



Annual Report

2012 - 2013



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About RWAV

RWAV is a not-for-profit organisation that responds to primary health workforce shortages in Victoria by recruiting, placing and supporting health professionals into rural and remote locations. For over a decade RWAV has helped ensure a skilled and dedicated workforce for rural, remote and Aboriginal Victorians. The organisation has its roots in addressing general practitioner workforce shortages but has expanded its breadth to address shortages of primary health nurses, allied health professionals, and medical specialists. We also work in partnership with Aboriginal Community Controlled Health Organisations to place and support more providers within the Aboriginal health sector. RWAV is principally funded by the Australian Government.

RWAV also has expertise in workforce policy and planning, which informs our work and influences external stakeholders including policymakers and workforce planners. This work incorporates substantial consultation with health professionals, researchers and the communities that we serve, and includes conducting specialist health workforce research.

RWAV is a dynamic organisation. We recognise that the changing needs of communities and health professionals, changes in technology and changes in government policy mean that we need to keep reviewing and refining our approaches. For example, in recent years we have supported the placement of allied health professionals in support of multidisciplinary team approaches to care; and we have embraced and helped deliver services via telehealth to rural and remote Victoria. Furthermore RWAV embraces the power of partnership for example, with Aboriginal Community Controlled Health Organisations, Medicare Locals and Universities to deliver best practice workforce solutions.

Now in its fifteenth year, RWAV is a core provider of 'turnkey solutions for sustainable health care delivery' in rural and remote Victoria and an employer of choice for its many skilled staff.

Highlights

Facts at a Glance

In 2012-13, RWAV placed 97 general practitioners (GPs) and 90 allied health professionals in rural and remote Victoria. We also facilitated 172 locum placements and assisted more than 260 doctors through training programs.

New Targets

In 2013-14, RWAV aims to recruit 120 GPs into rural and remote Victoria. We believe we can achieve this target by continuing our work to improve recruitment techniques, and by providing best practice support for GPs and their families during the recruitment process and whilst they settle in their new community.

Chairman's Report



It gives me pleasure to present this annual report on behalf of the Board after a successful year for the organisation. The Board and wonderful staff of RWAV have continued to research and address the needs of our rural, regional and Aboriginal communities with vigour and enthusiasm. The recruitment and retention of GPs remains our core business, and results for this period are steady in the context of increasing complexity. It is also exciting to note that the Board's recent strategy to broaden the focus to recruiting and supporting nurses and allied health professionals has started well.

International Medical Graduates continue to be a major resource for many rural communities. Our work to support these doctors and the communities into which they are placed to ensure retention is an ongoing focus. The increasing numbers of 'locally grown' graduates as the result of recent government policy is an exciting development and will provide additional

workforce into the future and is also a specific area of our attention.

2012-13 has been a 'watershed year' for RWAV due to our successful venture into the recruitment of nurses and allied health professionals for rural Victorian communities. The initial success, both in terms of numbers placed and the feedback we hear from communities, has inspired us and confirms that this strategic direction set by the Board is sound.

In recognition of the significance of team-based care for the effective delivery of quality health care particularly in rural areas, and buoyed by successful recruitment of nursing and allied health practitioners, we have this year expanded the Victorian Rural Health Awards (previously the Victorian Rural Doctors Awards) to recognise a wider range of health professionals. In late 2013 RWAV will inaugurate categories for rural nursing, allied health, Aboriginal Health Workers, and general practice managers in addition to continuing to recognise the contribution of our medical workforce toward the sustainability and health of our communities.

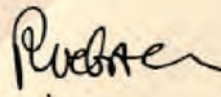
Following a major constitutional review in 2010 that saw the implementation of a fully skills-based Board, RWAV's governance has consolidated and matured. Furthermore our committee restructure is now productive and fully contributing to the forward momentum of the organisation. Restructuring of both the governance and the operations for more efficient and accountable service delivery was never without risk. For this reason the Board closely monitored the transition in collaboration with our CEO and despite a larger than usual turnover in staff, a highlight of the organisation remains the vision, energy and commitment of our staff. In this new era I continue to work closely with our CEO, Rod Jackson, and enjoy his mutual support.

The Board is encouraged that our proactive approach over the past two years, both from a governance and strategic perspective, has positioned us as the preeminent organisation for sustainable health workforce solutions for rural and remote areas of Victoria both now and into the future. I am especially grateful to Mr Anthony Graham, Chair of Audit & Risk, and Dr Sue Harrison, Chair of Quality, for their leadership and guidance within their respective roles and also acknowledge their support on the Governance/ Executive Committee.

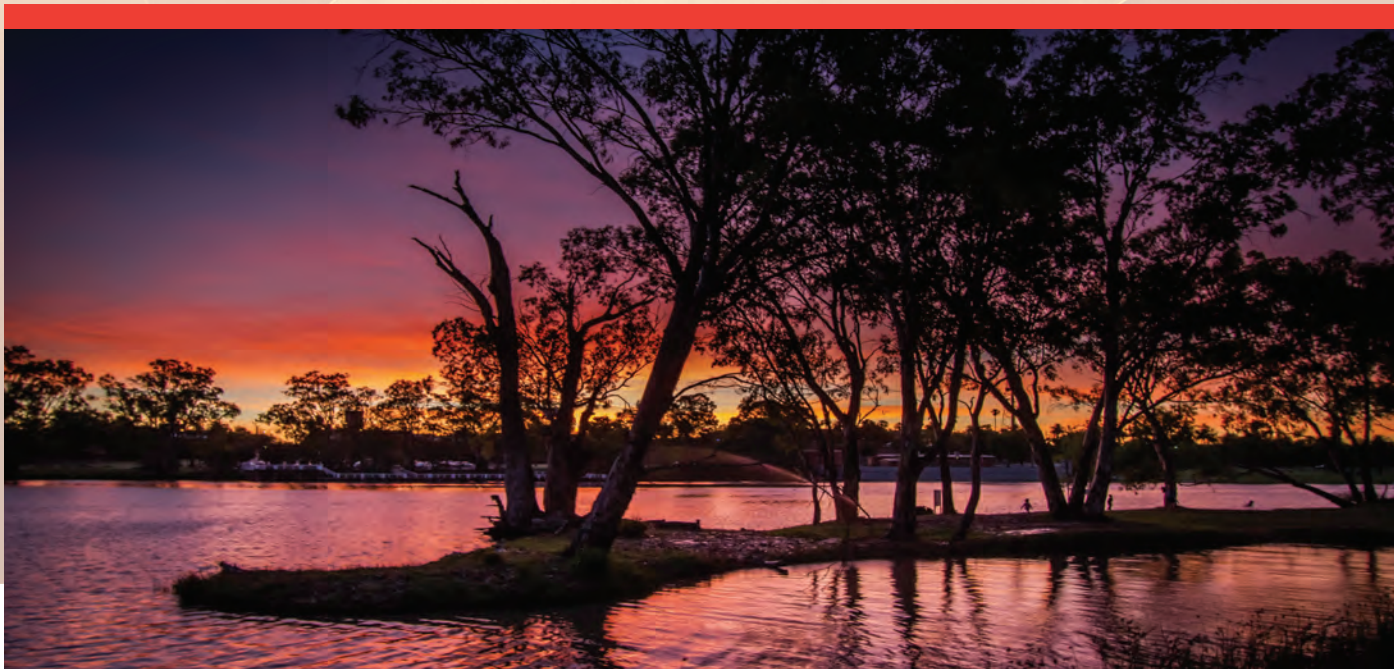
At the close of 2012-13 we reluctantly received the resignation of Professor Philip Davies from the Board. Philip brought expertise from both the health policy and academic sectors and we remain grateful for his contribution during the period of significant maturation of our Board. We are currently engaged in the process of appointing a director or directors to fill skills gaps on the Board that have been identified.

