the financial basis of rural and remote general practice and begin to redress the long-term underfunding of general practice.

The move to provide Rural Generalist training with its own specialist end point will hopefully make rural and remote practice the preferred pathway for Australian Medical Graduates.

The rollout of 'Single Employer' models for GP registrars in Rural and Remote areas has the potential to make rural and remote GP training particularly attractive.

Provision of sustainable Primary Health Care services in Rural and Remote Queensland will require a mixture of better availability of clinicians, clinicians working to the full scope of skills suited to their situation, vibrant innovative businesses and the innovative use of technology, HWQ's role is to focus on the workforce component of this puzzle.

HWQ's great asset is the ability, passion and commitment of its staff, particularly displayed as we have worked to develop our draft Reconciliation Action Plan.

On behalf of the HWQ board, I extend my thanks to all the agency staff and particularly the leadership team led by the CEO Mr Chris Mitchell and Dep CEO Zena Martin. I extend my personal thanks to each of my fellow Directors for their support of HWQ over the past year. I am pleased to welcome Dr Kristine Battye PhD, as Director of HWQ.

On 14 October 2023, Australians voted in the 'Voice to Parliament' referendum about whether to change the Constitution to recognise the First Peoples of Australia by establishing a body called the Aboriginal and Torres Strait Islander Voice. The unequivocal 'NO' vote left us with immense concern for the health and wellbeing of our Aboriginal and Torres Strait Islander colleagues, partner organisations, current and future workforces, and communities.

HWQ remains committed to the journey to reconciliation and as partners and allies, we stand with all our workforce partners to work together to improve the health and wellbeing of First Nations people and remote and rural communities.

CEO's Report

“It is my observation that there are a range of reasons we are experiencing shortages of health workforce across Australia, and specifically remote and rural Queensland.”



Chris Mitchell
CEO



It is clear that the current policy settings, fragmented funding arrangements and the split governance and accountability between the State and Federal governments require significant reform to ensure that we, as a country, can care for those needing primary health care.

The Hon Mark Butler MP, Minister for Health and Aged Care, announced on his appointment that the Distribution Priority Area (DPA) classification system would include automatic DPA classification to all areas classified as Modified Monash (MM) 2. I acknowledge the health workforce shortages across outer-metropolitan areas however the extension of the DPA classification system will have a negative impact on remote and rural communities as doctors can select placements in large regional and some outer-metropolitan areas. We will monitor the impact of this change and provide evidence to the Minister for Health and Aged Care and Department officials.

We must find alternative and innovative models of health care and service delivery arrangements to meet these significant challenges. Health Workforce Queensland (HWQ) is collaborating with a number of stakeholders to explore alternative and innovative health workforce strategies. We are also beginning to explore technologies that can provide improved primary health care services for remote and rural communities.

Our annual state-wide **Health Workforce Needs Assessment (HWN)** identifies high priority locations, professions and service which enables us to guide our efforts where they are most needed. The first National Health Workforce Needs Assessment report was developed by the Rural Workforce Agency Network (RWAN). This national HWNA, which outlines the key workforce challenges across remote and rural Australia, was provided to the Department of Health and Aged Care to support program planning and policy development.

HWQ continues to share our workforce data through **abstracts and conference presentation**. Several presentations were successfully delivered this year with topics ranging from perceptions of primary care service gaps to why Queensland rural primary care health professionals leave and doctor movements in rural Queensland with the potential Impacts of DPA policy change.

We recognise that we cannot achieve success alone and are thankful for our strong stakeholder relationships and collaborations. We continue to facilitate and be an active member of many **workforce planning collaboratives** and alliances to support access to quality, sustainable primary health care in our remote, rural and regional communities. We have representation across the state and participate on many working groups within these collaboratives and undertake local activities to support the health workforce and their communities.

Our annual **Health Workforce Stakeholder Group (HWSG)** meeting was held in mid-September. The HWSG is an important collaboration across more than 25 industry organisations which reflects on the current health workforce challenges impacting many remote and rural communities, and the need for collaborative solutions at the federal, state and local levels were vital. The importance of local collaborations for place-based health workforce innovations was reinforced by members of the HWSG. I would like to thank all HWSG members for their ongoing commitment and participation.

There has been an increased focus on our commitment to support Aboriginal and Torres Strait Islander peoples and communities with the development of our first **HWQ Reconciliation Action Plan (RAP)**. This is a key step for HWQ to ensure that our services and activities are genuinely focused towards progressing reconciliation for Aboriginal and Torres Strait Islander peoples. In recognition of the importance of this work the HWQ Board created a

Board Reconciliation Advisory Committee to oversee and support strategic activities relating to Aboriginal and Torres Strait Islander peoples and the agency's RAP. The Board were pleased to have Randal Ross join this advisory committee to provide cultural guidance.

HWQ were proud to be a sponsor again for the QAIHC Awards for Excellence and I had the pleasure of presenting the QAIHC Leader of the Year Award to Theresa Simpson, CEO of Mookai Rosie Bi-Bayan. These awards celebrate the successes of Queensland's Aboriginal and Torres Strait Islander Community Controlled Health Organisations over the past year and it is vital to acknowledge the hard work in this sector.

In September 2022 we welcomed Wayne Martin from **Ngurambang Aboriginal Art**, his wife Dani Martin and their children to unveil the artwork Wayne created for our office. Wayne and Dani play a big part in our GROW Rural Program in Central Queensland, and we were thrilled Wayne was able to create this special piece which is displayed in our office.

One of the key highlights of this year saw our **GROW Rural Program** expand from a rural immersion program to an end-to-end rural health workforce solution. The GROW Rural program commenced in 2017 as a multidisciplinary team and collaborative learning approach to rural immersion for university health students.

As interest in the program grew so did our aspirations and the enhanced GROW Rural creates supported pathways for its students from first year until their placement as new graduates in primary healthcare settings.

From its humble beginnings, GROW Rural is now growing and producing our future workforce in the regions of Central Queensland, South West Queensland and North Queensland.

HWQ is an active member of the **Rural Workforce Agency Network (RWAN)**, and I would like to thank my Rural Workforce Agency (RWA) colleagues for providing a national reference point for engaging with stakeholders across the country, taking part in national discussions, and influencing national policies and practices.

The Federal Budget was announced on 9 May, and it included a significant investment in strengthening Medicare measures to revamp primary health care. It was pleasing to see an increase in funds for programs and services for First Nations communities and a \$3.5 billion investment to triple bulk billing incentives, with a higher bulk billing incentive for rural and remote areas.

We look forward to working with our key funder the Australian Government Department of Health and Aged Care to provide important initiatives to support remote and rural primary health care and acknowledge their ongoing support.

I extend my gratitude to the Board members for their invaluable guidance and unwavering commitment throughout the past year. In my role, I am supported by an exceptional leadership and management team along with dedicated staff members who remain steadfast in their commitment to supporting the remote and rural health workforce.

As we look ahead, we anticipate a demanding year, tackling issues related to health workforce supply shortages and maldistribution and we remain committed to achieving positive outcomes.



Photo taken by **Tamara Appoo, Eidsvold**

Board Members

We would like to thank our 2022-2023 Health Workforce Queensland Board for their valuable contributions to the Agency.



Dr Ross Maxwell

Board Chair from 27.11.2020
 Appointed 29.11.2019



Mr John Cain

Appointed 15.06.2021



Prof Robert Stable AM

Board Chair to 27.11.2020
 Chair of Governance Committee to 26.11.2022
 Appointed 21.07.2012



Dr Natasha Coventry

Chair of Governance Committee from 26.11.2022
 Appointed 05.11.2016



Dr Kristine Battye

Appointed 28.02.2023



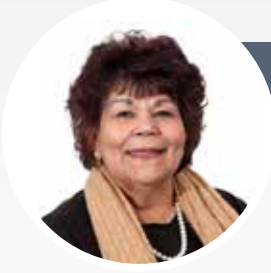
Dr Ross Hetherington

Appointed 01.10.2000
 Retired 26.11.2022



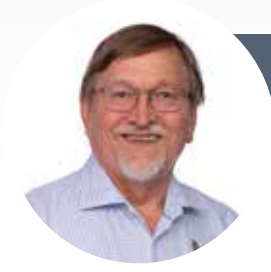
Ms Naomi Blake

Chair of Risk Management Committee from 28.11.2015
 Appointed 05.08.2014



Mrs Stella Taylor-Johnson

Appointed 14.11.2009



Dr Michael Belonogoff

Appointed 28.11.2015



Mrs Jane Williams

Appointed 29.11.2019

Health Workforce & Service Planning

Building the Evidence



Photo taken by **Katie Robertson**, Bunya Mountains

Health Workforce Needs Assessment

As part of our continued funding agreement with the Australian Government Department of Health and Aged Care, HWQ has undertaken an annual state-wide workforce needs assessment for remote and rural Queensland, leveraging off the comprehensive health and service needs assessments 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 (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 and Aged Care for program planning and policy development.

Key findings of the 2023 HWNA showed the highest workforce gap ratings were for the psychology, general practitioner, social work, speech pathology, and nursing/midwifery 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. Information used to inform the HWNA was sourced from available data sources and from consultations with health professionals and key stakeholders.

As part of the process, a formal jurisdictional Health Workforce Stakeholder Group (HWSG) provides strategic advice and expertise to inform planning, analysis and strategy development as well as provide validation of findings.