The annual general meeting in November will see the election of member-nominated directors, and also the confirmation of appointed director(s).

We so often refer to change in the health sector and particularly in rural health such that we should not be surprised by any eventuality. No doubt, the impact of the federal election and the progressive rollout of the federal health reform agenda will continue to create both pressure and opportunity. The Board has a visionary strategic plan that we believe enables us to present attractive and effective options in response to any eventuality.



Dr Philip Webster
Chairman



CEO's Report

RWAV Annual Report 2012 - 2013



This has been an exciting year for RWAV that has been full of new challenges, changes and opportunities. We have continued our recent initiatives to improve the RWAV business model and internal structures to ensure we have a more sustainable and commercially competitive organisation. With the internal changes that I highlighted last year now in place, I am pleased to announce that we have seen an increase in successful practitioner placements across many disciplines, and have strengthened our partnerships with other organisations with similar missions and values.

This year RWAV successfully placed and supported a total of 97 GPs and, for the first time, also placed and supported 90 nurses and allied health professionals under a new Rural Health Professionals Program. Given that this has required staff and board members to engage and fully understand a wider range of health professional disciplines, this is an outstanding achievement on behalf of Victorian communities.

The introduction of the Rural Health Professional Program has also brought change to our annual awards. I am very pleased to announce that the upcoming Victorian Rural Health Awards will recognise the contributions of 35 health practitioners across a range of disciplines including general practitioners, primary health nurses and allied health professionals. This event is highly anticipated by all our stakeholders and will represent a seminal moment in the recognition of the contribution of many rural health professionals.

There has also been significant policy reform this year. Over a number of years RWAV has successfully managed the Medical Specialist Outreach Assistance Program (MSOAP) for rural, regional and Aboriginal communities throughout Victoria. A national review of this program (and other associated program) was undertaken by the Commonwealth and a decision made to combine the MSOAP programs into two new programs, the Rural Health Outreach Fund and the Medical Outreach - Indigenous Chronic Disease Program. The administration of both of these programs were put out to tender. We are pleased to advise that RWAV has successfully tendered to deliver these programs in Victoria from next year. We look forward to continue brokering the delivery of outreach services through medical specialists, allied health professionals and multidisciplinary teams to Victorian rural, remote and Aboriginal communities.

RWAV's staff is regularly 'out and about' in rural Victoria and this year the RWAV board also travelled after deciding to begin holding some meetings in regional centres.

The inaugural regional Board meeting was in Mildura in February 2013, which provided an important opportunity to engage with and hear from community healthcare organisations and was very well received. The Board is looking forward to visiting other regional centres next year.

We also continued our strong advocacy work that is built on sound research and the practical experiences of RWAV's staff. Of note, the Chairman Dr Philip Webster and I held positive meetings with senior health officials and government ministers in Canberra including the then federal Minister for Indigenous, Rural and Regional Health, Warren Snowdon. We were also present during state and opposition reconciliation presentations.

Delivering workforce solutions is a dynamic business. RWAV kept abreast of policy reforms and key workforce trends and was involved in pioneering new strategies to meet emerging workforce needs. We presented our work on medical trends in the health workforce at the Victorian Healthcare Association (VHA) conference in Creswick and the Rural Doctors Association Victorian (RDAV) conference in Bendigo. In a practical sense, we delivered a highly successful telehealth program that brought more medical specialist services to Victorians than otherwise would have been the case. Furthermore we continue to build relationships with the newly formed Medicare Locals - we currently have two contracts to deliver a locum program in partnership with Medicare Locals and their ongoing development is likely to present new opportunities to collaboratively broker workforce solutions for rural Victoria.

RWAV also underwent a major rebranding exercise which saw a refresh of all corporate communications. The new 'look and feel' has been received very favourably by stakeholders and has added new readership to our monthly eBlast stakeholder bulletin.

As we continue to move forward our future focus is on increasing stakeholder and community engagement; expanding further into the recruitment and placement of health professionals across a wider variety of disciplines; and positioning the organisation to effectively respond to increased contestability for the administration of state and national health programs.

I would like to give special thanks to our Chairman, Dr Philip Webster, the rest of the RWAV Board and all staff for their magnificent work and support through a time of enormous change. I would also like to thank the Australian Government Department of Health, the Victorian Department of Health, Health Workforce Australia (HWA) and the Rural Health Workforce Agency Australia (RHWA) for the funding and support that they provide, all of which has enabled us to successfully deliver for Victorian communities.



Rod Jackson
Chief Executive Officer

Board and Committees

RWAV Board Members as at June 2013

Dr Yousuf Ahmad
Mr Anthony Graham
Mr Bruce McDonald
Dr Suzanne Harrison
Dr Philip Webster
Dr Wendy Bissinger
Prof Philip Davies (Resigned 31 May 2013)
Dr Julie Thompson (Appointed 23 November 2012)

Board Committees

Governance/Executive Committee

The Governance/Executive Committee has delegated power from the RWAV Board of Directors to monitor the governance and executive functions of the organisation.

Audit and Risk Committee

The Audit and Risk Committee has delegated power from the RWAV Board of Directors to monitor organisational performance and risk.

Quality Committee

The Quality Committee has delegated power from the RWAV Board of Directors to review and support quality performance within the organisation.

Meetings of Directors

Meetings of Directors

During the financial year, 21 meetings of directors (including committees of directors) were held. Attendances by each director during the year were as follows:

	Directors' Meetings		Audit & Risk Committee Meetings		Quality Committee Meetings		Executive Committee Meetings	
	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended	Number eligible to attend	Number attended
Dr. Yousuf Ahmad	6	5	-	-	4	3	-	-
Mr. Anthony Graham	6	6	7	7	-	-	4	4
Mr. Bruce McDonald	6	6	7	7	-	-	-	-
Dr. Suzanne Harrison	6	6	-	-	4	4	4	4
Dr. Philip Webster	6	6	-	-	-	-	4	4
Dr. Wendy Bissinger	6	4	-	-	4	3	-	-
Prof. Philip Davies (Resigned 31 May 2013)	6	3	4	3	2	2	-	-
Dr. Julie Thompson (Appointed 23 November 2012)	3	3	3	1	-	-	-	-

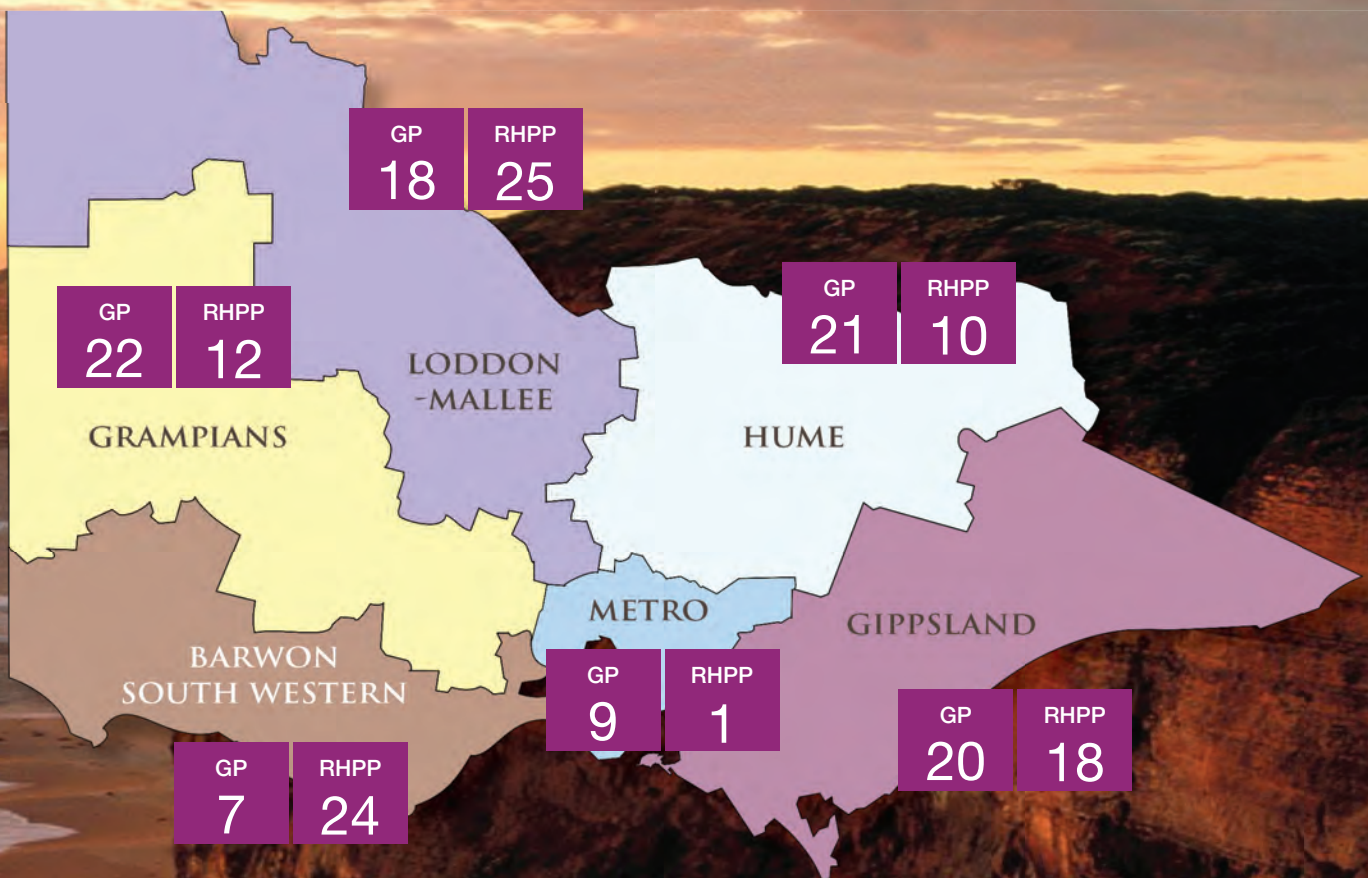
In 2012-13 RWAV's Recruitment and Workforce teams used a variety of best practice recruitment techniques to recruit candidates both domestically and internationally. Through our expertise and in-depth knowledge of the needs of Victorian communities, we recruited and placed 97 GPs and, for the first time, also recruited and placed 90 primary health nurses and allied health professionals.

RWAV uses an individualised case management system to screen, assess, place and support candidates. Our recruitment consultants provide expert advice on navigating the sometimes bureaucratic pathways.

The extension of RWAV's focus beyond critical GP services to the supply of other health professionals has been an exciting development. The placement of 187 well trained health professionals this year is now making an enormous difference to the quality of health services being delivered to rural and regional Victorians.

Brokering sustainable workforce solutions does not end at placement, of course. RWAV's expert support staff continue to work with health professionals by assisting those placed and their families to feel professionally and personally supported. This is critical to encourage their full participation, sustain their wellbeing and to deliver and retain a high standard of services for the local community.