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 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 and 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

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

Brisbane, July 2022

National Rural Health Conference

Presentation:
 Evaluation of an Innovative Interdisciplinary Rural Immersion Program (GROW Rural)

Presenters: Meredith Connor and David Wellman

Online, November 2022

14th SARRAH National Conference

Presentation:
 Allied Health Practitioners Perceived Factors Influencing Primary Healthcare Practice Sustainability and Viability

Presenter: Christian Hughes

Brisbane, August 2022

16th National Rural Health Conference

Poster Presentation:
 Collaboration and Commitment: Keys to Progressing Innovative Workforce Strategies

Presenter: Sarah Venn

Brisbane, February 2023

National Rural Health Student Network (NRHSN) Council

Presentation:
 Leadership, Experience and Insights

Presenter: Chris Mitchell

Canberra, October 2022

Rural Medicine Australia (RMA)

Poster Presentation:
 Perceptions of Primary Care Service Gaps

Presenter: David Wellman

Cairns, June 2023

Rural Doctors Association of Queensland (RDAQ) Conference

Presentation:
 Rural Workforce Forum: Exhaustion to Energised – The Journey to an Engaged Workplace

Presenters: Dr Ross Maxwell and Sarah Venn

Canberra, October 2022

Rural Medicine Australia (RMA)

Presentation:
 National Rural Generalist Pathway: Connecting and Collaborating to Achieve Collingrove for Queensland

Presenters: Sarah Venn, HWQ, and Dr Dilip Dhupelia, Queensland Health

Canberra, June 2023

9th Rural and Remote Health Scientific Symposium

Presentation: Why QLD Rural Primary Care Health Professionals Leave: Perceptions from the Workforce

Presentation: Doctor Movements in Rural Queensland 2020-22: Potential Impacts of DPA Policy Change

Presenter: David Wellman

Student Information Sessions

HWQ participated in information sessions to promote Future Workforce programs and activities to university health students.

Brisbane, March 2023

TROHPIQ Scholarships and Opportunities Info Night, University of Queensland

Presenter: Meredith Connor

Stanthorpe, March 2023

HOPE4HEALTH What's it Really Like to be a Rural Doctor?

Bonded Medical Program Information Sessions

31 January 2023, Gold Coast (Griffith)
 20 March 2023, Cairns (JCU)
 21 March 2023, Townsville (JCU)
 22 March 2023, Brisbane (UQ)

Presenters: Meredith Connor, Sandra Bukumirovic & Mark Campbell

Gold Coast, June 2023

Bushfire's Rural Interest Evening, Bond University

Presenter: Meredith Connor



Photo taken by Cheryl Larsen, Charters Towers



First Nations Workforce

Aboriginal and Torres Strait Islander Peoples' Access to Quality Primary Health Care Workforce

Our staff are passionate about improving access to quality primary health care workforce in Aboriginal and Torres Strait Islander peoples' communities and reducing health inequalities.

In partnership with Aboriginal Community Controlled Health Services (ACCHSs) and Aboriginal and Torres Strait Islander communities, HWQ works to strengthen the First Nations health workforce and support the development of culturally appropriate healthcare services to help address the systemic issues that have contributed to health disparities experienced by Aboriginal and Torres Strait Islander peoples.

Over the last year we have gathered speed in developing and implementing a Reconciliation Action Plan (RAP), an objective embedded in our Strategic Plan 2021-2026. A RAP Working Group has been established, comprised of broad internal staff representation and Dani Martin as Cultural Advisor, who knowledgeably guides our work.

In reflection of the genuine commitment throughout the agency to focus our activities towards ensuring Aboriginal and Torres Strait Islander peoples have access to appropriately skilled health workforces, a Board Reconciliation Advisory Committee (RAC) was also established.

The RAC oversees and supports strategic activities relating to reconciliation and is informed by the activities of the RAP Working Group. The Board were extremely pleased to have Randal Ross join the RAC, who provides cultural guidance and brings experience in leading reconciliation activities in many different community and business settings.

The RAP Working Group has submitted a Board approved draft RAP to Reconciliation Australia (RA) and is working with them to gain their endorsement. This is a key step for HWQ to ensure that our services and activities are clear and focused towards progressing reconciliation.

Our Health Workforce Solutions team have been working hard together with the Aboriginal Community Controlled Health sector to assist with attraction and placement of primary health care staff to fill their vacant positions. Over the 2022-2023 financial year, seven placements were made in ACCHSs. Of these seven candidates, one was placed in MM6, two were placed in MM5, two in

MM4 and two in MM2. In addition, it is important to note that the majority of all our primary care placements are in MM4-7, where the proportion of Aboriginal and Torres Strait Islander residents is higher, and access to health care more challenging.

Under the Health Workforce Scholarship Program (HWSP), we prioritise scholarships and bursaries for Aboriginal and Torres Strait Islander health professionals and health professionals working in ACCHSs. Over the 2022-2023 period we were able to fully fund 103 applications received from health professionals employed at ACCHSs, with 95 bursaries to the value of \$206,562 and eight scholarships for \$38,783.

Furthermore, we were able to fully fund 19 health professionals who identified as Aboriginal and/or Torres Strait Islander, covering the disciplines of Aboriginal Health Worker (two), Chiropractor (one), Nursing/Midwife (one), Occupational Therapist (five), Pharmacist (one), Psychologist & other Mental Health Professionals (four) and Speech Pathologist (five).

A highlight for the year included commissioning artist Wayne Martin from Ngurambang Aboriginal Art, a proud Wiradjuri/Marangangi man, who lives in Central Queensland on Wulli Wulli Country, to create an artwork for us. *Walking the Path: Health Workforce Queensland* was revealed by Wayne in September 2022, and represents the HWQ people, the rural Central Queensland communities we visit and work so closely with, and the surrounding mountain ranges, hills and landscapes we traverse. Ancestors travel with the teams and keep them safe.

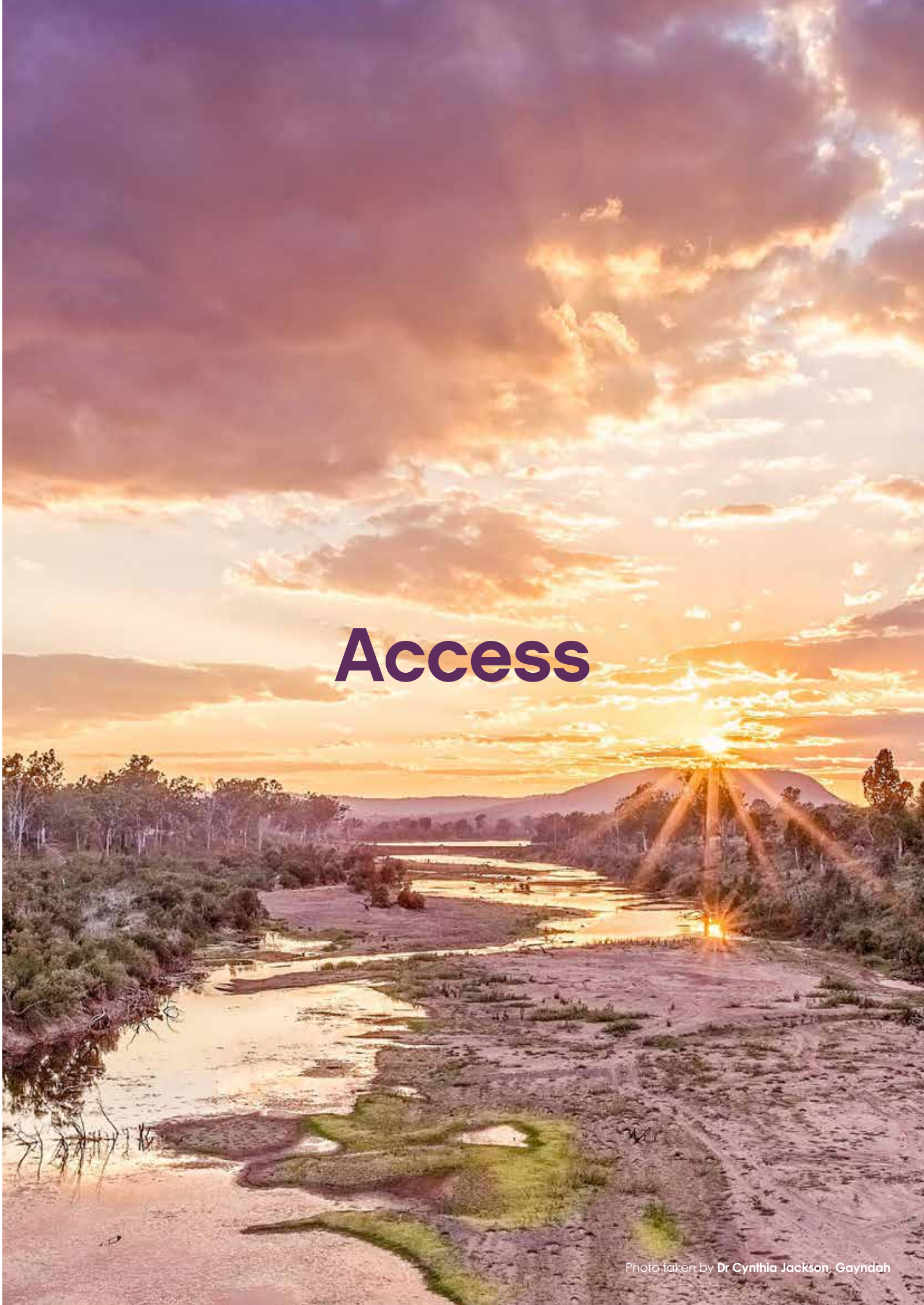
Further highlights included being able to support child and maternal health services for the community of Bidunggu in the far North West of our state, supporting key stakeholders in the Aboriginal Community Controlled Health sector to participate in upskilling training, and providing scholarships for four medical students to attend the Australian Indigenous Doctors Association conference and two students to attend the Indigenous Allied Health Australia (IAHA) conference in 2022. Pictured below is IAHA scholarship recipient Marayah Taylor who studies social work at JCU, and has previously also been a recipient of a HWSP bursary.