Supported placements brokered by RWAV have provided a valuable spread of healthcare resources into communities that would otherwise have been lacking the support more commonly provided to Melbourne's metropolitan counterparts.



GP and RHPP Placements - By DoH Region 2012 - 2013

SUMMARY - VICTORIA

GP: 97

RHPP - 90

In 2012-13 the innovative consortium Health Workforce Assessment Victoria (HWAV) continued its work to process overseas trained doctor applications for registration to work as a GP in Australia. HWAV was established in 2009 by a consortium comprising RWAV, the Medical Practitioners Board of Victoria and the Postgraduate Medical Council of Victoria with accreditation from the Australian Medical Council. The purpose of its establishment was to make the 'recruit-assess-place' procedure as seamless as possible.

HWAV operates independently of RWAV recruitment staff. Medical assessors are subcontracted by HWAV and the assessment process is reviewed by a panel that includes a community representative and makes direct recommendations to the Australian Health Practitioner Regulation Agency. The HWAV Assessment Panel is available to assess candidates proposed by any eligible entity and all candidates are treated in exactly the same impartial manner.

This year, the Assessment Panel conducted 331 assessments in accordance with a rigorous and fair process. Overseas trained doctors applying for registration to work as a GP in Australia are required usually to attend a Pre-Employment Structured Clinical Interview (PESCI). The 'recruit-assess-place' process is complicated, involving many different agencies with different roles.

RWAV is strongly committed to this model of assessment and works with its partners to continue to refine the assessment process, ensuring it is rigorous and fair.

In the period 2012-13, HWAV conducted 331 assessments and continues to refine the assessment process, ensuring it is rigorous and fair. It makes the often complicated 'recruit-assess-place' procedure as seamless as possible.



Locum Services

RWAV's Locum program supports the retention of doctors in rural practice by providing locum relief for holiday, study leave, sickness and emergency leave.

In 2012-13 the program facilitated 172 GP locum placements to Victorian rural communities. Collectively, these locum GPs provided 3,888 clinical sessions, an increase of 854 sessions compared with last year. This is indicative of the continued strong demand for locum services seen since the program's inception in 2009, and RWAV's strong ability to deliver workforce solutions.

Rural GP locum service placements are both challenging and rewarding, and require significant support from RWAV. Placements often involve the delivery of services outside of the general practice setting – indeed, more than 70% of placements involved visiting medical officer (VMO) services delivered in small rural hospitals/health services, after hours on-call services to hospitals/health services, and visits to hostels and residential aged care settings. Furthermore rural GP locums are expected to assist with any medical emergencies in the communities in which they are placed.

Many small communities in rural Victoria are supported by dedicated lone GPs in 'solo' practices. These GPs find it difficult to take leave for refreshment, study, and when they or a member of their family are ill. This presents a threat to their retention in small communities and can place great stress on them and their families. RWAV's Locum program provides relief to these GPs and ensures that small communities continue to receive medical services throughout the year. We are proud that over half of the placements we facilitated in 2012-13 were to cover solo GP practices.

RWAV's Locum program has three components:

RWAV Brokerage Program: our core program which this year delivered locum relief to a total of 152 GP hosts for a total of 3,453 clinical sessions.

RWAV Employed Locum Program: we employ three GP locums to provide support to more remote general practices. This year, these GPs undertook fifteen placements and provided 329 clinical sessions.

National Rural GP Locum Program (RGPLP): a national program that offers subsidies to rural and remote GPs to help offset the cost of engaging a GP locum. In January 2013 this program was absorbed into Medicare Locals' funding and some of these Medicare locals sub-contracted back to RWAV to continue the program.

In 2012-13 RWAV worked with a total of 59 Locums - 16 of these were new to our program. Interestingly the majority of locums already live in Victoria and only a small percentage are sourced from interstate or overseas. Locums tend to be either recently retired medical practitioners, or are happy to support rural practices during their annual leave. This year we had requests from eleven new rural practices for GP locums, indicative of the program's growing reach, whilst the remaining practices are frequent service users.

It is noteworthy that there has been a marked increase in requests for locums to cover workforce shortages. This is an interesting development – although our locum program was initially established to retain GPs already working in rural communities, it is increasingly providing critical interim workforce solutions in response to protracted workforce shortages in rural towns.

The RWAV Locum program has continued its strong support for Aboriginal and Torres Strait Islander Health. We provided twenty-four placements into eight Aboriginal Community Controlled Health Services this year, resulting in a total of 412 clinical sessions. We evaluate the program from both the GP locum and recipient practice perspectives.

Feedback about RWAV's program is that the helpfulness of our customer service is highly valued, particularly the efficiency of our administration and the amount of support we provide during placement. This survey feedback is echoed in some glowing testimonials about the program.

Testimonials

Changes in medical workforce can create some real challenges for a practice. The Stawell Medical Centre has used the services of RWAV for locum placements on several occasions, and would certainly recommend them.

Whether it be short term or longer term, we have found them to be responsive and understanding of our needs. The doctors they have provided have all been exceptional in their personality, experience and willingness to help.

The administration of all engagements has been very straightforward and no fuss.

Tony Roberts

Finance Manager | Stawell Regional Health | Stawell, Victoria 3380

I have been the Practice Manager at Tallangatta Medical Centre since January 2013 and without the assistance of RWAV during this period we would have basically had no doctors! As a small rural practice we have had difficulty recruiting permanent GP's and RWAV's support has been vital in keeping the Medical Centre operating.

The RWAV staff are always helpful, understanding, efficient and organised. They make the process of locum placement really simple.

Tricia Rainer

Practice Manager | Tallangatta Medical Centre Tallangata, Victoria

Locum Placements 2012 - 2013

172 locum placements providing 3,888 sessions



Town locations are approximate

RWAV also provides critical assistance in improving access to medical specialists and chronic disease management teams for rural, remote and Aboriginal communities in Victoria.

In 2012-13 RWAV provided the workforce for 76,777 clinical consultations in 2012-13, delivered by 319 medical specialists and allied health practitioners in 64 rural Victorian towns.