Above (Left to Right): **Mark Campbell**: Talent Sourcing Coordinator; **Meredith Connor**: Future Workforce Team Leader; **Marayah Taylor**: Social work student; **Sandra Bukumirovic**: Health Workforce Solutions Team Leader; **Jo Symons**: Health Workforce Strategy Manager at the IAHA Conference

Below: **Wayne Martin** unveiling his commissioned artwork for HWQ

 [Watch the Unveiling Here](#)



Access

Photo taken by Dr Cynthia Jackson, Gayndah

Recruiting Health Professionals

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

During the 2022-2023 financial year, our Health Workforce Solutions (HWS) team continued to implement innovative approaches to attraction and sourcing strategies to address critical issues in rural Queensland and improve access to services for local communities.

Our recruitment activities are aligned with our HWS findings and we have continued to work in collaboration with PHNs and other key stakeholders to address workforce issues in communities with high workforce risk.

The HWS team works closely with rural practices to identify critical issues and hot spots, which informs the prioritisation of vacancies and the development of strategies to assist communities in need. Comprehensive recruitment services, as well as advice and guidance regarding policy and legislative requirements, are provided to rural practices and health professionals.

While health workforce shortages are a national topic of discussion, despite the challenging candidate market, our persistence, dedication and commitment to addressing critical workforce needs has resulted in an increased number of rural health professionals placed this year.

Forty-six health professionals commenced in their roles in rural Queensland, 21 GPs, 21 Allied Health and four Nurses.

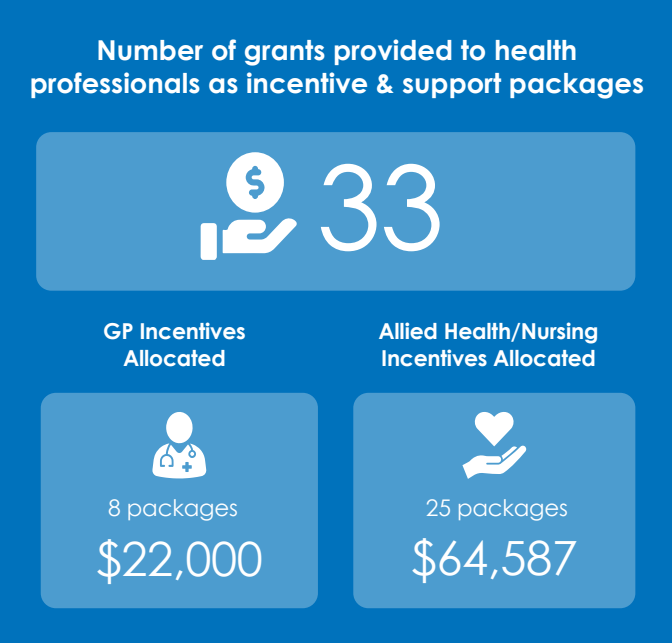
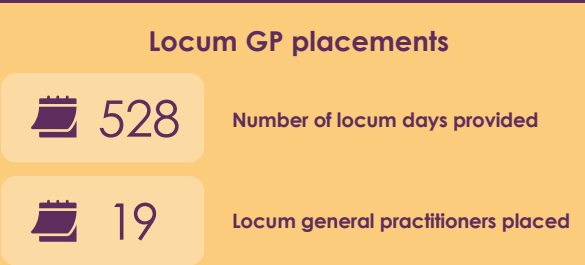
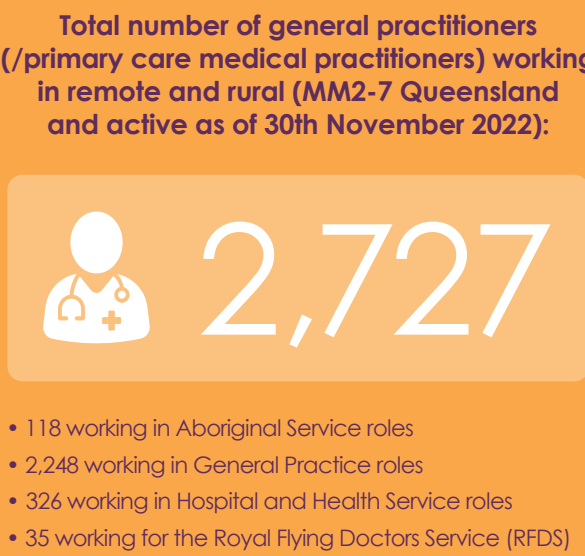
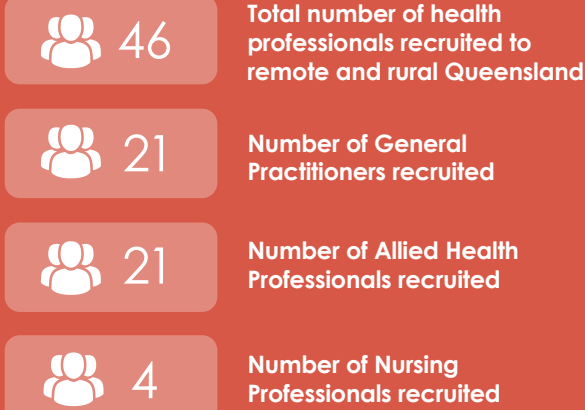
One of HWQ's key priorities is to contribute to providing solutions and strategies to improve access to health services for our Indigenous communities. As part of extensive efforts to assist ACCHSs with their workforce needs, seven health professionals commenced with Aboriginal Health Services this year, three GPs, three Nurses and one Allied Health professional.

Our collaborative partnership continues with PHNs and other key stakeholders to address the health workforce needs of our remote and rural communities.

NQPHN and HWQ have been working together on the Rural Allied Health Enhancement Project which this year was continued as the Rural Workforce Enhancement Campaign to include GP's and other health professionals in the scope of the project.

Through this campaign we've supported 13 health professionals to relocate to a rural location in North Queensland, which has resulted in increased workforce capacity and alleviated long-standing workforce pressures. We continue to work closely with NQPHN on this successful campaign.

HWQ remains committed to finding solutions to address the growing need for health professionals in remote and rural Queensland and continues to direct efforts to address critical workforce issues.



Workforce Programs

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 GP training program.

The MDRAP is available to Australian and Overseas Trained Doctors (OTDs) and as a result of the program, rural communities receive access to an extended workforce comprised of:

- Doctors currently working in general practice and transitioning to a GP training pathway;
- 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/or
- New overseas trained doctors pursuing a career in general practice in Australia.

The MDRAP Support Package is tailored to the needs of MDRAP Doctors with a view to assist them to transition on to a GP training pathway. The MDRAP will be replaced with the newly announced Pre-Fellowship Program next financial year. We are continuing to manage MDRAP doctors until they transition on to a new program, and this year we have supported 104 active candidates with 68 new participants joining the program.



Rural Locum Relief Program

The Rural Locum Relief Program (RLRP) formally concluded on June 30, 2023.

The Program allowed doctors who are permanent residents or Australian citizens to access a temporary Medicare provider number to work in remote and rural areas.

Over the past year, we continued to support the remaining doctors on the Program by providing case management, ongoing guidance, advice and assistance to transition onto a training pathway or the MDRAP Program. Since the beginning of the program, we managed 1248 RLRP doctors with 493 RLRP doctors supported to achieve Fellowship.

Five-Year International Medical Graduates Recruitment Scheme

The Five-Year International Medical Graduate (IMG) Recruitment 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. This year we have supported 17 candidates on the scheme.

Workforce Incentive Program – Doctor Stream

The Workforce Incentive Program – Doctor Stream (WIPDS) has a Flexible Payment System (FPS) in place to encourage medical practitioners to work in regional, rural and remote areas/communities. The FPS provides financial incentives to doctors who do not bill Medicare.

Since the stabilisation following COVID-19, we have observed a steady increase in eligibility assessments with more doctors now meeting the billing/session thresholds for the required quarters. This year 90 applications were received with 74 of these assessed as eligible.

Responding to Priority Needs: Drs. Haque and Azam Join Bidgerdii Community Health Service

Dr Raya Adiba Haque and Dr Sony Azam, husband and wife, were doctors at Hervey Bay and Maryborough hospitals before taking up their new roles with Bidgerdii Community Health Service.

Dr Haque is now working at the Rockhampton practice and Dr Azam is at the Mt Morgan practice. These were important vacancies to fill as an Aboriginal Medical Service (AMS), but Mt Morgan is also highlighted as a priority area in our annual HWNA.

Naomi Wallace, HWQ's Regional Coordinator, assisted with the placement process and relocation. We spoke with Dr Haque to see what sparked her interest in applying for this role and how she is settling into her new community.

How did you find out about the General Practitioner vacancies with Bidgerdii Community Health Service in Rockhampton, and what interested you in this role?

I always had the plan of working in a regional area as general practitioner as it gives the opportunity to be an integral part of a patient's health and offers the luxury of practicing a wide variety of medicine without narrowing the scope of practice to a particular field.

On top of it, Indigenous health has always been my special interest and I am passionate about achieving health equity through 'Closing the Gap'. That is why, when I found out about the vacancy in Bidgerdii Aboriginal & Torres Strait Islander Health Services in Rockhampton through Naomi Wallace from HWQ, I did not delay putting up my expression of interest to work with them.