These were facilitated through a number of specific programs:

- 263 medical specialist visiting services through a wide range of specialties under the Medical Specialist Outreach Assistance Program
- Nine Paediatric surgical outreach services to Victoria and southern New South Wales under the Paediatric Surgical Outreach Program
- 51 medical specialist and allied health visiting services for Aboriginal Victorians through a wide range of health professional disciplines under the Medical Specialist Outreach Assistance Program – Indigenous Chronic Disease Initiative
- 50 medical specialist and allied health visiting services for Victorian women during pregnancy and birth through a wide range of health professional disciplines under the Medical Specialist Outreach Assistance Program – Maternity Services Program
- 36 upskilling sessions were provided by a range of specialists to increase the skills of rural and remote GPs in various areas of Victoria.

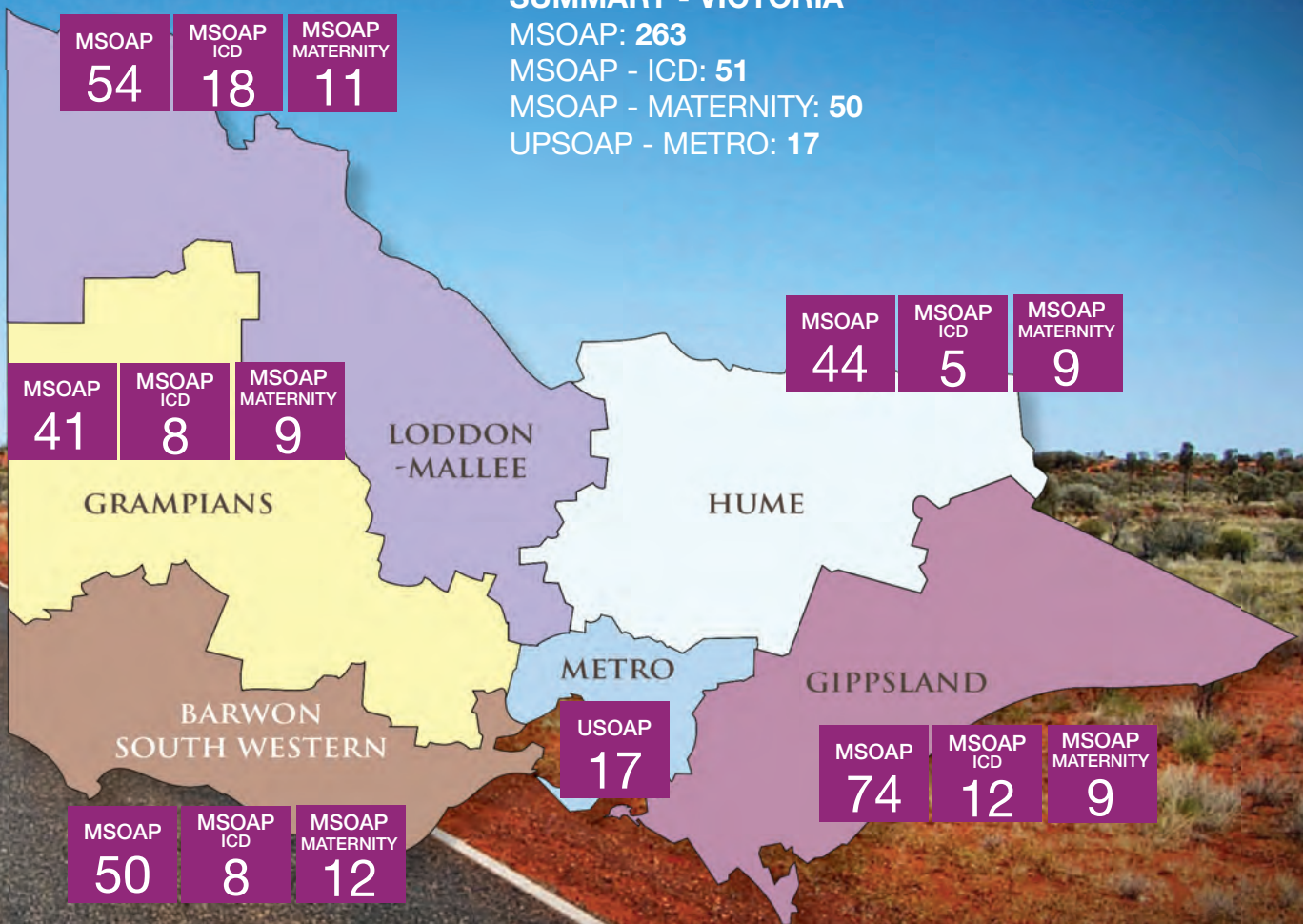
Additionally, RWAV facilitated 17 medical specialist visiting services for Aboriginal Victorians in metropolitan areas under the Urban Specialist Outreach Assistance Program.

These specialist and allied health placements are immensely valued by rural communities, and they are highly complementary to our work to place and support GPs.

Outreach Services - by DoH Region 2012 - 2013

SUMMARY - VICTORIA

MSOAP: 263
 MSOAP - ICD: 51
 MSOAP - MATERNITY: 50
 UPSOAP - METRO: 17



This was an exciting year in Aboriginal health during which RWAV worked more closely with the community controlled sector and refined our approach to provide multidisciplinary workforce solutions. RWAV recognises Victorian Aboriginal Community Controlled Health Services (ACCHS) as specialists in providing comprehensive primary health care for Aboriginal people. This year we signed a Memorandum of Understanding with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO). This agreement specified exactly how we would work collaboratively with VACCHO and the 24 Victorian ACCHS to recruit and retain the health workforce and to recruit and support practitioners, and ensure that services are delivered in ways that will best suit the community.

It is well known that large health disparities continue to exist between Aboriginal and non-Aboriginal Victorians. From a clinical perspective, the workforce needs to be appropriate and skilled enough to address both communicable disease and non-communicable (chronic) conditions.

We changed our approach this year in recognition that

- chronic conditions are now the largest cause of avoidable morbidity and mortality for Aboriginal Victorians;
- improved, culturally safe chronic disease management is a focus of the national Closing the Gap campaign;
- Aboriginal communities recognise the need to improve chronic illness prevention and care.

RWAV has supplied the expertise of its research team to ACCHS to help Aboriginal communities to determine their requirements and formulate the best strategies with which to approach the health professional labour market. As always we have continued to provide support to health professionals leading up to and after placement including through our Cultural Awareness Training Program.