What was the placement process like?

In one word, smooth. The clinic arranged an induction program which helped us (my husband has also joined in the same clinic as a GP) to gradually transition from hospital to GP setting. All the supportive colleagues and staff made the transition easy and enjoyable for us which could be very stressful otherwise.

How did the relocation from Hervey Bay/Maryborough go?

Relocation is always hard, let alone when you are moving with a prep going kid! However, we managed well as we were lucky to get support from our family and friends. The relocation support from HWQ was a good back up too. After moving here, it did not take long to fall in love with Rockhampton, the city of 300 days of sunshine.

What has been the most rewarding part of working with the AMS in Rockhampton so far?

Heart-warming acceptance from patients and their family.

And what is your favourite thing about living in the Rockhampton region?

Quite a few to name - from chatting to chimpanzees at the zoo, exploring ancient caves, a scenic drive to Mount Archer National Park or affordable farm stays close to the city has been all our weekend favourites so far.

Finally, what have you found are the main differences between your work with the AMS and your work within the hospitals in Hervey Bay and Maryborough?

Very different! You start from the end of acute hospital management. All we wrote in hospital discharge summaries for the GP to follow up is now on me to act upon and continue from there. It can be very challenging sometimes however, I believe if you keep in mind of providing the best possible patient care, you can climatise to any of the working environment with time.



Saluting a Rural Health Hero: Dr. Pam Pollard's Legacy of Care and Service

HWQ provides locum GP services for permanent rural GPs, allowing them the time and opportunity for professional development and upskilling or the chance to take leave from their demanding roles. Among our esteemed locum GPs, Dr Pam Pollard stands out as a dedicated GP who has been working with us since 2014.

Dr Pollard has always been very approachable and when needed, has always made herself available, especially when responding to urgent requests from the Health Workforce Solutions team.

Throughout her tenure, Dr Pollard has completed 37 locum placements, covering a total of 621 locum days, which has enabled continuity of care and access to services for vulnerable rural communities.

Most of Dr Pollard's placements were in MM6 locations, which are remote areas with high and critical workforce needs. Dr Pollard's first placement in 2014 was in St George and her last placement was in Proserpine.

Dr Pollard's favourite placement location was Cooktown. **"Everybody is so friendly, and the scenery is fantastic. Another aspect is the staff in these remote places. They are "can do" people who manage difficulties and short comings of the location so well,"** she said.

Dr Pollard commenced her well-deserved retirement earlier this year, her absence will undoubtedly be felt deeply within the communities she has supported.

HWQ would like to acknowledge the positive impact Dr Pollard has made in those communities and recognise her achievements in keeping our rural communities safe and allowing ongoing access to healthcare services.

We would like to extend our warmest wishes to Dr Pollard for the very best for her retirement and remain grateful for the services she provided to our rural communities.



Quality

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 and Aged Care, Health Workforce Program.

This year the program supported 753 medical, nursing/midwifery, dental, allied health and Aboriginal and Torres Strait Islander health workers providing primary health care services in rural and remote Queensland private practices and ACCHSs.

This is an incredible scheme - I am so fortunate to have access to HWQ bursaries. I have been able to upskill in a number of areas - where the training is only available in the city. I wouldn't have been able to afford these trainings if it wasn't for the bursary program. The support and development of rural health care workers through this program greatly eases the weight of being a rural generalist when access to training is made accessible and is funded.

Speech Pathologist, Moranbah

2022-2023 Statistics:

Total awarded applications

\$1,738,151

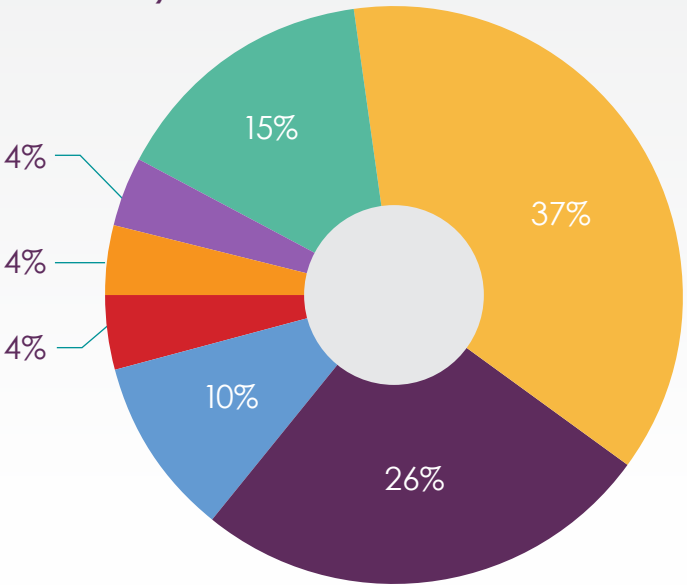
Total value of scholarships and bursaries awarded to remote and rural health professionals (*using actual payment agreement amounts)

753

Total awarded applications by June 2023

Locations

- MM 1
- MM 2
- MM 3
- MM 4
- MM 5
- MM 6
- MM 7



267

General Practitioner



81

Occupational Therapy



77

Physiotherapy



60

Speech Pathology



57

Psychology & other mental health professions



49

Nursing



26

Chiropractors



25

Dentistry



25

Dietetics



20

Exercise Physiology



17

Pharmacy



17

Podiatry



9

Social Work



7

Midwifery



Medical Imaging (Radiography, Sonography)



Diabetes Education



Aboriginal and Torres Strait Islander Health



Optometry



Other

Professional Development Workshops

To ensure rural health professionals keep their skills up-to-date and expand their scope of practice, HWQ 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. We successfully delivered 6 workshops over the 12-month period.



Number of CPD workshops provided



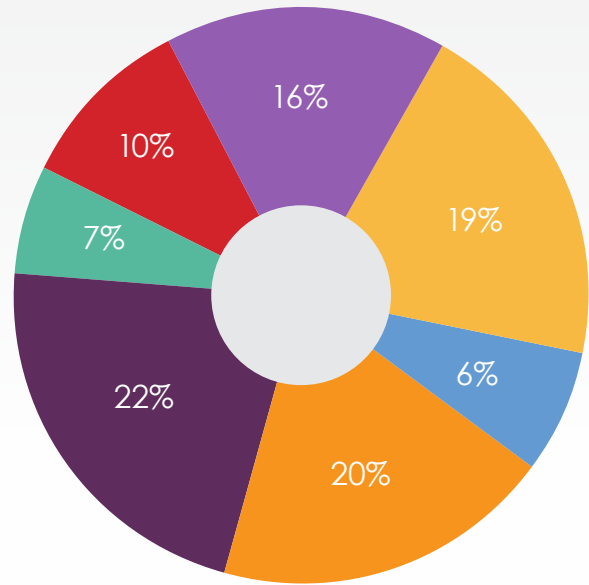
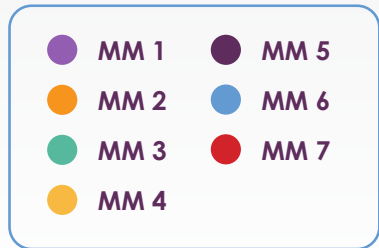
Total number of workshop delegates



Percent of delegates rated the various aspects of our workshops as either 'Very good' or 'Excellent'

Topic	Location	Date
Emergency Mental Health Workshop	Gold Coast	16-17 July 2022
Rural Emergency Medicine Workshop	Rockhampton	19-21 August 2022
Emergency Paediatrics Workshop	Cairns	22-23 October 2022
Emergency Cardiology Workshop	Brisbane	12-13 November 2022
Rural Emergency Medicine Workshop	Brisbane	10-12 February 2023
Trauma Workshop	Cairns	25-26 March 2023

Breakdown of MM Classification of Workshop Attendees



Sustainability



GROW Rural

GROW Rural commenced as a longitudinal rural immersion program in 2017 for first-year health students studying in Queensland, to come together as a group annually for three consecutive years to be part of, and learn from, specific rural communities. Today, GROW Rural runs continuous cohorts in the following regions:

- o **Central Queensland** - Moura, Theodore and Woorabinda
- o **South West Queensland** - Charleville, Roma and St George
- o **North Queensland** - Atherton, Herberton, Mareeba and Ravenshoe

Places for the GROW Rural program are competitive with a selection process requiring written responses and interviews for shortlisted students. Each cohort is carefully selected to bring together a team of 20-30 first-year health students from a broad range of health-related disciplines with both rural and non-rural backgrounds.

Underpinning the spirit of GROW Rural is the creation of a team culture to reflect the interdisciplinary team-based approach and collaborative practice that defines rural health care.

The sense of community generated within each cohort of students over the program is enhanced by communal social experiences and clinical learnings designed to develop an appreciation of each discipline's role in the patient journey. From the 336 applications received across the four application rounds between 2017-2022, a total of 107 GROW Rural students have been accepted onto the program with the following student discipline breakdown:

GROW Rural Participants (2017-2022 cohorts) by Discipline

 35	Medical	 7	Physiotherapy	 2	Social Work
 25	Nursing/Midwifery	 6	Nutrition/Dietetics	 2	Dentistry
 11	Occupational Therapy	 5	Psychology	 1	Optometry
 9	Speech Pathology	 3	Paramedicine	 1	Pharmacy

GROW Rural as a Workforce Solution Program

In 2022, the GROW Rural program transitioned into an end-to-end rural health workforce solution program with the commencement of the 2022 North Queensland cohort.