We now have a much stronger focus on facilitating multidisciplinary, team-based care to assist Victorian Aboriginal Community Controlled Health Services to provide the range of services that the community needs.

This year we successfully placed nine doctors and eight allied health professionals into ACCHS and continued to support ACCHS through our workforce support positions. We also continued to pilot five orientation programs for GPs commencing employment within ACCHS, helping them to gain an in-depth local orientation to individual ACCHS and the communities they serve.

RWAV's commitment to strengthen relationships with the individual Victorian Aboriginal Community Controlled Health Services (ACCHS) and with their peak body, the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), continues to be widespread into rural and remote communities across Victoria.

RWAV has successfully assisted a number of practices to fill their GP vacancies and has successfully placed nine doctors into ACCHS and provided continued support the ACCHS and to the recruited GP through our workforce health consultant positions



Telehealth

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This year RWAV expanded its innovative approaches to improving the accessibility of rural health services by linking medical specialists to rural Victoria through telehealth.

This work was funded by the Australian Government's 'Connecting Health Services with the Future: Modernising Medicare by Providing Rebates for Online Consultations' initiative.

The RWAV telehealth program commenced in July 2012 with the establishment of a Telehealth Support Team. RWAV actively engaged with medical specialists to encourage and assist them to provide outreach services by videoconferencing; and with primary care health professionals to inform them about opportunities to improve access to specialist services for their patients.



Core strategies included:

- Conducting seven workshops (accredited by the RACGP and ACRRM) for 95 participants in metropolitan and regional Victoria (Ballarat, Shepparton, Wangaratta and Warrnambool) – participants included medical specialists, GPs, general practice managers, primary care nurses and other health professionals.
- Providing one-on-one support to general practices and specialists in collaboration with Medicare Locals – both through face-to-face visits and ‘help desk’ support.
- Providing a ‘matching service’ for GPs, Aboriginal health services and medical specialists.
- Producing and disseminating a ranges of resources including printed materials, website content and two videos – “Telehealth in practice” and “Is Telehealth right for your practice?”
- Researching types of practice models, which were presented in a paper at the National Rural Health Conference in April 2013.

The work has only just begun, and RWAV is excited about the possibilities that telehealth continue to present for rural Victorians.

Data and Research

1,077

Responses received from GPs to our annual Workforce and Skills Update. These workforce data (such as hours worked and procedural skills practised) contributes to a National Minimum Dataset for the Australian Government Department of Health and Ageing.

Strategically, RWAV is committed to developing, sharing and promoting our knowledge; fostering dynamic ideation (generating, developing and communicating new ideas); and advancing new concepts to shape and improve the rural and Aboriginal health workforce.

RWAV's Data and Research team provides the expertise necessary for RWAV to effectively develop workforce knowledge and expertise and to evaluate and refine our approaches. The team collects a wide range of data on the health workforce including the annual Medical Practice Census and GP Workforce and Skills survey, engages in collaborative cutting edge research, and evaluates the effectiveness of programs and approaches to improving the workforce throughout rural and remote Victoria and in the Aboriginal health sector. The work is communicated both internally within RWAV and externally through publications and at conferences.

In 2012-13 RWAV's Data and Research was commissioned by Health Workforce Australia to undertake a GP Proceduralist (Maternity Services) Workforce in rural Victoria : Future Demand Analysis project and a Retention of Nursing and Allied Health Professionals in Rural and Remote Australia project.

117

Regional and rural medical practices completed a survey to provide feedback on a range of potential RWAV practice support service initiatives. This research will be used to refine and improve our service offering to regional and rural practices.



440

Practices completed our annual Medical Practice Update – a census of the health workforce at all regional and rural medical practices in Victoria.

4

Conference presentations

- 21st Rural Doctors Association of Victoria Conference
“Rural and regional workforce status: what are the trends?”
- 12th National Rural Health Conference
“Retention of nursing and allied health professionals in rural and remote Australia”.
- 12th National Rural Health Conference
“The changing face of rural Victorian GPs”.
- Inspire 2012: reshaping Australia’s health workforce
“The ORCA Portal: Market intelligence for International Health Professionals”.

19

Requests for data from external organisations.

3

Major research projects completed, funded by Health Workforce Australia.

- “Retention of nursing and allied health professionals in rural and remote Australia”, in conjunction with La Trobe Rural Health School and the rural workforce agencies of NSW, Queensland, Western Australia, Tasmania and the Northern Territory.
- “GP Proceduralist (maternity services) workforce in rural Victoria”, this report is currently in the process of publication.
- Australian Capital Territory (ACT) GP Workforce Scoping Study.

Our Professional Community

The RWAV staff and board place importance on being part of a professional community working together to recruit, place and support health professionals where most needed. During 2012-13, RWAV was represented internationally and at federal, state and local government levels at meetings, forums and conferences.

At the local level, RWAV's Workforce and Aboriginal Health Consultants build and liaise with local networks. By doing so they are able to better inform planning and provide better advice to communities, stakeholders, doctors and practices in local areas.

Regionally RWAV continued to enjoy close working relationships with Regional Training Providers, the Medical Practitioners Board of Victoria, the Victorian Aboriginal Community Controlled Health Organisation, General Practice Victoria and Medicare Locals.

Workforce Support

94% of GPs placed by RWAV in 2012-13 are still working in rural practice 12 months later. RWAV is extremely proud of its high retention rates which are testament to the efforts of our Support Services group.

At the start of a placement we assist with practice and community orientation and family support such as accommodation, spouse employment, children's education and introductions to the new community.

During the placement, RWAV offers continuous professional and personal support. This includes professional development and access to recommended training. RWAV provides exam support to GPs in conjunction with Regional Training Providers and a number of the Medicare Locals so that overseas trained doctors are assisted to obtain vocational recognition. In 2012-13 we provided 18 exam support packages. 224 doctors were on the Rural Locum Relief Program (RLRP) being supported by RWAV to achieve fellowship.

For the GPs that we place that are looking for professional development, we administer Continuing Professional Development grants. In 2012-13, \$308,163 in subsidies was provided to 359 grant applicants. Additionally we provided 12 rural incentive payments to doctors based on their location and workload through the Flexible Payments Scheme.