As a workforce solution, GROW Rural creates supported pathways for students from first-year until their placement as new graduates in a GROW Rural community or region. Key elements of the expanded GROW Rural model include:

- Annual GROW Rural weekend events in nominated rural communities (Years 1-3);
- Students returning to GROW Rural communities to undertake university clinical placements;
- Longitudinal support from the HWS team who prepare students for local employment through an ongoing series of touchpoints including career advice, career preparation and case management;
- Students having access to peak clinical bodies to support their rural career journey;

- Students being supported as a new graduate into their first placement as a clinician in the region by the HWS team; and
- Employment of Health Workforce Connectors to integrate community health workforce need, primary health care settings and stakeholders with the GROW program.

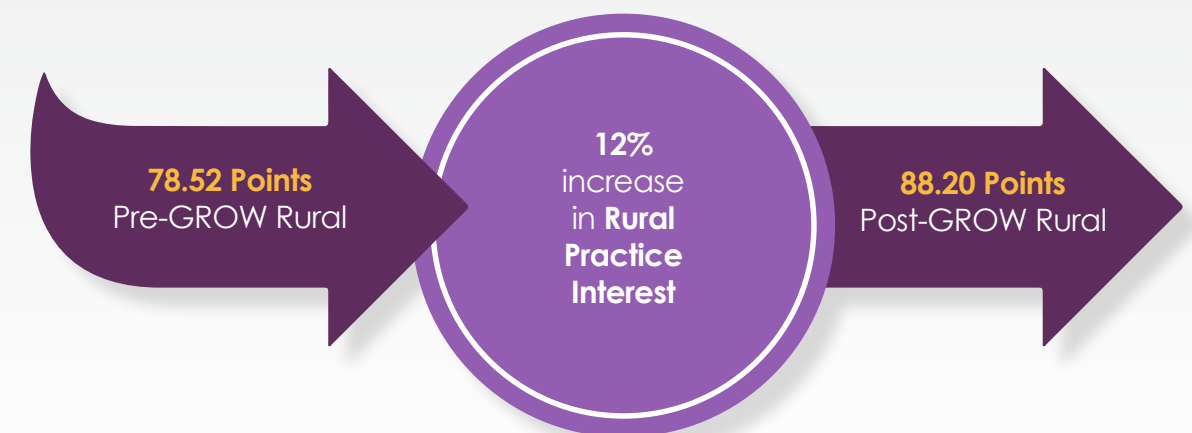
The social cohesiveness GROW Rural generates stems from adopting community development methodologies which advance the value of rural communities, businesses and health services to actively participate in whole-of-community workforce strategies.

The willingness of GROW Rural community members and health professionals to voluntarily contribute to, and become involved in the weekend events as facilitators, speakers, billets and community contacts speaks to the capacity of rural communities to actively be part of their own workforce solution.

Does Being Part of GROW Rural Affect Student Interest to Practice Rurally?

GROW Rural students are evaluated prior to and post GROW Rural events on a 101-point agreement rating scale (from '0 = Extremely disinterested' to '100 = Extremely interested') to determine if participating in the event increased student interest in rural practice.

The following infographic captures the change in rural practice interest across all GROW Rural events from 2017-2022.



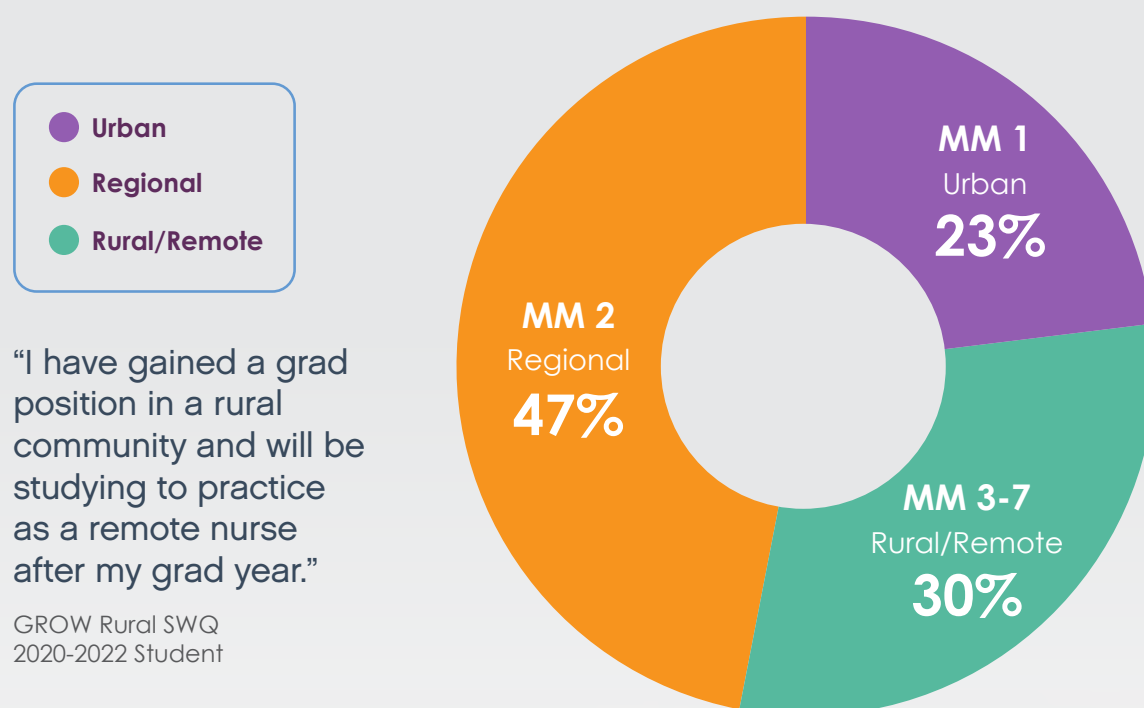
"The [GROW Rural] program has really made me very excited to start my rural position and has cemented my decision to move out west."

GROW Rural SWQ 2020-2022 Student

But Does GROW Rural Convert Students into Becoming Rural Health Professionals?

GROW Rural outcomes are collected through a comprehensive series of student and community evaluations taken over the course of the program, as well as a bi-annual longitudinal tracking survey sent to graduated students to determine current practice locations.

The figure below provides an overview of current employment locations of the GROW Rural Central Queensland 2017-2019 graduates based on HWQ's 2022 longitudinal tracking evaluation survey and/or registration details sourced from AHPRA's Register of Practitioners (as of March 2023).



"I have gained a grad position in a rural community and will be studying to practice as a remote nurse after my grad year."

GROW Rural SWQ
2020-2022 Student

Photo taken by Dr Cynthia Jackson, Charters Towers

It Takes a Team to Raise a Student/Grow a Workforce

Expanding the capacity of GROW Rural saw a commensurate increase in the participation of HWQ teams to take a whole of agency approach to growing Queensland's rural health workforce that includes our:

- **Future Workforce** team who are responsible for the delivery of GROW Rural and managing stakeholder relationships;
- **Health Workforce and Service Planning** team who assist with project management and data analysis;
- **Health Workforce Solutions** team provide who provide ongoing career touchpoints and support for the students; and
- **Training, Events and Marketing** team who have oversight of event managing the annual events and promotion of GROW Rural.

Recognising that taking a one size fits all approach to health workforce under supply and maldistribution contributes to high turnover rates and an unstable workforce, GROW Rural prioritises the engagement and employment of local professionals to provide local context, knowledge, and expertise. This saw North Queensland, as the first iteration of GROW Rural as a workforce solution program, include a Health Workforce Connector role.

Two long-term Tablelands professionals with health workforce planning, clinical, teaching and research experience were contracted on a part-time basis to integrate community health workforce need, primary health care settings and stakeholders with the GROW program.

As part of increasing practice interest and engagement between NQ primary health care settings and the GROW Rural program, the Health Workforce Connectors have initially focused on:

- Scoping and documenting primary health care health services in the GROW Rural North Queensland region.
- Identifying workforce shortages and disciplines needed in the communities.
- Undertaking practice needs assessments to:
 - o Better understand the capacity of practices to supervise student university placements and offer employment as new graduates; and
 - o Identify types of support practices are seeking (business plans, training, funding).

HWQ also welcomes, and acknowledges, the funding provided by the following program partners and sponsors.

- Australian Government through the Northern Australia Business and Community Growth Program for GROW Rural North Queensland 2022-2024;
- Northern Queensland Primary Health Network (NQPHN) as Event Partner for GROW Rural North Queensland 2022-2024; and
- Southern Queensland Rural Health (SQRH) sponsorship of GROW Rural South West Queensland 2020-2022.

Finally, GROW Rural would not be possible without the ongoing commitment from the rural communities, businesses and health professionals who volunteer their time and provide in-kind support to make GROW Rural part of their future workforce.



Photo taken at Anglo American, Dawson Mine

GROW Rural Student Returns to Woorabinda for Placement

Third-year UQ medical student, Johanna Joyce, completed her 6-week placement earlier this year in the Indigenous community of Woorabinda.

Johanna first visited Woorabinda in 2021, as part of HWQ's GROW Rural Central Queensland program. HWQ chatted to Johanna to hear about her placement, her GROW Rural experience, and to ask how she's feeling about a rural health career.

Johanna, what inspired you to choose Woorabinda for your placement?

I first learned of and visited Woorabinda in 2021 as a part of the GROW Rural Central Queensland program. The brief visits in 2021 and 2022 piqued my interest in the community, and I discussed the possibility of undertaking a placement at Woorabinda in my third year with the health service staff - they were extremely supportive!

When putting in preferences for my rural placement this year, I applied for special consideration to go to Woorabinda and was supported by the University of Queensland. Without the GROW program, it's unlikely I would have preferenced Woorabinda as high, and I definitely would not have applied for, and received, special consideration.

What did your days working in Woorabinda look like?

My days at Woorabinda were long and varied - no two days looked the same! Most of my time was spent in the General Practice that operates out of the Multi-Purpose Health Service and the Emergency Department. Alongside these services, there are many outpatient clinics which visit Woorabinda - I was lucky enough to spend some time with the Indigenous Respiratory Outreach Care team, Gumma Gundoo Antenatal Maternity Service, and Deadly Ears. As is often the case, after-hours and weekends saw some of the most interesting and varied presentations.

Outside of business hours, I often found myself studying late at the hospital (particularly given I had extremely limited internet access at home). When I wasn't at the hospital, I was enjoying the fantastic scenery and wildlife, and spectacular sunrises and sunsets, or a meal at the Baralaba Hotel with other health and teaching staff from Woorabinda!

And the most important learning you took away from this experience?

A lot of my learnings in Woorabinda came from the fantastic nursing staff. There were times where I was at the hospital with no medical officer present or on call; in times like these the nursing staff work hard to triage, manage patients, and escalate via video conferencing and retrieval services where necessary. I learnt valuable skills in assessing patients, particularly recognising signs of deterioration, how to handover to medical staff via phone and video

and communicating with patients and their supports throughout the process. However, the most important learning I took away from my time in Woorabinda is understanding what it is like working in a rural area with limited resources. It is often necessary for patients from Woorabinda to be transferred to tertiary centres - frequently with ailments that in other contexts, would not require admission. In my 6 weeks, there were countless occasions where calls to transfer and admit Woorabinda patients were met with a lack of understanding of the community, and no insight into the constraints of the Woorabinda Health Service. These experiences taught me to be a fierce advocate for patients, and I am incredibly grateful to have worked with such wonderful staff leading the way.

What was the most challenging aspect of your placement?

At the start of my placement in Woorabinda, the most challenging aspect was the steep learning curve. I was well and truly thrown in the deep end of seeing patients solo, learning the procedures and processes of the hospital, and getting to know the community. After a few weeks, I found my feet and my perception of what was challenging shifted to match that of the health staff and community - the gaps in the health workforce.

A part of UQ rural placements is a research project into an area of need or quality improvement in the community; I wrote my project on one of the greatest challenges facing Woorabinda: obtaining and retaining medical workforce. In Central Queensland particularly, there is a paucity of medical officers, and a widening gap in health services, with First Nations communities such as Woorabinda disproportionately affected. This burdens the current staff, dissuades prospective staff, and of course, impacts accessibility to healthcare for the Woorabinda community. Writing my project only made me more passionate about the topic, and I hope to continue supporting the community in this area throughout my studies, and beyond.



How are you feeling about going rural now that you've had this opportunity?

So many of the experiences I had in Woorabinda taught me things I will remember and utilise for the entirety of my professional life. It has altered the way I interact with and understand patients, my knowledge of rural and Indigenous health, and will undoubtedly make me a better doctor. I feel incredibly privileged to have had the experience I did in Woorabinda, and it will forever hold a special place in my heart. I am already looking for excuses to go back! My rural placement has definitely made me more inclined to work rurally, and I would encourage every medical and health student to take any opportunity possible to experience life outside of the city.

What has been your highlight of GROW Rural to date?

I love the opportunity the GROW Rural program offers to visit the same places each year. The connections to communities we make can be deepened, and it is wonderful to see changes and growth with every visit. I value sharing the experience with diverse student representatives from medical and allied health backgrounds, and I think we all thoroughly enjoy each year. One of the best highlights was attending the Theodore Rodeo in 2022 and staying with a billet family.

Do you think GROW Rural has been beneficial?

Without the GROW program it's unlikely I would have had a connection to Woorabinda and thus experienced this placement. GROW Rural is a wonderful way to get an insight into rural life, talk with rural health professionals, make connections to communities - all of which have the ability to drastically impact career direction and priorities.

What was the highlight from your placement?

The standout clinical highlight from my placement came about 4 weeks in. In my second week at Woorabinda, I was involved in the resuscitation and management of a critically ill patient, who ended up being airlifted first to Rockhampton, then Brisbane. Following drastic, life-saving emergency surgery in Brisbane, a couple of weeks later I saw this patient walking (!) through the doors of the Woorabinda Hospital. Myself and the other health staff were gobsmacked, and thrilled to see how well this patient was. The patient and their family were extremely grateful to the health professionals involved, and it was fantastic to see the community come together in support.

Aside from this, the overall highlight of my placement would have to be the community welcoming me with open arms. By my third week in Woorabinda, I couldn't go for a run without stopping for a chat with a patient, their family, or a colleague. Feeling a part of the community was a real privilege, and it's something I'm already missing!

How does working in rural locations differ from metro locations in your experiences so far?

Living and working in rural locations is different to metro in almost every way possible. There are often very limited resources, extremely varied presentations, and different priorities of care out rural. In Woorabinda particularly, the sense of community is extremely strong - it is not uncommon to have an emergency patient present with 10-20 family members following close behind as support. In terms of lifestyle, the commute to placement was 600m, the sunrises and sunsets were extraordinary, and the star-gazing was second-to-none.



Photo, bottom centre: Courtesy of **Dineli Kalansuriya**, and is of **Johanna Joyce (left)** and fellow GROW Rural student, **Dineli Kalansuriya (right)** taken at the Theodore Rodeo in 2022.

GOING RURAL

Feedback provided by nursing, midwifery and allied health students participating in Future Workforce programs has consistently foregrounded the financial constraints they experience when wanting to undertake rural and remote placements.

The most significant financial barriers to placement identified by students are maintaining home rental/mortgage payments and managing lost income from paid employment. In response, HWQ established the Going Rural bursary program in 2021 to alleviate these financial barriers by assisting with travel and accommodation expenses

(up to \$1,000 per placement) for placements in primary health care settings (MM2-7).

Earlier this year, the decision was made to work more closely with the PHNs to provide a locally based approach to student placements. Taking a localised approach will also support GROW Rural students to undertake placements located in the supporting PHN regions, as well as enhancing collaboration between their practices, health services, and communities to create structured pathways for GROW Rural students to secure job placements as new graduates.

The support I have received from Going Rural has reduced a significant financial burden for me, which has enabled me to focus more on my studies. I feel that this extra focus has allowed to me gain the most from my placement experience. In turn preparing me to be a better physiotherapist.

Fourth year Physiotherapy student
– Griffith University

The support of 'Going Rural' has enabled me to fully focus on my learning, clinical development and becoming part of the local community. The experience I had of placement in a regional town has further sparked my interest in working rurally after graduating.

Third year Medical Imaging student
– QUT

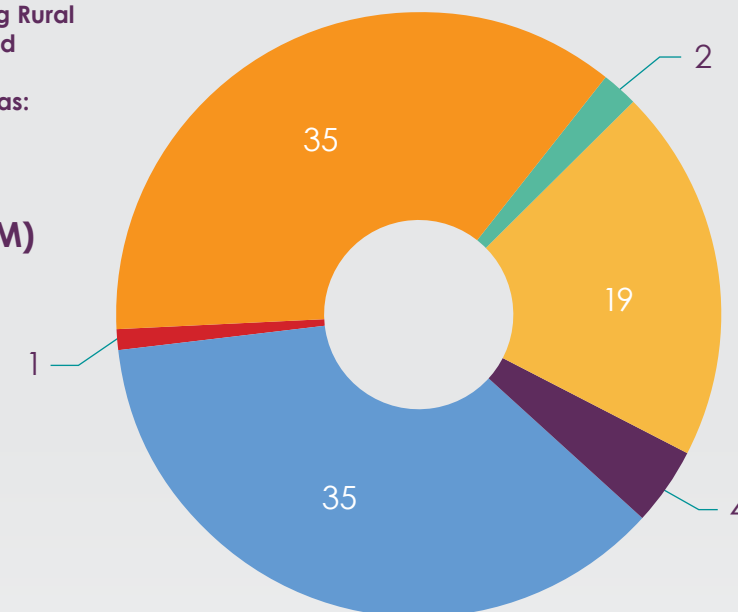


Photo taken by Rachel Kneubuhler, Ayr

GOING RURAL

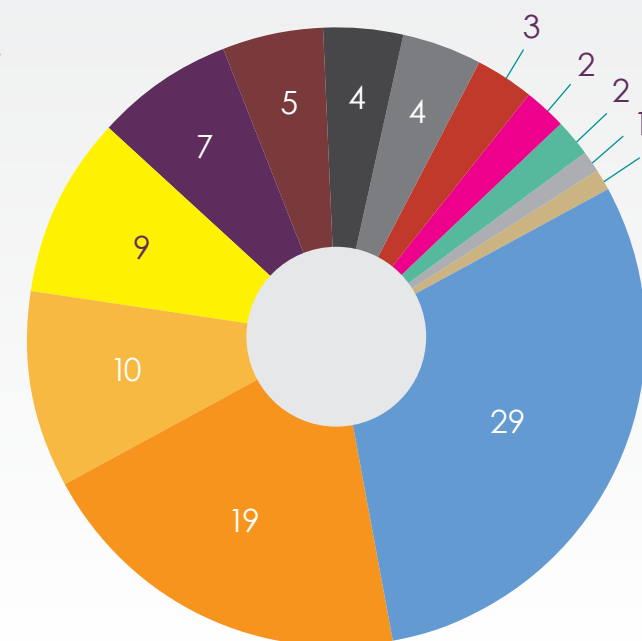
Over the two years (2021-2023) Going Rural was in operation, 96 students received bursaries to go on placement in the following Modified Monash (MM) areas:

2021-2023 Going Rural Placement Locations (by MM)



Going Rural supported a broad range of allied health disciplines with occupational therapy (30%), physiotherapy (20%), speech pathology (11%) and nutrition/dietetics (10%) representing 71% of total placements.