RWAV support staff also provided GP recruitment and support services to the 25 Victorian Aboriginal Community Controlled Health Services (ACCHS) across rural and metropolitan Victoria. As well, we provided a range of other support services directly to the ACCHSs and in close collaboration with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO).

VicNet Spreads the Word

General Practice is experiencing a resurgence of interest and is now regarded as a career of choice amongst prevocational doctors. For the last two years the Australian General Practice Training program (AGPT) has received record numbers of applications for its program. For Victorian regional training providers (RTPs) this has resulted in over 250 GP registrars entering the program in 2013. The exciting news is that 143 of these registrars train in Victorian rural communities.

RWAV's VicNet marketing program promotes general practice, the AGPT and the Prevocational General Practice Placements Program (PGPPP) to prevocational doctors and medical students. VicNet is a marketing consortium comprising the four regional training providers – Bogong GP Training, Southern GP Training, Beyond Medical Education and VMA GP Training – and RWAV. VicNet's aim is to ensure we reach as many doctors as possible with a "GP message" in order to maximise training places.

The marketing program includes events where doctors can receive first-hand the information they need to make an informed career decision. Marketing activities also includes online promotion, social media and a new YouTube channel to extend the message to those doctors unable to attend events.

In 2013 VicNet were involved in 30 events including GP training hospital seminars, hospital careers events, participation at the Medical Careers Expo and a GP Careers Evening. Over 900 junior doctors and medical students received detailed information about the pathways into general practice and heard first-hand from current GPs and registrars about their experiences in general practice.

The "GP Careers Evening" held in April in Melbourne attracted over 120 attendees. Now its 8th year, this annual event holds a prominent place in the medical careers calendar. It provides an opportunity for attendees to network and talk with staff from the four RTPs and RWAV and have their questions answered.

In 2014 the number of AGPT training places in Victoria will increase again to 266 and include more training places in rural and regional areas. This is great news for rural communities.

Partnerships and Promotions

Go Rural Victoria Campaign

City-based health professionals often lack opportunities to experience the joys of Victoria's rural lifestyle and the unique opportunities and professional satisfaction that rural practice can bring.

This year, RWAV was invited by Rural Health Workforce Australia to develop and deliver a showcase event whereby GPs, GP registrars, pre-vocational doctors and medical students and their partners can hear first hand from respected GPs who have enjoyed fulfilling careers as country doctors. The aim of the event was to assist city-based practitioners to consider a career or locum work in rural Victoria. From all accounts, the event was an outstanding success.

From RWAV's perspective we not only brokered new relationships with interested metropolitan medical professionals but also invigorated existing relationships with key rural stakeholders including doctors in South Gippsland region, the Cowes Ambulance Service and University medical health clubs.

The event was part of the Department of Health and Ageing-funded national Go Rural Australia program, managed by Rural Health Workforce Australia (RHWA). RWAV extends its thanks to these national partners for their support and funding of this event.

Regional Board Meeting and Stakeholder Consultations

As part of RWAV's regional engagement strategy, a RWAV Board meeting and stakeholder consultation was held in Mildura on the 15 February 2013. It was the opportunity for the RWAV Board and Chief Executive Officer to meet with key health groups in Mildura and to engage with present and potential stakeholders in their 'home town'.

Key health sector representatives presented their views on issues related to health workforce attraction, recruitment and retention.

Some of the resulting themes that emerged included:

- Asking RWAV's new and present key stakeholders 'what can we do for you?' to create relationships and understanding of the real issues
- Recognition of the need for RWAV to be inter-dependent not independent with new and old stakeholders
- Opportunities for new relationships and partnerships with customers
- Stakeholder groups reaching out with opportunities to work together
- Need for RWAV to be consultative and listening experts

The next regional Board meeting and stakeholder consultation has been scheduled for Warrnambool in February 2014.

2012 Victorian Rural Doctors' Awards (VRDA)

32 of Victoria's top rural and regional doctors were recognised by RWAV at the Victoria Rural Doctors' Awards ceremony and celebration dinner in Melbourne in late 2012. Now in their eighth year, the awards have honoured over 150 of Victoria's rural and regional GPs and medical specialists for their contributions.

"These Awards are given to doctors who have demonstrated a high level of commitment to their local communities" RWAV Chairman Dr Philip Webster explained. "Rural doctors play an important role in their local communities, not only in providing medical services but also by their contribution to the fabric of the local community. These Awards recognise the outstanding contribution that they make".

During a speech made at the ceremony, the Victorian Minister for Health David Davis stated that "the Victorian Rural Doctor's Awards are a wonderful opportunity to celebrate and acknowledge the significant and ongoing contribution rural doctors and their families make".

Awards take into account factors such as length of dedicated service, outstanding contributions in particular fields and special efforts as new doctors.

Over 200 guests attended the ceremony including health service providers, local community leaders and award recipients from across Victoria. We would like to thank the sponsors - First State Health Super, the Pharmacy Guild of Australia, Melbourne Pathology and the Victorian Department of Health.



Doctor Profiles

Dr Sam Kennedy

VRDA 2012 Awardee - New Rural Doctor

RWAV Annual Report 2012 - 2013



When Sam Kennedy was a 17 year old secondary student he visited Nepal on a school excursion. He completed a first aid course and was inspired by the doctor that provided the training. The contrast between his world and that of the Nepalese brought into sharp focus the opportunities that were available to him and thereafter a career in medicine seemed attractive. Sam studied at the University of Melbourne, graduating in 2000.

Sam undertook a 3 month internship rotation at Echuca Regional Health in 2001 and returned to Echuca as a GP in February 2008. He was offered a great career opportunity, incorporating procedural general practice (practising anaesthetics after completing his 12 month Advanced Rural Training Post at The Northern Hospital).

He, his wife Georgie, and their three young children – aged six, four and two - decided to try country life. It's a decision that has worked out

extremely well for the young family.

As Sam says, "There isn't a lot of car travel as my practice and the hospital are just down the road. It has been a great lifestyle choice and it would be difficult to move back to Melbourne now."

Sam works as a GP VMO, credentialed to work at Echuca Regional Health as a visiting medical officer/GP anaesthetist. He also works as a GP at the Echuca Moama Family Medical Practice. Sam says, "I spend about two-thirds of my time as a GP and one-third as an anaesthetist". He was also recently appointed High Dependency Unit Director at Echuca Regional Health, comprising a 3 hour per week commitment.