2021-2023 Going Rural Discipline Breakdown



GO RURAL QUEENSLAND *virtually*

Go Rural Virtually (GRV) provides Queensland-based health students with a virtual rural experience by bringing together rural health professionals and community members to discuss rural topics, showcase locations and their health services.

Facilitated by the Future Workforce team, GRV promotes interactive discussions between students and speakers to explore the benefits and challenges of rural health practice, as well as the many pathways into a rural career. Introducing an online student program has enabled HWQ to significantly expand its student reach while simultaneously complementing our face-to-face programs. GRV covered the following topics this year:

Embracing Rural Placements

HWQ's experience of supporting rural placements through the John Flynn Placement Program and Going Rural highlighted the capacity of placements to be clinically and socially transformative for students and host communities.

While research data suggests that providing a well-supported and positive rural placement experience has a positive impact on students' intentions to practice rurally, we also know proactive preparation for placements is crucial. With this in mind, the Future Workforce team set about sourcing speakers including university placement coordinators, educators, health professionals and students with rural placement experience to explore the rewards and challenges associated with rural placements.

Students who participated in **Go Rural Virtually: Embracing Rural Placements** learnt how well-rounded clinical experiences are achieved through working one-on-one with placement supervisors while incorporating interdisciplinary learning and outreach opportunities. Rural placements were also described as opportunities to access a broader range of patients, as well as experiencing the treatment of diverse illnesses and conditions with hands-on learning opportunities.

The panel of eleven speakers emphasised how rural placements also immerse students into the community where they work and live through social connections and community-led activities. The integration of clinical practice and community life ensures students return from placement with a lived understanding of the support communities and health professionals have to offer students.



Closing the Disability Divide

GRV's capacity to create a virtual community speaks to the value of students connecting with health professionals and their patients to expand their professional knowledge and networks through story-telling and practical treatment responses.

This approach is particularly relevant for expanding knowledge around social topics not covered by university course work and acted as the impetus to select **Closing the Disability Divide** as a GRV subject. Involving speakers with a lived experience of a range of disabilities allowed the participating students to better understand the needs of people with disabilities and their families, as well as the broader community. The panel of six speakers shared their personal experiences and viewpoints on navigating life with a disability, the challenge those living rurally have accessing ongoing care and support and emphasised the importance of working together to close the disability divide.

Guest speakers included Dr Dinesh Palipana, an advocate and researcher in spinal cord injury after his own motor vehicle accident, and Leanne Kohler, from Longreach, who described experiencing the challenges of accessing essential services for her son who lives with Down Syndrome. Using Auslan interpreters, Naida Taraskinski, who was born deaf, detailed her experience of growing up in a rural town with limited support for deaf children. The use of storytelling provided students with valuable insights into a world where disability profoundly changes lives and highlighted the personal and professional achievements the speakers have achieved. As part of the concluding debrief, Nadia brought the session back to the value of community by describing her appreciation of participating in a group discussion with people like herself.

Rural Health Clubs

HWQ has strong ties with all four Queensland Rural Health Clubs to maintain connections with student members, rural activities, and career development. To foster inter-club collaboration and support, the Future Workforce team facilitates bi-monthly online Rural Health Club meetings.

Advancing continuous engagement between university health students and rural high schools to promote health careers recognises the importance of attracting and supporting rural youth at the front-end of the rural workforce pipeline. Earlier this year, Future Workforce launched GROWing Health to specifically fund university Rural Health Clubs to visit the same rural high schools in GROW Rural communities to promote health careers to year 7-9 students for three consecutive years. To continue this structured health career pathway, year 10-12

students at the same schools are invited to be part of the annual GROW Rural clinical skill sessions that take place in their communities.

To promote networking and learning opportunities, HWQ subsidised 10 Rural Health Club students to attend the Rural Doctors Association Queensland (RDAQ) Conference in Cairns. The Future Workforce team also had the pleasure of coordinating the student led RDAQ Great Debate "**Mandatory Rural Rotations: Are They a Road to Somewhere or a Dead End?**" Under Dr Tarun Sen Gupta's good-humoured chairing, the debating teams made up of medical students and GPs, delivered their well-rehearsed arguments to the accompaniment of whip cracking and mooing sound effects. The debate concluded with an online audience poll which voted the negative team as the clear winner.

Bush Fire
BOND UNI RURAL HEALTH CLUB

HOPE 4 HEALTH



TROHPIQ
Towards Rural and Outback Health Professionals in Queensland





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 Spouse and Family Program in conjunction with the annual RDAQ Conference, which took place in Cairns. There was an extensive program of activities for adults and families, especially the children, throughout the 3 days:

- Spouses enjoyed a networking and mingling event.
- The Friday night social with face painting, slime making, and a ball pit was fun for kids big and small!
- A visit to the Cairns Zoom and Wildlife dome was the chance for the kids to enjoy high ropes, power-jump and a cuddle with a koala.
- The kids joined the circus with a circus activity and did some brain boosting activities with the Brain Space.

The QRMFN networking meeting was held on Saturday 10 June where Anne-Louise Harris attended as guest speaker and addressed speech therapy and children's oral language development as well as identifying red flags in speech development.

The Backbone of the Bush Award recognises and acknowledges the endless support spouses and partners of rural medical doctors provide to them and their community. This year's recipient was **Letitia Lewandowski**.

Originally based in the US, Letitia and her husband felt called to work in rural Australia and moved with their two children to Kingaroy. Letitia has supported her husband throughout his training and accomplishments and their 27 years of marriage. Letitia is also passionate about health care and is an accredited registered nurse (RN). She re-skilled upon arrival to meet local nursing needs and to support her husband's role, including training and working as a theatre and endoscopy nurse, a ward

nurse and as an emergency department (ED) nurse. This ultimately led to her earning a RIPRN (rural and isolated practice registered nurse) which she used to assist with emergency medical coverage in Murgon and continues to utilise in her role as an ED nurse in Innisfail.

Over and above her professional endeavours, Letitia has served the communities she has been a part of through volunteering with chaplaincy and mentoring a discipleship group for tween girls, and has been known to stop and provide food and clothing to homeless people she encounters about town.

In Kingaroy she invented Muffin Mondays, starting the medical staff's week off with fresh baked muffins. She provided volunteer childcare to allow doctors to meet work and social obligations, and hosted get togethers, dinners and game nights to encourage community and camaraderie. She also hosted regular get togethers for medical students.

In Innisfail, she hosts weekly game nights where she opens her house up each Monday evening for students, residents and SMOs as well as other hospital staff. She provides dinner for anyone who turns up to play games and enjoy fellowship. This serves to give the students a home away from home, a sense of community and a chance for everyone to engage away from work. Additionally, she has been called to serve as a surrogate mother for students from time to time.

Amongst all of this she has lovingly raised two wonderful children. A son who works in the IT industry in Melbourne, and a daughter who is currently a 4th year medical student at James Cook University (JCU) and has ambitions to become a part of the next generation of rural doctors.

Congratulations Letitia and thank you for your invaluable contributions, commitment and passion for your rural communities and rural health care.



Image Supplied: QRMFN Backbone of the Bush Winner, **Letitia Lewandowski**

Showcasing 2023 numbers:



Kids:
34



Spouses:
23

Backbone of the Bush Winner:



Name: Letitia Lewandowski
Current Location: Innisfail
Doctor Partner: Dr RT Lewandowski

Rural Doctors Association of Queensland (RDAQ)

In June 2023, the annual Rural Doctors Association of Queensland (RDAQ) conference was successfully held in Cairns, marking yet another triumphant event.

The conference offered a valuable platform for rural medical professionals, leaders in rural healthcare, and medical students to establish connections, acquire knowledge, and commemorate their accomplishments.

We were thrilled to take an active role in the conference proceedings, sponsoring and presenting at the Rural Workforce Forum. Our Chair, Dr Ross Maxwell opened the forum and Sarah Venn, Executive Manager for Workforce and Service Planning presented on Exhaustion to Energised – the journey to an engaged workplace. HWQ takes immense pride in its role as a conference partner for this yearly event. The adept efforts of our Training, Events and Marketing team resulted in yet another outstanding conference, with over 250 delegates and 50 students, complemented by a captivating family program co-developed with QRMFN.



Image Supplied: **RDAQ**

Partnership & Collaboration

Rural Workforce Agency Network

HWQ 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.

With over 25 years of experience and expertise in rural health workforce issues, community engagement, data collection, and innovative health workforce models of care, the RWAN utilises its extensive knowledge to address challenges effectively. The RWAN and RWAs

are uniquely positioned to lead and support communities and stakeholders in tackling rural health workforce issues collectively.

As a Consortium, the RWAN administers nationwide remote and rural health workforce programs and provides a structured approach to strategic and operational opportunities and challenges. Its primary advantage lies in its ability to provide cohesion, ensuring consistent program delivery and reporting on a national scale, while also accommodating local responses and maintaining high-quality service delivery.



Health Workforce Stakeholder Group

In February 2022, the Health Workforce Stakeholder Group (HWSG) reviewed the final draft of the 2022 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 15 September 2022 with over 25 industry organisations 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.

Members developed a 'pitch' to key policy makers about what was needed most for their professions in 2023 and these were sent to key state and federal decisionmakers. These statements can be found in the 2023 HWNA.