Sam takes an active role in mentoring and training junior medical officers, is a participant on the on-call roster and manages in-patients and emergency department patients at the hospital. Georgie is a physiotherapist and works in women's health for Echuca Regional Health and has enjoyed her involvement in the Echuca community, including through the triathlon club.

Once a year Sam visits Mongolia with Interplast helping to run an anaesthetics conference teaching local Mongolian anaesthetists through structured lectures and problem-based learning. This helps create a sustainable local anaesthetic service. Sam is a lecturer, demonstrator and facilitator.

There are often many challenges and responsibilities involved in moving to a rural centre, but these are what makes the experience attractive to Sam.

Echuca is home now and Sam and his family plan on staying.

Doctor Profiles

Dr Michael Connellan

VRDA 2012 Awardee - Outstanding Contribution



Michael Connellan was always attracted to medicine by the variety and nature of the work. He is the son of a rural GP - his father worked in Kyneton for almost 40 years and provided a wonderful role model as a caring, holistic care practitioner operating in a small community. Michael graduated from the University of Melbourne in 1986 and proceeded to numerous hospital placements around Melbourne before joining general practice training as part of the Family Medicine Program of the Royal Australian College of General Practitioners (RACGP).

Michael was keen to return to the country, where the opportunities to work as a procedural GP were greater. He moved to Ararat in 1993 to do a locum for 3 months, and has been there ever since. Michael is a GP anaesthetist and obstetrician caring for inpatients at East Grampians Health Service; provides a visiting service to the Elmhurst bush nursing centre; works in emergency medicine; and is a supervisor to medical students, registrars and international medical graduates. He makes sure that they are integrated into the

community, getting them involved with activities and rural life, and the students are frequently the recipients of Connellan hospitality.

Michael has been involved in teaching throughout his whole career, rarely having a period without a registrar or medical student at the practice. In 2008 his training and mentoring work was recognised by the University of Melbourne with the conferring of 'The Best Teaching Practice' and 'General Practice Excellence' awards.

Michael is a Fellow of the RACGP and the Australian College of Rural and Remote Medicine, and a partner of the Ararat Medical Centre. "Teaching students is an easy way to maintain and extend my knowledge, because I learn from them as much as I teach them. Teaching is often not well recognised, and certainly not well remunerated, so I must thank my colleagues at Ararat Medical Centre and our manager Garry Hurst who support my interest in this area."

Michael is married to Kate and they have three children. Michael says, "In the next few months, I will be so proud of my daughters as they graduate from university - Claire with her Arts honours in politics and history, and Maddy as a clinical neuropsychologist. And I look forward to supporting Joseph as he pursues his interests in engineering and design".

He is a keen golfer, loves a game of tennis, and is currently the Winemaster of the Ararat Wine and Food Society. Michael briefly owned and managed a vineyard near Ararat from 2003-8, but decided he would much rather enjoy drinking the stuff than trying to produce it.

In accepting the award, Michael said "Of course none of this would have been possible without the support and love of my wife, Kate, who must also be recognised by this award."

Financial Statements

Auditors Declaration

RWAV Annual Report 2012 - 2013

Rural Workforce Agency, Victoria Limited

ABN: 31 081 163 519

Auditors Independence Declaration under Section 307C of the Corporations Act 2001 To the Members Rural Workforce Agency, Victoria Limited

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2013, there have been:

- (i) no contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.



ACCRU MELBOURNE
Chartered Accountants



G D WINNETT
Partner

11 October 2013

Financial Statements

Income Statement for the year ended 30 June 2013

Rural Workforce Agency, Victoria Limited

ABN: 31 081 163 619

Statement of Comprehensive Income

For the Year Ended 30 June 2013

	2013	2012
Note	\$	\$
Revenue	10,754,801	17,017,556
Projects and grants expenses	(6,629,234)	(6,056,541)
Employee benefits expense	(4,657,440)	(4,287,753)
Depreciation and amortisation expense	(83,526)	(93,536)
Other expenses	3 (1,354,921)	(1,783,145)
Total comprehensive income / (loss) for the year	<u>(1,970,320)</u>	<u>4,796,581</u>

Financial Statements

Statement of Financial Position as at 30 June 2013

RWAV Annual Report 2012 - 2013

Rural Workforce Agency, Victoria Limited

ABN: 31 081 163 519

Statement of Financial Position As At 30 June 2013

	Note	2013 \$	2012 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	4	3,900,340	3,398,017
Trade and other receivables	5	183,179	3,502,205
Other assets	6	108,671	119,162
TOTAL CURRENT ASSETS		4,192,190	7,019,384
NON-CURRENT ASSETS			
Property, plant and equipment	7	153,980	177,657
TOTAL NON-CURRENT ASSETS		153,980	177,657
TOTAL ASSETS		4,346,170	7,197,041
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	8	1,197,296	2,030,355
Employee benefits	9	84,291	112,772
TOTAL CURRENT LIABILITIES		1,281,587	2,143,127
NON-CURRENT LIABILITIES			
Employee benefits	9	30,957	49,968
TOTAL NON-CURRENT LIABILITIES		30,957	49,968
TOTAL LIABILITIES		1,312,544	2,193,095
NET ASSETS		3,033,626	5,003,946
EQUITY			
Retained earnings		3,033,626	5,003,946
TOTAL EQUITY		3,033,626	5,003,946

Financial Statements

Independent Audit Report

Rural Workforce Agency, Victoria Limited

ABN: 31 081 163 519



Independent Audit Report to the members of Rural Workforce Agency, Victoria Limited

Report on the Financial Report

We have audited the accompanying financial report of Rural Workforce Agency, Victoria Limited, which comprises the statement of financial position as at 30 June 2013, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The Directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit, we have complied with the independence requirements of the *Corporations Act 2001*.

Opinion

In our opinion the financial report of Rural Workforce Agency, Victoria Limited is in accordance with the *Corporations Act 2001*, including:

- (a) giving a true and fair view of the company's financial position as at 30 June 2013 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

ACCRU MELBOURNE
Chartered Accountants

11 October 2013

GREG WINNETT
Partner



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