The HWSG continues to expand its membership and during the year we welcomed the inclusion of the Australian College of Midwives, My Midwives and the Central Queensland Centre for Rural and Remote Health, James Cook University.



External Events Attended Through the 2022-2023 Financial Year

- 16th National Rural Health Conference**
 2-4 August 2022, Brisbane
- APNA Roadshow - Cairns**
 15-16 August 2022, Cairns
- Gundy Medical Muster**
 2-4 September 2022, Goondiwindi
- International Mental Health Conference**
 5-7 September 2022, Gold Coast
- GPCE Brisbane**
 10-11 September 2022, Brisbane
- Regions Rising National Summit**
 13-14 September 2022, Virtual
- CRANaplus Annual Conference**
 4-6 October 2022, Adelaide
- AIDA Conference**
 4-6 October 2022, Gold Coast
- Australian Association of Practice Management (AAPM) National Conference**
 11-14 October 2022, Gold Coast
- RMA2022**
 12-15 October 2022, Canberra
- SARRAH National Rural and Remote Allied Health Conference**
 15-16 November 2022, Virtual
- GP22**
 25-27 November 2022, Melbourne
- IAHA National Conference**
 28-30 November 2022, Canberra
- Central Queensland-Wide Bay Regional Medical Pathway Welcome Event, UQ**
 31 January, 2023, Brisbane
- AMA Fraser Coast Health Conference**
 25-26 February 2023, Hervey Bay
- Red Ant Round-up Medical Conference**
 11 March 2023, Kingaroy
- University of Queensland, Faculty of Health and Behavioural Sciences Mini Expo**
 15 May 2023, Brisbane
- Practice Owners National Conference (RACGP)**
 20-21 May 2023, Adelaide
- SPA2023**
 21-24 May 2023, Hobart
- Digital Health Festival**
 6-7 June 2023, Melbourne
- RDAQ Conference**
 8-10 June 2023, Cairns
- 9th Rural and Remote Health Scientific Symposium**
 21-22 June 2023, Canberra
- OTA 2023**
 21-23 June 2023, Cairns



Workforce Planning Collaborations

North West Inter-agency Allied Health Workforce Strategy

The North West Queensland Inter-agency Implementation Oversight Committee facilitated by HWQ continued to meet in the last financial year.

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 shared information and initiatives to progress the strategy. Progress on the strategy has slowed due to workforce turnover and COVID-19 impacts on workforce availability, however the commitment to growing and stabilising the allied health workforce remains strong with all agencies.

South West Inter-agency Allied Health Workforce Strategy

The Inter-agency Allied Health Workforce Strategy in the South West of Queensland has been progressed through the Implementation Oversight Committee facilitated by HWQ.

The Committee discusses ways the allied health workforce can be sustained in the region and any opportunities for interagency activities. The joint position funded by

Southern Queensland Rural Health and the South West HHS for a part time educator to support trainees to undertake projects within their organisations and the region has provided an excellent support for the strategy and trainees. Progress on inter-agency activities is slow, however there continues to be many allied health rural generalists training in the region, building greater capability and capacity for the region.

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.

HWQ 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 2022-2023.

Photo taken by Donna Blaker, Bouldercomb

Place Based Health Service and Workforce Planning – Gladstone

The Gladstone Health Plan was published in January 2023 by Central Queensland Rural Health.

The development of the plan was guided by a steering committee with a wide representation of stakeholders and involved a community consultation survey and analysis of population and disease profile data by HWQ.

Research for the plan found limited student placement opportunities in Gladstone and

recommended the establishment of a multidisciplinary health learning pathways working group to bring together education providers, health service providers and local support organisations to increase the number of student placement opportunities in both primary and secondary care.

HWQ is supporting the project with provision of secretariat services for both the health learning pathways working group and the steering committee.

Health Service and Workforce Mapping – Northern Queensland PHN (NQPHN)

HWQ was commissioned by NQPHN to map primary care health services and workforce in the NQ region.

Utilising API calls to Google followed by telephone calls and email surveys, HWQ

mapped 1,570 health services in the region with over 300 of those services not previously known to either NQPHN or HWQ. Findings were presented to the North Queensland Health Workforce Alliance and to the NQPHN in June 2023.

National Rural Generalist Pathway Project

Working in partnership with Queensland Health's Queensland Country Practice, HWQ is supporting activities around Post Fellowship Rural Generalist Support 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."

In 2022-2023 the crisis levels of medical and GP workforce shortages and associated high workloads on remaining practitioners has placed a significant constraint on the projects ability to work with identified communities to pilot shared workforce integration models. Planning is currently underway to identify where best to focus effort for the next phase of the project, given the current workforce context.

General Practice Virtual Integrated Practice (GP VIP) Project

HWQ has continued to partner with MRI-UQ Centre for Health System Reform and QLD rural PHNs to support the integration of virtual general practitioners into several rural general practices throughout Queensland.

The Virtual Integrated Practice Project is improving patient access to GP services and continuity of care, improving chronic disease

management and reducing emergency department visits and potentially avoidable hospitalisations.

The project gives remote and rural patients virtual access (telephone or video) via their usual practice, to a remotely based vocationally registered GP engaged by the practice.

HWQ also attends and contributes to many local workforce collaboratives and initiatives including:

- The South West
Queensland Primary
Care Alliance
- The Mareeba Workforce
Working Group
- The South West Workforce
Working Group
- GP WPP - Darling Downs
West Moreton Group
- CheckUP's Health Education
to Employment Pathways
- Steering Committee
- CheckUP's Community
Services and Health Industry
Skills Advisor Industry
Reference Group
- The Tablelands
Primary Health Alliance
- North Queensland Health
Workforce Alliance



Financials

Statement of Profit or Loss

Health Workforce Queensland Limited Statement of profit or loss and other comprehensive income For the year ended 30 June 2023

	Note	2023 \$	2022 \$
Revenue and other income	3	27,354,576	25,724,333
Grants on-funded to sub-contractors		(16,655,684)	(15,473,478)
Program expenses		(3,720,759)	(3,570,500)
Employee benefit expenses	4	(4,636,169)	(4,513,425)
Travel and accommodation expenses		(284,985)	(482,049)
Facility and outgoing expenses		(215,121)	(180,691)
Finance costs	5	(28,717)	(34,681)
Other operating expenses		(1,126,982)	(1,107,590)
Profit for the year	17	686,159	361,919
Other comprehensive income for the year		-	-
Total comprehensive income for the year		<u>686,159</u>	<u>361,919</u>

The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes

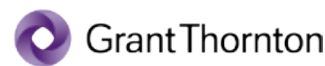
Statement of Financial Position

Health Workforce Queensland Limited Statement of financial position As at 30 June 2023

	Note	2023 \$	2022 \$
Assets			
Current assets			
Cash and cash equivalents	7	7,627,476	13,671,858
Trade and other receivables	8	832,490	450,817
Contract assets	9	13,799,208	18,090,095
Total current assets		<u>22,259,174</u>	<u>32,212,770</u>
Non-current assets			
Plant and equipment	11	109,697	163,662
Right-of-use assets	10	527,176	693,652
Total non-current assets		<u>636,873</u>	<u>857,314</u>
Total assets		<u>22,896,047</u>	<u>33,070,084</u>
Liabilities			
Current liabilities			
Trade and other payables	12	414,601	2,884,216
Contract liabilities	13	17,725,109	26,011,639
Lease liabilities	14	174,366	160,073
Employee benefits	15	383,038	566,999
Total current liabilities		<u>18,697,114</u>	<u>29,622,927</u>
Non-current liabilities			
Lease liabilities	14	455,845	630,211
Employee benefits	15	254,295	14,312
Total non-current liabilities		<u>710,140</u>	<u>644,523</u>
Total liabilities		<u>19,407,254</u>	<u>30,267,450</u>
Net assets		<u>3,488,793</u>	<u>2,802,634</u>
Equity			
Retained earnings	17	3,488,793	2,802,634
Total equity		<u>3,488,793</u>	<u>2,802,634</u>

The above statement of financial position should be read in conjunction with the accompanying notes

Independent Auditor's Report



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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 "Registered Entity") which comprises the statement of financial position as at 30 June 2023, and the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and the Responsible Persons' declaration.

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

- a giving a true and fair view of the Registered Entity's financial position as at 30 June 2023 and of its financial performance for the year then ended; and
- b complying with Australian Accounting Standards AASB 1060 *General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2022*.

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 Registered Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

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Independent Auditor's Report

Responsibilities of the Directors for the financial report

The Directors of the Registered Entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – AASB 1060 *General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and the ACNC Act, and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Registered Entity'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 Directors either intend to liquidate the Registered Entity or to cease operations, or have no realistic alternative but to do so.

The Directors are responsible for overseeing the Registered Entity's financial reporting process.

Auditor's responsibilities for the audit of the financial report

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

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

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

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Independent Auditor’s Report

We communicate with those charged with governance 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.

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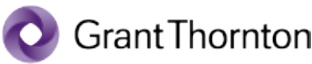
Grant Thornton Audit Pty Ltd
Chartered Accountants

H.E. Hiscox

H E Hiscox
Partner – Audit & Assurance
Brisbane, 24 October 2023

Grant Thornton Audit Pty Ltd

Independence Declaration



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Auditor’s Independence Declaration

To the Directors of Health Workforce Queensland Limited

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as lead auditor for the audit of Health Workforce Queensland Limited for the year ended 30 June 2023, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

Grant Thornton

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

H.E. Hiscox

H E Hiscox
Partner - Audit & Assurance
Brisbane, 24 October 2023

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